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Section 1. Program Information

I. General Information and Mission Statement

Mission Statement:
The Urology residency’s program mission is to train residents with a well-rounded and broad-based knowledge necessary to independently practice Urology, whether the resident chooses to enter a fellowship program, private practice, or academic teaching program. Implement an environment that promotes continuous Quality Improvement and Patient Safety (QI&PS). Be recognized as a Center of Excellence to Urology through the promotion of education, research, patient care, and service to Tennesseans and the global community.

Program Aims: Our program aims to meet this mission with emphasis on Faculty development in Quality Improvement and Patient Safety with resident involvement on these projects as well as research projects. Residents attend hospital-based teaching clinics at 4 distinct participating training sites. Didactics include a strong focus on medical knowledge. Evaluating residents’ technical operative skills; professional communication skills; and system-based learning with integrated healthcare team development.
II. Department Chair, Program Director and Associate Program Directors

Robert W. Wake, MD  
Department Chair  
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Email: rwake@uthsc.edu

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Program Director  
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Email: rwake@uthsc.edu

Anthony L. Patterson, MD  
Associate Program Director  
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Email: apatter1@uthsc.edu

III. Office Contact

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Program Coordinator  
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IV. Core Faculty (alpha order)

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Urology
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Phone: (901) 448-1026
Email: cledbet2@uthsc.edu

Anthony Patterson, MD
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VA Medical Center
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Email: apatter1@uthsc.edu
V. 2021-2022 Resident Contact Information

PGY-1

Meredith Bernhard, MD  
Email: mberha2@uthsc.edu

Will Fry, MD  
Email: wfry@uthsc.edu

Katherine (Katie) Houle, MD  
Email: khoule@uthsc.edu

PGY-2

Jeffrey Bierly, MD  
Email: jvierly1@uthsc.edu

Paul Irons, MD  
Email: airons2@uthsc.edu

Genesis Nieves, MD  
Email: gnieves@uthsc.edu

PGY-3

Aaron Bloch, PGY2  
Email: abloch@uthsc.edu

Christine Callaway, PGY2  
Email: ccallawa@uthsc.edu

Lucille Cox, PGY2  
Email: lcoxl31@uthsc.edu

PGY-4

Christian Dewan, MD  
Email: cdewan@uthsc.edu

Erin Heitman, MD  
Email: eheitma1@uthsc.edu

Robert (Scotty) Libby, MD  
Email: rlibby2@uthsc.edu
PGY-5

Bradley Houston, MD  (Chief Resident)
Email: bhousto8@uthsc.edu

Stephen Legg, MD     (Chief Resident)
Email: slegg1@uthsc.edu

Kristen Marley, MD    (Chief Resident)
Email: kmarley1@uthsc.edu
# Urology Block Diagram

## Year-1

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### Notes:

**Sites:**
- 1=Methodist University Hospital
- 2=LeBonheur Children's Hospital
- 3=Regional One Hospital
- 4= VA Medical Center

**Vacation:** One week vacation will be taken in 3 different blocks

**Abbreviations:**
- Gen Surg= General Surgery
- Intv Rad= Interventional Radiology
- Gen Uro= General Urology
- Ped Uro= Pediatric Urology

**Additional Notes**
- Year 1 Blocks 6 and 10 site is a non-participating site (Baptist) for urology-doing general surgery rotation.
- Year 5 at sites 1 and 3 are chief months.
Section 2. Site Information

1. Methodist University Hospital
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   6th Floor
   Memphis, TN 38103
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   Fax: (901) 448-1122
   Email: dwilkers@uthsc.edu

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   Phone: (901) 448-1026
   Fax: (901) 448-1122
   Email: cledbet2@uthsc.edu

4. Veterans Administration Medical Center
   Anthony L. Patterson M.D. – Site Director
   Address: 910 Madison Ave. Room 409
   Phone: (901) 448-1026
   Fax: (901) 448-1122
   Email: apatter1@uthsc.edu
Section 3. Educational Activities

I. Didactic Lectures

<table>
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<tr>
<td>2nd and 4th Thursday</td>
<td>Pediatric Conference</td>
<td>LeBonheur Children’s Hospital</td>
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<tr>
<td>of each month at 7:00 am</td>
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<tr>
<td>1st Friday of each month</td>
<td>M&amp;M Conference</td>
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<td>at 7:00 am</td>
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<tr>
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<td>910 Madison Room 413 (conference room)</td>
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<td>month (except last Friday)</td>
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<td>at 8:00 am</td>
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<td>Last Friday of each month</td>
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<td>Third Thursday of each</td>
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<td>month at 6:00 pm</td>
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Conference Schedule

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-5 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.

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 medical students and 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.

The resident assigned to present a case, generally a URO-5 resident, 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 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.

The Chairman and other faculty will switch off with the residents in presenting this conference. They will review AUA Updates and Guidelines going through SASP questions from the AUA for review of the annual AUA in-service exam. This will be especially focused on heavier August through November.

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.
**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 staff run and attended by all residents. It utilizes a combination of clinically current urological images of actual case presentations, as well as a teaching data bank of representative x-rays including:

1. Prostate MRI – meeting with the radiologists who read them.
2. Organ specific –
   a. Example – renal mass- CT vs MRI
   b. protocol for adrenal mass
   c. Retrogrades
   d. RUG
   e. IVP

The residents’ skills are tested periodically with both written and oral exams. CME credits will be awarded with attendance.

**Adult 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-5) 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.

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

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, textbooks, etc. Below are various reviews to be discussed.

1. Project updates monthly to make sure everyone is working on a project.
2. Resource update – Berd clinic (statisticians)
3. Basic IRB meeting (at beginning of the year)

**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. A resident is assigned monthly to select a topic for presentation for this conference which is reviewed by a faculty member. 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 Conferences:
Surgical Indications Conference
Day/Time: Bi-Weekly (2\textsuperscript{nd} and 4\textsuperscript{th} Thursday) at 7:00 am
Location: Le Bonheur Clinic Conference Room #848, Adams Room L325

This is a one-hour conference held biweekly to review the scheduled cases, the indications for surgery, the type of surgical approach to be used, and pertinent labs and x-rays. The patients are individually presented by the general urology residents rotating on the pediatric urology service, supervised by the Pediatric Urology Resident. Following each patient presentation, the residents are given the opportunity to systematically review diagnoses, as well as the appropriate work-up and management of various pediatric urologic problems. This conference is designed to increase the pediatric urology resident’s understanding of pediatric urology and surgical approaches/decision-making. The conference is led by the pediatric urology staff on an alternating basis.

Topic in Pediatric Urology Conference
Day/Time: 2nd Thursday, Monthly at 7:00am
Location: Le Bonheur Clinic Conference Room #848, Adams Room L325

This conference is held monthly (on the second Thursday of each month) and is attended by the pediatric urology staff, the pediatric urology resident, and all the general urology residents. Assorted topics pertinent to pediatric urology are selected to be reviewed in detail, and questions are posed to the residents following the conclusion of the conference (to serve as post-test material). This conference incorporates current literature reviews, reviews of various radiographic imaging modalities pertaining to the topic, and pathologic image reviews. When appropriate, guest speakers serving as experts in an area are invited to lecture on selected topics. This conference is led by Dr. Dana Giel.

Pediatric Multidisciplinary Conference
Day/Time: 4th Thursday, Monthly @ 7:00am
Location: Le Bonheur Clinic Conference Room #848, Adams Room L325

This conference is held monthly (on the fourth Thursday of each month), and is attended by the pediatric urology staff, the pediatric urology resident, all general urology residents, and members of other disciplines including pediatric nephrology, radiology, endocrine, and surgery. The urology residents are then expected to systematically evaluate the case, select appropriate work-up, and develop differential diagnoses. The final diagnosis is then discussed in detail, and the forum is then opened for discussion of management of the clinical problems presented. Dr. Dana Giel is the moderator for this conference.
Urology Pediatric Journal Club
Day/Time: Quarterly @ TBD
Location: TBD

This conference is held quarterly, and is attended by the pediatric urology resident, the pediatric urology staff, and the general urology residents. In addition, the adult urology staff are also invited to participate. Current articles from pertinent major medical journals with an emphasis on pediatric urology (Journal of Urology, Urology, British Journal of Urology, Pediatrics, Journal of Pediatric Urology, etc.) are selected for discussion; additionally, relevant historical articles are also selected for discussion. This conference is led by the pediatric urology faculty on an alternating basis.

Program Meetings
Faculty Departmental Meetings: Monthly to include 2 peer selected resident representatives.
PSQI at Methodist University: Monthly- attended by 2 upper-level residents.
CCC: Semi-annually – December and May
PEC: Semi-annually- December and May
APE: Annually
New Year Orientation: Annually

II. Required Reading

Journal of Urology  https://aua.net.org
Gold Journal
AUA Core Curriculum  https://aua.auanet.org/core
AUA Update Series (not required but highly recommended)
SAU Lecture Series https://sauweb.org/
SASP-Test Review

III. 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 scholarly activity projects 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.

**Section 4. Examinations**

**I. 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.

**USMLE 1, 2 and 3**—Prior to the start of their Residency, all Residents are expected to have taken and passed Step 1 and Step 2. All residents are required to pass USMLE Step 3 before they can advance to the PGY3 level. All residents on the standard cycle must register for Step 3 no later than February 28 of the PGY2 year. Failure to pass the exam prior to June 30 at the end of the PGY2 year will result in the resident being placed on leave without pay until proof of passage is provided to the Program Director and GME office. Failure to do so will result in non-renewal of the resident’s contract and the resident will be terminated from the program.

For more information on UTHSC USMLE requirements, please visit the GME website: [https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/mle-requirements.pdf](https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/mle-requirements.pdf)

**II. In-Service Training Exam**

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.

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.

Once the exam results are available, they are reviewed by the Program Director and shared with the faculty during evaluation process. As an incentive, any resident who scores lower than the 30th percentile will not be given a 3rd week of vacation.
III. Board Examination

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:

- A PGY1 (URO 1) year in an ACGME or RCPS(C) approved surgical or urology program including the following rotations:
  - 3 months of general surgery
  - 3 months of additional surgical training. Recommended rotations include surgical critical care, trauma, colorectal surgery, transplantation, plastic/reconstructive surgery. Alternate rotations may be accepted on a case-by-case basis based on educational value.
  - Minimum 3 months of urology
  - 3 months of other rotations, not including dedicated scholarly activity. This time may include additional urology, other surgical rotations, or appropriate nonsurgical rotations such as interventional radiology, nephrology, and anesthesiology.

- 4 years in an ACGME or RCPS(C) approved urology program, including 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. The resident must have a minimum total of 48 months dedicated to urology training. Up to 3 months of urology in the PGY1 year may be counted toward the 48 months.

- For the above requirements, a month is defined as a calendar month. Up to 3 months of scholarly activity is allowed, excluding the PGY1 and chief years.
- For residents who completed 3 months of urology in the PGY1 year, up to 6 months of dedicated scholarly activity is allowed, excluding the PGY1 and chief year.
- A resident who has completed a PGY-1 year in an ACGME-approved general surgery program that included 3 months of general surgery and 3 months of additional surgical training as described above prior to entering urology residency training has fulfilled the "general surgery" requirements. A minimum of 48 months of clinical urology training must be completed in the urology residency.
- All rotations must have been approved by the candidate’s program director.

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 he/she enrolled 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: TBD
Certifying Part 2 exam: TBD

Section 5. Policies and Procedures

All UTHSC Programs follow the UTHSC/GME institutional policies. For more information, please visit the GME website: [https://www.uthsc.edu/GME/documents/policies](https://www.uthsc.edu/GME/documents/policies)

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New Innovations Protocols

Program-Specific Policies and Procedures:

I. Wellbeing

The Department of Urology recognizes that wellbeing is important throughout residency training. We provide several ways to show appreciation and fellowship which includes an annual Holiday Party at the Chairman’s home (Dr. Wake) which is usually theme oriented. Everyone can participate in karaoke and awards are given out for various categories. We also have an annual Fall Party hosted by the Associate PD (Dr. Patterson) at his farm. This is a family-oriented event and residents can bring their children. Several events are offered which includes a hayride, bonfire, fishing, pony rides, petting zoo and catered food. Once a month, we recognize residents’ birthdays which occur that month which includes a birthday cake during our Friday morning conference. During in-service, the resident who scores highest receives a gift card to a restaurant from the Program Director (Dr. Wake).

The resident must be unimpaired and fit for duty to engage in patient care. If the resident is unable to engage in his or her duties due to fatigue or impairment, he or she must transition his/her duties to other health care providers. It is the responsibility of peers, supervising attendings and faculty to monitor the resident for fatigue and ensure that necessary relief or mitigation actions are taken when necessary.

The program provides the resident with facilities for rest/sleep and access to safe transportation home. When the resident is too fatigued to continue his or her duties, relief by back-up call systems with transition of duties to other providers is available. All new residents are required to complete the on-line training module, SAFER (Sleep Alertness and Fatigue Education in Residency) video in New Innovations. This education module addresses the hazards of fatigue and ways to recognize and manage sleep deprivation.
II. Leave
The UTHSC Urology 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. In July each resident should request a Vacation Request Form from the program coordinator. 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.

All vacation requests should be turned in by the end of January. If this is not done, the vacation request will be denied.

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.

You should plan to take no more than one week vacation per each 4-month rotation. Meaning the three blocks you must 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. Vacations may not be broken up without the prior approval of the Program Director.

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. The only exception with this is the URO-1 residents while on non-urology rotations.

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 regarding vacation selection.
We are no longer able to provide administrative 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.

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.

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.

http://www.abu.org/

EDUCATIONAL LEAVE: The program will allow educational leave for PGY 1 or URO 1 residents to take their Step 3 USMLE. Also, residents who will present an accepted paper at a national or local conference will be allowed educational leave to attend these meetings.

III. Maternity and Bereavement

All UTHSC programs follow the following UTHSC/GME policies for Maternity and Bereavement. Family and Medical Leave (FML) Residents who have been employed for at least 12 months and have worked at least 1,250 hours during the previous 12-month period are eligible for qualified family and medical leave under provisions of the federal Family Medical Leave Act (FMLA). FMLA provides eligible employees up to 12 weeks of protected unpaid leave for the birth or adoption of a child or a serious health condition affecting the employee or his or her spouse, child, or parent. Residents are required to use all available sick and annual leave days to be paid during FML leave. The UTHSC College of Medicine Graduate Medical Education Office recognizes the importance of the early development of a relationship between parent and child and supports the use of time off for Resident leave related to the recent birth or adoption of a child. UTHSC offers a regular full-time employee who has been employed by the university for at least 12 consecutive months to be eligible for 6 weeks paid maternity leave and up to a maximum of four months leave (paid or unpaid) for pregnancy and adoption. After all available paid sick and annual leave has been taken, unpaid leave may be approved under FML and Tennessee law provisions. The state benefit and FML benefit run concurrently with paid leave or any leave without pay. Maternity, parental, or adoptive leave will be granted in conjunction with Family Medical Leave and Tennessee law. Except in case of emergency, all maternity, parental, or adoptive leave should be requested at least three months in advance of the expected date of birth or adoption in order to ensure adequate coverage in the program. The Program Director and Resident should verify whether the length of leave will require extending training in order to meet program or board eligibility criteria. UTHSC Human Resources office has administrative oversight for the FML program.
The Program Coordinator or Director should notify HR when it appears a Resident may qualify for FML leave. HR will coordinate with GME and the Program Coordinator or Director to approve or disapprove a Resident’s request for FML leave. Resident rights and responsibilities under FMLA can be found on the GME website: http://uthsc.edu/GME/pdf/fmlarights.pdf.

Bereavement Leave Residents may take up to three (3) days of paid leave due to the death of an immediate family member. Immediate family shall include spouse, child or stepchild, parent or stepparent, grandparent, grandchild, parent-in-law, foster parent, brother, sister, brother-in-law, sister-in-law, daughter-in-law, or son-in-law of the trainee. With approval of the Program Director, additional time for bereavement may be taken using annual leave or leave without pay.

IV. Moonlighting Procedure
PGY-1 residents are not permitted to moonlight. 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. This document must be turned in to the education office. All moonlighting hours count toward the maximum 80 hour weekly clinical experience and education work hour limit.

UT/GME Policy #320- Residents on J-1 or J-2 visas cannot participate in moonlighting activities. Residents on H-1B visas cannot moonlight under their University of Tennessee sponsorship. Each resident is responsible for maintaining the appropriate state medical license where moonlighting occurs (see GME Policy #245 – Licensure Exemption) and separate malpractice insurance. The Tennessee Claims Commission Act does not cover residents who are moonlighting.

V. Discrimination, Intimidation, Fear of Retaliation, Professionalism and Due Process Policy
The Department of Urology policy is that each resident will have a safe work environment. Residents are expected to always act in a professional manner. The Program Director has discussed in several settings with residents and faculty that intimidation or fear of retaliation in this program does not exist. There is a chain of command which starts with the Chief Resident. If at any time a resident is concerned about these issues, he/she should discuss with their chief resident. If the issue cannot be resolved, the resident and/or Chief Resident will meet with the Program Director to try to resolve the issue. If the resident feels he/she cannot discuss the issue with their Chief Resident, then the Program Director will be the point of contact.

VI. Discrimination, Harassment, and Abuse Policy
The Department of Urology will in no way tolerate any form of discrimination, harassment, or abuse. If a resident feels this has occurred, the process will go through the proper channels. There will be a discussion with the Program Director who will then report the findings to the UTHSC Office of Equity and Diversity. At this point, an investigation will be conducted by that office.
VII. **Resident Eligibility and Selection Policy**

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. Characteristics such as gender, age, religion, color, national origin, disability or veteran status or any other applicable legally protected status will not be used in the selection procedure. Each year we receive approximately 250-300 applications for the three available positions in our program. These include applications from a very diverse group of minorities who are given the same consideration as any other applicant. We strive to provide sensitivity to all ethnic and minority groups. Our objective is to create a climate that fosters belonging, respect, and value for all and encourage engagement and connection throughout the department and university throughout their training.

The *first step* 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:

- GPA
- Board scores
- Medical school evaluations
- Letters of recommendation
- AOA status

Once this has been accomplished, the *second phase* of the selection process involves inviting approximately 50-55 applicants to interview with our faculty. Usually, we offer four dates to interview. The interview process allows the applicants to experience firsthand what we have to offer. Each applicant has an opportunity to meet the faculty as well as spend time with all 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.

The *third step* 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.

VIII. **Resident Supervision Policy**

Residents are responsible, under supervision, for total patient care, including admission, 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 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. Christopher Ledbetter. Two residents participate in this rotation: URO-5 and URO-3 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 two URO-4 and two URO-2 residents as well as a URO-1 resident for 4 months. 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. The URO-4 and two URO-2 residents as well as the URO-1 on rotation during their 4 months 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. Other faculty, 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-4 and URO-2, are assigned to this rotation and are responsible for all urology patient care, with most of the 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. Christopher Ledbetter. Two URO-5, and two URO-3 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. 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 always supervised at 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 always ensure compliance.

**Supervision of Hand-Offs**

**Friday Check-Out:** Each Friday afternoon at approximately 6:00 pm patient hand-offs are discussed via phone chief to chief.

At approximately 5:30 pm each Friday, an email is sent to all 4 residents covering call at each rotation site to discuss patient hand-off.

Uro-3 residents at Methodist University and Regional One send the email to residents covering Methodist University and Regional One

Uro-2 residents at LeBonheur and VA send the email to residents covering LeBonheur and VA.

**Sunday Check-Out:** Each Sunday at approximately 6:00 pm the chief’s check out with each other via phone.

An email is sent at approximately 6:00 pm to the regular day team regarding the weekend check out;

Uro 3 resident on call sends the email to the LeBonheur and Methodist rotation team

Uro-2 resident on call sends the email to the Regional One and VA rotation team
Gaps in Supervision
● If for any reason, a resident is unable to contact his or her supervising physician, they are to notify the program director or associate program director immediately.
● The program director or associate program director will then activate the faculty-specific chain of command to ameliorate the gap in supervision

IX. Process by which faculty receive resident feedback.
Residents complete an electronic faculty evaluation annually which is anonymous. This provides an opportunity for residents to be honest and truthful about faculty performance. The faculty each can review these evaluations in the electronic evaluation system, New Innovations. Residents also can discuss any faculty issues with the Program Director at any time.

X. Method by which faculty performance is evaluated by Department Chair.
Formal faculty evaluations are performed annually one-on-one by the Departmental Chairman with input from the Program Director. These faculty evaluations are uploaded in an electronic evaluation system; Digital Measures and includes the following mission areas; service, teaching, clinical and research. Scholarly activity is reviewed as well. This is required by University policy with the process beginning in January and with completion in March providing time for recommendations by the Departmental Chairman for faculty promotion, tenure, and/or reappointment of the faculty member. The Departmental Chairman must consider 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. If 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.

XI. Method for reporting improper behavior in a confidential manner
Residents are encouraged to bring any concerns of improper behavior or unprofessionalism to the Program Director. They are assured this discussion will be confidential and an investigation will be conducted by the Program Director.
XII. Assessment Instruments and Methods

Methods of resident evaluation include the following: (1) annual AUA In-Service examination taken in November of each year, (2) performance of the residents in those conferences requiring participation, and (3) performance of the residents on assigned rotations regarding skills concerning patient care, medical knowledge, professionalism, interpersonal and communication skills, practice-based learning and improvement and systems-based practice. Multiple assessment tools have been implemented within the last year to improve resident evaluation.

The above parameters are utilized by the Program Director and faculty to evaluate residents. The process of resident evaluation includes the following: (1) during formal faculty meetings which occur at least quarterly, overall resident performance is discussed; (2) each faculty member completes an evaluation form for every resident at the end of each 4-month resident rotation. This evaluation form evaluates the resident’s performance on achieving the education goals and objectives of the rotation. This form becomes a part of the resident’s permanent record maintained by the Program Director; (3) each faculty member completes a surgical evaluation form for every procedure performed by each resident throughout the various 4-month rotations; and (4) formal quarterly individual resident evaluations are conducted by the Program Director. All evaluation forms are part of the resident’s permanent record, which each resident has access to at any time.

The quarterly formal resident evaluation conducted by the Program Director is a vital tool in assuring that the resident is demonstrating skills in all 6 core competencies and achieving the goals and objectives established for each rotation. These evaluations occur shortly after each quarter ends (October, February and June). During these evaluations, the Program Director utilizes all the available tools to assess the resident’s performance. These available evaluation tools include the following: (1) Urologic training in-service exam scores; (2) individual faculty evaluation forms for each resident on a specific rotation; (3) information concerning resident progress based on faculty meeting discussions; (4) individual faculty surgical evaluation forms for the various procedures performed by that resident during a specific 4-month rotation; (5) for more senior level residents, the evaluation form completed by their junior residents and the evaluation forms completed by ancillary faculty (i.e. 360° evaluation); and (6) each resident keeps a “portfolio” which includes information on self-evaluation, medical records, morbidity and mortality information for each month of the 4-month rotation, a list of surgeries/procedures for the 4-month rotation with completed faculty evaluation forms/ratings for each surgery, Grand Round presentations, meeting attendance/presentations, and other information which the Program Director will use in the resident’s evaluation.

A formal end-of-year evaluation is conducted for all residents. This allows a critique of the entire year’s performance, which allows us to determine if the resident should advance to the next phase of learning. If the resident has demonstrated an achievement of the goals and objectives for his/her level of training as it applies to (1) Patient Care, (2) Medical Knowledge, (3) Practice Based Learning Improvement, (4) Interpersonal and Communication Skills, (5) Professionalism, and (6) System Based Practice, based on available assessment tools, then he/she is promoted to the next year of training. For the URO-4 level resident this would mean completion of the program. After satisfactory completion of the Residency Education Program, the URO-5 level resident receives a diploma signed by the Program Director, the Chairman of the Department of Urology, the Dean of the Medical School, and the Chancellor of The University of Tennessee. This diploma signifies that the senior resident has met all the goals and objectives for the training program and has demonstrated the essential competencies for the practice of urology.
FACULTY EVALUATION
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 residency coordinator and given to the Program Director in a single envelope.

ANNUAL PROGRAM EVALUATION

Residents and faculty provide confidential evaluations and critiques of the urology residency program at the conclusion of each year. Each resident 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.
**Clinical Competency Committee (CCC)**

<table>
<thead>
<tr>
<th>Responsibilities: Appointed by the Program Director to review all resident evaluations; determine each resident’s program on achievement; of Urology Milestones; meet prior to resident’s semi-annual evaluation meetings; and advise Program Director regarding resident’s progress.</th>
</tr>
</thead>
</table>

**NOTE:** Files reviewed by the CCC are protected from discovery, subpoena, or admission in a judicial or administrative proceeding.

<table>
<thead>
<tr>
<th>CCC Chair</th>
<th>Christopher Ledbetter, MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCC Core Faculty Member</td>
<td>Anthony L. Patterson, MD</td>
</tr>
</tbody>
</table>

**Program Evaluation Committee (PEC)**

<table>
<thead>
<tr>
<th>Responsibilities: Appointed by the Program Director conduct and document the Annual Program Evaluation as part of the program’s continuous improvement process. The PEC also acts as an advisor to the program director, through program oversight; reviews the program’s self-determined goals and progress toward meeting them; guides ongoing program improvement, including the development of new goals, based upon outcomes; and reviews the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program’s mission and aims.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PEC Member</th>
<th>Trish Phelan- Residency Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEC Core Faculty Member</td>
<td>Anthony L. Patterson, MD</td>
</tr>
<tr>
<td>PEC Core Faculty Member</td>
<td>Christopher Ledbetter, MD</td>
</tr>
<tr>
<td>PEC Resident Representative</td>
<td>URO-5 Resident</td>
</tr>
</tbody>
</table>
XIII  DUTY HOURS – All duty hours are required to be entered in New Innovations on a weekly basis

Delinquent duty hours are subject to withholding of pay.

See attached instructions for entering duty hours in New Innovations.

Section 6.  Resident Benefits

I.  Salary

Residents in all UTHSC Programs are student employees of the University of Tennessee. 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.

**2021-2022 RESIDENT AND RESIDENT COMPENSATION RATES for ACGME-ACREDITED PROGRAMS**

<table>
<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>$ 54,996.00</td>
<td>$ 55,656.00</td>
<td>$ 4,638.00</td>
</tr>
<tr>
<td>PGY 2</td>
<td>$ 57,000.00</td>
<td>$ 57,660.00</td>
<td>$ 4,805.00</td>
</tr>
<tr>
<td>PGY 3</td>
<td>$ 59,004.00</td>
<td>$ 59,664.00</td>
<td>$ 4,972.00</td>
</tr>
<tr>
<td>PGY 4</td>
<td>$ 61,320.00</td>
<td>$ 61,980.00</td>
<td>$ 5,165.00</td>
</tr>
<tr>
<td>PGY 5</td>
<td>$ 63,780.00</td>
<td>$ 64,440.00</td>
<td>$ 5,370.00</td>
</tr>
<tr>
<td>PGY 6</td>
<td>$ 66,000.00</td>
<td>$ 66,660.00</td>
<td>$ 5,555.00</td>
</tr>
<tr>
<td>PGY 7</td>
<td>$ 68,400.00</td>
<td>$ 69,060.00</td>
<td>$ 5,755.00</td>
</tr>
</tbody>
</table>

For information on the UT Salary and Insurance please visit the GME website:
https://www.uthsc.edu/graduate-medical-education/policies-and-procedures

II.  Health Insurance

For information on UTHSC resident insurance benefits, please visit the GME website:
https://uthsc.edu/graduate-medical-education/policies-and-procedures/documents/insurance-benefits.pdf

III.  Liability Insurance

As a State of Tennessee student/employee, your professional liability coverage is provided by the Tennessee Claims Commission Act. For more information on the UT Malpractice Policy, please visit the GME website:  http://www.uthsc.edu/GME/policies/claimscommission.pdf
IV. Stipends
The Department of Urology at UTHSC will cover annual fees for residents’ AUA membership as long as there are sufficient funds available.

V. Travel

- Travel requests should be discussed with and approved by the Program Director before making any arrangements.
- UTHSC Travel Policy must be followed at all times – with no exceptions.
- A travel request form must be completed well in advance of traveling in order to have a travel authorization (trip number) assigned by the GME office.
- The UTHSC Resident Travel form must be completed for reimbursement.
- Conference travel will require prior approval from UTHSC and the Program Director. Please see the GME travel policy for further information. http://policy.tennessee.edu/fiscal_policy/fi0705/

PERMITTED TRAVEL

1. SES/AUA annual meeting
2. AUA annual meeting

All submissions must go through the educational office. A compiled list of what is being sent must be approved by the Program Director.

DO NOT SEND ANY ABSTRACTS FOR SUBMISSION PRIOR TO APPROVAL BY THE PROGRAM DIRECTOR

International Travel (Educational purposes only)

International Travel Registration: https://uthsc.edu/international/travel/itrp.php

- Complete the online Travel Information Registration to provide information about your travel plans and contact information in the destination country(ies) for UTHSC administration use if emergencies arise either in the U.S. or in the country(ies) visited. This step will confirm that you can access referral services from International SOS.
- As the last step in this process, purchase ISIC/ITIC travel insurance card:
  - Residents/Fellows must purchase the International Student Identity Card (ISIC).
  - Faculty/Staff must purchase the International Teacher Identity Card (ITIC).
This card provides basic travel insurance and is valid for one year from date of issue. Myisic.com describes the travel, medical evacuation, and repatriation insurance (Basic plan) covered through the card.

Purchase your card online or call 1-800-781-4040.

All travelers to U.S. territories are also required to register. These territories include Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, and Northern Mariana Islands. Travel to neighboring countries such as Canada is also considered “international travel” and requires compliance with this registration program.

**NOTE:** Individuals traveling for solely personal reasons (vacation, medical mission trips, etc.) are not eligible for coverage through this program.

**UTHSC officially discourages** international travel, by faculty/staff/students when on official university business, to destinations that are subject to a U.S. Department of State Travel Warning and/or Centers for Disease Control and Prevention (CDC) Level 3 Warning.
Section 7. Curriculum

I. ACGME Competencies

The core curriculum of the UTHSC programs is based on the 6 ACGME Core 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.

II. Milestones

The Milestones are designed only for use in evaluation of Resident physicians in the context of their participation in ACGME accredited Residency 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. ACGME Milestones are located at: [https://www.new-innov.com/](https://www.new-innov.com/)

III. Rotation Goals and Objectives

A copy of the rotation specific goals and objectives will be given to each resident however can also be found by visiting New Innovations [https://www.new-innov.com/](https://www.new-innov.com/)
IV. Supervision and Graduated Level of Responsibility

There are three levels of supervision to ensure oversight of resident supervision and graded authority and responsibility:

Levels of Supervision – To promote appropriate supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

1. **Direct Supervision**: The supervising physician is physically present with the Resident during the key portions of the patient interaction or, the supervising physician and/or patient is not physically present with the Resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

2. **Indirect Supervision**: The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Resident for guidance and is available to provide appropriate direct supervision.

3. **Oversight**: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Resident Supervision by Program information (supervision chart below) can be found at: https://www.uthsc.edu/graduate-medical-education/current-residents/supervision-by-program.php

The privilege of progressive authority and responsibility, conditional independence and a supervisory role in patient care delegated to each resident is determined by the program director and faculty members.

The program director must evaluate resident’s abilities based on specific criteria, guided by the Milestones.

Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident.

Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.
PGY 1, 2, 3, 4 or 5 Urology trainees can perform procedures listed below with indirect supervision:

<table>
<thead>
<tr>
<th>Urology Residency Program</th>
<th>PGY1 (URO-1)</th>
<th>PGY2 (URO-2)</th>
<th>PGY3 (URO-3)</th>
<th>PGY4 (URO-4)</th>
<th>PGY5 (URO-5)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. Differential Diagnosis:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Clinical History</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>B. Physical Exam</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>C. Bimanual and Speculum Pelvic Exam</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>D. Interpretation of Laboratory Studies</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>E. Interpretation of basic imaging studies (KUB, bladder ultrasound, renal and scrotal ultrasound, cystogram, retrograde urethrogram)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>F. Write admission orders, pre-op and post-op orders and discharge orders</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>G. Coordination of treatment with other disciplines</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>H. Interpretation of all pre-op, intra-op and post-op imaging studies (KUB, IVP, bladder ultrasound, renal and scrotal ultrasound, cystogram, retrograde urethrogram, CT scan, MRI including trauma situation)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>II. Urologic Procedures:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Bladder catheterization (transurethral and suprapubic)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>B. Introduction of NG tubes</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>C. Wound care (including incision and drainage of scrotal wall abscess or penile abscess and debridement)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>D. Intravenous catheterization</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>E. Transrectal ultrasound guided prostate biopsies with or without anesthesia block</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>F. Venipuncture</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>G. <strong>Bedside</strong> cystoscopy as a nonoperative procedure to assist with difficulty Foley catheter placement and/or urethral dilation of urethral stricture disease</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>H. Cystoscopy with Double J ureteral stent placement</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

All other procedures are performed under direct supervision of a faculty member.
### Section 8. Resource Links

<table>
<thead>
<tr>
<th>Site</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Innovations</td>
<td><a href="https://www.new-innov.com/Login/">https://www.new-innov.com/Login/</a></td>
</tr>
<tr>
<td>UTHSC GME</td>
<td><a href="http://www.uthsc.edu/GME/">http://www.uthsc.edu/GME/</a></td>
</tr>
<tr>
<td>UTHSC GME Policies</td>
<td><a href="http://www.uthsc.edu/GME/policies.php">http://www.uthsc.edu/GME/policies.php</a></td>
</tr>
<tr>
<td>UTHSC Library</td>
<td><a href="http://library.uthsc.edu/">http://library.uthsc.edu/</a></td>
</tr>
<tr>
<td>GME Wellness Resources</td>
<td><a href="https://uthsc.edu/graduate-medical-education/wellness/index.php">https://uthsc.edu/graduate-medical-education/wellness/index.php</a></td>
</tr>
<tr>
<td>ACGME Residents Resources</td>
<td><a href="https://www.acgme.org/residents-and-Residents/Welcome">https://www.acgme.org/residents-and-Residents/Welcome</a></td>
</tr>
<tr>
<td>GME Confidential Comment Form</td>
<td><a href="https://uthsc.co1.qualtrics.com/jfe/form/SV_3NK42JioqthIqQF">https://uthsc.co1.qualtrics.com/jfe/form/SV_3NK42JioqthIqQF</a></td>
</tr>
<tr>
<td>ACGME Program Specific Requirements</td>
<td><a href="https://www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcatid/26/Urology">https://www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcatid/26/Urology</a></td>
</tr>
</tbody>
</table>
Section 9. Appendix

I. GME Information and Dates
II. Moonlight Approval Form
III. Handbook Agreement
IV. Urology documents—Pages 39-45
   a. Rotation Schedule
   b. Assigned Grand Rounds Schedule
   c. Assigned Journal Club Schedule
   d. Yearly Calendar
   e. Duty Hour Entry Instructions

GME Information and Dates

Graduate Medical Education
920 Madison Avenue, Suite 447
Memphis, TN 38163

Natascha Thompson, MD
Associate Dean
ACGME Designated Institutional Official

Phone: 901.448.5364
Fax: 901.448.6182
## Resident Orientation Schedule

New Resident Orientation for 2021 will be held on the following dates:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location and Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 21st</td>
<td>8:00-12:00</td>
<td>SAC Methodist University Hospital</td>
</tr>
<tr>
<td>June 21st</td>
<td>1:00-5:00</td>
<td>SAC VA Hospital</td>
</tr>
<tr>
<td>June 22nd</td>
<td>8:00-5:00</td>
<td>SAC UT GME PGY 1 Orientation Day 1</td>
</tr>
<tr>
<td>June 23rd</td>
<td>8:00-5:00</td>
<td>SAC UT GME PGY 1 Orientation Day 2</td>
</tr>
<tr>
<td>June 24th</td>
<td>8:00-12:00</td>
<td>SAC Regional One Health</td>
</tr>
<tr>
<td>June 24th</td>
<td>1:00-5:00</td>
<td>Baptist Campus Baptist Memorial Hospital</td>
</tr>
<tr>
<td>July 1st</td>
<td>7:30-4:00</td>
<td>SAC UT GME PGY 2-7 Orientation</td>
</tr>
</tbody>
</table>

## Other Important Dates:

July 30 - Deadline for incoming residents to provide documentation of ACLS or PALS

September - SVMIC
Resident Request for Approval to Moonlight  
(External: non-UTHSC affiliated, non-rotation site)

Name ________________________________

PGY Level ______

Site of Activity or Service _________________________________

Start Date ______________

End Date ______________

Estimated average number of hours per week _______________

Supervisor’s Name ________________________________

Supervisor’s Title ________________________________

Supervisor’s Phone Number ________________ Supervisor’s Email ______________________

• The ACGME and UTHSC GME policies require program director pre-approval of all moonlighting activities. Any Resident moonlighting without written pre-approval will be subject to disciplinary action.

• Residents on a J-1 visa are not allowed to moonlight.

• All moonlighting counts towards the weekly 80-hour duty limit.

• The Resident is responsible for obtaining separate malpractice insurance. The Tennessee Claims Commission Act does not cover Residents’ external moonlighting activities.

• Moonlighting activities must not interfere with the Resident’s training program. It is the responsibility of the trainee to ensure that moonlighting activities do not result in fatigue that might affect patient care or learning.

• The program director will monitor trainee performance to ensure that moonlighting activities are not adversely affecting patient care, learning, or trainee fatigue. If the program director determines the Resident’s performance does not meet expectations, permission to moonlight will be withdrawn.

• Each Resident is responsible for maintaining the appropriate state medical license where moonlighting occurs.

By signing below, I acknowledge that I have carefully read and fully understand the moonlighting policies of my program, UTHSC GME and ACGME. I will obtain prior approval from my program director if any information regarding my moonlighting activity changes, including hours, location, type of activity or supervisor.

Signature of Resident: ________________________________ Date: ______________________

Signature of Program Director: ______________________ Date: ______________________
AGREEMENT for HANDBOOK OF UROLOGY

I. I have received the 2021-2022 Handbook for the UTHSC Urology Residency Program.

II. I have been informed of the following requirements for house staff:
   1. Requirements for each rotation and conference attendance
   2. Formal teaching responsibilities
   3. Reporting of duty hours and case logging
   4. Safety policies and procedures
   5. On call procedures
   6. Vacation requests

III. I understand that it is my responsibility to be aware of and follow the policies/procedures as stated in the handbook.

Name: __________________________________

Signature: ________________________________

Date: ____________________________________

* Please submit this signature page to the Program Coordinator no later than July 2, 2021.
<table>
<thead>
<tr>
<th></th>
<th>July</th>
<th>August</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bernhard</td>
<td>VA-Urology</td>
<td>VA-Urology</td>
<td>VA Urology</td>
<td>VA Urology</td>
<td>VA Nephrology</td>
<td>BMH/GS Min Inv</td>
</tr>
<tr>
<td>Fry</td>
<td>MUH IR</td>
<td>VA Nephrology</td>
<td>ROH/GS Vascular</td>
<td>ROH GS/Trauma A</td>
<td>VA Urology</td>
<td>VA Urology</td>
</tr>
<tr>
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**UT Academic Office:** Trish Phelan- 448-1026  Cell- 901-262-1509
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MEMORANDUM

TO: Urology Faculty and Residents
FROM: Dr. Robert Wake
RE: Journal Club Assignments- 3rd Thursday of each month

The following are the assignments for monthly Journal Club July 2021 through June 2022. Each physician will be responsible for assigning articles and leading the discussion. The list of assigned articles should be turned in to Trish Phelan at least two weeks prior to the conference.

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<tr>
<th>DATE</th>
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YEARY CALENDAR
July 1, 2021 - June 30, 2022

July 5, 2021 (Monday)  Holiday - Fourth of July
September 6, 2021 (Monday)  Holiday - Labor Day
September- must be completed  SVMIC Loss Prevention Seminar
In Blackboard in September  Will be virtual --For Residents
Nov 15, Nov 22, Dec 3, Dec 10  Resident Applicant
Virtual Interview Dates
November 20, 2021 (Saturday)  In-Service Exam
8:00 a.m. - 12:00 p.m.  (Mandatory Resident Attendance)
November 25 & 26, 2021  UT Holiday - Thanksgiving
December 24 -30, 2021  UT Administrative Closing
December 31, 2021 (Friday)  New Year's Holiday
January 17, 2022 (Monday)  UT Holiday - MLK Day
February 3 & 4  GME Global Conference
Attend 1 of 3 sessions  @ UT SAC
(Mandatory Resident Attendance)
March 16-19, 2022  SES/AUA Annual Meeting
Puerto Rico
April 15, 2022  Holiday- Good Friday
May 30, 2022 (Monday)  Holiday - Memorial Day
TBD  AUA Annual Meeting
June 25, 2022  Senior Residents'
Graduating Dinner
DUTY HOUR ENTRY

Overview
Residents can easily log their Duty Hours either online or on a smart phone or tablet. They can indicate start and end times, what activity they were doing, and the location of the activity.

Enter Duty Hour Logs Online
When residents log in to New Innovations, they will see a duty hours panel on their Home Page. This panel displays information about hours they have logged for the last four weeks. It also provides them with a link, Log My Hours, to take them right to the logging page. Hours can also be logged by going into the Duty Hours module:

1. Go to Duty Hours > Log Hours
2. Click the Duty Type or Assignment Definition from the list on the right side of the page
3. Optional: Choose Training Location
4. Log Hours:
   1. Click and drag the cursor over the cells that represent the time worked
   2. Click the cells on a day you want to log hours for and Set the Exact Date and Time
5. Click Save

Locations
If you are required to enter the location where you worked, please select the location before entering the logs.

Copy a Log to Multiple Days
1. Right+Click the log you want to copy
2. Select Copy Log
3. Click the days you want to copy the log to
4. Click Save

Copy a Week of Duty Hour Logs to Other Weeks
1. Log a week of duty hours
2. Click Save & Copy
3. Select the number of weeks forward you want to copy this week to
4. Click Copy Logs

- To erase an entry, click any active cell to delete the entry.
- To apply an entry to multiple dates, right-click it and select the appropriate days on the calendar.

Navigation and Preferences
Previously saved logs are indicated with a hatch pattern and can be edited by right-clicking any cell that is part of the entry.
If there is more than one log in a cell, you will see red hash marks. Hover over the cell to see a description of the logs it contains.

Click the navigation arrows in the corner of the timeline to advance to the next week or return to the prior week.
Click the year or Preferences to set logging preferences and use a calendar to navigate to a different date.

1. Click Edit in Bulk to adjust all the details for all previously saved entries for the current week.
2. Click Cancel to delete all unsaved entries.
3. Click Preferences to select dates and set logging preferences.
4. Hours cannot be logged to a locked date range unless a user has privileges to override the lock. To adjust locked entries, contact the administrator listed below the Schedule Lock Notice.

**Rule Violations on the Entry Grid**

Entries that cause violations to the rules configured for a department will be outlined in red on the entry grid.
COMMON DUTY TYPES - DUTY TYPE ENTRY

EM Shift
1. Work period in the emergency room including didactics with a duration up to 12 hours
2. Maximum of 60 hours a week seeing patients and no more than 72 hours per week (not averaged)
3. Requires 1 day (24 hours) off per week (not averaged)

Exceptional Circumstance
4. Use for work over 28 hours
5. Only use for care of a severely ill or unstable patient, humanistic attention or unique education event
6. Hours count toward the 80 hour rule

Shift
7. Any work period or combination of work including clinic, didactics and research with a duration up to 24 hours of continuous on-site duty
8. Hours count toward ACGME 80 Hour, 24+4, and Days Off

In-house Call
9. A work period combined with a call in the hospital lasting up to 24 hours and allowing up to 4 additional hours for transition of care
10. Enter as a single entry for the duration of hours worked
11. Hours count toward ACGME 80 Hour, 24+4, Call, and Day Off Rule
12. Must have 14 hours off after a 24 hour call

Night Float
13. Only enter for a night float rotation
14. Do not enter when covering a night for a night float resident's day off
15. Do not use for a night shift
16. Hours count toward ACGME 80 Hour and Day Off Rule

Home Call (i.e., Pager Call, Beeper Call, Backup)
17. Must be entered in New Innovations.
18. Home Call is not considered a day off
19. Hours count toward ACGME Day Off Rule

Home Call - Called In
20. Only use if you are called back in to the hospital when on Home Call
21. Enter only the hours spent in the hospital
22. Hours do not count toward Short Break Rule
23. Hours count toward ACGME 80 Hour and Day Off Rules
Work from Home
24. Clinical work done from home
25. Entry at the discretion of the resident/fellow
26. Hours count toward ACGME 80 Hour Rule

Moonlighting
27. Prior written authorization from Program Director required for moonlighting
28. All Moonlighting must be entered
29. Hours count toward ACGME 80 Hour Rule and Short Break Rule

Leave - Education
1. Enter for a meeting/conference away from UTHSC
2. Enter only hours actively in attendance
3. Do not enter travel time
4. Hours count toward ACGME 80 Hour and Day Off Rule

Leave - Other
5. Use for jury duty, military, bereavement, etc.
6. Do not use for educational, sick or vacation
7. Hours do not count toward ACGME Rules

Leave - Sick
8. Enter for any sick day.
9. Hours do not count toward ACGME Rules

Vacation
10. Must be entered in New Innovation using the Log Vacation link
11. Do not enter scheduled days off as vacation days or leave
12. Hours do not count toward ACGME Rules