



Department of Urology
Residency Program
Handbook

2018-2019

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Section 1. Program Information

The Urology Residency Program is five years: one year in General Surgery and four years in Urology. Residents accepted into the UT Urology Residency Program are expected to complete one year of General Surgery prior to entering Urology. It is preferable to have the PGY 1 year completed at UTHSC General Surgery program.

The philosophy of the department is that resident and medical student education is of the highest priority. Residency training should occur primarily in the context of active clinical experience in a variety of patient care settings which expose residents to the full spectrum of urologic disease. The education of the resident should be sufficiently structured to gradually increase the resident's responsibility for more complex aspects of urologic care as skills are developed, so that graduating senior residents demonstrate that they meet all the educational goals of our program by the end of their senior year. Furthermore education should take place in an environment that both exposes the residents to modern clinical and scientific advances in urology (through conferences and reading assignments) as well as participation in urologic research so that they can critically evaluate data encountered with our with healthy skepticism. With this philosophy and educational experience, graduating residents will have demonstrated through our extensive evaluation process that they have met all the milestones and educational objectives outlined for our program in order to graduate. This includes but is not limited to all the medical and surgical aspects of urologic diseases. They understand that it takes a lifetime to achieve competence in all these so they will remain eager lifelong students of the art and science of urology. Finally, urologic education should take place in an environment where the faculty serves as role models who compassionately demonstrate the art as well as the science of medicine.

MISSION

To be recognized as a Center of Excellence to Urology through the promotion of education, research, patient care, and service to the professional and public community.

UT UROLOGY RESIDENCY OFFICE
910 Madison Room 409 Memphis, TN 38163
Program Coordinator: Trish Phelan
Phone: (901) 448-1026

E-mail pphelan@uthsc.edu
Fax: (901) 448-1122

FACULTY

Adult Urology

Robert W. Wake, M.D.	Professor, Chairman & Program Director
Clair E. Cox II, M.D.	Professor, Chairman Emeritus
Howard B. Hasen, Jr.	Assistant Professor
Chris K. Ledbetter, M.D.	Assistant Professor
Anthony L. Patterson, M.D.	Professor and Associate Program Director

Pediatric Urology

Dana W. Giel, M.D.	Associate Professor & Program Director
Joseph M. Gleason, M.D.	Assistant Professor
Gerald R. Jerkins, M.D.	Associate Professor

Joint Faculty

Mahul B. Amin, M.D.	Professor and Chairman of Pathology
Ramesh Narayanan, Ph.D.	Associate Professor of Medicine and Urology
Lawrence M. Pfeffer, Ph.D.	Muirhead Professor of Pathology, Professor of Urology
Jim Y. Wan, Ph.D.	Associate Professor, Preventive Medicine & Urology

Volunteer Clinical Faculty

Zachary Corr, M.D.	Clinical Instructor
Itthar H. Derweesh, M.D.	Clinical Assistant Professor
Rowena DeSouzam, M.D.	Clinical Associate Professor
Chris J. DiBlasio, M.D.	Clinical Instructor
Mark D. Greenberger, M.D.	Clinical Instructor
David A. Gubin, M.D.	Clinical Instructor
Leslie R. McGowan, M.D.	Clinical Assistant Professor
Rusty Shappley, M.D.	Clinical Instructor
Yair Walzer, M.D.	Clinical Associate Professor

2018-2019

RESIDENTS

Paul Bloch	URO-4
Andrew Gowdey	URO-4
Brad Houston	URO-1
Stephen Legg	URO-1
Cole Locklear	URO-2
Kristen Marley	URO-1
Monica O'Hanlon	URO-3
Patrick Probst	URO-2
Kaitlen Schexnayder	URO-4
Cynthia Sharadin	URO-2
Elizabeth Tourville	URO-3
Daniel Zapata	URO-3

PEDIATRIC FELLOWS

Akram Assadi, MD 2nd Year

PEDIATRIC RESEARCH

Ahmad Alzubaidi

Staff and Important Contacts

FACULTY	ROOM	DESK PHONE	E-MAIL	CELL
Howard Hasen	417			
Chris Ledbetter	412			
Anthony L. Patterson	415			
Robert W. Wake	410			

PEDIATRIC FACULTY

Dana Giel

Joe Gleason

Gerald Jerkins

SUPPORT STAFF	ROOM	DESK PHONE	FAX	CELL
Trish Phelan Program Coordinator pphelan@uthsc.edu	409	448-1026	448-1122	
Sandra Pirtle Pediatric Fellowship coordinator lpirtle1@uthsc.edu	LeBonheur	287-5954		

BUSINESS OFFICE	CELL #	DESK PHONE	FAX	OFFICE
UT –Gail House ghouse@uthsc.edu		448-5253	448-1476	910 Madison #228
Shenicia Richardson sricha37@uthsc.edu		448-1236	448-1476	910 Madison # 227
Holly Rounds- hrounds@uthsc.edu		448-5855	448-1476	910 Madison # 228

CLINIC OFFICE

6555 Quince Rd. Suite 500 Memphis. TN 38119
 515-5700 (front desk)
 515-5729 (fax)

PEDIATRIC CLINIC OFFICE

1920 Kirby Parkway Suite 100 Memphis, TN 38138
 751-0500 (front desk)
 751-0551 (fax)

UT Urology Resident Rotation 2018-2019

	July-Oct		Nov-Feb		March-June
MUH					
	Uro-4	Schexnayder	Gowdey		Bloch
	Uro-3	Tourville	Zapata		O'Hanlon
	Uro-2	Sharadin	Sharadin		Probst
	Uro-2	Probst	Locklear		Locklear
VAH					
	Uro-4	Gowdey	Bloch		Schexnayder
	Uro-3	Zapata	O'Hanlon		Tourville
	Uro-1	Houston	Legg		Legg
	Uro-1	Marley	Houston		Marley
ROH					
	Uro-4	Bloch	Schexnayder		Gowdey
	Uro-2	Locklear	Probst		Sharadin
LeBonheur					
	Uro-3	O'Hanlon	Tourville		Zapata
	Uro-1	Legg	Marley		Houston

UT Academic Office: 448-1026 (Trish Phelan)

Section 2

Site Information

Methodist University Hospital (MUH)

Address	1265 Union Avenue, Memphis, TN 38104
Site Director	Robert W. Wake, MD:rwake@uthsc.edu
Main Hospital Phone	(901) 516-7000
Urology Clinic	(901) 516-8785
Report Near Miss or Adverse Event	Call "Hot Line" 901-581-8066 and nursing supervisor will take information or enter it via "Safeguard" that can be accessed on MOLLI.
QI data	Charlotte Jenkins (901) 516-8279 charlotte.Jenkins@mlh.org
	Elaine Gardner, RN (901) 516-9069 Urology QI Specialist
Quality Project Coordinator	Joanna Hudson (901) 516-9070

Regional One Health (ROH)

Address	877 Jefferson Avenue, Memphis, TN 38103	
Site Director	Christopher K. Ledbetter, MD : cledbet2@uthsc.edu	
Main Hospital Phone	(901) 545-7100	
Urology Clinic	(901) 545-7586	
Report Near Miss		
Or Adverse Event	Olivia Johnson	(901) 545-8617
	Karen Freeman	(901) 545-7878
QI data	Michele Whitehead	(901) 545-6106

VA Medical Center (VAMC)

Address 1030 Jefferson Avenue, Memphis, TN 38103
Site Director Anthony L. Patterson, MD: apatter1@uthsc.edu
Main Hospital Phone (901)523-8990
Urology Clinic Ext. 6536

Report Near Miss
or Adverse Event CARE line (ext 2273* or 5816) or complete electronic incident report;
alternatively, contact Anita Garrison (Anita.Garrison@va.gov) or Mary
Hammonds

QI data Ann Eaton (ext 6848)
Anita Garrison (Anita.Garrison@va.gov)

The following is required at VA as well:

Immediate call to COS (Chief of Staff) office (ext 7202), and Risk Mgmt (ext 6589), Chief of Surgery
office (ext 2123), and Dr. Patterson for the following:

- . ID error leading to significant harm
- . Death or code during a procedure or in OR or immediately afterwards
- . Procedure or bedside procedure with complication requiring OR or higher level of care
procedure requiring greater than expected transfusion requirements or proceeding to an
unexpected procedure (like adding a IABP)
- . Retained object post procedure, even if it is discovered before the skin is closed.
- . Treatment reaction leading to serious harm

LeBonheur Children's Medical Center

Address	50 N. Dunlap Street, Memphis, TN 38103	
Site Director	Gerald Jerkins, MD: gjerkins@uthsc.edu	
Main Hospital Phone	(901) 287-6000	
Urology Clinic	(901) 287-6827	
Report Near Miss Or Adverse Event	Elesia Turner 850 Poplar Ave Building	(901) 287-4573
QI Data	Donna Vickery Director Quality Improvement 850 Poplar Ave Building	(901)287-5137

Section 3. Educational Activities

Didactic Programs

All conferences are part of the residents' educational experience and all have mandatory attendance. Any resident who does not attend the conferences should have prior approval from the faculty conducting the conference. Repetitive absence or tardiness without prior permission will result in disciplinary action. Attendance at these conferences must be documented according to the ACGME requirements. Residents must sign in as they arrive at each conference. The URO-4 resident at the University service is responsible for having the sign-in sheet available at the beginning of every conference as well as assuring that everyone present signs in.

There will be no scrubs allowed at any conferences. No exceptions.

Description of each of the various conferences:

Chairman's Interdisciplinary Conference: Each Friday except last Friday of month 8:00 a.m. - 9:00 a.m. at academic office. Conference leader is Dr. Robert Wake, Chairman of the Department of Urology.

All urology faculty, residents and occasionally volunteer clinical faculty attend this excellent conference. In addition, the conference is attended by individuals (fellows and faculty) from medical oncology, uro-radiology, and occasionally other specialties depending on the case presentation. The conference is structured as an educational assessment tool of the residents. It occurs in the form of a case presentation. The resident assigned to present the case describes the chief complaint, along with a complete history & physical exam. Other residents are then called on in an oral exam format. These residents must ask questions concerning the patient and then determine a course of action to establish a differential diagnosis. They ask for x-ray and laboratory evaluations which will be provided. They must interpret all of the information, establish the diagnosis and then develop a treatment plan. Dr. Wake and other faculty will quiz the resident and evaluate his or her performance. Once this is completed then the original presenting resident gives a 15-30 minute summary of the case which includes a literature review on the subject. Each faculty member then comments on the case and any resident questions are answered. CME credits will be awarded with attendance.

Combined M&M: 1st Friday of each month 7:00 a.m. - 8:00 a.m. at academic office. Conference leader is Dr. Anthony L. Patterson.

The residents turn in a comprehensive list of potential M&M candidates from all urology residency training sites. Presentations are made by the residents, critiqued by Dr. Patterson and other faculty in attendance, and then summarized by Dr. Patterson. Topics of the M&M conferences are maintained in the departmental files, and each resident keeps records of their own M&M cases in their resident portfolio. The resident evaluation occurs as a chart stimulated recall format. CME credits will be awarded with attendance.

Practice Management: 1st Friday of each month 12:00 noon at Coleman Research Building with broadcast to LeBonheur Hospital and Methodist Hospital.

This conference is a Systems Based Lecture scheduled by the General Medical Education office at The University of Tennessee for all residents on campus. All residents are encouraged to attend. Topics from invited speakers range from Communication skills, HIPAA, Managed Care, Malpractice issues, Contracts, Investment and Tax Strategies.

Uro-Radiology: 2nd Friday of each month 7:00 a.m. - 8:00 a.m. at academic office. Conference leader is Dr. Chris Ledbetter.

This conference is attended by all residents and utilizes a combination of clinically current urological images of actual case presentations, as well as a teaching data bank of representative x-rays including IVP's, Renal/scrollal ultrasounds, CT scans, MRI and isotopic studies. The residents' skills are tested periodically with both written and oral exams. Their education in this area is also supplemented with CD/DVD-Rom programs and Pollacks uro-radiological text books available in the residents' library at the 910 Madison academic office. CME credits will be awarded with attendance

Pediatric Conference: 2nd and 4th Thursday of every month 7:30 a.m. - 9:00 a.m. at LeBonheur Children's Hospital. Conference leader is Dr. Dana Giel.

This mandatory conference is held bi-monthly and is an interdisciplinary conference consisting of case presentations and didactic sessions on various pediatric urology topics. The conference is also attended by pediatric nephrology and radiology faculty and residents.

Journal Club: 3rd Thursday of each month 6:00 p.m. - 9:00 p.m. at academic office vs off campus (site to be announced). Conference leader is Dr. Robert Wake.

Journal Club is a critical review of selected urology journal articles from various sources including the Journal of Urology, Gold Journal, and various other subspecialty journals. A different faculty member and the chief residents (URO-4) are assigned on a rotational basis by Dr. Wake to select the articles for Journal Club and lead the discussion. This is a mandatory conference attended by all residents and faculty. CME credits will be awarded with attendance.

Uro-Pathology: 4th Wednesday of each month 7:00 a.m. - 8:00 a.m. at academic office. Conference leader will be the Chairman of the Department of Pathology, University of Tennessee.

This required monthly conference is led by an assigned uropathologist. Each session is dedicated to an organ system emphasizing the histologic characteristics of benign and malignant disease of the system under discussion. In general, by the end of the year all aspects of uro-pathology have been reviewed. Dr. Robert Wake is responsible for scheduling the pathologist who usually conducts the conference. This is done on a rotational basis with the Chairman of Pathology conducting the majority of the sessions.

Research Conference: 4th Friday of each month 7:00 a.m.-8:00 a.m. at academic office

Conference leader is Dr. Howard Hasen

Research Conference is a required monthly review and discussion of projects, new and current, that the residents are accumulating data for submission to various papers, journals, meeting presentations, text books, etc.

Urology Grand Rounds: Last Friday of each month 8:00 a.m. - 9:00 a.m. at academic office.

This monthly conference is held in our academic office and it is led by a faculty member. With faculty supervision, residents select a topic for presentation for this conference. The resident is responsible for an extensive literature search and review of the topic. A lecture including slides and video is then presented by the resident. Invited guests including uro-radiologists, uro-pathologists, and medical oncologists attend this conference on a routine basis. The faculty members critique and discuss the salient points of each presentation. CME credits will be awarded with attendance.

Pediatric Journal Club

This required conference occurs at least every other month and it is led by Dr. Joe Gleason or Dr. Dana Giel. It is attended by all residents and the pediatric urology faculty. Residents are assigned articles for review and then are critiqued by the pediatric faculty.

Research and Scholarly Activity

Residents will complete at least one scholarly activity project during residency. Residents are encouraged to develop their own scholarly activity projects, as well as to take an active role in scholarly activity being led by Urology faculty.

Scholarly activity may include participating in a research study, preparing a medical publication, presenting at annual conferences, participating in a substantial quality improvement initiative, or other scholarly activity of comparable scope. Residents are educated on research methodology, statistical analysis, and critical analysis of the medical literature, and have abundant support services through the University of Tennessee to help with research design and analysis, data collection, etc. Residents are expected to work on their scholarly activity project throughout their entire residency.

Abstracts must be submitted SES and/or AUA for publication before June of each year, even if in conjunction with someone else, to qualify for the 3rd week of vacation.

Committee Assignments

Residents will have the opportunity to participate in departmental and interdepartmental quality improvement and patient safety meetings. Below are several committees we currently serve on at our training sites.

Institution	Resident Assigned	Committee
V/A	Resident on Rotation	Surgical QI
ROH	Resident on Rotation	Infection Control
Meth Univ	Resident on Rotation	Quality Improvement and Patient Safety
	Resident on Rotation	Medical Records

Section 4. Examinations

Documenting Exam Results

Documentation of exam results should be forwarded to the Program Coordinator as soon as received for inclusion in resident personnel file. Photocopies of the original documentation or PDFs are both acceptable.

Exam	Time Frame	Notes
USMLE 1 and 2	Prior to residency	Residents are expected to have taken and passed both Step 1 and 2 prior to residency.
USMLE 3	Before March 1 of PGY2 year	Per UT policy, all UT residents must pass USMLE Step 3 by March 1 st of their PGY2 level year. Failure to meet this requirement will result in non-renewal of the resident's appointment. For more information on UT USMLE requirements, please visit the GME website: http://www.utmsc.edu/GME/policies/USMLE2011.pdf

AUA In-Service	Annually November	<p>Yearly exam for all residents</p> <p>The annual in-service examination (ISE) is constructed by the ABU/AUA Examination Committee and comprises questions to identify areas of content to test each urology resident's knowledge on a national level. This helps to identify strengths and weaknesses of our training program and plays an important role in determining a resident's educational progress. The exam is typically held on the 3rd Saturday in November. The ISE is taken as an electronic examination. All residents will be assigned a computer station for the exam which takes place at the UT Kaplan Testing Center in the 920 Madison building. Proctors are assigned by the Program Director and must be full time faculty or part time faculty.</p> <p>The areas of knowledge tested include Calculus Disease, Congenital Anomalies, Embryology, Anatomy, Core Competencies, Geriatric, Radiation Safety and Ultrasound, Fluid and Electrolyte, Transplant, Hypertension, Vascular Disease, Nephrology, Infection and Inflammatory Disease, Neoplasm, Neurogenic Bladder, Voiding Dysfunction, Incontinence, Obstructive Uropathy, Laparoscopy, Robotic Surgery, Physiology, Immunology and Adrenal, Sexual Dysfunction, Endocrinopathy, Fertility, Trauma, Fistulae and Urinary Diversion as well as Pathology. The tools used to help residents study for this exam include weekly and monthly conferences; an AUA Self-Assessment Study Program and AUA Update Series which we purchase for their use.</p> <p>Once the exam results are available, they are reviewed by the Program Director and shared with the faculty during their monthly meeting. The results are then shared with each resident and also discussed with them during their evaluation process. As an incentive, any resident who scores lower than the 30th percentile will not be given a 3rd week of vacation.</p>
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BOARD EXAMINATION

American Board of Urology

Applicants must be a graduate of a medical school approved by the Liaison Committee on Medical Education (LCME) or a school of osteopathy approved by the Bureau of Professional Education of the American Osteopathic Association, and have completed a urology residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or Royal College of Physicians and Surgeons of Canada [RCPS(C)]. ACGME training programs in urology are described in the American Medical Association Graduate Medical Education Directory, Section II, "Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements."

The American Board of Urology mandates a minimum of 5 clinical years of postgraduate medical training. Training must include:

- 48 months in an ACGME- or RCPS(C)- approved urology program spent in clinical urology.
- 3 months of general surgery in an ACGME- or RCPS(C)- approved surgical program.
- 3 months of core surgical training (e.g. intensive care unit, trauma, vascular surgery, cardiac surgery, etc.) in an ACGME- or RCPS(C)- approved surgical program.
- 6 months of other rotations, not including dedicated research time, in an ACGME- or RCPS(C)- approved core surgery program.

Research rotations cannot interfere with the mandated 12 months of general surgery or the 48 months of clinical urology.

Residents must comply with the guidelines in place at the time of enrollment in the program.

All rotations listed above that are not part of the core urology training must have been approved by the candidate's program director. As part of the core urology training, the candidate must have completed at least 12 months as a chief resident in urology with the appropriate clinical responsibility and under supervision during the last two years of training in an ACGME-approved program.

Qualifying Exam : July 12 or 13, 2018

Certifying Part 2 exam : February 22 and 23, 2019 Dallas, Texas

Section 5. Policies and Procedures

Policy	Details
Academic Appeal Process	<p>The UT Memphis Urology Residency Program follows the UTHSC institutional policy on Academic Appeals.</p> <p>For more information on the UT Academic Appeals Policy, please visit the GME website: https://www.uthsc.edu/GME/documents/policies/academic-appeal.pdf</p>
Annual Program Evaluation Plan and Program Evaluation Committee	<p>The UT-Memphis Urology Residency Program follows the UTHSC institutional policy on Program and Faculty Evaluation.</p> <p>For more information on the UT Program Evaluation Policy, please visit the GME website: http://www.uthsc.edu/GME/policies/program-evaluation.pdf</p> <p style="text-align: center;">UT UROLOGY PROGRAM EVALUATION COMMITTEE AND THE ANNUAL PROGRAM EVALUATION</p> <p>EFFECTIVE DATE: July 1, 2013</p> <p>PURPOSE: To establish the composition and responsibilities of the Program Evaluation Committee, and to establish a formal, systematic process to annually evaluate the educational effectiveness of the Urology Residency Program curriculum, in accordance with the program evaluation and improvement requirements of the ACGME and the UTHSC GMEC.</p>

POLICY:
Each ACGME-accredited residency program will establish a Program Evaluation Committee to participate in the development of the program's curriculum and related learning activities, and to annually evaluate the program to assess the effectiveness of that curriculum, and to identify actions needed to foster continued program improvement and correction of areas of non-compliance with ACGME standards.

PROCEDURE:

Program Evaluation Committee

1. The program director will appoint the Program Evaluation Committee (PEC).
2. The Program Evaluation Committee will be composed of at least 2 members of the residency program's faculty, and include at least one resident (unless there are no residents enrolled in the program.) The PEC will function in accordance with the written description of its responsibilities, as specified in item 3, below.
3. The Program Evaluation committee will participate actively in
 - a. planning, developing, implementing, and evaluating all significant activities of the residency program;
 - b. reviewing and making recommendations for revision of competency-based curriculum goals and objectives
 - c. addressing areas of non-compliance with ACGME standards, and
 - d. reviewing the program annually, using the following outcome data, including but not limited to:
 - i. Program mission, goals and objectives, teaching activities, and evaluation tools
 - ii. Status of issues identified in last Annual Program Evaluation
 - iii. Status of citations and areas for improvement identified on the

	<p style="text-align: center;">most recent LON</p> <ul style="list-style-type: none"> iv. Aggregate data from evaluations of resident/fellow performance v. In-training exam performance vi. Milestone assessments vii. Resident/Fellow scholarly activities viii. Aggregate data from procedure/case logs ix. Aggregate data of conference attendance x. Faculty development needs and scholarly activities xi. Board certification exam results xii. Fellowship/Employment placement xiii. Special Review Report (if applicable) xiv. Curriculum xv. Committee participation (% of residents/fellows) xvi. Attrition rates xvii. Clinical and Educational Work Hours xviii. PS/QI projects xix. ACGME Resident and Faculty Survey xx. Resident and Faculty Written Evaluations of Program <ul style="list-style-type: none"> e. documenting the meeting using the GME APE template f. developing a written action plan to address areas needing improvement g. submitting the completed APE template and action plan to the GME office
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	<p>Program-specific policy items:</p> <p>Residents and faculty provide confidential evaluations and critiques of the urology residency program at the conclusion of each year. Each residents and all faculty complete a "Residency Program Evaluation" form which is not site specific, but rather asks questions which can be answered by check marks for yes or no, which provides the residents and faculty the opportunity to evaluate the entire program. Anonymity is likewise ensured in that this confidential questionnaire is completed on-line in the New Innovations program and then printed directly from this system by the department secretary, placed in a single envelope and delivered to the Program Director. In addition, this annual program evaluation by all residents and faculty also provides for optional comments, which, as stated above, are strictly confidential. The results are discussed with the evaluation committee during our Annual Program Evaluation meeting.</p>
<p>Clinical Competency Improvement Committee/Quality Committee</p>	<p>The UT-Memphis Urology Residency Program follows the UTHSC institutional policy on Program and Faculty Evaluation.</p> <p>For more information on the UT Program Evaluation Policy, please visit the GME website: https://uthsc.edu/GME/policies/resident-evaluation.pdf</p> <p style="text-align: center;">UROLOGY QUALITY IMPROVEMENT/CLINICAL COMPETENCY COMMITTEE (QIC/CCC)</p> <p>EFFECTIVE DATE: July 1, 2013</p> <p>PURPOSE:</p> <p>The Program Director must appoint the program's Quality Improvement/Clinical Competency Committee, and ensure the Committee's effective evaluation of each resident's competence as demonstrated through achievement of the ACGME specialty's milestones.</p>

POLICY:

The Quality Improvement/Clinical Competency Committee (QIC/CCC) will review all resident evaluations; prepare and assure the reporting of the Milestone evaluations of each resident to ACGME; and advise the program director regarding resident progress, including promotion, remediation and dismissal.

PROCEDURE:

1. The Program Director of the [Urology program] must appoint the members of the Quality Improvement/Clinical Competency Committee.
 - a. The Quality Improvement/Clinical Competency Committee must be composed of at least three members of the program's faculty.
 - b. Others eligible for appointment to the Quality Improvement/Clinical Competency Committee include faculty from other programs and non-physician members of the healthcare team.
 - c. All members should work directly with the program's residents on a regular basis.
2. Responsibilities of the Quality Improvement/Clinical Competency Committee include:
 - a. Members must meet, at a minimum, semi-annually. Ad hoc meetings may occur as necessary.
 - b. The Committee will select a Committee Chair.
 - c. Review all resident evaluations semi-annually.
 - d. Complete the standard specialty Milestone reporting form; ensure reporting of Milestone evaluations of each resident semi-annually to ACGME through direct entry into ADS, or other method as directed by ACGME policy.
 - e. Make recommendations to the Program Director regarding resident

	<p>f. progress, including promotion, remediation and dismissal. Make recommendations to the Program Director for additional or revised formative evaluations needed to assess resident performance in the Milestone sub-competency levels.</p>
<p>Disciplinary and Adverse Actions</p>	<p>The UT-Memphis Urology Residency Program follows the UTHSC institutional policy on Disciplinary and Adverse Actions.</p> <p>For more information on the UT Disciplinary and Adverse Action Policy, please visit the GME website: https://www.uthsc.edu/GME/documents/policies/disciplinary.pdf</p>
<p>Clinical and Educational Work Hours</p>	<p>The UT-Memphis Urology Residency Program follows the UTHSC institutional policy on Clinical and Educational Work Hours.</p> <p>For more information on the UT Resident Clinical and Educational Work Hours Policy, please visit the GME website: http://www.uthsc.edu/GME/policies/clinicalandeducationalworkhours2017.pdf</p> <p>ACGME Resident Work Hours</p> <p>MAXIMUM HOURS OF CLINICAL AND EDUCATIONAL WORK PER WEEK: Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.</p> <p>Exception Requests: Some Residency Review Committees may grant rotation-specific exceptions to the 80-hour limit for up to 10% or a maximum of 88 clinical and educational work hours per week based on a sound educational rationale. The University of Tennessee Graduate Medical Education Committee discourages any exceptions but will consider requests from individual programs. Any request for exception to the 80-hour limit must be reviewed and approved by the GMEC and DIO prior to submission to a program's RRC. In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures.</p>

MANDATORY TIME FREE OF CLINICAL WORK AND EDUCATION:

The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

Residents should have eight hours off between scheduled clinical work and education periods. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.

Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

MAXIMUM CLINICAL WORK AND EDUCATIONAL PERIOD LENGTH:

Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned during this time. These additional hours of care or education will be counted toward the 80-hour weekly limit.

Work Hour Logging And Monitoring Procedures

Residents must log work hours including internal and external moonlighting and annual, sick and educational leave on a weekly basis in New Innovations. When residents and fellows have not logged any duty hours for 5 days, they will receive an automatic email reminder from New Innovations. Program Coordinators must check every Monday to ensure that all residents/fellows have logged their hours for the previous week using either the "Weekly Usage" or "Hours Logged" report in New Innovations. The Program Coordinator will send email reminders to those residents/fellows who have not logged their hours for the previous week. The Program Director should be copied on the email. If the resident/fellow has not updated his/her hours in New Innovations to be current by the following Monday, he or she will receive a written leave without pay notice. For each violation, the Program Director or Coordinator must enter a comment into New Innovations that describes the action taken to remedy the violation. A Subcommittee will review the work hours on a regular basis and look for any problem areas. On a quarterly basis the Chair of this Subcommittee will present a report that outlines any problem areas and makes recommendations for GMEC action. The GME office also monitors work hours through the New Innovations Dashboard.

	<p>Program-specific policy items:</p> <p>It is the policy of The University of Tennessee Urology Program that resident clinical experience and education (previously known as duty hours) will be reasonable and not excessive. Residents will have at least one day (24 hours) out of every 7 days, when averaged over four weeks, free of patient care. The urology residents at each of the participating institutions take weekday call every other night or every third night with back up call from the senior resident assigned to that facility. The weekend call (Fri/Sat/Sun) is every third weekend. All urology resident call is taken from home and consequently the use of in-house call sleeping quarters is not required. However, such rooms are available should the need arise.</p> <p>The Program Director is responsible for the assignment of workstations and clinical and educational work hours.</p> <p>All residents are required to be at their assigned work place during normal working hours according to the rotation schedule. Each resident is given a copy of the rotation schedule at the first of the year which outlines his/her entire year. The residents must have permission from the Program Director and/or the chief of the rotation (faculty chief) to leave his/her work area for any reason. Time off for medical appointments should be requested in advance.</p> <p>It is the responsibility of the Program Director, the faculty, and the residents themselves to ensure compliance with regulations. All residents are told to report immediately to the Program Director with any violations of the clinical and educational work hour regulations.</p> <p>Each resident will record his/her work hours on a weekly basis for each of their rotations through New Innovations, a web-based system used campus-wide. This report will be reviewed by the Program Director at the end of each month. All residents are aware that time spent on patient care activities at home count toward the 80 hour maximum weekly limit. The frequency of "home call" is not subject to the every third night limitation but must satisfy the 1 day in 7 free of clinical work when averaged over a 4 week span.</p> <p>If any resident feels the at home call is too taxing as to preclude rest and reasonable personal time, then they should notify the Program Director and/or chairman immediately to discuss solutions to mitigate excessive service demands and/or fatigue. The resident will be responsible for bringing this directly to the attention of the Program Director.</p>
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Faculty Evaluation Plan

The UT-Memphis Urology Residency Program follows the UTHSC institutional policy on Program and Faculty Evaluation.
For more information on the UT Faculty Evaluation Policy, please visit the GME website:

<http://www.uthsc.edu/GME/policies/program-evaluation.pdf>

Program-specific policy items:

The Program Director communicates (verbally) with the faculty members concerning their yearly evaluations by the residents and their overall performance. Any concerns are addressed and only negative evaluations require written documentation of resolution. All faculty members have access to their own evaluations.

Residents formally contribute to the faculty evaluation process by the anonymous completion of a multiple choice questionnaire, annually, in which they assess the strengths and weaknesses of each faculty member. These completed questionnaires are retained in the faculty member's permanent record. Residents are ensured confidentiality in this process in that: (1) the questionnaire is set up as an anonymous report in the New Innovations on-line system, requiring no writing by the resident, (2) the questionnaire is entirely multiple choice, (3) all 12 residents complete the questionnaire at the same time, and (4) the completed questionnaires are printed directly from the New Innovations system by the department secretary and given to the Program Director in a single envelope.

Formal written faculty evaluations are performed annually by the Departmental Chairman with input from the Program Director. These faculty evaluations are required by University policy with the process beginning in the spring and with completion in June, providing time for recommendations by the Departmental Chairman for faculty promotion, tenure, and/or reappointment of the faculty member. The Departmental Chairman must give consideration to each faculty member's teaching ability, service activities, clinical abilities and the performance of scholarly activities. Each faculty member must submit to the Departmental Chairman an assessment of his/her accomplishments for the year. Likewise, the Departmental Chairman evaluates each faculty member as to the above criteria and evaluates the faculty members' assessment of their accomplishments. The Departmental Chairman obtains commentary from medical students and peers, and formal input is obtained from the residents. The Departmental Chairman utilizes these materials to prepare a formal evaluation for presentation and discussion with the faculty members, as well as for submission to the Dean of the College of Medicine. In the event that the faculty member disagrees with the Departmental Chairman's evaluation, such disagreement may be transmitted in writing to the Dean and attached to the Chairman's evaluation

Fatigue Management	<p>The UT-Memphis Urology Residency Program follows the UTHSC institutional policy on Fatigue Management.</p> <p>For more information on the UT Fatigue Management Policy, please visit the GME website: http://www.uthsc.edu/GME/policies/fatigue2017.pdf</p> <p><i>All new residents are required to complete the on-line training module on fatigue. This education module addresses the hazards of fatigue and ways to recognize and manage sleep deprivation.</i></p> <p>Program-specific policy items: If any resident feels their work load is too taxing as to preclude rest and reasonable personal time, then they should notify the Program Director and/or chairman immediately to discuss solutions to mitigate excessive service demands and/or fatigue. The resident will be responsible for bringing this directly to the attention of the Program Director.</p>
Grievances	<p>The UT-Memphis Urology Residency Program follows the UTHSC institutional policy on Grievances.</p> <p>For more information on the UT Grievances Policy, please visit the GME website: http://www.uthsc.edu/GME/policies/grievances2010.pdf</p>
Impaired Physician Program	<p>The UT-Memphis Urology Residency Program follows the UTHSC institutional policy on Aid for the Impaired Physician.</p> <p>For more information on the UT Impaired Physician Policy, please visit the GME website:</p>

	http://www.uthsc.edu/GME/policies/aidforimpairedresidents.pdf
Professional Conduct	The UT-Memphis Urology Residency Program follows the UTHSC institutional policy on Professional Conduct. For more information on the UT Code of Conduct Policy, please visit the GME website: http://policy.tennessee.edu/hr_policy/hr0580/
Harassment	The UT-Memphis Urology Residency Program follows the UTHSC institutional policy on Harassment For more information on the UT Harassment Policy, please visit the GME website: http://policy.tennessee.edu/hr_policy/hr0280/
Leave	The UT-Memphis Residency Program follows the UTHSC institutional policy on Resident Leave. For more information on the UT Resident Leave Policy, please visit the GME website: http://www.uthsc.edu/GME/policies/leave.pdf Program-specific policy items: 1 A. In July each resident should request a Vacation Request Form from Trish. These forms should be used to apply for your first, second and THIRD week of vacation. Of course not every resident will earn their third week of vacation, but everyone will turn in a third week of vacation request anticipating that they will earn it. If it is not earned based on criteria noted below, then it will be denied. The forms must be received and approved by the Program Director or Chairman at least TWO months in advance of the actual vacation date. The Chief Residents will collect and review all the vacation requests for everyone's three weeks of vacation. The more senior a resident, then the higher the priority for getting their vacation week if there are conflicts. All issues should be resolved by the three Chief residents if possible. However if that proves to be impossible, then the seniors will bring this matter to the Program Director for final resolution. DO NOT make plans for your vacation like booking flights, booking hotels, telling family you are in etc. until you have received final written approval by the Program Director.

1 B. Everyone should have their vacation request for the **FIRST TWO VACATION WEEKS** turned in for approval by the end of July.

Recall a third week of vacation can be earned based on the departmental point system which takes into consideration numerous variables like being on time to conferences, prompt medical record completion, faculty evaluation results, scholarly activity (submit papers to SES and/or AUA prior to June of each year)

Of course you must achieve a rank of 30th percentile or higher national rank on the yearly in-service exam to get a third week of vacation. The third week vacation will not be approved until after the in-service exam results.

No exceptions !

2. Everyone gets two one week vacations that must be taken in one week blocks. **THE VACATION PERIOD STARTS ON A MONDAY AND ENDS ON A SUNDAY.** By coordinating the call schedule, the preceding Saturday and Sunday may be included (total 9 days off) without incurring days charged to vacations. Do not count the preceding Friday as a vacation day, i.e. leaving early without prior approval from the Program Director, the faculty at the rotation you are leaving and your chief resident. Each resident should consider the amount of coverage available when planning vacation.

3. Vacation may be taken anytime in July through November and January thru the first two weeks of June of each year. Vacation should not be taken in December due to holiday scheduling which requires all residents to be available to divide up the holiday schedule coverage. Vacation will not be approved the last two weeks of June for any resident due to graduation events and turn over responsibilities.

4. You should plan to take no more than one week vacation per each 4 month rotation. Meaning the three blocks you have to schedule your two (possible 3) weeks of vacation are July thru Oct, Nov thru Feb. or March thru the first two weeks of June. Exceptions will need to be approved by the Program Director and should rarely be necessary.

5. NO more than 2 residents can be on vacation during the same week! Any conflicts with this will need to be discussed and resolved with the Program Director.
All accommodations will be made to give everyone their first choice for vacation but have a second option available in case that cannot be done. A senior resident will have higher priority in regards to vacation selection.

	<p>6. We no longer are able to provide administration days off for the senior residents, however we will allow the senior residents the option to divide one of their 2 or 3 weeks of vacation to schedule interview trips for future employment.</p> <p>All seniors should understand that their last day of work will be JUNE 30th of every year. Please do not plan to leave before your time here is completed.</p> <p>In keeping with the American Board of Urology Policy on Resident Leave Time a resident must work forty-six (46) weeks each year of residency, that is, one year of credit must include at least forty-six weeks of full-time urologic education. Vacation or leave time may not be accumulated to reduce the total training requirement. If a circumstance occurs in which a resident does not work the required forty-six weeks, the program director must submit a plan to the ABU for approval on how the training will be made up, which may require an extension of the residency.</p> <p>http://www.abu.org/</p>
<p>Medical Record Completion</p>	<p>Program-specific policy items:</p> <p>I. <u>MEDICAL RECORDS</u></p> <p>Medical records are important legal documents which are being increasingly scrutinized by medical and non-medical personnel. The medical record should accurately reflect the events of the patient's inpatient or outpatient care and must be legible. Progress notes and orders should always be signed, timed and dated. Consistent with the policy of other departments in the College of Medicine, excessive delinquency will result in disciplinary action, so complete all medical records in a timely fashion.</p> <p>II. <u>GUIDELINES FOR DICTATION</u></p> <p>Dictation of hospital charts is required within 48 hours after discharge. Dictation of operative notes must be done the <u>same</u> day of surgery. All dictations should include the date of the examination and/or procedure, the date of the dictation, and the name of the staff. The dictated operative report must state:</p>

Attending Surgeon – Dr. Doe –

- a. "Present and scrubbed throughout entire procedure"
- b. "Present and scrubbed for vital portions of procedure"
- c. "Available"

- A. Discharge summaries must contain the diagnosis (primary and secondary), primary reason for admission, disposition and follow up plans.
- B. All charts should be dictated prior to departure for vacation.
- C. All charts must be completed before changing rotations.
- D. Residents are responsible for proofing discharge summaries and operative notes. Your signature indicates approval of the document.
- E. If any question about operative notes and/or dictations, check with the attending on the case for clarification. Unless told otherwise, proceed with the dictation.

**GUIDELINES FOR DOCUMENTATION
UTILIZATION REVIEW**

1. **Admission Sheet or Initial Order Sheet**
"Reason for Admission" should be stated in terms of Severity of Illness or Intensity of Service criteria.
2. **History and Physical**
 - a) Create a clear picture of why in-patient (as opposed to outpatient) treatment is required.
 - b) State why the patient is being admitted now as opposed to last week or next week (this is particularly important for patients with chronic problems).
 - c) Describe previous treatments and outcomes -- was the patient refractory to outpatient care?
 - d) If the patient does not meet Severity of Illness or Intensity of Service criteria, document why in-patient evaluation or treatment is necessary, i.e., problems with mobility, need for continual observation, specific high risk indicators, or other extenuating circumstances (do make sure that whatever you write is verifiable).
 - e) Describe signs and symptoms in detail.
3. **Progress Notes**
 - a) Describe the patient's status and progress in meaningful progress notes daily.
 - b) Include a plan of care that specifically describes why the patient continues to require hospitalization in an acute care hospital. When possible project anticipated discharge date or additional days the patient will require to complete his/her care. DO NOT write "Plan per Dr. _____,"
 - c) Severity of Illness and Intensity of Service Criteria must be met sometime during the hospitalization for Medicare patients. Some private Review Agencies reviewing on behalf of Private Insurance companies require that Severity of Illness and Intensity of Service is substantiated for each hospital day for hospital reimbursement and in certain cases physician reimbursement. If these criteria are not addressed on the order sheet or in the History and Physical, they may be defined in a progress note.
 - d) Documentation of patients or family education, contacts with outside agencies or physicians, consults for home assessment or placement, and follow-up plans, etc., are increasingly important and can be even more important if the patient requires readmission within 18 days of discharge.

	<p>4. Quality of Care Review</p> <p>a) All Medicare cases selected for review will be screened not only for appropriateness of admission, but also for quality of care using Health Care Financing Administration (HCFA) mandated generic quality screens.</p> <p>b) Thorough and <u>accurate</u> medical record documentation is essential for conveying the quality of medical care patients received while hospitalized.</p> <p>c) Failure to clearly indicate reasons/rationale for action or inaction may at a later date raise questions as to the quality of care rendered.</p> <p>d) Quality of care review has serious implications for both Provider (Hospital) and Practitioner (Physician). It is in everyone's best interest that medical record documentation reflects accurate and comprehensive information regarding the quality of care rendered while hospitalized.</p> <p>5. Nursing Home Placement</p> <p>a) Medicare only pays if the patient is awaiting a bed in a skilled nursing facility (SNF). Chart documentation must reflect that there is an active search for SNF bed. If there is a long wait for a nursing home bed, then periodic updates are needed (every 7 days). The patient must take the first available bed within 50 miles of the patient's home.</p> <p>b) Medicare does not pay for intermediate care facilities -- either for awaiting a bed or for that level of care itself.</p> <p>c) Begin placement planning as soon as there is any indication that the patient will not be able to return home. Notify both the Social Worker and the UR Coordinator.</p> <p>6. The M-01 (Discharge Information Face Sheet)</p> <p>a) The DRG is determined mainly by the Principal Diagnosis; to a lesser degree by the Principal Procedure; and by some other parameters.</p> <p>b) There can only be <u>one</u> Principal Diagnosis, which is defined as the diagnosis <u>after</u> study of the condition chiefly responsible for the admission.</p> <p>c) List all conditions which were treated, evaluated or for which the patient was medicated, i.e., hypertension, gout, NIIDM.</p> <p>d) List all procedures done during the admission.</p> <p>e) The Attending Physician should review the information on the M-01 (and the <u>Discharge Summary</u>) for <u>thoroughness and accuracy</u> and make the needed</p>
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	<p>additions and corrections before signing the attestation statement.</p> <p>f) Only the Attending Physician should sign the attestation statement, which is the physician's indication that the billing information is accurate.</p>
Moonlighting	<p>The UT-Memphis Urology Residency Program follows the UTHSC institutional policy on Moonlighting.</p> <p>For more information on the UT Moonlighting Policy, please visit the GME website: http://www.uthsc.edu/GME/policies/moonlighting2011.pdf</p> <p>Program-specific policy items:</p> <p>It is the policy of the Department of Urology that employment outside of this residency program is allowed only if you achieve and maintain greater than or equal to the 80th percentile on the in-service exam. If a resident of urology moonlights, he/she will be expected to complete a form documenting moonlight hours and turn this form in to the education office. All moonlighting hours count toward the maximum 80 hour weekly clinical experience and education work hour limit</p>
Needlestick/Exposure Policy	<p>Residents must report to Employee Health immediately for any needlestick or other injury occurring while on duty. After hours, residents should report to the Emergency Department for such occurrences. Any exposure to communicable diseases will be addressed in accordance with the applicable hospital's Infection Prevention and Control policies.</p> <p>Program-specific policy items: Residents must call CorVel (worker's comp claim) at 1-866-245-8588 option 1 immediately following the occurrence. You must also notify the program coordinator and a Report of On the Job Injury or Illness form must be completed which can be located at http://riskmanagement.tennessee.edu/</p>
Adverse Event	<p>To report an adverse event or "near miss" event contact:</p> <p>ROH Olivia Johnson 545-8617 Karen Freeman 545-7878</p>

	<p> QI data Michele Whitehead 545-6106 MUH Call "Hot Line" 901-581-8066 and nursing supervisor will take information or enter it via "Safeguard" that can be accessed on MOLL. QI data Charlotte Jenkins 901-516-8279 charlotte.jenkins@mlh.org Elaine Gardner, RN, Urology QI Specialist, 901-516-9069 Quality Project Coordinator Joanna Hudson 901-516-9070 Methodist South Contact Bridget Bulloch 901-516-3715 LeBonheur Elesia Turner, Director of Risk Management 9 01-287-4573 850 Poplar Ave Building QI Data Donna Vickery, Director Quality Improvement 901-287-5137 850 Poplar Ave Building VA CARE line (ext 2273* or 5816) or complete electronic incident report; alternatively, contact Anita Garrison (Anita.Garrison@va.gov) or Mary Hammonds Ann Eaton (ext 6848) QI data Anita Garrison (Anita.Garrison@va.gov) The following is required at VA as well: Immediate call to COS (Chief of Staff) office (ext 7202), and Risk Mgmt (ext 6589), Chief of Surgery office (ext 2123), and Dr. Patterson for the following: <ul style="list-style-type: none"> . ID error leading to significant harm . Death or code during a procedure or in OR or immediately afterwards . Procedure or bedside procedure with complication requiring OR or higher level of care. . Procedure requiring greater than expected transfusion requirements or proceeding to an unexpected procedure (like adding a IABP) . Retained object post procedure, even if it is discovered before the skin is closed. . Treatment reaction leading to serious harm </p>
	<p>The UT-Memphis Urology Residency Program follows the UTHSC institution policy on Patient</p>

Patient Handoffs/ Transition of Care	<p>Handoffs and Transition of Care.</p> <p>For more information on the UT Handoffs and Transitions of Care Policy, please visit the GME website: http://www.uthsc.edu/GME/policies/handoffs2017.pdf</p> <p>Program-specific policy items:</p> <p>Residents currently discuss patient handoff on Friday afternoon by phone or face to face in the physician lounge at the hospital. This is again discussed with the team taking over on Monday morning by phone.</p>
Resident Academic Performance Improvement	<p>The UT-Memphis Urology Residency Program follows the UTHSC institutional policy on Remediation.</p> <p>For more information on the UT Remediation Policy, please visit the GME website: http://www.uthsc.edu/GME/documents/policies/academic-performance-improvement-policy.pdf</p>
Resident Candidate Eligibility and Selection	<p>The UT-Memphis Urology Residency Program follows the UTHSC institutional policy on Resident Selection.</p> <p>For more information on the UT Resident Selection Policy, please visit the GME website: http://www.uthsc.edu/GME/policies/ResidentSelection.pdf</p> <p>Program-specific policy items:</p> <p>The selection of residents is both demanding and exciting. We have developed a resident selection method which involves our faculty as well as our residents. Each year we receive approximately 200 applications for the three available positions in our program. The <i>first step</i> in the selection process is narrowing the field of applicants to interview. This difficult task is the responsibility of the Program Director. The Program Director reviews all the applications and through various criteria, selects approximately 50-60 applicants who will be granted an interview. The criteria used in this selection process includes :</p>

	<p>GPA Board scores Medical school evaluations Letters of recommendation AOA status</p> <p>Once this has been accomplished, the <i>second phase</i> of the selection process involves inviting approximately 50-55 applicants to come to our institution for an interview. Usually we offer four dates to interview, and these dates are always on a Monday. The interview process allows the applicants to experience firsthand what we have to offer. Each applicant meets the faculty as well as spends the day with all of our residents. They also have an opportunity to tour the urology facilities. The interview process is taken very seriously, as noted by the fact that the faculty limits scheduling conflicts during these days.</p> <p>The <i>third step</i> is the ranking of the interviewed applicants. This process takes into consideration input from the entire faculty as well as resident input. The ranking procedure is completed by early January of each year and forwarded to the AUA Residency Match Program. We are then notified of the results</p> <p>Application Process and Interviews: All applications will be processed through ERAS, following ERAS's timetable for application submission availability; unsolicited applications received via e-mail, mail, or fax will not be considered. The Department of Urology requires a minimum of 3 letters of recommendation, one of which should come from a Department of Urology Chairman</p>
<p>Resident Reappointment and Promotion</p>	<p>The UT-Memphis Urology Residency Program follows the UTHSC institutional policy on Resident Evaluation and Promotion.</p> <p>For more information on the UT Resident Evaluation and Promotion Policy, please visit the GME website: http://www.uthsc.edu/GME/policies/resident-evaluation.pdf and http://www.uthsc.edu/GME/policies/reappointment2011.pdf</p> <p>Program-specific policy items: Urology residents are required to demonstrate proficiency in the areas listed below. Academic probation or dismissal can be based on deficiencies in one or more of the following areas:</p> <ol style="list-style-type: none"> 1. Clinical competence (including identifying and performing invasive and non-

	<p>invasive medical procedures; gathering critical information and data, whether in the form of H&P's or diagnostic testing; interpreting results; and knowledge of protocols)</p> <ol style="list-style-type: none"> 2. Fund of knowledge 3. Clinical judgment (including synthesizing data gathered from appropriate sources and applying the information and medical knowledge to a particular patient care situation; and the ability to respond to unpredictable treatment situations) 4. Necessary skills (those technical skills necessary to perform diagnostic, medical and surgical procedures and to deliver other forms of medical treatment) 5. Humanistic skills (interacting with patients, peer residents, faculty, and medical staff; receptivity to feedback and corrective action from faculty and peers; and demonstrating concern for patients' well-being) 6. Attendance, punctuality and availability 7. Adherence to institutional standards of conduct, rules and regulations, including program standards and hospital and clinic rules with respect to scheduling, charting, record keeping and delegations to medical staff. <p>Reappointment and promotion to the subsequent year of training require satisfactory evaluations.</p>
<p>Resident Supervision</p>	<p>The UT-Memphis Urology Residency Program follows the UTHSC institutional policy on Resident Supervision.</p> <p>For more information on the UT Resident Supervision Policy, please visit the GME website: http://www.uthsc.edu/GME/policies/supervision_pla2011.pdf</p> <p>Resident and Faculty Policy Awareness Residents and faculty will be educated on supervision policies and procedures including the ACGME requirement that residents and faculty members should inform patients of their respective roles in each patient's care. The program will annually review faculty supervision assignments and the adequacy of supervision levels.</p> <p>Program-specific policy items: Residents are responsible, under supervision, for total patient care, including admission,</p>

initial evaluation, diagnosis, selection of therapy and management of complications for patients at ROH, VAMC, Methodist Healthcare and Le Bonheur Hospital. The residents encounter these patients in the out-patient clinics of these facilities, arrange the admission, the initial evaluation and diagnosis, and select the appropriate therapy under supervision. Complications are managed by the residents under supervision. They are responsible for continuity of care of these non-private patients throughout their rotation. This includes night and weekend responsibility (when on call) and long-term care within the limits of the length of the rotation. In all of the training sites, residents are also responsible, under supervision, for the total patient care of private patients. However, due to the diversity of volunteer faculty office sites, they may not be associated with the decision for patient admission and similarly, they may not be available to participate in the office follow-up and long-term continuous care of these private patients. On the other hand, many of the private patients, especially those of the full time faculty, are initially seen as inpatient consultations. In these instances, the resident is responsible; under supervision, for the initial evaluation, diagnostic studies, and therapy plan. In addition, more senior residents (URO-3 and URO-4) are encouraged, time permitting, to attend faculty private clinics. This allows them an opportunity to participate in the post hospitalization care of those patients they were responsible for during hospitalization, as well as to experience other office procedures. These include renal/transrectal ultrasonography/prostate biopsies, vasectomies, flexible/rigid cystoscopy, complex video urodynamics and other techniques that supplement their training.

ROH Rotation: This rotation is carried out in Regional One Health, also known as **The MED**. Overall, resident supervision during the ROH rotation is provided by Dr. Chris Ledbetter. Two residents participate in this rotation: URO-4 and URO-2 level residents. The teaching service averages between 4-6 patients or approximately 2-3 patients per resident. However, as an increasing number of diagnostic and operative procedures are performed in an ambulatory or outpatient basis, the actual resident/patient teaching volume is higher than would be anticipated from an in-patient census. This reflects a busy and productive service educating urology residents in both in-patient and outpatient care. This does not include the urology consultations, which average two per day. Teaching rounds are conducted daily by the service chief, with all residents in attendance, for all patients at ROH including trauma patients and consults. Individual cases requiring subspecialty attention are staffed by appropriate members of the urology faculty. The office of the chief of service is adjacent to the ROH hospital and less than 50 yards from the sponsoring institution.

VA Hospital: The VA Medical Center is one of the primary sites of surgical training and education concerning in-patient and outpatient care. The hospital serves as a regional (tertiary)

referral center for Tennessee, Arkansas, Mississippi, and Missouri as well as a multi-state spinal cord injury and stone disease facility. The teaching service is under the overall supervision of Dr. Anthony L. Patterson, Chief of Urology at this institution. This service is staffed by a URO-4, URO-3 and two URO-1 residents. Also, the clinic staff is comprised of a head nurse who supervises 5 nurses, 4 urology technicians, 3 clerical staff and a urology liaison nurse. In addition, research nurses interact with the residents on a regular basis. The VA Hospital is located one block from the sponsoring institution. A URO-4 (chief), URO-3 and two URO-1 residents are responsible for the outpatient (clinic) and in-patient urology service in the main VA Hospital. The URO-4 resident serves as chief for the spinal cord injury and stone center which are physically connected to the main hospital. There are a great number of outpatient procedures. There are approximately 6 in-patients per week at the main hospital and approximately 2 per week at the spinal cord injury part of the hospital (approximately 2 patients per resident). Dr. Anthony L. Patterson conducts teaching rounds in the main hospital.

Dr. Robert Wake serves as chief of the stone center and conducts rounds daily with the URO-4 resident concerning these patients. Other faculty, including Dr. Howard Hasen, supervise the residents and conduct teaching rounds on patients with which they were involved.

Le Bonheur Children's Hospital: The pediatric urology rotation is located at Le Bonheur Children's Medical Center and its outpatient and surgical center facilities. This hospital is a freestanding hospital but is now a part of the Methodist Health Care System. The hospital provides the only full service pediatric emergency department in the city. In addition, there is a Newborn Intensive Care Unit located adjacent to The Med where frequent consults are handled. A similar arrangement is made with The St Jude's Pediatric Research Hospital for answering consultations. Two residents, a URO-3 and URO-1, are assigned to this rotation and are responsible for all urology patient care, with the majority of care being provided in an outpatient setting. Resident supervision occurs daily and continuously by four (4) full time faculty members. The pediatric hospital is located one block from the sponsoring institution. It is important to note that housed within this hospital are the pediatric teaching faculty, and consultative sub-specialty medical and surgical services, required to support the training program and the hospital.

Methodist University Hospital: The Methodist University Hospital is the largest private downtown hospital in Memphis, Tennessee. It functions as a tertiary care and regional referral center for western Tennessee, Arkansas and Mississippi. This facility is approximately 5 blocks from the sponsoring institution. The teaching service at the Methodist University Hospital is under the supervision of Dr. Robert Wake. A URO-4, URO-3 and two URO-2 residents are

assigned to this institution. The residents are responsible for the non-private in-patient teaching service as well as the private patients of the full time faculty. Volunteer faculty admits to this institution as well, and they will residents when it concerns their private patients. All clerical support, subspecialty medical and surgical services, radiology and library with internet access, are available to support the institution and the training program.

The program policy regarding supervision is that residents are supervised at all times and in all locations, both in-patient and outpatient, in which they carry out their functions as a urology resident. This policy is implemented by The University of Tennessee GME office and the Urology Program Director, and it is the responsibility of the Program Director and the faculty to ensure compliance at all times

Specific Clinical Activities and Level of Supervision

Each program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients. The requirements for on-site supervision will be established by each Program Director. This template can assist the Program Director in listing specific patient care activities of trainees and the level of supervision required.

<u>Clinical Activity</u>	<u>Resident Level</u>	<u>Method of Instruction</u>	<u>Instructor Level</u>	<u>Supervision Level</u>	<u>Certification Requirements to Perform Activity without Direct Supervision</u>	<u>Method to Confirm Competent to Perform Procedure/Activity</u>
Cysto w/wo stent placement	PGY2+	Direct Clinical Instruction	PGY 4 or 5	Direct	At least 5 directly supervised surgeries of this type	Direct observation/confirmation of competence
Ureteroscopy stone treatment	PGY2+	Direct Clinical Instruction	PGY 4 or 5	Direct	At least 5 directly supervised surgeries of this type	Direct observation/confirmation of competence
Scrotal surgery	PGY2+	Direct Clinical Instruction	PGY 4 or 5	Direct	At least 5 directly supervised	Direct observation/confirmation of competence

Penile surgery (Fracture penis, etc)	PGY2+	Direct Clinical Instruction	PGY 4 or 5	Direct	At least 5 directly supervised surgeries of this type	Direct observation/confirmation of competence			
Bladder surgery	PGY2+	Direct Clinical Instruction	PGY 4 or 5	Direct	At least 5 directly supervised surgeries of this type	Direct observation/confirmation of competence			
Repair of ureteral trauma	PGY2+	Direct Clinical Instruction	PGY 4 or 5	Direct	At least 5 directly supervised surgeries of this type	Direct observation/confirmation of competence			
Repair of renal trauma	PGY2+	Direct Clinical Instruction	PGY 4 or 5	Direct	At least 5 directly supervised surgeries of this type	Direct observation/confirmation of competence			
Nephrectomy	PGY2+	Direct Clinical Instruction	PGY 4 or 5	Direct	At least 5 directly supervised surgeries of this type	Direct observation/confirmation of competence			
Testicular surgery	PGY2+	Direct Clinical Instruction	PGY 4 or 5	Direct	At least 5 directly supervised surgeries of this type	Direct observation/confirmation of competence			
Cystoscopy placement of Foley catheter	PGY2+	Direct Clinical Instruction	PGY 4 or 5	Direct	At least 5 directly supervised surgeries of this type	Direct observation/confirmation of competence			
All GU trauma	PGY2+	Direct Clinical Instruction	PGY 4 or 5	Direct	At least 5 directly supervised surgeries of this type	Direct observation/confirmation of competence			

<p>Travel</p>	<p>The UT-Memphis Residency Program follows the UTHSC institutional policy on Resident Travel.</p> <p>For more information on the UT Resident Travel Policy, please visit The University of Tennessee Policy website: http://policy.tennessee.edu/fiscal_policy/t0705/</p> <p>Important Guidelines:</p> <ul style="list-style-type: none"> • Travel requests should be discussed with and approved by the Program Director before making any arrangements. • UT Travel Policy must be followed at all times -with no exceptions. • A Travel Request Form must be completed well in advance of traveling. • The UT Resident Travel Form must be completed for reimbursement. <p style="text-align: center;">PERMITTED TRAVEL</p> <ol style="list-style-type: none"> 1. SES/AUA (Fajardo, Puerto Rico) March 13-17, 2019 2. AUA (Chicago, Illinois) May 3-6, 2019 <p>All submissions must go through the educational office. A compiled list of what is being sent must be approved by the Program Director.</p> <p style="text-align: center;">DO NOT SEND ANY ABSTRACTS FOR SUBMISSION PRIOR TO APPROVAL BY THE PROGRAM DIRECTOR</p> <p>All educational trips must be approved by the University GME office and the Department Program Director. These trips will be approved if the budget allows. Remember it is not a duty of the department to allow time off and pay for these trips, but a privilege.</p> <p>We can direct bill through the University for registration and airfare. This will prevent you from having to apply the charge to your credit card. You will need to save all original receipts and turn these in to the education office upon your return.</p>

	<p>You must have the trip approved. Any arrangements not approved beforehand will not be considered for reimbursement. Prior to travel, a leave authorization form must also be completed and signed. This form can be obtained through the education office and a supply is generally located in the conference room.</p> <p>Meals: No meal allowance will be allowed if the registration fee includes all meals for the day. All meals will be reimbursed per diem and you will not need to keep receipts for meals.</p> <p>Hotel: All hotels must be conference hotels to be considered for reimbursement. You are encouraged to room with a fellow resident to save expenses; however if this is done, only one resident should pay for the room and turn in the expense form for reimbursement. You will need to be sure the hotel bill reflects a -0- balance indicating payment has been made.</p> <p>Airline: To be booked through the education office using the university's designated travel agency program, World Travel.</p> <p>Rental Cars: No rental cars will be reimbursed. You should use a shuttle provided by the conference or share a taxi or Uber</p>

Section 6. Resident Benefits

<p>Salary</p>	<p>Residents in the UT-Memphis Residency Program are student employees of The University of Tennessee.</p> <p>As a student employee of the University of Tennessee, you will be paid by the University on a monthly basis – the last working day of the month. Direct deposit is mandatory for all employees.</p> <p style="text-align: center;">OFFICE OF GRADUATE MEDICAL EDUCATION</p> <p style="text-align: center;">2018-2019 RESIDENT COMPENSATION RATES for ACGME-ACCREDITED PROGRAMS</p> <table border="1" data-bbox="516 600 902 1751"> <thead> <tr> <th>PGY LEVEL</th> <th>BASE ANNUAL</th> <th>with Disability Life Benefits *</th> <th>Monthly *</th> </tr> </thead> <tbody> <tr> <td>PGY 1</td> <td>\$ 51,780.00</td> <td>\$ 52,380.00</td> <td>\$4,365.00</td> </tr> <tr> <td>PGY 2</td> <td>\$ 53,580.00</td> <td>\$ 54,180.00</td> <td>\$ 4,515.00</td> </tr> <tr> <td>PGY 3</td> <td>\$ 55,200.00</td> <td>\$ 55,800.00</td> <td>\$ 4,650.00</td> </tr> <tr> <td>PGY 4</td> <td>\$ 57,780.00</td> <td>\$ 58,380.00</td> <td>\$ 4,865.00</td> </tr> <tr> <td>PGY 5</td> <td>\$ 59,400.00</td> <td>\$ 60,000.00</td> <td>\$ 5,000.00</td> </tr> <tr> <td>PGY 6</td> <td>\$ 62,280.00</td> <td>\$ 62,880.00</td> <td>\$ 5,240.00</td> </tr> <tr> <td>PGY 7</td> <td>\$ 64,620.00</td> <td>\$ 65,220.00</td> <td>\$ 5,435.00</td> </tr> </tbody> </table> <p>*In addition to the base salary, those residents participating in the disability and group life insurance programs provided through GME currently receive an additional \$600 per year for disability and life insurance benefits as shown above in Column 3.</p> <p>For more information on the UT Salary Policy, please visit the GME website: http://www.utmsc.edu/GME/Registration_Materials/fact_sheet.pdf</p>	PGY LEVEL	BASE ANNUAL	with Disability Life Benefits *	Monthly *	PGY 1	\$ 51,780.00	\$ 52,380.00	\$4,365.00	PGY 2	\$ 53,580.00	\$ 54,180.00	\$ 4,515.00	PGY 3	\$ 55,200.00	\$ 55,800.00	\$ 4,650.00	PGY 4	\$ 57,780.00	\$ 58,380.00	\$ 4,865.00	PGY 5	\$ 59,400.00	\$ 60,000.00	\$ 5,000.00	PGY 6	\$ 62,280.00	\$ 62,880.00	\$ 5,240.00	PGY 7	\$ 64,620.00	\$ 65,220.00	\$ 5,435.00
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	<p>The UT-Memphis Urology Residency Program follows the UTHSC institutional policy on Resident Insurance Benefits.</p>																																

Health Insurance	<p>Health insurance is mandatory. Health, dental, and vision coverage is provided by Cigna Health care for residents and eligible dependents. Coverage is effective on the resident's first recognized day of the residency program. Residents are responsible for approximately 20% of the premium. Residents with existing coverage may decline UT health insurance by completing the declination form.</p> <p>Life and Disability Insurance are also available through UT GME.</p> <p>For more information on the UT Resident Insurance Benefits, please visit the GME website: http://www.utnsc.edu/GME/policies/insurance.pdf</p>
Liability/Malpractice Insurance	<p>As a State of Tennessee student/employee, your professional liability coverage is provided by the Tennessee Claims Commission Act.</p> <p>For more information on the UT Malpractice Policy, please visit the GME website: http://www.utnsc.edu/GME/policies/claimscommission.pdf</p>
Memberships	<p>Residents in the UT-Memphis Urology Residency Program are expected to register for residency membership to the following organization(s): This should be completed during the Pre-Urology year. A letter from the Program Director will be sent to the AUA recommending you for residency membership upon completion of registration.</p> <ul style="list-style-type: none"> American Urological Association <p>Residents in the UT-Memphis Residency Program will be provided with:</p>
Educational Resources	<p>The University of Tennessee, Memphis campus contains the colleges of Medicine, Dentistry, Nursing, Allied Health, and Pharmacy. The campus library provides service to all of these colleges. This modern facility contains over 75,000 books, 1,900 active journals and 12 urologic related journals. The library provides excellent service for the electronic retrieval of information from various medical databases.</p> <p>The academic center of the Urology Residency Program is located at 910 Madison Ave., 4th floor, a facility housing the academic offices of the Department of Urology.</p> <p>The academic office of the Department of Urology maintains a resident office/ library containing major urologic texts and significant journals, as well as access to computers. These facilities, the branch UT medical library and the urologic library, are available to the urologic residents 24 hours a day, 7 days a week. In addition, secretarial services are provided to the residents for help with publications, slide presentations and other academic activities.</p> <p>The Regional One Hospital (MED) does not have a medical library and residents on the that rotation may instead utilize the above facilities as noted. All of the described library facilities are in close proximity to these institutions. In fact, all of the</p>

	<p>institutions utilized for resident training are within walking distance of the main campus library. Consequently, residents and faculty tend to utilize the campus facilities for significant library endeavors. However, institutions like VA, LeBonheur and Methodist all maintain substantial medical libraries staffed by experienced librarians and containing a sufficient volume of urological texts and journals with 24 hour, 7 day per week availability for urologic residents. These institutional libraries are frequently used by our residents during their rotations at the various institutions. The institutional libraries provide computer terminals and adequate computer search capabilities.</p> <p>Statistical consultation is available to the residents through the biomedical statistical unit of the Department of Preventive Medicine. The residents frequently utilize these services for the analysis of their research data.</p> <p>The Urology Library, located at the academic office, offers services to faculty, residents, medical students, and supporting staff. Available are contemporary textbooks, journals, and pamphlets.</p> <ol style="list-style-type: none"> 1. Library is accessible 24 hours, 7 days a week. 2. Journals and books may not be taken out of the Urology Department. They may be borrowed for copying and/or reading when the resident is using the library. 3. Any exception to #2 must be approved on a case-by-case basis by the Program Director. 4. Please reshelve books. Avoid bending or straining volumes, bound or paperback, in a way that breaks them apart. 5. When using loose-leaf material in binders, please do not remove the sheets or alter their sequence. 6. Other library services are available through: Main Campus Library, 225 Lamar Alexander Building, 448-5404.
<p>Scrubs or White Coats per program</p>	<p>At the beginning of residency, each resident is given six lab coats by the GME office. The GME office will further cover up to three replacement coats throughout the entire residency. These lab coats are purchased at Landau and billed to the GME office. Residents are to wear their white coats at all times when on duty</p>
<p>Resident Assistance Program</p>	<p>Resident Assistance Program (also known as the Student Assistance Program): This program offers residents and fellows 6 confidential counseling sessions via phone. It also offers wellness support from a coach, a personal assistant, and legal and financial consultations. All of these services are at no-cost. Call your Resident Assistance</p>

Section 7. Curriculum

ACGME Competencies

The core curriculum of the UT-Memphis Urology Residency program is based on the 6 ACGME Competencies:

- **Patient Care:** Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- **Medical Knowledge:** Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
- **Practice-Based Learning and Improvement:** Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
- **Interpersonal and Communication Skills:** Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
- **Professionalism:** Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
- **Systems-Based Practice:** Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Milestones

The Milestones are designed only for use in evaluation of resident physicians in the context of their participation in ACGME accredited residency or fellowship programs. The Milestones provide a framework for the assessment of the development of the resident physician in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context.

Patient Care: 8 Medical Knowledge: 4 System Based Practice: 4 Practice Based Learning Improvement:
7 Professionalism: 6 Interpersonal and Communication Skills: 5

Assessment Instruments and Methods

The Clinical Competency Committee (CCC) or QI Committee meets twice a year to discuss the results of the Milestone evaluations. The 3 committee members are each assigned residents to evaluate then each individual's result is discussed amongst the members. A final evaluation is then entered by the Program Director based on this discussion; The committee takes into consideration the documentation of evaluations in New Innovations which consist of operative performance ratings by attendings, evaluation of conference presentations, 360 degree evaluations

Program Goals and Objectives

Urology Goals and Objectives University of Tennessee

Program Goal

Common Program Objectives

By the end of the Urology program, all residents are expected to expand and cultivate skills and knowledge learned during previous training and achieve the following objectives based on the six general competencies. Residents are expected to acquire and apply these skills at the URC level and to further master them throughout the remainder of the training program. The resident should exhibit an increasing level of responsiveness and independence as he or she progresses throughout the training program.

Competency	Required Skill(s)	Teaching Method(s)	Formative Evaluation Method(s)	Frequency of Evaluation
Patient Care	<p>COMMON OBJECTIVES</p> <p>Provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.</p>	<p>Clinical Experience</p> <p>Teaching Rounds</p> <p>Didactic Sessions</p> <p>Case Discussions</p> <p>Journal Club</p>	<p>Global Assessment</p> <p>Focused Obs/Eval Form</p> <p>Patient Survey</p> <p>Record/Chart Review</p> <p>Case/Procedure Log</p> <p>Review</p> <p>Evaluation Committee</p>	<p>Triannually</p> <p>Varied</p> <p>Varied</p> <p>Triannually</p> <p>Triannually</p> <p>Triannually</p>
	<p>Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.</p>	<p>Clinical Experience</p> <p>Teaching Rounds</p> <p>Didactic Sessions</p> <p>Case Discussions</p> <p>Journal Club</p>	<p>Global Assessment</p> <p>Focused Obs/Eval Form</p> <p>Patient Survey</p> <p>Record/Chart Review</p> <p>Case/Procedure Log</p> <p>Review</p> <p>Evaluation Committee</p>	<p>Triannually</p> <p>Varied</p> <p>Varied</p> <p>Triannually</p> <p>Triannually</p> <p>Triannually</p>
	<p>Gather essential and accurate information about their patients.</p>	<p>Clinical Experience</p> <p>Teaching Rounds</p> <p>Didactic Sessions</p>	<p>Global Assessment</p> <p>Focused Obs/Eval Form</p> <p>Patient Survey</p>	<p>Triannually</p> <p>Varied</p> <p>Varied</p>

	Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence and clinical judgments.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
Develop and carry out patient management plans.		Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
Counsel and educate patients and their families.		Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
Use information technology to support patient care decisions and patient education.		Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
Perform competently all medical and invasive procedures considered essential for the area of practice.		Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review	Triannually Varied Varied Triannually Triannually Triannually

	Provide health care services aimed at preventing health problems or maintaining health.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Work with health care professionals, including those from other disciplines, to provide patient-focused care.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	SPECIALTY SPECIFIC OBJECTIVES			
	See specific rotations for a detailed list of patient care objectives.			
	COMMON OBJECTIVES			
Medical Knowledge	Demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences, and the application of this knowledge to patient care.	Clinical Experience Journal Club Didactic Sessions	Focused Obs/Eval Form In-training Exam Multi-source Eval Record/Chart Review Experience Narrative Case/Procedure Log Review Case Discussions	Varied Annually Triannually Triannually Triannually Triannually Weekly
	Demonstrate an investigatory and analytic thinking approach to clinical situations.	Clinical Experience Journal Club Didactic Sessions	Focused Obs/Eval Form In-training Exam Multi-source Eval Record/Chart Review Experience Narrative Case/Procedure Log Review Case Discussions	Varied Annually Triannually Triannually Triannually Triannually Weekly
	Know and apply the basic and clinically supportive sciences which are appropriate to their discipline.	Clinical Experience Journal Club Didactic Sessions	Focused Obs/Eval Form In-training Exam Multi-source Eval Record/Chart Review	Varied Annually Triannually Triannually

	Acknowledge errors, alert patients and appropriate health care providers about the errors, and create a plan of action to minimize them.	Clinical Experience M&M Conference QI Project Teaching Rounds Journal Club	In-training Exam Case/Procedure Log Review	Annually Triannually
	Set learning and improvement goals	M&M Conference QI Project Journal Club	Chart Stimulated Recall Clinical Performance Rate Focused Obs/Eval Form Multi-source Eval Evaluation Committee Record/Chart Review In-training Exam Case/Procedure Log Review	Monthly Triannually Varied Triannually Triannually Triannually Annually Triannually
	Use information technology to manage information, access on-line medical information, and to optimize education.	Clinical Experience M&M Conference QI Project Teaching Rounds Journal Club	Chart Stimulated Recall Clinical Performance Rate Focused Obs/Eval Form Multi-source Eval Evaluation Committee Record/Chart Review In-training Exam Case/Procedure Log Review	Monthly Triannually Varied Triannually Triannually Triannually Annually Triannually
	Participate in the urological education of patients, families, students, residents and other health professionals	Clinical Experience M&M Conference QI Project Teaching Rounds Journal Club	Chart Stimulated Recall Clinical Performance Rate Focused Obs/Eval Form Multi-source Eval Evaluation Committee Record/Chart Review In-training Exam Case/Procedure Log Review	Monthly Triannually Varied Triannually Triannually Triannually Annually Triannually

SPECIALTY SPECIFIC OBJECTIVES				
Evaluate patient care practices, discuss how they meet standards and develop ways to improve these practices.	Clinical Experience M&M Conference QI Project Teaching Rounds Journal Club	Chart Stimulated Recall Clinical Performance Rate Focused Obs/Eval Form Multi-source Eval Evaluation Committee Record/Chart Review In-training Exam Case/Procedure Log Review	Monthly Triannually Varied Triannually Triannually Triannually Annually Triannually	
	Compare clinical practice, patient safety and quality of care with evidence based medicine.	Clinical Experience M&M Conference QI Project Teaching Rounds Journal Club	Chart Stimulated Recall Clinical Performance Rate Focused Obs/Eval Form Multi-source Eval Evaluation Committee Record/Chart Review In-training Exam Case/Procedure Log Review	Monthly Triannually Varied Triannually Triannually Triannually Annually Triannually
Demonstrate improvement in clinical management and diagnostic assessment.	Clinical Experience M&M Conference QI Project Teaching Rounds Journal Club	Chart Stimulated Recall Clinical Performance Rate Focused Obs/Eval Form Multi-source Eval Evaluation Committee Record/Chart Review In-training Exam Case/Procedure Log Review	Monthly Triannually Varied Triannually Triannually Triannually Annually Triannually	
	Implement new scientific advances and clinical approaches from a variety of sources into current patient care practices.	Clinical Experience M&M Conference QI Project Teaching Rounds Journal Club	Chart Stimulated Recall Clinical Performance Rate Focused Obs/Eval Form Multi-source Eval Evaluation Committee Record/Chart Review In-training Exam Case/Procedure Log Review	Monthly Triannually Varied Triannually Triannually Triannually Annually Triannually
Analyze and evaluate medical literature and examine alternate sources for information that pertains to their patient's health problems.	M&M Conference QI Project Teaching Rounds	Chart Stimulated Recall Clinical Performance Rate Focused Obs/Eval Form	Monthly Triannually Varied	

			Case/Procedure Log Review	Triannually
Interpersonal and Communication Skills	COMMON OBJECTIVES			
	Demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients' families and professional associates.	Clinical Experience M&M Conference Team Leader Role Modeling	Focused Obs/Eval Form Multi-Source Eval Case Discussions Case/Procedure Log Review Patient Survey	Varied Triannually Weekly Triannually Varied
	Create and sustain a therapeutic and ethically sound relationship with patients.	Clinical Experience M&M Conference Team Leader Role Modeling	Focused Obs/Eval Form Multi-Source Eval Case Discussions Case/Procedure Log Review Patient Survey	Varied Triannually Weekly Triannually Varied
	Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning and writing skills.	Clinical Experience M&M Conference Team Leader Role Modeling	Focused Obs/Eval Form Multi-Source Eval Case Discussions Case/Procedure Log Review Patient Survey	Varied Triannually Weekly Triannually Varied
	Work effectively with others as a member or leader of a health care team or other professional group.	M&M Conference Team Leader Role Modeling	Focused Obs/Eval Form Multi-Source Eval Case Discussions Case/Procedure Log Review Patient Survey	Varied Triannually Weekly Triannually Varied
	SPECIALTY SPECIFIC OBJECTIVES			
	Carefully listen to patients to assess the patient's health problems including their verbal and non-verbal communications.	Clinical Experience M&M Conference Team Leader Role Modeling	Focused Obs/Eval Form Multi-Source Eval Case Discussions Case/Procedure Log Review Patient Survey	Varied Triannually Weekly Triannually Varied
	Demonstrating respectful and considerate attitudes, effectively communicate with patients, families and other health care personnel across a broad range of socioeconomic and cultural backgrounds, when	Clinical Experience M&M Conference Team Leader Role Modeling	Focused Obs/Eval Form Multi-Source Eval Case Discussions Case/Procedure Log	Varied Triannually Weekly Triannually

	addressing management plans, patient issues and, especially, end-of-life decisions.		Review Patient Survey	Varied
	Accurately present (verbally and written) a case to attending physicians, fellow residents and other health care professionals.	Clinical Experience M&M Conference Team Leader Role Modeling	Focused Obs/Eval Form Multi-Source Eval Case Discussions Case/Procedure Log Review Patient Survey	Varied Triannually Weekly Triannually Varied
	Provide timely, legible and thorough medical record documentation: histories and physical examinations, admission notes, progress notes, procedure notes and discharge summaries.	Clinical Experience M&M Conference Team Leader Role Modeling	Focused Obs/Eval Form Multi-Source Eval Case Discussions Case/Procedure Log Review Patient Survey	Varied Triannually Weekly Triannually Varied
	Provide education and counseling to patients and families using non-technical and clear language. (Use non-verbal and verbal communication skills)	Clinical Experience Team Leader Role Modeling	Focused Obs/Eval Form Multi-Source Eval Case Discussions Case/Procedure Log Review Patient Survey	Varied Triannually Weekly Triannually Varied
	Spend adequate time with patients addressing their questions and concerns.	Clinical Experience Team Leader Role Modeling	Focused Obs/Eval Form Multi-Source Eval Case Discussions Case/Procedure Log Review Patient Survey	Varied Triannually Weekly Triannually Varied
	Work well within team consisting of students, residents, attending physicians, nurses and patients.	Clinical Experience Team Leader Role Modeling	Focused Obs/Eval Form Multi-Source Eval Case Discussions Case/Procedure Log Review Patient Survey	Varied Triannually Weekly Triannually Varied
	Function effectively as a consultant for specialty and subspecialty care.	Clinical Experience Team Leader Role Modeling	Focused Obs/Eval Form Multi-Source Eval Case Discussions Case/Procedure Log Review Patient Survey	Varied Triannually Weekly Triannually Varied
Professionalism	COMMON OBJECTIVES			

	<p>Demonstrate a commitment to carrying out professional responsibilities; adherence to ethical principles and sensitivity to a diverse patient population.</p>	<p>Role Modeling Computer Modules M&M Conference Self Reflection</p>	<p>Focused Obs/Eval Form Multi-source Eval Evaluation Committee Case Discussion Case/Procedure Log Review Experience Narrative Patient Survey</p>	<p>Varied Triannually Triannually Weekly Triannually Triannually Varied</p>
	<p>Demonstrate respect, compassion and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society and the profession; and a commitment to excellence and on-going professional development.</p>	<p>Role Modeling Computer Modules M&M Conference Self Reflection</p>	<p>Focused Obs/Eval Form Multi-source Eval Evaluation Committee Case Discussion Case/Procedure Log Review Experience Narrative Patient Survey</p>	<p>Varied Triannually Triannually Weekly Triannually Triannually Varied</p>
	<p>Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care confidentiality of patient information, informed consent and business practices.</p>	<p>Role Modeling Computer Modules M&M Conference Self Reflection</p>	<p>Focused Obs/Eval Form Multi-source Eval Evaluation Committee Case Discussion Case/Procedure Log Review Experience Narrative Patient Survey</p>	<p>Varied Triannually Triannually Weekly Triannually Triannually Varied</p>
	<p>Demonstrate a sensitivity and responsiveness to patients' culture, age, gender, race, religion, sexual orientation and disabilities.</p>	<p>Role Modeling M&M Conference Self Reflection</p>	<p>Focused Obs/Eval Form Multi-source Eval Evaluation Committee Case Discussion Case/Procedure Log Review Experience Narrative Patient Survey</p>	<p>Varied Triannually Triannually Weekly Triannually Triannually Varied</p>
	<p>SPECIALTY SPECIFIC OBJECTIVES Demonstrate respect, compassion, integrity, punctuality, reliability and honesty with regards to patients and colleagues.</p>	<p>Role Modeling Computer Modules M&M Conference Self Reflection</p>	<p>Focused Obs/Eval Form Multi-source Eval Evaluation Committee Case Discussion Case/Procedure Log Review Experience Narrative</p>	<p>Varied Triannually Triannually Weekly Triannually Triannually Varied</p>

	Show regard for the opinions of others.	Role Modeling M&M Conference Self Reflection	Patient Survey Focused Obs/Eval Form Multi-source Eval Evaluation Committee Case Discussion Case/Procedure Log Review Experience Narrative Patient Survey	Varied Triannually Triannually Weekly Triannually Triannually Varied
	Display initiative and leadership.	Role Modeling Computer Modules M&M Conference Self Reflection	Focused Obs/Eval Form Multi-source Eval Evaluation Committee Case Discussion Case/Procedure Log Review Experience Narrative Patient Survey	Varied Triannually Triannually Weekly Triannually Triannually Varied
	Demonstrate concern for the educational development of students and residents.	Role Modeling M&M Conference	Focused Obs/Eval Form Multi-source Eval Evaluation Committee Case Discussion Case/Procedure Log Review Experience Narrative Patient Survey	Varied Triannually Triannually Weekly Triannually Triannually Varied
	Ask for help when needed and accept constructive feedback.	Role Modeling M&M Conference Self Reflection	Focused Obs/Eval Form Multi-source Eval Evaluation Committee Case Discussion Case/Procedure Log Review Experience Narrative Patient Survey	Varied Triannually Triannually Weekly Triannually Triannually Varied
	Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.	Role Modeling Computer Modules M&M Conference Self Reflection	Focused Obs/Eval Form Multi-source Eval Evaluation Committee Case Discussion Case/Procedure Log Review Experience Narrative	Varied Triannually Triannually Weekly Triannually Triannually Varied

	Maintain patient confidentiality.	Role Modeling M&M Conference Self Reflection	Patient Survey Focused Obs/Eval Form Multi-source Eval Evaluation Committee Case Discussion Case/Procedure Log Review Experience Narrative Patient Survey	Varied Triannually Triannually Weekly Triannually Triannually Varied
	Compassionately respond to issues of culture, age, gender, ethnicity and disability in patient care.	Role Modeling M&M Conference Self Reflection	Focused Obs/Eval Form Multi-source Eval Evaluation Committee Case Discussion Case/Procedure Log Review Experience Narrative Patient Survey	Varied Triannually Triannually Weekly Triannually Triannually Varied
	COMMON OBJECTIVES			
Systems-Based Practice	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.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually
	Understand how their patient care and other professional practices affect other health care professionals, the health care organization and the larger society, and how these elements of the system affect their own practice.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually
	Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually
	Practice cost-effective health care and resource allocation that does not compromise quality of care.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually

Advocate for quality patient care and assist patients in dealing with system complexities.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually
	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually
Know how to partner with health care managers and health care providers to assess, coordinate and improve health care and know how these activities can affect system performance.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually
Participate in identifying system errors and implement potential systems solutions	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually
SPECIALTY SPECIFIC OBJECTIVES			
Demonstrate ability to deliver high-quality medical care in private, government and inner city hospital settings.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually
Demonstrate the knowledge of different types of medical practice and health care delivery systems and understand how this affects patient care.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually
Demonstrate knowledge of business aspects of medical practice including coding, billing and insurance.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually
Work with ancillary team members (discharge planners, case managers, and social workers) to provide high quality cost-effective care.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually
Use systematic approaches to reduce errors.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam	Varied Annually Triannually Weekly

	Practice effective allocation of health care resources to avoid compromising quality of care.	Clinical Experience Team Leader M&M Conference QI Project	Record/Chart Review Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually	
	Interact with patients, attending physicians and allied health care personnel as part of a health care team.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually	
	Serve as a patient advocate in the outpatient and inpatient setting.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually	
	Direct care in inpatient and outpatient settings as a member of a multidisciplinary team.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually	
	Demonstrate knowledge of how the health care system including other physicians, nurses, and health care professionals affect their patient care practices.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually	

URO-1 Urology Rotation
VAMC – 8 months

Rotation Goal and Objectives

By the end of the urology rotation at the VAMC, URO-1 residents are expected to expand and cultivate skills and knowledge learned during previous training to achieve the following objectives based on the six general competencies. The resident should exhibit an increasing level of responsibility and independence or she progresses throughout the year. Since competencies learned or mastered in the preliminary year of residency are competencies required for a successful clinician, the URO-1 resident will demonstrate achieved objectives in year one with expanded knowledge, more efficiency in performance of procedures, and additional knowledge in pathophysiology encompassing more complex disorders.

Competency	Required Skill(s)	Teaching Method(s)	Formative Evaluation Method(s)	Frequency of Evaluation
Patient Care	SPECIALTY SPECIFIC OBJECTIVES Complete a comprehensive history and physical (outpatient and inpatient care).	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Develop responsible practices in medical record keeping.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Act responsibly as a physician, making judgments and decisions regarding patient care in basic settings, including ordering appropriate laboratory and radiological tests. Generate proper differential diagnosis.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Recommend and administer patient management and continuity of patient care.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review	Triannually Varied Varied Triannually

	Prepare for surgical cases including demonstrating knowledge of the risks and rationale for commonly performed cases.	Clinical Experience Teaching Rounds Case Discussions Surgical Experience	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Exhibit knowledge of and be able to effectively identify and manage postoperative problems.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Demonstrate surgical proficiency and technical ability during surgical cases suitable for their training level.	Clinical Experience Teaching Rounds Surgical Experience	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Identify conditions requiring hospitalization.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Select appropriate lab tests and diagnostic studies and interpret the results.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Under direct supervision perform an adequate pelvic exam with speculum.	Clinical Experience Teaching Rounds	Global Assessment Focused Obs/Eval Form	Triannually Varied

	Under direct supervision perform cystoscopy and associated diagnostic and/or therapeutic procedures, including retrograde pyelography, internal urethrotomy, balloon dilation of strictures, fulguration of bleeding, random bladder biopsies, placement of or removal of ureteral stents and lithotripsy of bladder calculi	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually	
	Treat uncomplicated ureteroscopy with and without stone treatment.	Clinical Experience Teaching Rounds Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually	
	Under direct supervision, perform the following procedures: <ul style="list-style-type: none"> • Open prostatectomies for benign disease • Pelvic lymph node dissections • Scrotal and inguinal operative procedures including scrotal/penile trauma and testicular torsion • Penile surgery including circumcision, treatment of priapism, penile biopsy and treatment of penile condyloma • Bladder surgery including but not limited to repair of bladder injuries, partial cystectomy and cystostomy • Placement of Foley catheter in difficulty patients and placement of suprapubic tubes • Bladder ultrasonography • Transrectal ultrasonography and prostate biopsies with and without performance of prostate block 	Clinical Experience Teaching Rounds Surgical Experience	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually	
	Begin learning technique of transurethral resection of small obstructing prostatic adenoma.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review	Triannually Varied Varied Triannually	

		Journal Club	Case/Procedure Log Review Evaluation Committee	Triannually Triannually
	SPECIALTY SPECIFIC OBJECTIVES			
Medical Knowledge	Recognize genitourinary problems given the comprehensive history and physical.	Clinical Experience Journal Club Didactic Sessions M&M Conference	Focused Obs/Eval Form In-training Exam Multi-source Eval Record/Chart Review Experience Narrative Case/Procedure Log Review Case Discussions	Varied Annually Triannually Triannually Triannually Triannually Weekly
	Identify indications for surgical intervention and identify coexisting medical problems.	Clinical Experience Journal Club Didactic Sessions M&M Conference	Focused Obs/Eval Form In-training Exam Multi-source Eval Record/Chart Review Experience Narrative Case/Procedure Log Review Case Discussions	Varied Annually Triannually Triannually Triannually Weekly
	Demonstrate knowledge of urologic anatomy and an understanding of the pathophysiology of urologic conditions and diseases, including adrenal disease and endocrinology, andrology, calculus disease, endourology, extracorporeal shock wave, lithotripsy, impotence, infertility, female urology, geriatric urology, infectious disease, laparoscopy, neurourology, obstructive disease, oncology, pediatric urology, renovascular disease, sexual dysfunction, renal transplantation, trauma and urodynamics.	Clinical Experience Journal Club Didactic Sessions M&M Conference	Focused Obs/Eval Form In-training Exam Multi-source Eval Record/Chart Review Experience Narrative Case/Procedure Log Review Case Discussions	Varied Annually Triannually Triannually Triannually Weekly
	Recognize and diagnose basic emergency room problems.	Clinical Experience Journal Club Didactic Sessions	Focused Obs/Eval Form In-training Exam Multi-source Eval Record/Chart Review Experience Narrative Case/Procedure Log Review Case Discussions	Varied Annually Triannually Triannually Triannually Weekly
	Identify conditions requiring hospitalization.	Clinical Experience Journal Club	Focused Obs/Eval Form In-training Exam	Varied Annually

	Identify basic endourological equipment such as flexible and rigid cystoscopes, flexible and semi-rigid ureteroscopes, various types of stents, stone baskets, types of lasers, balloon dilators, and demonstrate knowledge on how and when such equipment may be required.	Clinical Experience Journal Club Didactic Sessions M&M Conference	Multi-source Eval Record/Chart Review Experience Narrative Case/Procedure Log Review Case Discussions	Varied Annually Triannually Triannually Triannually Triannually Weekly
	Use fluoroscopy and implement safety issues concerning the use of fluoroscopy as it relates to physicians, nurses, techs and patients.	Clinical Experience Didactic Sessions	Focused Obs/Eval Form In-training Exam Multi-source Eval Record/Chart Review Experience Narrative Case/Procedure Log Review Case Discussions	Varied Annually Triannually Triannually Triannually Triannually Weekly
	SPECIALTY SPECIFIC OBJECTIVES			
Practice Based Learning and Improvement	See Common Urology Objectives for a comprehensive list.			
	Demonstrate an ongoing process of learning through regular study, reading, literature review, conference participation and attendance, and education of medical students.	Clinical Experience M&M Conference QI Project Teaching Rounds Journal Club	Chart Stimulated Recall Clinical Performance Rate Focused Obs/Eval Form Multi-source Eval Evaluation Committee Record/Chart Review In-training Exam Case/Procedure Log Review	Monthly Triannually Varied Triannually Triannually Triannually Annually Triannually
	Use information technology (IT) to manage information and access online medical information. Application of the knowledge should be used to improve patient care.	Clinical Experience M&M Conference QI Project Teaching Rounds Journal Club	Chart Stimulated Recall Clinical Performance Rate Focused Obs/Eval Form Multi-source Eval Evaluation Committee Record/Chart Review In-training Exam	Monthly Triannually Varied Triannually Triannually Triannually Annually

	Develop skills in teaching the field of urology to students and staff. (Facilitate the learning of others)	M&M Conference QI Project Teaching Rounds Journal Club Presentations	Case/Procedure Log Review	Monthly Triannually Varied Triannually Triannually Triannually Annually Triannually
	Engage in ongoing learning including extra reading and surgical practice when indicated. Seeks information from the literature. Support their education.	M&M Conference QI Project Teaching Rounds Journal Club	Chart Stimulated Recall Clinical Performance Rate Focused Obs/Eval Form Multi-source Eval Evaluation Committee Record/Chart Review In-training Exam Case/Procedure Log Review	Monthly Triannually Varied Triannually Triannually Triannually Annually Triannually
	Change practice patterns in response to feedback.	Clinical Experience M&M Conference QI Project Teaching Rounds	Chart Stimulated Recall Clinical Performance Rate Focused Obs/Eval Form Multi-source Eval Evaluation Committee Record/Chart Review In-training Exam Case/Procedure Log Review	Monthly Triannually Varied Triannually Triannually Triannually Annually Triannually
	Use Systematic approach such as surgical log review to compare own outcomes to accepted guidelines and national or peer data, then identify strengths or weaknesses to make improvements as needed.	M&M Conference QI Project Self Reflection	Chart Stimulated Recall Clinical Performance Rate Focused Obs/Eval Form Multi-source Eval Evaluation Committee Record/Chart Review In-training Exam Case/Procedure Log Review	Monthly Triannually Varied Triannually Triannually Triannually Annually Triannually
Interpersonal and	SPECIALTY SPECIFIC OBJECTIVES See Common Urology Objectives for a			

Communication	comprehensive list.				
	Share data obtained from patient history and physicals with colleagues in an organized, clear, concise and logical manner in both written and oral forms. (prepares written and oral reports in order to share data with colleagues)	Clinical Experience M&M Conference Team Leader Role Modeling	Focused Obs/Eval Form Multi-Source Eval Case Discussions Case/Procedure Log Review Patient Survey	Varied Triannually Weekly Triannually Varied	
	Behave professionally and communicate well with colleagues, nurses, secretaries and other members of hospital staff and healthcare teams.	Clinical Experience M&M Conference Team Leader Role Modeling	Focused Obs/Eval Form Multi-Source Eval Case Discussions Case/Procedure Log Review Patient Survey	Varied Triannually Weekly Triannually Varied	
	Demonstrate care and concern for patients and their families. Create and sustain a therapeutic and ethically sound relationship with patients.	Clinical Experience Team Leader Role Modeling	Focused Obs/Eval Form Multi-Source Eval Case Discussions Case/Procedure Log Review Patient Survey	Varied Triannually Weekly Triannually Varied	
Professionalism	Communicate effectively with patient and their families.	Clinical Experience Team Leader Role Modeling	Focused Obs/Eval Form Multi-Source Eval Case Discussions Case/Procedure Log Review Patient Survey	Varied Triannually Weekly Triannually Varied	
	Demonstrate scholarly communication.	Clinical Experience M&M Conference Team Leader Role Modeling	Focused Obs/Eval Form Multi-Source Eval Case Discussions Case/Procedure Log Review Patient Survey	Varied Triannually Weekly Triannually Varied	
	SPECIALTY SPECIFIC OBJECTIVES				
	See Common Urology Objectives for a comprehensive list.				
	Exercise basic ethical principles involved in the field of urology. (displays integrity and ethical behavior)	Role Modeling Computer Modules M&M Conference Self Reflection	Focused Obs/Eval Form Multi-source Eval Evaluation Committee Case Discussion Case/Procedure Log Review Experience Narrative	Varied Triannually Triannually Weekly Triannually Triannually Varied	

	Demonstrate respect, compassion and integrity.	Role Modeling Computer Modules M&M Conference Self Reflection	Patient Survey Multi-source Eval Evaluation Committee Case Discussion Case/Procedure Log Review Experience Narrative Patient Survey	Varied Triannually Triannually Weekly Triannually Triannually Varied
	Organize patient care with regards to the patient's culture, gender, age and disabilities.	Role Modeling M&M Conference Self Reflection	Focused Obs/Eval Form Multi-source Eval Evaluation Committee Case Discussion Case/Procedure Log Review Experience Narrative Patient Survey	Varied Triannually Triannually Weekly Triannually Triannually Varied
	Accept responsibility and follow through on tasks.	Role Modeling Computer Modules M&M Conference Self Reflection	Focused Obs/Eval Form Multi-source Eval Evaluation Committee Case Discussion Case/Procedure Log Review Experience Narrative Patient Survey	Varied Triannually Triannually Weekly Triannually Triannually Varied
	Practice within the scope of his/her abilities.	Role Modeling M&M Conference Self Reflection	Focused Obs/Eval Form Multi-source Eval Evaluation Committee Case Discussion Case/Procedure Log Review Experience Narrative Patient Survey	Varied Triannually Triannually Weekly Triannually Triannually Varied
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES See Common Urology Objectives for a comprehensive list.			
	Compare and contrast cost benefit/efficient medical procedures.	Clinical Experience Team Leader M&M Conference	Focused Obs/Eval Form In-training Exam Multi-source Eval	Varied Annually Triannually

	Collaborate with other medical/health care professionals to create appropriate and cost efficient patient care.	Clinical Experience Team Leader M&M Conference QI Project	Oral Exam Record/Chart Review	Weekly Triannually	
	Identify how the health care system works and apply this knowledge to provide the best patient care. (assure patient awareness of available care options)	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually	
	Work to promote patient safety.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually	
	Recognize how their patient care and other professional practices affect other health care professionals, the health care organization and the larger society, and how these elements of the system affect their own practice.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually	
	Utilize different types of medical practices and delivery systems and understand how they differ.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually	

**URO-1 Urology Rotation
Le Bonheur – 4 months**

Rotation Goal and Objectives

By the end of the pediatric urology rotation at Le Bonheur, URO-1 residents are expected to expand and cultivate skills and knowledge learned during previous training and to achieve the following objectives based on the six general competencies. The resident should exhibit an increasing level of responsibility and independence as he or she progresses throughout the year. Since competencies learned or mastered in the preliminary year of residency are competencies required for a successful clinician, the URO-1 resident will demonstrate achieved objectives in year one with expanded knowledge, more efficiency in performance of procedures, and additional knowledge in pathophysiology encompassing more complex disorders.

Competency	Required Skill(s)	Teaching Method(s)	Formative Evaluation Method(s)	Frequency of Evaluation	
Patient Care	SPECIALTY SPECIFIC OBJECTIVES Complete a comprehensive history and physical (outpatient and inpatient care).	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually	
		Develop responsible practices in medical record keeping.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
		Act responsibly as a physician, making judgments and decisions regarding patient care in basic settings, including ordering appropriate laboratory and radiological tests. Generate proper differential diagnosis.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Recommend and administer patient management and continuity of patient care.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review	Triannually Varied Varied Triannually	

	Prepare for surgical cases including demonstrating knowledge of the risks and rationale for commonly performed cases.	Clinical Experience Teaching Rounds Case Discussions Surgical Experience	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Exhibit knowledge of and be able to effectively identify and manage postoperative problems.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Demonstrate surgical proficiency and technical ability during surgical cases suitable for their training level.	Clinical Experience Teaching Rounds Surgical Experience	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Identify conditions requiring hospitalization.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Select appropriate lab tests and diagnostic studies and interpret the results.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Under direct supervision perform an adequate pelvic exam with speculum.	Clinical Experience Teaching Rounds	Global Assessment Focused Obs/Eval Form	Triannually Varied

	Under direct supervision perform cystoscopy and associated diagnostic and/or therapeutic procedures, including retrograde pyelography, internal urethrotomy, balloon dilation of strictures, fulguration of bleeding, random bladder biopsies, placement of or removal of ureteral stents and lithotripsy of bladder calculi	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Varied Triannually Triannually Triannually
	Treat uncomplicated ureteroscopy with and without stone treatment.	Clinical Experience Teaching Rounds Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Under direct supervision, perform the following procedures: <ul style="list-style-type: none"> • Open prostatectomies for benign disease • Pelvic lymph node dissections • Scrotal and inguinal operative procedures including scrotal/penile trauma and testicular torsion • Penile surgery including circumcision, treatment of priapism, penile biopsy and treatment of penile condyloma • Bladder surgery including but not limited to repair of bladder injuries, partial cystectomy and cystostomy • Placement of Foley catheter in difficulty patients and placement of suprapubic tubes • Bladder ultrasonography • Transrectal ultrasonography and prostate biopsies with and without performance of prostate block 	Clinical Experience Teaching Rounds Surgical Experience	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Begin learning technique of transurethral resection of small obstructing prostatic adenoma.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review	Triannually Varied Varied Triannually

		Journal Club	Case/Procedure Log Review Evaluation Committee	Triannually Triannually
	SPECIALTY SPECIFIC OBJECTIVES			
Medical Knowledge	Recognize genitourinary problems given the comprehensive history and physical.	Clinical Experience Journal Club Didactic Sessions M&M Conference	Focused Obs/Eval Form In-training Exam Multi-source Eval Record/Chart Review Experience Narrative Case/Procedure Log Review Case Discussions	Varied Annually Triannually Triannually Triannually Triannually Weekly
	Identify indications for surgical intervention and identify coexisting medical problems.	Clinical Experience Journal Club Didactic Sessions M&M Conference	Focused Obs/Eval Form In-training Exam Multi-source Eval Record/Chart Review Experience Narrative Case/Procedure Log Review Case Discussions	Varied Annually Triannually Triannually Triannually Weekly
	Demonstrate knowledge of urologic anatomy and an understanding of the pathophysiology of urologic conditions and diseases, including adrenal disease and endocrinology, andrology, calculus disease, endourology, extracorporeal shock wave, lithotripsy, impotence, infertility, female urology, geriatric urology, infectious disease, laparoscopy, neurourology, obstructive disease, oncology, pediatric urology, renovascular disease, sexual dysfunction, renal transplantation, trauma and urodynamics.	Clinical Experience Journal Club Didactic Sessions M&M Conference	Focused Obs/Eval Form In-training Exam Multi-source Eval Record/Chart Review Experience Narrative Case/Procedure Log Review Case Discussions	Varied Annually Triannually Triannually Triannually Triannually Weekly
	Recognize and diagnose basic emergency room problems.	Clinical Experience Journal Club Didactic Sessions	Focused Obs/Eval Form In-training Exam Multi-source Eval Record/Chart Review Experience Narrative Case/Procedure Log Review Case Discussions	Varied Annually Triannually Triannually Triannually Triannually Weekly
	Identify conditions requiring hospitalization.	Clinical Experience Journal Club	Focused Obs/Eval Form In-training Exam	Varied Annually

	<p>Identify basic endourological equipment such as flexible and rigid cystoscopes, flexible and semi-rigid ureteroscopes, various types of stents, stone baskets, types of lasers, balloon dilators, and demonstrate knowledge on how and when such equipment may be required.</p>	<p>Clinical Experience Journal Club Didactic Sessions M&M Conference</p>	<p>Multi-source Eval Record/Chart Review Experience Narrative Case/Procedure Log Review Case Discussions</p>	<p>Triannually Triannually Triannually Weekly</p>
	<p>Use fluoroscopy and implement safety issues concerning the use of fluoroscopy as it relates to physicians, nurses, techs and patients.</p>	<p>Clinical Experience Didactic Sessions</p>	<p>Focused Obs/Eval Form In-training Exam Multi-source Eval Record/Chart Review Experience Narrative Case/Procedure Log Review Case Discussions</p>	<p>Varied Annually Triannually Triannually Triannually Triannually Weekly</p>
Practice Based Learning and Improvement	<p>SPECIALTY SPECIFIC OBJECTIVES</p>			
	<p>See Common Urology Objectives for a comprehensive list.</p>			
	<p>Demonstrate an ongoing process of learning through regular study, reading, literature review, conference participation and attendance; and education of medical students.</p>	<p>Clinical Experience M&M Conference QI Project Teaching Rounds Journal Club</p>	<p>Chart Stimulated Recall Clinical Performance Rate Focused Obs/Eval Form Multi-source Eval Evaluation Committee Record/Chart Review In-training Exam Case/Procedure Log Review</p>	<p>Monthly Triannually Varied Triannually Triannually Triannually Annually Triannually</p>
	<p>Use information technology (IT) to manage information and access online medical information. Application of the knowledge should be used to improve patient care.</p>	<p>Clinical Experience M&M Conference QI Project Teaching Rounds Journal Club</p>	<p>Chart Stimulated Recall Clinical Performance Rate Focused Obs/Eval Form Multi-source Eval Evaluation Committee</p>	<p>Monthly Triannually Varied Triannually Triannually</p>

	Develop skills in teaching the field of urology to students and staff. (Facilitate the learning of others)	M&M Conference QI Project Teaching Rounds Journal Club Presentations	Record/Chart Review In-training Exam Case/Procedure Log Review	Triannually Annually Triannually
	Engage in ongoing learning including extra reading and surgical practice when indicated. Seeks information from the literature. Support their education.	M&M Conference QI Project Teaching Rounds Journal Club	Chart Stimulated Recall Clinical Performance Rate Focused Obs/Eval Form Multi-source Eval Evaluation Committee Record/Chart Review In-training Exam Case/Procedure Log Review	Monthly Triannually Varied Triannually Triannually Triannually Annually Triannually
	Change practice patterns in response to feedback.	Clinical Experience M&M Conference QI Project Teaching Rounds	Chart Stimulated Recall Clinical Performance Rate Focused Obs/Eval Form Multi-source Eval Evaluation Committee Record/Chart Review In-training Exam Case/Procedure Log Review	Monthly Triannually Varied Triannually Triannually Triannually Annually Triannually
	Use Systematic approach such as surgical log review to compare own outcomes to accepted guidelines and national or peer data, then identify strengths or weaknesses to make improvements as needed.	M&M Conference QI Project Self Reflection	Chart Stimulated Recall Clinical Performance Rate Focused Obs/Eval Form Multi-source Eval Evaluation Committee Record/Chart Review In-training Exam Case/Procedure Log Review	Monthly Triannually Varied Triannually Triannually Triannually Annually Triannually

Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES			
	See Common Urology Objectives for a comprehensive list.			
Share data obtained from patient history and physicals with colleagues in an organized, clear, concise and logical manner in both written and oral forms. (prepares written and oral reports in order to share data with colleagues)	Clinical Experience M&M Conference Team Leader Role Modeling	Focused Obs/Eval Form Multi-Source Eval Case Discussions Case/Procedure Log Review Patient Survey	Varied Triannually Weekly Triannually Varied	
Behave professionally and communicate well with colleagues, nurses, secretaries and other members of hospital staff and healthcare teams.	Clinical Experience M&M Conference Team Leader Role Modeling	Focused Obs/Eval Form Multi-Source Eval Case Discussions Case/Procedure Log Review Patient Survey	Varied Triannually Weekly Triannually Varied	
Demonstrate care and concern for patients and their families. Create and sustain a therapeutic and ethically sound relationship with patients.	Clinical Experience Team Leader Role Modeling	Focused Obs/Eval Form Multi-Source Eval Case Discussions Case/Procedure Log Review Patient Survey	Varied Triannually Weekly Triannually Varied	
Communicate effectively with patient and their families.	Clinical Experience Team Leader Role Modeling	Focused Obs/Eval Form Multi-Source Eval Case Discussions Case/Procedure Log Review Patient Survey	Varied Triannually Weekly Triannually Varied	
Demonstrate scholarly communication.	Clinical Experience M&M Conference Team Leader Role Modeling	Focused Obs/Eval Form Multi-Source Eval Case Discussions Case/Procedure Log Review Patient Survey	Varied Triannually Weekly Triannually Varied	

Professionalism		SPECIALTY SPECIFIC OBJECTIVES	
	See Common Urology Objectives for a comprehensive list.		
	Exercise basic ethical principles involved in the field of urology. (displays integrity and ethical behavior)	Role Modeling Computer Modules M&M Conference Self Reflection	Focused Obs/Eval Form Multi-source Eval Evaluation Committee Case Discussion Case/Procedure Log Review Experience Narrative Patient Survey
	Demonstrate respect, compassion and integrity.	Role Modeling Computer Modules M&M Conference Self Reflection	Focused Obs/Eval Form Multi-source Eval Evaluation Committee Case Discussion Case/Procedure Log Review Experience Narrative Patient Survey
	Organize patient care with regards to the patient's culture, gender, age and disabilities.	Role Modeling M&M Conference Self Reflection	Multi-source Eval Evaluation Committee Case Discussion Case/Procedure Log Review Experience Narrative Patient Survey
	Accept responsibility and follow through on tasks.	Role Modeling Computer Modules M&M Conference Self Reflection	Focused Obs/Eval Form Multi-source Eval Evaluation Committee Case Discussion Case/Procedure Log Review Experience Narrative Patient Survey
	Practice within the scope of his/her abilities.	Role Modeling M&M Conference Self Reflection	Focused Obs/Eval Form Multi-source Eval Evaluation Committee Case Discussion Case/Procedure Log Review
			Varied Triannually Triannually Weekly Triannually Triannually Varied
			Varied Triannually Triannually Weekly Triannually Triannually Varied

			Experience Narrative Patient Survey	Varied
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES			
	See Common Urology Objectives for a comprehensive list.			
	Compare and contrast cost benefit/efficient medical procedures.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually
	Collaborate with other medical/health care professionals to create appropriate and cost efficient patient care.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually
	Identify how the health care system works and apply this knowledge to provide the best patient care. (assure patient awareness of available care options)	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually
Work to promote patient safety.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually	
Recognize how their patient care and other professional practices affect other health care professionals, the health care organization and the larger society, and how these elements of the system affect their own practice.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually	
Utilize different types of medical practices and delivery systems and understand how they differ.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually	

URO-2 Urology Rotation
MUH – 8 months

Rotation Goal and Objectives

By the end of the urology rotation at MUH, URO-2 residents are expected to expand and cultivate skills and knowledge learned during previous training and achieve the following objectives based on the six general competencies. The resident should exhibit an increasing level of responsibility and interdependency he or she progresses throughout the year. Since competencies learned or mastered in the URO-1 year of residency are competencies required for a successful clinician, the URO-2 resident will demonstrate achieved objectives in the URO-1 year with expanded knowledge, more efficiency in performance procedures, and additional knowledge in pathophysiology encompassing more complex disorders.

Competency	Required Skill(s)	Teaching Method(s)	Formative Evaluation Method(s)	Frequency of Evaluation
Patient Care	SPECIALTY SPECIFIC OBJECTIVES			
	Attain confidence in abilities to manage a urologic service.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Provide pre- and post-operative care, operative care, and continuity of care to urologic patients.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Under supervision, develop surgical skills including but not limited to the following procedures: <ul style="list-style-type: none"> • Percutaneous renal surgery • Laparoscopic urology • Advanced endourology including flexible and rigid ureteroscopy with use of Holmium laser and various baskets/stents • Transurethral resection of prostate and Gyrus electrovaporization techniques • Transurethral resection of bladder tumor • Retrograde endopyelotomy 	Surg. Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually

	<ul style="list-style-type: none"> • Antegrade endopyelotomy • Anti-incontinence surgery including injection therapy and male/female slings • Nephrolithotomy • Retroperitoneal lymph node dissection • Neuromodulation (interstim) and Botox therapy 			
Medical Knowledge	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>Refine fundamental urologic knowledge including but not limited to knowledge applicable to urologic sub-specialization</p>	Clinical Experience Journal Club Didactic Sessions M&M Conference	Focused Obs/Eval Form In-training Exam Multi-source Eval Record/Chart Review Experience Narrative Case/Procedure Log Review Case Discussions	Varied Annually Triannually Triannually Triannually Weekly
Practice Based Learning and Improvement	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>See Common Urology Objectives for a comprehensive list.</p>			
Interpersonal and Communication Skills	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>See Common Urology Objectives for a comprehensive list.</p>			
Professionalism	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>See Common Urology Objectives for a comprehensive list.</p>			
Systems-Based Practice	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>See Common Urology Objectives for a comprehensive list.</p>			

URO-2 Urology Rotation
ROH – 4 months

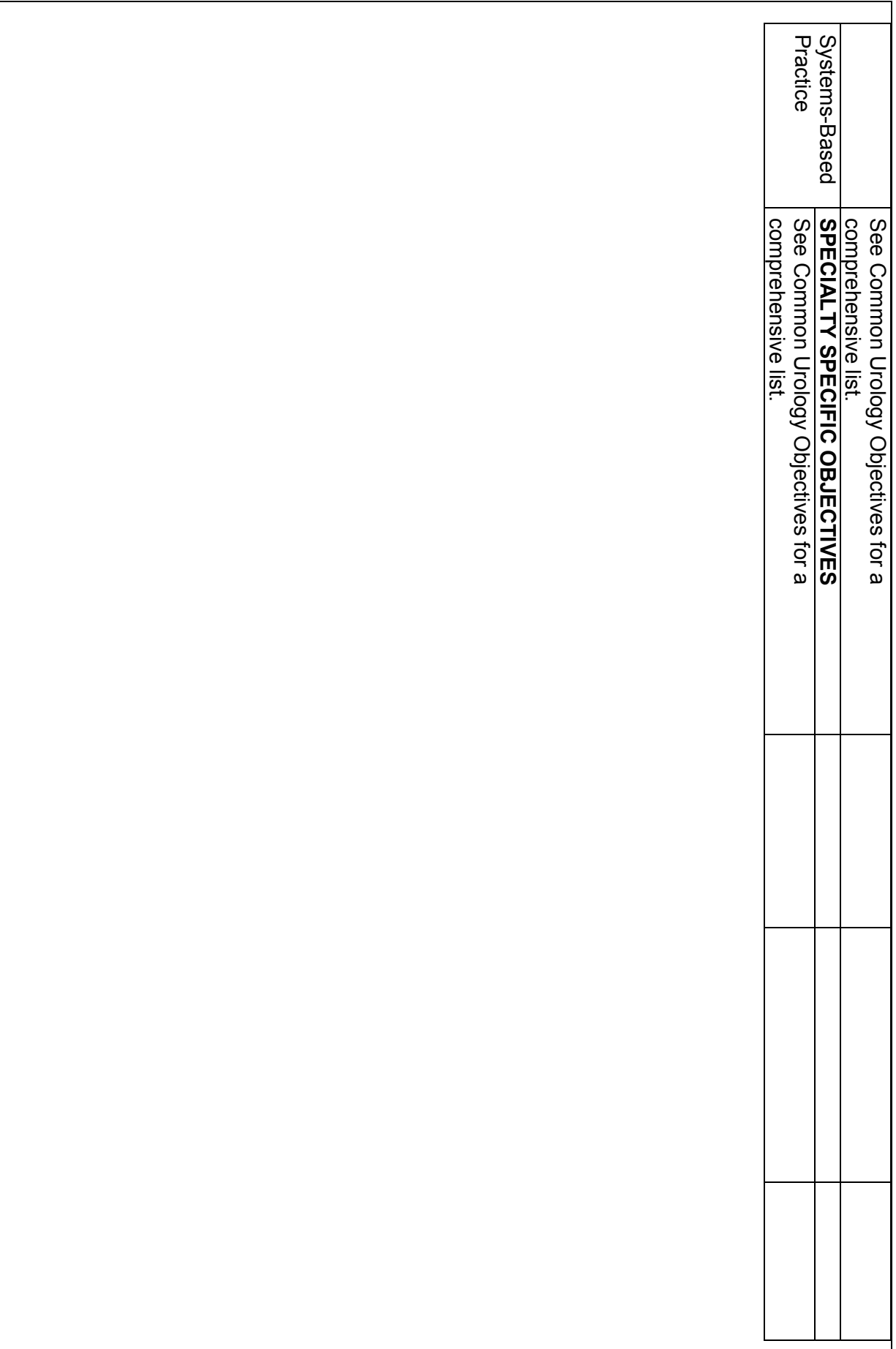
Rotation Goal and Objectives

By the end of the urology rotation at Regional One Health (the MED), URO-2 residents are expected to expand and cultivate skills and knowledge learned during previous training and to achieve the following objectives based on the six general competencies. The resident should exhibit an increasing level of responsibility and independency as he or she progresses throughout the year. Since competencies learned or mastered in the URO-1 year of residency are competencies required for a successful clinician, the URO-2 resident will demonstrate achieved objectives in the URO-1 year with expanded knowledge, more efficiency in performance of procedures, and additional knowledge in pathophysiology encompassing more complex disorders.

Competency	Required Skill(s)	Teaching Method(s)	Formative Evaluation Method(s)	Frequency of Evaluation
Patient Care	SPECIALTY SPECIFIC OBJECTIVES Attain confidence in abilities to manage a urologic service.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Provide pre- and post-operative care, operative care and continuity of care to urologic patients.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Under supervision develop surgical skills to assist in major oncology cases such as radical prostatectomy, radical nephrectomy and radical cystectomy with urinary diversion.	Surgical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Under supervision develop surgical skills including but not limited to the following procedures: <ul style="list-style-type: none"> • Percutaneous renal surgery • Laparoscopic urology 	Surgical Experience Teaching Rounds Didactic Sessions	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review	Triannually Varied Varied Triannually

	<ul style="list-style-type: none"> Advanced endourology including flexible and rigid ureteroscopy with use of Holmium laser and various baskets/stents Transurethral resection of prostate and Gyrus electrovaporization techniques Transurethral resection of bladder tumor Retrograde endopyelotomy Antegrade endopyelotomy Anti-incontinence surgery including injection therapy and male/female slings Nephrolithotomy Retroperitoneal lymph node dissection Neuromodulation (interstim) and Botox therapy) 	Case Discussions Journal Club	Case/Procedure Log Review Evaluation Committee	Triannually Triannually
Medical Knowledge	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>Refine fundamental urologic knowledge, including but not limited to knowledge applicable to urologic sub-specialization.</p> <p>Develop detailed knowledge of urologic oncology disorders.</p>	<p>Clinical Experience Journal Club Didactic Sessions M&M Conference</p>	<p>Focused Obs/Eval Form In-training Exam Multi-source Eval Record/Chart Review Experience Narrative Case/Procedure Log Review Case Discussions</p>	<p>Varied Annually Triannually Triannually Triannually Triannually Weekly</p>
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES See Common Urology Objectives for a comprehensive list.			
Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES See Common Urology Objectives for a comprehensive list.			
Professionalism	SPECIALTY SPECIFIC OBJECTIVES			

	See Common Urology Objectives for a comprehensive list.			
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES See Common Urology Objectives for a comprehensive list.			



URO-3 Urology Rotation
MUH - 4 months

Rotation Goal and Objectives

By the end of the urology rotation at MUH, URO-3 residents are expected to expand and cultivate skills and knowledge learned during previous training and to achieve the following objectives based on the six general competencies. The resident should exhibit an increasing level of responsibility and independency as he or she progresses throughout the year. Since competencies learned or mastered in the URO-1 and 2 years of residency are competencies required for a successful clinician, the URO-3 resident will demonstrate achieved objectives in the URO-1 and 2 years with expanded knowledge, more efficiency in performance of procedures, and additional knowledge in pathophysiology encompassing more complex disorders.

Competency	Required Skill(s)	Teaching Methods(s)	Formative Evaluation Methods(s)	Frequency of Evaluation
Patient Care	SPECIALTY SPECIFIC OBJECTIVES			
	Evaluate, diagnose and treat patients with a variety of urologic disorders.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Integrate diagnostic findings into provisional diagnosis and treatment plan.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	At a level approaching that of a specialist, perform the following procedures including but not limited to: <ul style="list-style-type: none"> • Percutaneous renal surgery • Robotic/Laparoscopic Urology • Advanced endourology including flexible and rigid ureteroscopy with use of Holmium laser and various baskets/stents • Transurethral resection of prostate and Gyrus electrovaporization techniques • Transurethral resection of bladder tumor 	Surg. Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually

	<ul style="list-style-type: none"> • Retrograde endopyelotomy • Antegrade endopyelotomy • Anti-incontinence surgery including injection therapy and male/female slings • Nephrolithotomy • Retroperitoneal lymph node dissection • Neuromodulation (intersitin) and Botox therapy) 			
Medical Knowledge	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>Analyze literature relevant to the care of urology patients and assess its importance in providing patient care.</p>	<p>Clinical Experience Journal Club Didactic Sessions M&M Conference</p>	<p>Focused Obs/Eval Form In-training Exam Multi-source Eval Record/Chart Review Experience Narrative Case/Procedure Log Review Case Discussions</p>	<p>Varied Annually Triannually Triannually Triannually Triannually Weekly</p>
	<p>Demonstrate detailed knowledge of urologic sub-specialization.</p>	<p>Clinical Experience Journal Club Didactic Sessions M&M Conference</p>	<p>Focused Obs/Eval Form In-training Exam Multi-source Eval Record/Chart Review Experience Narrative Case/Procedure Log Review Case Discussions</p>	<p>Varied Annually Triannually Triannually Triannually Triannually Weekly</p>
Practice Based Learning and Improvement	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>See Common Urology Objectives for a comprehensive list.</p>			
Interpersonal and Communication Skills	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>See Common Urology Objectives for a comprehensive list.</p>			
Systems-Based Practice	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>See Common Urology Objectives for a comprehensive list.</p>			

URO-3 Urology Rotation
VAMC - 4 months

Rotation Goal and Objectives

By the end of the urology rotation at VAMC, URO-3 residents are expected to expand and cultivate skills and knowledge learned during previous training and to achieve the following objectives based on the six general competencies. The resident should exhibit an increasing level of responsibility and independency as he or she progresses throughout the year. Since competencies learned or mastered in the URO-1 and 2 years of residency are competencies required for a successful clinician, the URO-3 resident will demonstrate achieved objectives in the URO-1 and 2 years with expanded knowledge, more efficiency in performance of procedures, and additional knowledge in pathophysiology encompassing more complex disorders.

Competency	Required Skill(s)	Teaching Methods(s)	Formative Evaluation Methods(s)	Frequency of Evaluation
Patient Care	SPECIALTY SPECIFIC OBJECTIVES Evaluate, diagnose and treat patients with a variety of urologic disorders.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Integrate diagnostic findings into provisional diagnosis and treatment plan.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	At a level approaching that of a specialist, perform the following procedures including but not limited to: <ul style="list-style-type: none"> • Percutaneous renal surgery • Laparoscopic urology • Advanced endourology including flexible and rigid ureteroscopy with use of Holmium laser and various baskets/stents • Transurethral resection of prostate and Gyrus electrovaporization techniques • Transurethral resection of bladder tumor • Retrograde endopyelotomy • Antegrade endopyelotomy 	Surg. Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually

	<ul style="list-style-type: none"> • Anti-incontinence surgery including injection therapy and male/female slings • Nephrolithotomy • Retroperitoneal lymph node dissection • Neuromodulation (intersitin) and Botox therapy) 			
Medical Knowledge	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>Analyze literature relevant to the care of urology patients and assess its importance in providing patient care.</p>	<p>Clinical Experience</p> <p>Journal Club</p> <p>Didactic Sessions</p> <p>M&M Conference</p>	<p>Focused Obs/Eval Form</p> <p>In-training Exam</p> <p>Multi-source Eval</p> <p>Record/Chart Review</p> <p>Experience Narrative</p> <p>Case/Procedure Log</p> <p>Review</p> <p>Case Discussions</p>	<p>Varied</p> <p>Annually</p> <p>Triannually</p> <p>Triannually</p> <p>Triannually</p> <p>Triannually</p> <p>Weekly</p>
	<p>Demonstrate detailed knowledge of urologic sub-specialization.</p>	<p>Clinical Experience</p> <p>Journal Club</p> <p>Didactic Sessions</p> <p>M&M Conference</p>	<p>Focused Obs/Eval Form</p> <p>In-training Exam</p> <p>Multi-source Eval</p> <p>Record/Chart Review</p> <p>Experience Narrative</p> <p>Case/Procedure Log</p> <p>Review</p> <p>Case Discussions</p>	<p>Varied</p> <p>Annually</p> <p>Triannually</p> <p>Triannually</p> <p>Triannually</p> <p>Triannually</p> <p>Weekly</p>
	<p>Demonstrate detailed knowledge of urologic sub-specialization.</p>	<p>Clinical Experience</p> <p>Journal Club</p> <p>Didactic Sessions</p> <p>M&M Conference</p>	<p>Focused Obs/Eval Form</p> <p>In-training Exam</p> <p>Multi-source Eval</p> <p>Record/Chart Review</p> <p>Experience Narrative</p> <p>Case/Procedure Log</p> <p>Review</p> <p>Case Discussions</p>	<p>Varied</p> <p>Annually</p> <p>Triannually</p> <p>Triannually</p> <p>Triannually</p> <p>Triannually</p> <p>Weekly</p>
Practice Based Learning and Improvement	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>See Common Urology Objectives for a comprehensive list.</p>			
Interpersonal and Communication Skills	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>See Common Urology Objectives for a comprehensive list.</p>			

Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES See Common Urology Objectives for a comprehensive list.			
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**URO-3 Urology Rotation
Le Bonheur – 4 months**

Rotation Goal and Objectives

By the end of the pediatric urology rotation at Le Bonheur, URO-3 residents are expected to expand and cultivate skills and knowledge learned during previous training and to achieve the following objectives based on the six general competencies. The resident should exhibit an increasing level of responsibility and independency as he or she progresses throughout the year. Since competencies learned or mastered in the URO-1 and 2 years of residency are competencies required for a successful clinician, the URO-3 resident will demonstrate achieved objectives in the URO-1 and 2 years with expanded knowledge, more efficiency in performance of procedures, and additional knowledge in pathophysiology encompassing more complex disorders.

Competency	Required Skill(s)	Teaching Method(s)	Formative Evaluation Method(s)	Frequency of Evaluation
Patient Care	SPECIALTY SPECIFIC OBJECTIVES Evaluate, diagnose and treat patients in the ambulatory clinic with urologic problems, including but not limited to enuresis, Incontinence and urinary tract infections.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey	Triannually Varied
			Record/Chart Review Case/Procedure Log Review Evaluation Committee	Varied Triannually Triannually Triannually
			Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Varied Triannually Triannually Triannually
	Provide pre- and post-operative care for pediatric patients.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Evaluate hospitalized pediatric patients with particular attention to associated urological problems.	Surgical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Perform the following procedures with skills at the level approaching that of a specialist: <ul style="list-style-type: none"> Cystoscopy and associated diagnostic studies including urodynamics 	Surg. Experience Teaching Rounds Didactic Sessions Case Discussions	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review	Triannually Varied Varied Triannually

	<ul style="list-style-type: none"> Inguinal and scrotal operative procedures Penile and urethral surgery such as circumcision, meatotomy, chordee' correction, and uncomplicated hypospadias Uncomplicated ureteral reimplantations Robotic/Laparoscopic urology 	Journal Club	Case/Procedure Log Review Evaluation Committee	Triannually Triannually
Medical Knowledge	SPECIALTY SPECIFIC OBJECTIVES			
	Refine fundamental urologic knowledge, including but not limited to knowledge applicable to urologic sub-specialization.	Clinical Experience Journal Club Didactic Sessions M&M Conference	Focused Obs/Eval Form In-training Exam Multi-source Eval Record/Chart Review Experience Narrative Case/Procedure Log Review Case Discussions	Varied Annually Triannually Triannually Triannually Triannually Weekly
	Describe the basic principles and nuances of pediatric urology care.	Clinical Experience Journal Club Didactic Sessions M&M Conference	Focused Obs/Eval Form In-training Exam Multi-source Eval Record/Chart Review Experience Narrative Case/Procedure Log Review Case Discussions	Varied Annually Triannually Triannually Triannually Triannually Weekly
	Identify congenital anomalies and discuss the embryologic basis of these anomalies.	Clinical Experience Journal Club Didactic Sessions M&M Conference	Focused Obs/Eval Form In-training Exam Multi-source Eval Record/Chart Review Experience Narrative Case/Proc Log Review Case Discussions	Varied Annually Triannually Triannually Triannually Triannually Weekly
	Compare the indications and contraindications for diagnostic studies.	Clinical Experience Journal Club Didactic Sessions M&M Conference	Focused Obs/Eval Form In-training Exam Multi-source Eval Record/Chart Review Experience Narrative Case/Procedure Log Review Case Discussions	Varied Annually Triannually Triannually Triannually Triannually Weekly

Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES See Common Urology Objectives for a comprehensive list.				
Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES See Common Urology Objectives for a comprehensive list.				
Professionalism	SPECIALTY SPECIFIC OBJECTIVES See Common Urology Objectives for a comprehensive list.				
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES See Common Urology Objectives for a comprehensive list.				

URO-4 Urology Rotation
MUH – 4 months

Rotation Goal and Objectives

By the end of the urology rotation at MUH, URO-4 residents are expected to expand and cultivate skills and knowledge learned during previous training and to achieve the following objectives based on the six general competencies. The resident should exhibit an increasing level of responsibility and independency as he or she progresses throughout the year. Since competencies learned or mastered in the URO-1, 2 and 3 years of residency are competencies required for a successful clinician, the URO-4 resident will demonstrate achieved objectives in the URO-1, 2 and 3 years with expanded knowledge, more efficiency in performance of procedures, and additional knowledge in pathophysiology encompassing more complex disorders.

Competency	Required Skill(s)	Teaching Method(s)	Formative Evaluation Method(s)	Frequency of Evaluation
Patient Care	SPECIALTY SPECIFIC OBJECTIVES Assume in a responsible manner the administrative requirements of a chief resident including <ul style="list-style-type: none"> • Organization of the outpatient and inpatient services • Delegate duties to URO-2 residents • Organize the surgical schedule • Prepare for daily rounds with faculty • Liaison with other relevant services • Arrange clinic coverage Manage respective services and participate in the education of junior residents on the service.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
		Attain confidence in abilities to manage a urologic service.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee

	Provide pre- and post-operative care, operative care and continuity of care to urologic patients.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Under supervision of faculty but performing at the level of a specialist, develop surgical skills to perform the following procedures including but not limited to: <ul style="list-style-type: none"> • Percutaneous renal surgery • Robotic/Laparoscopic urology • Advanced endourology including flexible and rigid ureteroscopy with use of Holmium laser and various baskets/stents • Transurethral resection of prostate and Gyrus electrovaporization techniques • Transurethral resection of bladder tumor • Retrograde endopyelotomy • Antegrade endopyelotomy • Anti-incontinence surgery including injection therapy and male/female slings • Nephrolithotomy • Retroperitoneal lymph node dissection • Neuromodulation (interstim) and Botox therapy 	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
Medical Knowledge	SPECIALTY SPECIFIC OBJECTIVES Demonstrate sophisticated fundamental urologic knowledge, including but not limited to knowledge applicable to urologic sub-specialization.	Clinical Experience Journal Club Didactic Sessions M&M Conference	Focused Obs/Eval Form In-training Exam Multi-source Eval Record/Chart Review Experience Narrative Case/Procedure Log Review Case Discussions	Varied Annually Triannually Triannually Triannually Weekly
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES See Common Urology Objectives for a comprehensive list.			
Interpersonal and	SPECIALTY SPECIFIC OBJECTIVES See Common Urology Objectives for a			

Communication Skills	comprehensive list.				
Professionalism	SPECIALTY SPECIFIC OBJECTIVES				
	See Common Urology Objectives for a comprehensive list.				
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES				
	See Common Urology Objectives for a comprehensive list.				

**URO-4 Spinal Cord and Stone Center Rotation
VAMC – 4 months**

Rotation Goal and Objectives

By the end of the Spinal Cord and Stone Center rotation at VAMC, URO-4 residents are expected to expand and cultivate skills and knowledge learned during previous training and to achieve the following objectives based on the six general competencies. The resident should exhibit an increasing level of responsibility and independency as he or she progresses throughout the year. Since competencies learned or mastered in the URO-1, 2 and 3 years of residency are competencies required for a successful clinician, the URO-4 resident will demonstrate achieved objectives in the URO-1, 2 and 3 years with expanded knowledge, more efficiency in performance of procedures, and additional knowledge in pathophysiology encompassing more complex disorders.

Competency	Required Skill(s)	Teaching Method(s)	Formative Evaluation Method(s)	Frequency of Evaluation
Patient Care	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>Under supervision of the faculty but demonstrating sophisticated skill, perform the following procedures relevant to urologic diseases:</p> <ul style="list-style-type: none"> • Neuro-urology • Complicated percutaneous stone surgery • Complicated ureteroscopy with stone extraction and use of Holmium laser • ESWL with and without conscious sedation techniques • Complicated open renal stone surgery • Bladder augmentation and urinary diversion • Single and multiple stage urethroplasty • Reconstructive urology 	<p>Clinical Experience</p> <p>Teaching Rounds</p> <p>Didactic Sessions</p> <p>Case Discussions</p> <p>Journal Club</p>	<p>Global Assessment</p> <p>Focused Obs/Eval Form</p> <p>Patient Survey</p> <p>Record/Chart Review</p> <p>Case/Procedure Log</p> <p>Review</p> <p>Evaluation Committee</p>	<p>Triannually</p> <p>Varied</p> <p>Varied</p> <p>Triannually</p> <p>Triannually</p> <p>Triannually</p>
	<p>Evaluate and manage complex urologic problems in the spinal cord injury population, both medical and surgical.</p>	<p>Clinical Experience</p> <p>Teaching Rounds</p> <p>Didactic Sessions</p> <p>Case Discussions</p> <p>Journal Club</p>	<p>Global Assessment</p> <p>Focused Obs/Eval Form</p> <p>Patient Survey</p> <p>Record/Chart Review</p> <p>Case/Procedure Log</p> <p>Review</p> <p>Evaluation Committee</p>	<p>Triannually</p> <p>Varied</p> <p>Varied</p> <p>Triannually</p> <p>Triannually</p> <p>Triannually</p>

	<p>Interpret urodynamics and apply this information to patient care.</p> <p>Under supervision of the faculty but performing at the level of a specialist, perform the following surgical procedures including but not limited to:</p> <ul style="list-style-type: none"> • Cryosurgery for urologic cancer (renal and prostate) • Anatomic radical prostatectomy • Inflatable penile prostheses (2 and 3 piece) • Repair of female urinary incontinence • Repair of pelvic prolapsed (cystocele, enterocele and rectocele) • Radical nephrectomy • Partial nephrectomy • Complicated hypospadias repair • Complicated renal surgery • Bilateral ureteral reimplantations • Fulgurations of posterior urethral valves • Transurethral resection of prostatic adenomas in excess of 60 grams • Transurethral resection of large bladder tumors • Continent urinary diversion • Pelvic exoneration • Adrenal surgery • Laparoscopic surgery and reconstructive/female urology 	<p>Surgical Experience</p> <p>Teaching Rounds</p> <p>Didactic Sessions</p> <p>Case Discussions</p> <p>Journal Club</p>	<p>Global Assessment</p> <p>Focused Obs/Eval Form</p> <p>Patient Survey</p> <p>Record/Chart Review</p> <p>Case/Procedure Log</p> <p>Review</p> <p>Evaluation Committee</p>	<p>Triannually</p> <p>Varied</p> <p>Varied</p> <p>Triannually</p> <p>Triannually</p> <p>Triannually</p>
<p>Medical Knowledge</p>	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>Demonstrate detailed knowledge of neurogenic diseases of the genitourinary tract, urodynamics and renal stone disease.</p>	<p>Clinical Experience</p> <p>Journal Club</p> <p>Didactic Sessions</p> <p>M&M Conference</p>	<p>Focused Obs/Eval Form</p> <p>In-training Exam</p> <p>Multi-source Eval</p> <p>Record/Chart Review</p> <p>Experience Narrative</p> <p>Case/Procedure Log</p> <p>Review</p>	<p>Varied</p> <p>Annually</p> <p>Triannually</p> <p>Triannually</p> <p>Triannually</p> <p>Triannually</p> <p>Weekly</p>

				Case Discussions	
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES See Common Urology Objectives for a comprehensive list.				
Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES See Common Urology Objectives for a comprehensive list.				
Professionalism	SPECIALTY SPECIFIC OBJECTIVES See Common Urology Objectives for a comprehensive list. Demonstrate knowledge in medical ethics.	Clinical Experience Journal Club Didactic Sessions M&M Conference	Focused Obs/Eval Form In-training Exam Multi-source Eval Record/Chart Review Experience Narrative Case/Procedure Log Review Case Discussions	Varied Annually Triannually Triannually Triannually Weekly	
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES See Common Urology Objectives for a comprehensive list.				
	Evaluate pros and cons of different health care delivery systems and practice management theories.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually	
	Utilize community resources and other physicians through consultations when necessary.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually	
	Evaluate and manage coding, billing and compliance (HCFA/HIPAA) issues.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually	

	Provide accurate and timely medical record keeping.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually
	Analyze urologic career opportunities including private practice, academic, fellowship and research options.	Clinical Experience Team Leader M&M Conference QI Project	Focused Obs/Eval Form In-training Exam Multi-source Eval Oral Exam Record/Chart Review	Varied Annually Triannually Weekly Triannually

URO-4 Urology Rotation
ROH – 4 months

Rotation Goal and Objectives

By the end of the urology rotation at Regional One Health (the MED), URO-4 residents are expected to expand and cultivate skills and knowledge learned during previous training and to achieve the following objectives based on the six general competencies. The resident should exhibit an increasing level of responsibility and independency as he or she progresses throughout the year. Since competencies learned or mastered in the URO-1, 2 and 3 years of residency are competencies required for a successful clinician, the URO-4 resident will demonstrate achieved objectives in the URO-1, 2 and 3 years with expanded knowledge, more efficiency in performance of procedures, and additional knowledge in pathophysiology encompassing more complex disorders.

Competency	Required Skill(s)	Teaching Method(s)	Formative Evaluation Method(s)	Frequency of Evaluation
Patient Care	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>Assume in a responsible manner the administrative requirements of a chief resident including</p> <ul style="list-style-type: none"> • Organization of the outpatient and inpatient services • Delegate duties to URO-2 residents • Organize the surgical schedule • Prepare for daily rounds with faculty • Liaison with other relevant services • Arrange clinic coverage <p>Manage respective services and participate in the education of junior residents on the service.</p>	<p>Clinical Experience</p> <p>Teaching Rounds</p> <p>Didactic Sessions</p> <p>Case Discussions</p> <p>Journal Club</p>	<p>Global Assessment</p> <p>Focused Obs/Eval Form</p> <p>Patient Survey</p> <p>Record/Chart Review</p> <p>Case/Procedure Log</p> <p>Review</p> <p>Evaluation Committee</p>	<p>Triannually</p> <p>Varied</p> <p>Varied</p> <p>Triannually</p> <p>Triannually</p> <p>Triannually</p>
	<p>Attain confidence in abilities to manage a urologic service.</p>	<p>Clinical Experience</p> <p>Teaching Rounds</p> <p>Didactic Sessions</p> <p>Case Discussions</p> <p>Journal Club</p>	<p>Global Assessment</p> <p>Focused Obs/Eval Form</p> <p>Patient Survey</p> <p>Record/Chart Review</p> <p>Case/Procedure Log</p> <p>Review</p> <p>Evaluation Committee</p>	<p>Triannually</p> <p>Varied</p> <p>Varied</p> <p>Triannually</p> <p>Triannually</p> <p>Triannually</p>

	Provide pre- and post-operative care, operative care and continuity of care to urologic patients.	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
	Under supervision of faculty but performing at the level of a specialist, develop surgical skills to perform the following procedures including but not limited to: <ul style="list-style-type: none"> • Percutaneous renal surgery • Laparoscopic urology • Advanced endourology including flexible and rigid ureteroscopy with use of Holmium laser and various baskets/stents • Transurethral resection of prostate and Gyrus electrovaporization techniques • Transurethral resection of bladder tumor • Retrograde endopyelotomy • Antegrade endopyelotomy • Anti-incontinence surgery including injection therapy and male/female slings • Nephrolithotomy • Retroperitoneal lymph node dissection • Neuromodulation (interstim) and Botox therapy 	Clinical Experience Teaching Rounds Didactic Sessions Case Discussions Journal Club	Global Assessment Focused Obs/Eval Form Patient Survey Record/Chart Review Case/Procedure Log Review Evaluation Committee	Triannually Varied Varied Triannually Triannually Triannually
Medical Knowledge	SPECIALTY SPECIFIC OBJECTIVES Demonstrate sophisticated fundamental urologic knowledge, including but not limited to knowledge applicable to urologic sub-specialization.	Clinical Experience Journal Club Didactic Sessions M&M Conference	Focused Obs/Eval Form In-training Exam Multi-source Eval Record/Chart Review Experience Narrative Case/Procedure Log Review Case Discussions	Varied Annually Triannually Triannually Triannually Triannually Weekly
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES See Common Urology Objectives for a comprehensive list.			
Interpersonal	SPECIALTY SPECIFIC OBJECTIVES			

and Communication Skills	See Common Urology Objectives for a comprehensive list.				
Professionalism	SPECIALTY SPECIFIC OBJECTIVES See Common Urology Objectives for a comprehensive list.				
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES See Common Urology Objectives for a comprehensive list.				

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Section 8. Appendix

**The University of Tennessee Health Science Center
Department of Urology
Moonlighting Contract**

Due to the fact my in-service exam score has dropped below the minimum required for moonlighting privileges, I have been informed that I am no longer allowed to moonlight. I realize that if I do moonlight I can be released (fired) from the residency program due to violation of this rule.

Urology Resident

Residency Program Director

Witness

Date

The University of Tennessee Health Science Center
Department of Urology
Resident Moonlighting Hours

Resident: _____

Month: _____

Year: _____

Moonlight Hours: Yes _____ No _____

If yes, number of hours:

Week (1) _____ Week (2) _____ Week (3) _____ Week (4) _____

Total # of hours for month _____

Moonlighting location: _____

Resident Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

The University of Tennessee Health Science Center
Department of Urology
Leave and Travel Request Form

Name: _____

A. Vacation:

Dates Requested: _____

Total number of days _____
(excluding weekends and holidays)

B. Sick:

Dates: _____ If partial days, specify whether A.M. or P.M. and
the hour (s) _____

Total Number of days _____
(excluding weekends and holidays)

C. UT Activities:

Dates requested: _____

Total Number of days away from campus _____

Destination: _____

Purpose: _____

D. Coverage: Who will assume your responsibilities during your planned absence? _____

Signed: _____ Date: _____

Approved: _____ Date: _____
Program Director or Chairman