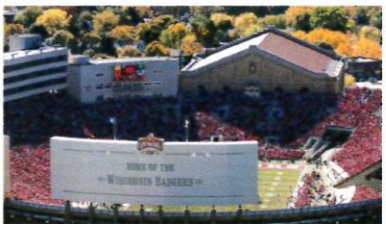
UNIVERSITY OF WISCONSIN - MADISON

DEPARTMENT OF UROLOGY

RESIDENCY TRAINING MANUAL



JULY 2015

School of Medicine and Public Health
UNIVERSITY OF WISCONSIN–MADISON

Welcome to the University of Wisconsin Urology Residency Training Program! The UW Department of Urology is a nationally-recognized program that provides the highest caliber of patient care and graduate medical education. One of our core missions is to train the next generation of urologists and prepare them for careers in either academic or private practice urology. Clinical proficiency, integrity, and sensitivity to patient satisfaction are paramount.

We take great pride in our legacy of fantastic residents who are motivated and driven to achieve excellence in clinical skills and scholarly activities. Strong work ethics and dedication to the program have helped us achieve notable accomplishments every year.

The foundation of our program is a diverse group of faculty that is committed to achieving the highest standards of residency education and training. Each faculty member has achieved national recognition within their fields of expertise. All facets of urology are represented, with areas of excellence in nephrolithiasis, urologic oncology, female urology, neurourology, pediatric urology, male infertility, and sexual dysfunction. Faculty are on the leading edge of minimally-invasive surgical techniques including laparoscopy, robotic surgery, laser lithotripsy, laser prostatectomy, microsurgery, and radio frequency ablation and cryotherapy of small renal masses.

In addition to having a well-rounded clinical training experience, resident physicians have the opportunity to engage in numerous research projects ranging from basic and clinical studies to multidisciplinary quality improvement initiatives that impact patient safety and clinical outcomes.

While based primarily at the UW Hospital and Clinics (home of the UW Carbone Cancer Center), our residents rotate through a variety of healthcare systems in Madison and gain experience in different clinical practice models. Pediatric urology rotations occur at the American Family Children's Hospital, private practice rotations take place at both Meriter Hospital and St. Mary's Hospital, and valuable VA experience is obtained at the William S. Middleton VA Hospital.

We are strongly committed to excellence in residency education. Our goal is to create an environment that fosters learning and scholarly activity through a strong clinical and operative experience, a comprehensive didactic teaching curriculum, and involvement in research and new surgical techniques.

It is with enthusiasm that we welcome our new residents, and it is with a great sense of accomplishment that we congratulate our recent graduates who have contributed so much to the success and progress of our program!

Sincerely,

Daniel H. Williams, IV, M.D.
Associate Professor of Urology
Residency Program Director
Department of Urology
University of Wisconsin School of Medicine and Public Health

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Educational Philosophy

The University of Wisconsin Department of Urology is committed to the highest caliber program preparing residents for a career in either academic medicine or the private practice of urology. Clinical proficiency, integrity, and sensitivity to patient satisfaction are paramount. Optimal training of an urologist is dependent upon motivated and talented residents, committed faculty with necessary expertise, and an institutional environment conducive to learning. To learn the craft of urology, residents must receive graded and increasing responsibility in patient care by level of training, organized didactic education, evaluation of performance, instruction to develop skills of life-long learning, and exposure to basic principles of medical research and its application to clinical disease. Residents must develop competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal skills and communication, professionalism, and systems-based practice.

I. Resident Selection

I. Purpose

All UW Health sponsored residency and fellowship training programs are required to have a policy that details selection and recruitment standards and expectations for the program. This document describes the eligibility requirements, standards and expectations specific to the University of Wisconsin Department of Urology (DOU)Residency Program.

II. Eligibility – Applicants must meet one of the following criteria:

A. Be a graduate (or anticipated as such for senior students) of a US or Canadian medical school accredited by the Liaison Committee for Medical Education (LCME).

B. Be a graduate (or anticipated as such for senior students) of a US college of osteopathic medicine accredited by the American Osteopathic Association (AOA).

C. Be a graduate (or anticipated as such for senior students) of a medical school outside the US or Canada certified by the Educational Commission for Foreign Medical Graduates (ECFMG) and meet one of the following additional criteria:

1. Be a US citizen
2. Have permanent legal residency status in the US (green card)
3. Have or be eligible to hold a J-1 Clinical Visa sponsored by the ECFMG

III. Additional requirements, expectations, screening criteria and selection procedures.

A. Applications are accepted only via ERAS. Only complete applications are reviewed. Complete ERAS applications must include

Medical School Transcript

Three Letters of Recommendation

Personal Statement

Step 1 of USLME scores (COMLEX not accepted)

Curriculum Vitae

Applicants currently in another post-graduate training program must include a letter from their current program director in ERAS

B. We participate in American Urological Association sponsored Early Match Program for Urology and the National Resident Matching Program (NRMP) to fill each new class of residents on the standard annual academic cycle.

C. The DOU reviews all applications received via ERAS. The DOU Residency Program does not practice or tolerate illegal or unethical discrimination in any form. We do not arbitrarily exclude international graduates or those from osteopathic schools from our application review process. Nor do we base any aspect of our application review process on matters of race, religion, gender, age, any other legally protected status nor other considerations aside from appropriate medical education and the *overall merit* of an applicant's qualifications for training in Urology.

D. Applicants to the program must be physically capable of performing all clinical care duties and procedures routinely required of urologists both during training and in practice to be considered for appointment.

E. Exceptions to III.A. III.B. and III.C. may be made at the discretion of the Program Director with permission from the DIO under unusual circumstances, i.e., an unexpected open position in the residency due to loss of a current resident.

IV. Selection

A. The Program Director and additional faculty at his or her discretion will review all applicants and select a list of potential candidates. This list of potential candidates will then be reviewed with the Department Chairman to finalize a list of candidates to invite for an interview.

B. The DOU will conduct 2 days of interviews with up to 20 candidates per day. A waiting list of candidates will be kept on file to replace any cancellations. At the completion of each interview day the entire group of interviewing faculty will gather to discuss and rank the candidates for that given day.

C. At the completion of Interview Day #2, all of the candidates will be organized into a final rank list to be submitted to the Match.

D. The faculty will interview in pairs such that 10 faculty will conduct 5 separate interviews for each candidate. Any faculty participating in interviews must be present for both interview days to ensure a fair judgment of all candidates. A resident pair will also interview the applicants

E. Some residents on the University rotation will be excused from clinical duties to allow sufficient time to meet with all of the applicants. Residents on outside rotations will be asked to participate in the interview days as much as their schedule allows.

F. There will be a reception each evening after the interviews as an informal gathering of the faculty, candidates and residents to allow further interaction and questions.

G. Prior to each interview, the residents application will be thoroughly reviewed by the Program Director and Program Coordinator to score the applicants by class rank, USMLE score and grades from their clinical rotation in surgery and medicine. This will create a pre-interview ranking of the applicants. Each applicant will then be given an interview score after each interview which will then be incorporated by computer with their pre-interview ranking to create the post-interview rank list. Adjustments in this rank list will be made at the discretion of faculty at the post-interview meeting.

V. Appointment

A. Residents who successfully match must have completed and passed USMLE Parts 1 and 2 prior to starting the program.

B. Matched applicants to the program are screened by the UW Office of Graduate Medical Education to ensure all UW Health/UWHC eligibility requirements are met.

C. Official appointment letters are issued by the UWHC/UW Health Graduate Medical Education Administration after all above requirements have been met.

D. DOU residents are employees of UW Health and UWHC (University of Wisconsin Hospital & Clinics) and subject to all policies and regulations governing residents (house staff) in compliance with standards set by the UW Health GME Administration, DIO and Graduate Medical Education Oversight Committee.

II. Responsibilities of the Resident

Residents are expected to:

- Participate in safe, compassionate and cost-effective patient care under a level of supervision commensurate with their achieved cognitive and procedural skills
- Participate fully in the educational activities of their program and, as required, assume responsibility for teaching and supervising other residents and students
- Fulfill the educational requirements of the training program established for Urology and demonstrate the specific urology knowledge, skills and attitudes to demonstrate the following:

Patient and family-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

- Participate in institutional programs and activities involving physicians, and adhere to applicable laws, regulations, rules, policies, procedures and established practices of the sponsoring institution and all other institutions to which they are assigned.
- Participate in institutional committees and councils, especially those related to patient care review activities and residency education.
- Learn and apply reasonable cost containment measures in the provision of patient care.

Policies and Procedures:

In addition to the policies described in this manual, residents are employees of UW Health and UWHC and are subject to all policies and procedures set forth by those entities including the GME office of the UWHC. It is the resident's responsibility to be familiar with applicable policies (posted on MedHub and UConnect).

III. Program Components

A. Sponsoring Institution

University of Wisconsin Hospital & Clinics, including American Family Children's Hospital

B. Participating Institutions

William S. Middleton Veterans Hospital, Madison

Meriter Hospital, Madison

St. Mary's Hospital, Madison

C. Format

1 year of General Surgery; 4 years of Clinical Urology. A complement increase from 2 to 3 residents per year was approved by the Urology Residency Review Committee in March, 2013.

1. A supervising urologist is responsible for every urology patient. The supervising urologist will either see the patient or discuss the case with the resident, and write or countersign all notes.
2. Urology residents are provided with rapid, reliable systems for communicating with supervising residents and faculty. Supervising physicians or supervising residents with appropriate experience for the severity and complexity of the patient's condition are available at all times on site or by phone.
3. The responsibility or independence given to urology residents in patient care depends on each resident's knowledge, manual skill, experience, the complexity of the patient's illness, and the risk of the operation.

IV. Program Goals & Objectives

A. Program

Goal

The goal of the University of Wisconsin Urology Residency Program is to train outstanding urologic surgeons and to provide flexibility to pursue a variety of career options. Pursuit of excellence in clinical care, innovation in research, and integrity of character is stressed. The resident will be competent in patient care, medical knowledge, practice-based learning, interpersonal skills and communication, professionalism, system-based practices, and surgical skills.

Objectives

Each resident will, by the end of the residency:

a. Attain superior knowledge of etiology and management of urologic disease in the following domains: andrology, surgery of the adrenal gland, calculus disease, endourology, ESWL, female urology, infertility, infectious diseases, impotence, neurourology, obstructive diseases, oncology, pediatric urology, renovascular diseases, renal transplantation, sexuality, trauma, and urodynamics.

b. Provide total care to the patient with graded responsibility by level of training, including initial evaluation, diagnosis, use of information technology, selection of appropriate therapy, performance of high-caliber surgical technique, management of any adverse events, delivery of service aimed at preventive urologic care, and collaboration with all health care professionals for patient-focused care.

c. Learn principles of basic and clinical urologic research.

d. Gain experiences in different settings including an academic university, a VA medical center, and private hospitals.

e. Demonstrate competency as defined by faculty review in patient care, teaching, leadership, organization, and administration.

f. Evaluate their patient care practices in light of new scientific evidence and quality improvement principles.

g. Develop productive and ethically appropriate relationships with patients and families.

h. Work effectively as a member of entire health care team.

i. Be sensitive to patients' culture, age, gender, and disabilities.

j. Demonstrate integrity and responsibility in professional activities.

k. Understand multiple methods of health delivery systems and to strive to optimize these for patient care benefit.

V. ACGME Competencies

A. Competencies & Milestones

The Department of Urology uses the milestones assessment of outcomes to evaluate the success of the training program and the competence of an individual resident. The Urology Milestones are located on MedHub and on the ACGME website (http://www.acgme-nas.org/milestones.html)

B. General Competencies & Example Components

Patient Care

Gather essential and accurate information about the patient using the following clinical skills:

- Medical interviewing
- Physical examination
- Diagnostic studies

Make informed diagnostic and therapeutic decisions based on patient information, current scientific evidence and clinical judgment

- Demonstrating effective and appropriate clinical problem-solving skills
- Understanding the limits of one's knowledge and expertise
- Appropriate use of consultants and referrals
- Develop and carry out patient care management plans
- Prescribe and perform competently all medical procedures (invasive and non-invasive) considered essential for the scope of practice

Counsel patients and families

- To take measures needed to enhance or maintain health and function and prevent disease and injury
- By encouraging them to participate actively in their care and by providing information that will contribute to their care
- By providing information necessary to understand illness and treatment, share decisions and give informed consent
- Provide care that is sensitive to each patient's cultural, economic and social circumstances
- Use information technology to optimize patient care

Medical Knowledge

Know, critically evaluate and use current medical information and scientific evidence for patient care.

Practice-Based Learning & Improvement

Demonstrate continuous practice improvement by:

- Engaging in lifelong learning to improve knowledge, skills and practice performance
- Analyze one's practice experience to recognize one's strengths, deficiencies and limits in knowledge and expertise
- Using evaluations of performance provided by peers, patients, superiors and subordinates to improve practice
- Seeking ways to improve patient care quality
- Use information technology to optimize lifelong learning
- Facilitate education of patients, families, students, residents and other health professionals

Interpersonal & Communication Skills

- Communicate effectively with patients and families to create and sustain a professional and therapeutic relationship
- Communicate effectively with physicians, other health professionals and health related agencies
- Work effectively as a member or leader of a health care team or organization
- Be able to act in a consultative role to other physicians and health professionals
- Maintain comprehensive, timely and legible medical records

Professionalism

Consistently demonstrate high standards of ethical behavior. Respect the dignity of patients and colleagues as persons including their age, culture, disabilities, ethnicity, gender and sexual orientation. Demonstrate respect for and a responsiveness to the needs of patients and society by:

- Accepting responsibility for patient care including continuity of care
- Demonstrating integrity, honesty, compassion and empathy in one's role as a physician
- Respecting the patient's privacy and autonomy
- Demonstrating dependability and commitment

Systems-Based Practice

- Advocate in the interest of one's patients
- Work effectively in various health care delivery settings and systems
- Provide optimal value for the patient by incorporating the considerations of cost-awareness and risk-benefit analysis
- Advocate for quality patient care and optimal patient care systems
- Promote health and function and prevent disease and injury in populations
- Possess basic economic and business knowledge to function effectively in one's practice system

C. General Competencies

Competency	Outcome Measure
Patient care	-Faculty evaluations -M & M conference -Grand Rounds -Observed patient encounter -360° evaluation -Operative performance rating
Medical knowledge	-Observed patient encounter -360° evaluation -Journal Club -In-service exam scores -Qualifying Exam performance -Mock Oral Boards (Unknown Conf) -Grand Rounds -SASP scores
Practice-based learning & improvement	-Journal Club -M & M -Grand Rounds -360° evaluation -Operative performance rating -Surgery logs -Quality Improvement Project
Interpersonal & communication skills	-Grand Rounds presentations -Presentations at local and national meetings -Observed patient encounter -360° evaluations -Multi-source evaluations
Professionalism	-Multi-source evaluations -360° evaluation
System-based practice	-Faculty evaluation -Grand Rounds -Journal Club -M & M

VI. Educational Goals & Objectives by Year

Urologic surgical training progresses with increasing patient care responsibility over the five years of clinical training. The program block diagram (**see Appendix A**) depicts assignments of residents by year.

PGY-2 (URO-1)

A resident begins the first year of the Urology program at the UWHC and VA. Rotations are divided into 2 month blocks. One rotation is spent on the UWHC White team, one on UWHC Consults, two rotations on the UWHC/AFCH Peds team, and two on the VA team. The UWHC White team focuses on benign urologic disease such as stone disease and voiding dysfunction, the UWCH Consult resident covers all consults and Emergency Department calls, pediatric urology is the focus of AFCH Peds rotation, and the VA team manages the urologic needs of the veteran population. Each junior resident will work with senior residents on their rotation. The resident will spend a minimum of 2 half-days per week in clinic focusing on the fundamentals of general urology, stone disease, and pediatric urology. According to a dedicated rotation, the resident will see both new and follow-up patients in these clinics and each patient interaction is supervised by the attending faculty.

During these clinic experiences, residents are expected to focus on problem identification, interpersonal and communication skills and professionalism. Residents will learn by interactive discussions with faculty and role-modeling by the assigned faculty member for that clinic. They are expected to utilize medical literature and information technology with online access to all major texts and journals in Urology through the UW library system. As the year progresses, the residents are expected to advance from problem identification to understanding the various treatment options, understanding the benefits and side effects of each approach, and achieving skills in the proper communication of these issues to patients and their families.

With the exception of the Consult rotations, residents spend 3 - 4 full days per week in the Operating Room. The focus for surgery during this year is on basic pediatric urology procedures, simple adult outpatient procedures and, on occasion, assisting on more complex surgeries. Each surgical experience is completely supervised by an attending faculty. The attention is on learning proper surgical skills, instrument identification and handling, and the proper steps to simple

surgical procedures. By the completion of the URO-1 year, residents are expected to be able to perform all steps of simple surgical procedures with minimal guidance, but always under careful supervision.

Residents take home call every 5th or 6th night during this year. During call they receive back-up call by the Senior Residents of the UW and VA rotations as well as an attending faculty. Clinic assignments are chosen to allow the best possible follow-up care for patients upon whom they are most likely to operate.

PGY-3 (URO-2)

Residents spend two months on the benign urology rotation (UWHC White), two months on the consult rotation, and four months on the urologic oncology rotation (UWHC Red). During this time, clinic assignments are changed to a degree. Again, residents participate in clinics focused on general urology, urologic oncology and stone disease as well as clinics in female urology/urodynamics. Clinic rotations will be distributed in these domains in a minimum of 2 half-days per week in clinic. Residents are expected to demonstrate clinical skills beyond problem identification and be able to demonstrate a thorough discussion of treatment options, benefits, risks and side effects of each approach, and support for their answers from appropriate medical literature. They are expected to have more advanced skills in communicating a discussion of disease and treatment to patients and their families.

The Operating Room assignments include more advanced surgical procedures in stone disease, voiding dysfunction, and laparoscopy along with more advanced cases in urologic oncology. Residents are expected to know and be able to independently perform all steps of simple procedures and to learn the steps of more advanced procedures. As appropriate surgical skills develop, residents are given increased opportunities to conduct certain steps of an operation. Clinic assignments coincide with follow-up of patients in each of these surgical disciplines. Thus, more time is spent in urologic oncology, and female urology/urodynamics.

During this year, residents continue to rotate home call every 5th or 6th night with the direct supervision of the Senior Residents and/or the attending on call.

The other 4 months of this year are spent at Meriter Hospital. Dr. Paolone is the site director for the Meriter/1 South Park rotation. This rotation emphasizes a community-based practice experience along with additional specialty care in infertility, sexual dysfunction, and female urology. In the clinic experience, residents will observe faculty conducting clinic in a community practice healthcare model and largely observe by role-model. As they advance through this year, they will be given increased levels of responsibility in patient care. During this year, the clinic experience emphasizes advanced skills in the identification and management of male infertility and sexual dysfunction with Drs. Williams and Paolone. In addition, they receive additional training in female urology with Dr. McAchran and a general urology experience with Drs. Graf, Lloyd, and Wegenke. The residents spend time with each faculty member in clinic for 1 day per week with 4 days per week spent in the Operating Room. In the Operating Room, residents are exposed to microsurgical procedures in male infertility, prosthetic surgery, female incontinence surgery, laser prostatectomy and the approach to perineal prostatectomy. This experience will transition from observation and assistance to performance of select steps of the surgical procedure. Residents are also expected to demonstrate the ability to independently perform certain general urologic surgeries such as lithotripsy and ureteroscopy. Residents are expected to manage inpatient care and make decisions with the supervision of the attending faculty. They see each inpatient on a daily basis and write progress notes. They take home call 2 days per week between Monday and Thursday, and the Physician's Assistants provide call coverage the other 2 days per week. Weekend call is home call and shared by cross coverage with the Urology resident at St. Mary's Hospital and the junior UW White/Consult resident. Duty hour requirements are carefully observed and enforced and there is an attending on call to provide direct supervision or support if the resident exhibits excessive fatigue or meets duty hour limitations. Residents also conduct inpatient consultations under the supervision of the attending physician on call.

PGY-4 (URO-3)

Residents spend 6 months as the senior resident at the VA Hospital, and 3 months each as the senior resident of UWHC Red and UWHC White teams. During this year, there is a significant increase in autonomy. At the VA Hospital, residents are expected to independently see patients in clinic and conduct the entire history, physical exam, assessment and plan. They convey all aspects of the clinic visit to the patient. An attending is present in clinic to supervise each patient. Three days per week are spent in clinic. The VA clinic experience includes greater focus on transrectal ultrasound and prostate biopsy along with independent performance of minor clinic procedures such as cystoscopy and vasectomy. The VA clinic includes training in the proper identification of patients for urodynamics along with proper technique in performing and assessing the urodynamic study. The resident identifies the treatment plan for each patient and schedules them for the appropriate surgery after final approval by the attending faculty.

In the Operating Room, residents develop surgical skills to

conduct an entire procedure independently, but under direct supervision of the faculty who is scrubbed into surgery. Autonomy is given in the Operating Room based on the individual resident's skill set. There is immediate feedback and remediation of any deficiencies. During this rotation, there is regular laparoscopic skills training with Dr. Moon and simulation tools. Residents take home call during each night of the week, Monday through Thursday.-Weekend call alternates with cross coverage from the UW Hospital services. Of note, UWHC and the VA Hospital are connected and in adjacent buildings.

PGY-5 (URO-4)

Residents spend 6 months as the Chief Resident of the UW services (3 months on UWHC Red and 3 months on UWHC White) and 6 months at the St. Mary's Hospital.

At UWHC, the Chief Resident is in charge of managing the UW Urology teams. The rotations are heavily centered on surgical experience. The Chief Resident is expected to perform advanced urologic surgeries with focus on urologic oncology, endourology and laparoscopy. Residents spend 2 half-days per week in clinic and the remainder of their time in the Operating Room. By the completion of the PGY-5 year, residents are expected to be able to perform all steps of major urologic surgeries. The clinic experience on UWHC Red is focused on the comprehensive management of urologic oncology. Residents are expected to see new patients and help to identify the appropriate evaluation and management of urologic malignancies as well as discuss treatment options, benefits and risks of each approach and formulate the best plan of action. They also achieve advanced skills in recognizing complications and formulating the proper management. The UWHC White clinic experience focuses on neurourology and urodynamics along with reconstructive surgery for incontinence and urethral stricture disease.

The Chief Resident at UWHC is available on back-up call to the junior resident each night Monday through Thursday. The weekend call alternates in cross coverage with the VA resident. The Chief Resident at UWHC is expected to learn leadership skills to organize the team of residents, along with administrative skills necessary to organize the service and delegate junior resident assignments. They also play a significant role in teaching junior residents and medical students. They supervise the care of inpatients on the Urology service at UWHC in close communication with the attending faculty on call or the appropriate attending faculty assigned to each inpatient. They are a resource for junior residents if any questions arise.

Six months are spent at the St. Mary's Hospital. This rotation provides residents with experience in a private practice healthcare system. Residents achieve a significant level of autonomy in performing basic surgical procedures most common to a private practice urologist, along with a strong learning experience in laparoscopic surgery provided by Dr. Johnson who is fellowship-trained in laparoscopy and endourology. They spend ½ day per week in clinic rotating with various faculty members. This exposes them to practice management skills in managing a private practice clinic along with advanced experience with coding and compliance. The PGY-5 Resident is responsible for management of all inpatients on the Urology service at the St. Mary's Hospital under careful supervision of the attending faculty on call or the appropriate attending faculty assigned to each patient. Residents round each day and write a progress note with the management plan for that patient. Each patient is seen by the attending faculty.

Residents take 1st call from home on 3 week nights between Monday and Thursday with the 4th night covered by the St. Mary's Physician's Assistants. Weekend call is alternated in cross coverage with the Meriter resident and UW White junior. Duty hour restrictions are carefully enforced, and any necessary call coverage due to duty hour limitations or resident fatigue is covered by the attending physician on call.

VII. Educational Goals & Objectives by Rotation

URO-1 (PGY-2) UWHC - White

Rotation: University of Wisconsin Hospital & Clinics - White

Track Level: URO-1

Attendings: Stephen Nakada, MD; Wade Bushman, MD; Sean Hedican, MD; Dan Williams, MD; Sarah McAchran, MD; Sara Best, MD

Duration: 100% for 2 months

Description: During the URO-1 year, each urology resident is provided with an introduction and orientation to basic urology education and practice to include the knowledge and skills required to function in the urology clinics, the emergency department, and performing minor urologic and general procedures. Residents are directly supervised by urology faculty and work in a small team environment during each week while assigned to two half-days in the urology clinics, in addition to the operating room and consultation in the ED at UWHC. Residents are required to attend all didactic lectures and conferences and attend all city-wide grand rounds presentations. Call consists of home call every 4th night. Daytime call and inpatient questions are managed by the resident on call and the inpatient Urology PA.

Goals for this period include the resident to:

Demonstrate increased fund of knowledge based upon conference attendance and independent study of assigned urology texts and journals

Demonstrate the ability to work in a urology team as team member and to interact with other members of the patient care team.

Interact, teach, and communicate with patients & family.

Gain progressive experience in teaching medical students.

Select and begin development of a clinical or basic research project with faculty mentor.

Demonstrate progressive attainment of skills in the diagnosis and treatment of patients.

Demonstrate attainment of entry-level technical skills by first-assisting and performing minor urology and general procedures.

The specific resident objectives include:

Observe, participate and have mentored experience with chief resident or faculty in **emergency room urology**, including the following:

_____ Perform basic urethral catheterization

_____ Assist complex urethral catheterization

_____ Post-operative evaluation of complications

_____ Evaluation of hematuria

_____ Evaluation of acute stone disease and use of medical expulsive therapy

_____ Assist evaluation of adult urologic trauma

_____ Assist evaluation/management of adult urologic emergencies

Observe and learn fundamentals of **clinic-based urology**, including the following:

_____ Evaluation of stone disease, surgical and medical evaluation

_____ Evaluation of voiding dysfunction

_____ Evaluation and management of GU infections

_____ Evaluation and management of erectile dysfunction, Peyronie's disease, and orchialigia

_____ Evaluation and management of male infertility and hypogonadism

Observe, and perform **minor urology procedures**, including the following:

_____ Perform basic endourology including Cystoscopy with or without stent removal

_____ ESWL

_____ Basic urodynamics interpretation

_____ Scrotal surgery

Observe and assist in **major urology cases**, including the following:

_____ Endourology, including ureteroscopy, laser lithotripsy and stent placement and exchange

_____ Laparoscopic and robotic urology cases

Patient Care

_____ Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients with urologic disease

_____ Gather essential and accurate information about urologic patients

_____ Understand considerations necessary to make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment of urology faculty

_____ Develop and carry out patient management plans for

select common urologic disorders in the infertility and stone clinics at UWHC

_____ Counsel and educate patients and their families on urologic diseases

_____ Use information technology (on-line journals, CD-rom educational programs, lectures) to support patient care decisions and patient education

_____ Perform and assist competently medical and invasive procedures considered essential in outpatient urology

_____ Provide health care services aimed at preventing health problems or maintaining health, particularly stone disease, voiding dysfunction, UTI's

_____ Work with health care professionals, including those from other disciplines

Medical Knowledge

_____ Demonstrate an investigatory and analytic thinking approach to clinical situations

_____ Know and apply the basic (molecular biology) and clinically supportive sciences (nephrology, human oncology, transplantation) in urology

Practice-Based Learning & Improvement

_____ Analyze practice experience and perform practice-based improvement activities via chart reviews and personal feedback with the rotation director and faculty

_____ Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems

_____ Obtain and use information about UWHC patients in clinical studies

_____ Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, particularly when presenting at state and national meetings

_____ Use information technology to manage information, access on-line medical information

_____ Facilitate the learning of medical students and other health care professionals including mid-level providers, RNs, MAs

Interpersonal & Communication Skills

_____ Create and sustain a therapeutic and ethically sound relationship with patients, particularly ward patients

_____ Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills

_____ Work effectively with others as a team member on the UWHC urology service

_____ Monitor colleagues for excessive stress and fatigue as taught in lecture series

Professionalism

_____ 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

_____ Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices at all times

_____ Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

Systems-Based Practice

_____ Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and society and how these elements of the system affect your own practice

_____ Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources

_____ Practice cost-effective health care and resource allocation that does not compromise quality of care

_____ Advocate for quality patient care and assist patients in dealing with system complexities

_____ Know how to interact with health care providers to coordinate health care and know how these activities can affect system performance.

Evaluation Methods:

- Med Hub global assessment by faculty, peers, patients and support staff
- Self-evaluation
- Urology In-Service Exam
- Operative performance evaluations
- Resident case logs

URO-1 (PGY-2) UWHC-Peds

Rotation: University of Wisconsin Hospital & Clinics/American Family Children's Hospital - Pediatrics

Track Level: URO-1

Attendings: Patrick McKenna, MD; Ruthie Su, MD;

Duration: 100% for 4 months

Description: During the URO-1 year, each urology resident is provided with a 4-month introduction and orientation to basic pediatric urology education and practice to include the knowledge and skills required to function in the pediatric urology clinics, the emergency department, and performing minor pediatric urologic and general procedures. Residents are directly supervised by pediatric urology faculty and work in a small team environment with pediatric urology NP's and RN's. They are assigned to two half-days in the pediatric urology clinics, in addition to the operating room and consultation in the ED and AFCH. Residents are required to attend all didactic lectures and conferences and attend all City-Wide Grand Rounds presentations at UWHC. Call consists of home call every 4th night in conjunction with the UWHC adult urology services. Daytime call and inpatient questions are managed by the resident and the pediatric urology nurse practitioners.

Goals for this period include the resident to:

- Demonstrate increased fund of knowledge based upon conference attendance and independent study of assigned urology texts and journals
- Demonstrate the ability to work in a urology team as team member and to interact with other members of the patient care team.
- Interact, teach, and communicate with patients & family.
- Gain progressive experience in teaching medical students.
- Select and begin development of a clinical or basic research project with faculty mentor.
- Demonstrate progressive attainment of skills in the diagnosis and treatment of pediatric patients.
- Demonstrate attainment of entry-level technical skills by first-assisting and performing minor pediatric urology and general procedures.

The specific resident objectives include:

Observe, participate and have mentored experience with chief resident or faculty in **emergency room urology**, including the following:

_____ Perform basic urethral catheterization

_____ Assist complex urethral catheterization

_____ Post-operative evaluation of complications

_____ Assist evaluation of pediatric urologic trauma

_____ Assist evaluation/management of pediatric urologic emergencies

_____ Assist evaluation of pediatric acute scrotal pain

Observe and learn fundamentals of **clinic-based urology**, including the following:

_____ Evaluation of pediatric stone disease, surgical and medical evaluation

_____ Evaluation of pediatric urology disease

_____ Evaluation and management of pediatric GU infections

Observe, and perform **minor pediatric urology procedures**, including the following:

_____ Endoscopy

_____ Hydrocele/hernia

_____ Circumcision

_____ Orchiopexy

Observe and assist in **major urology cases**, including the following:

_____ Hypospadias

_____ Ureteral reimplantation

_____ Pyeloplasty

Patient Care

_____ Communicate effectively and demonstrate caring and respectful behaviors when interacting with pediatric patients with urologic disease and their families

_____ Gather essential and accurate information about pediatric urologic patients

_____ Understand considerations necessary to make informed decisions about diagnostic and therapeutic interventions based on patient information and patient/family preferences, up-to-date scientific evidence, and clinical judgment of urology faculty

_____ Develop and carry out patient management plans for select common urologic disorders in the pediatric clinic at AFCH

_____ Counsel and educate patients and their families on urologic diseases

_____ Use information technology (on-line journals, CD-rom educational programs, lectures) to support patient care decisions and patient/family education

_____ Perform and assist competently medical and invasive procedures considered essential in outpatient pediatric urology

_____ Provide health care services aimed at preventing health problems or maintaining health

_____ Work with health care professionals, including those from other disciplines

Medical Knowledge

_____ Demonstrate an investigatory and analytic thinking approach to clinical situations

_____ Know and apply the basic (molecular biology) and clinically supportive sciences (embryology, nephrology, human oncology, transplantation) in urology

Practice-Based Learning & Improvement

_____ Analyze practice experience and perform practice-based improvement activities via chart reviews and personal feedback with the rotation director and faculty

_____ Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems

_____ Obtain and use information about AFCH patients in clinical studies

_____ Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, particularly when presenting at state and national meetings

_____ Use information technology to manage information, access on-line medical information

_____ Facilitate the learning of medical students and other health care professionals including mid-level providers, RNs, MAs

Interpersonal & Communication Skills

_____ Create and sustain a therapeutic and ethically sound relationship with patients, particularly ward patients

_____ Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills

_____ Work effectively with others as a team member on the AFCH urology service

_____ Monitor colleagues for excessive stress and fatigue as taught in lecture series

Professionalism

_____ 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

_____ Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices at all times

_____ Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

Systems-Based Practice

_____ Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and society and how these elements of the system affect your own practice

_____ Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources

_____ Practice cost-effective health care and resource allocation that does not compromise quality of care

_____ Advocate for quality patient care and assist patients in dealing with system complexities

_____ Know how to interact with health care providers to coordinate health care and know how these activities can affect system performance.

Evaluation Methods:

- Med Hub global assessment by faculty, peers, patients and support staff
- Self-evaluation
- Urology In-Service Exam
- Operative performance evaluations
- Resident case logs

URO-1 (PGY-2) UWHC - Consults

Rotation: University of Wisconsin Hospital & Clinics - Consults

Track Level: URO-1

Attendings: Stephen Nakada, MD; David Jarrard, MD; Wade Bushman, MD; Sean Hedican, MD; Dan Williams, MD; Sarah McAchran, MD; Tracy Downs, MD; Jason Abel, MD; Sara Best, MD; Granville Lloyd, MD, Kyle Richards, MD, Dan Gralnek, MD

Duration: 100% for 2 months

Description: During the URO-1 year, each urology resident is provided with an introduction and orientation to basic urology education and practice to include the knowledge and skills required to function in the urology clinics, the emergency department, and performing minor general urologic procedures. The URO-1 resident spends 2-months as the consult resident on the adult UWHC service. Residents are directly supervised by urology faculty and work in a small team environment doing inpatient and ED consultations at UWHC. Residents are required to attend all didactic lectures and conferences and attend all city-wide grand rounds presentations. Call consists of home call every 4th night.

Goals for this period include the resident to:

- Demonstrate increased fund of knowledge based upon conference attendance and independent study of assigned urology texts and journals
- Demonstrate the ability to work as a member of the urology team and to interact with other members of the patient care team.
- Interact, teach, and communicate with patients & family.
- Gain progressive experience in teaching medical students.
- Select and begin development of a clinical or basic research project with faculty mentor.
- Demonstrate progressive attainment of skills in the diagnosis and treatment of urology patients.
- Demonstrate attainment of entry-level technical skills by first-assisting and performing minor urology and general procedures.

The specific resident objectives include:

Observe, participate and have mentored experience in **emergency room urology**, including the following:

_____ Perform complex urethral catheterization

_____ Manage and evaluate hematuria, and perform simple endoscopic management

_____ Assist in evaluation of adult urologic trauma

_____ Evaluate and assist in management of adult urologic emergencies

_____ Recognize and manage post-operative urologic complications

Observe, participate and have mentored experience in **clinic-based urology**, including the following:

_____ Understand the diagnosis, evaluation and treatment options of urologic cancer and benign urological conditions along with benefits, risks and side effects of both medical and surgical treatments

Observe and perform **minor urology procedures**, including the following:

_____ Basic Endourology, including cystoscopy and stent removal, stent placement and stent exchange

_____ Transurethral bladder biopsy

_____ Prostate ultrasound with biopsy

_____ Scrotal surgery

_____ Orchiectomy (radical and simple)

Assist and perform select portions of **major urology cases**, including the following:

_____ Radical prostatectomy

_____ Penectomy

_____ Radical cystectomy and urinary diversion

_____ Radical, partial, and donor nephrectomy

_____ Percutaneous renal surgery

_____ Endourology, including ureteroscopy, laser lithotripsy, incisions of the urinary tract

_____ Endourology, including ureteroscopy, for tumors

_____ Transurethral surgery, including TURBT

_____ Laparoscopic and robotic urology

_____ Retroperitoneal, inguinal, and pelvic lymph node dissections

Patient Care

_____ Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients with urologic disease

_____ Gather essential and accurate information about urologic patients

_____ Understand considerations necessary to make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment of urology faculty

_____ Develop and carry out patient management plans for select common urologic disorders seen in consultation

_____ Counsel and educate patients and their families on urologic diseases

_____ Use information technology (on-line journals, CD-rom educational programs, lectures) to support patient care decisions and patient education

_____ Perform and assist competently medical and invasive procedures considered essential in outpatient urology

_____ Provide health care services aimed at preventing health problems or maintaining health

_____ Work with health care professionals, including those from other disciplines

Medical Knowledge

_____ Demonstrate an investigatory and analytic thinking approach to clinical situations

_____ Know and apply the basic (molecular biology) and clinically supportive sciences (nephrology, human oncology, transplantation) in urology

_____

_____ Demonstrate appropriate patient selection for surgical procedures

_____

Practice-Based Learning & Improvement

_____ Analyze practice experience and perform practice-based improvement activities via chart reviews and personal feedback with the rotation director and faculty

_____ Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems

_____

_____ Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, particularly when presenting at state and national meetings

_____ Use information technology to manage information, access on-line medical information

_____ Facilitate the learning of medical students and other health care professionals including mid-level providers, RNs, MAs

Interpersonal & Communication Skills

_____ Create and sustain a therapeutic and ethically sound relationship with patients

_____ Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills

_____ Work effectively with others as a team member

_____ Monitor colleagues for excessive stress and fatigue as taught in lecture series

Professionalism

_____ 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

_____ Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices at all times

_____ Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

_____ Demonstrate dedication to postoperative patient care with appropriate responsibility and ownership of patient while hospital inpatient and in clinic.

Systems-Based Practice

_____ Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and society and how these elements of the system affect your own practice

_____ Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources

_____ Practice cost-effective health care and resource allocation that does not compromise quality of care

_____ Advocate for quality patient care and assist patients in dealing with system complexities

_____ Know how to interact with health care providers to coordinate health care and know how these activities can affect system performance.

Evaluation Methods:

- Med Hub global assessment by faculty, peers, patients and support staff
- Self-evaluation
- Urology In-Service Exam
- Operative performance evaluations
- Resident case logs

URO-1 (PGY-2) VA

Rotation: Veteran's Administration Hospital

Track Level: URO-1

Attendings: Kyle Richards, MD; Tim Moon, MD; Jason Abel, MD;
Wade Bushman, MD; Sarah McAchran, MD; Sara Best, MD; Granville Lloyd, MD;

Duration: 100% for 4 months

Description: The URO-1 resident spends 4 months at the VA Hospital consisting of two separate 2 month rotations. During these rotations, residents gain experience in the unique healthcare system of the Veteran's Administration with care of a highly select population of elderly men with multiple co-morbidities. The resident gains skills in patient management from initial clinical evaluation, diagnosis, and workup, through appropriate surgical and medical management, to completion of follow-up post-operative care with long-term management. In this process, the resident works with their senior resident (PGY-4) and staff attendings to counsel patients and their families to achieve full understanding of their urologic disorder, the treatment options, benefits, side effects and risks of each treatment option and the anticipated long-term course. They are appropriately supervised for each patient by the senior resident

and urologic faculty assigned to clinic. They perform minor procedures in clinic under direct supervision and observation by the urologic faculty. They spend 3 days in clinic and 2 days in the operating room and minor procedure area. They share junior call, one every 4 nights, with the UWHC junior residents. The VA resident practices laparoscopic and robotic simulation skills on lap and robotic trainers with Dr. Moon and Dr. Lloyd.

Goals for this period include the resident to:

- Demonstrate the ability to evaluate, diagnose and treat the full spectrum of general urologic disorders common to patients in the VA healthcare system.
- Gain experience in organization of urologic practice management, including care of urgent care clinic in the VA system.
- Coordinate clinic schedules with the Nurse Practitioner and clinic staff.
- Contact patients with lab test and pathologic results with the help of the Nurse Practitioner and VA staff.
- Attend all required conferences at UWHC.
- Prepare monthly Indications Conference for VA surgical cases.
- Prepare monthly VA report for presentation at M&M Conference.
- Practice laparoscopic and robotoic simulation under supervision of attending staff on laparoscopic and robotic trainers.

Specific objectives, URO-1:

Independently perform **urgent care urology**, including the following:

_____ Complex urethral catheterization

_____ Evaluation of hematuria and endoscopic management

_____ Evaluation and management of stone disease

_____ Evaluation and management of adult urologic emergencies

_____ Evaluation and management of surgical complications

Independently perform **clinic-based urology** in the VA healthcare system under faculty supervision, including the following:

_____ Evaluation of urologic cancers with discussion of treatment options, benefits, risks and side effects

_____ Evaluation and management of stone disease with discussion of medical and surgical treatment options, benefits, risks and side effects

_____ Evaluation of incontinence with discussion of medical surgical treatment options, benefits, risks and side effects

_____ Evaluation and treatment of voiding dysfunction

_____ Recognize and discuss surgical complications and management options

Independently perform the following:

_____ Prostate ultrasound with biopsy

_____ Cystoscopy and stent removal, stent placement and stent exchange

_____ Vasectomy

_____ Scrotal surgery

_____ Demonstrate technique and interpretation of urodynamics

Perform as assistant surgeon in **major urology cases**, including the following:

_____ Radical prostatectomy

_____ Radical cystectomy

_____ Continent urinary diversion

_____ Surgical management of urinary incontinence

_____ Radical nephrectomy

_____ Percutaneous renal surgery

_____ Endourology, including ureteroscopy for stone disease and upper tract tumors

_____ Transurethral surgery, including TURBT and TURP

_____ Laparoscopic nephrectomy and partial nephrectomy

Patient Care

_____ Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients with urologic disease

_____ Gather essential and accurate information about urologic patients

_____ Make informed decisions about diagnostic and therapeutic interventions in urology based on patient information and preferences, up-to-date scientific evidence, and clinical judgment of urology faculty

_____ Develop and carry out patient management plans for select urologic disorders

_____ Counsel and educate patients and their families on urologic diseases

_____ Use information technology (on-line journals, CD-rom educational programs, lectures) to support patient care decisions and patient education

_____ Perform and assist competently medical and invasive procedures considered essential in outpatient urology

_____ Provide health care services aimed at preventing health problems or maintaining health, particularly prostate cancer, bladder cancer, stone disease,

impotence, voiding dysfunction

_____ Work with health care professionals, including those from other disciplines

Medical Knowledge

_____ Demonstrate an investigatory and analytic thinking approach to clinical situations

_____ Know and apply the basic (molecular biology) and clinically supportive sciences (nephrology, human oncology, transplantation) in urology

Practice-Based Learning & Improvement

_____ Analyze practice experience and perform practice-based improvement activities via chart reviews and personal feedback with the rotation director

_____ Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems

_____ Obtain and use information about UWHC patients and the larger population from where their patients are drawn in clinical studies

_____ Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, particularly when presenting at state and national meetings

_____ Use information technology to manage information, access on-line medical information

_____ Facilitate the learning of medical students and other health care professionals including mid-level providers, RNs, MAs

Interpersonal & Communication Skills

_____ Create and sustain a therapeutic and ethically sound relationship with patients, particularly ward patients

_____ Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills

_____ Work effectively with others as a team member or leader of a health care team (urology service)

_____ Monitor colleagues for excessive stress and fatigue as taught in lecture series

Professionalism

_____ 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

_____ Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices at all times

_____ Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

Systems-Based Practice

_____ Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and society and how these elements of the system affect their own practice (chart reviews with rotation director)

_____ Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources (part of clinical lecture series)

_____ Practice cost-effective health care and resource allocation that does not compromise quality of care (chart reviews with rotation director)

_____ Advocate for quality patient care and assist patients in dealing with system complexities

_____ Know how to partner with health care managers and health care providers to coordinate, and improve health care and know how these activities can affect system performance

Evaluation Methods:

- Med Hub global assessment by faculty, peers, patients and support staff
- Self-evaluation
- Urology In-Service Exam
- Operative performance evaluations
- Resident case logs

URO-2 (PGY-3) UWHC - Red

Rotation: University of Wisconsin Hospital & Clinics - Red

Track Level: URO-2

Attendings: David Jarrard, MD; Tracy Downs, MD; Jason Abel, MD; Granville Lloyd, MD, Kyle Richards, MD

Duration: 100% for 4 months

Description: During the URO-2 year the Urology resident is expected to demonstrate more advanced knowledge and comprehensive evaluation for patients with particular emphasis on Urologic Oncology. They continue to work as members of the UWHC resident team and participate in home call in rotation with the other Junior residents. In clinic, they are expected to

not only understand the diagnosis and evaluation of urologic diseases but demonstrate in-depth understanding of the treatment options, benefits, risks and side effects. They are given greater opportunity to demonstrate the ability to communicate these Issues with patients and their families. They continue to be directly supervised on a one-to-one basis with Urology faculty while assigned to clinic for 2 days per week and the operating room for 3 days per week. Residents are required to attend all didactic lectures and conferences at UWHC.

Goals for this period include the resident to:

- Demonstrate progressive experience in Urologic Oncology.
- Demonstrate ability to perform minor urologic surgery independently.
- Demonstrate completion of a clinical research project to be presented at the Wisconsin Urologic Society meeting with possible submission for publication and presentation at regional and national meetings.
- Prepare case presentations and monthly Indications Conference for UWHC Red surgical cases.
- Prepare and present one grand rounds on an assigned urology topic.
- Demonstrate the ability to teach medical students.
- Attend all required conferences at UWHC.
- Attend DOU monthly QI committee meetings.

Specific objectives, URO-2:

Observe, participate and have mentored experience in **emergency room urology**, including the following:

_____ Perform complex urethral catheterization

_____ Manage and evaluate hematuria, and perform simple endoscopic management

_____ Assist in evaluation of adult urologic trauma

_____ Evaluate and assist in management of adult urologic emergencies

_____ Recognize and manage post-operative urologic complications

Observe, participate and have mentored experience in **clinic-based urology**, including the following:

_____ Understand the diagnosis, evaluation and treatment options of urologic cancer along with benefits, risks and side effects

Observe and perform **minor urology procedures**, including the following:

_____ Basic Endourology, including cystoscopy and stent removal, stent placement and stent exchange

_____ Transurethral bladder biopsy

_____ Prostate ultrasound with biopsy

_____ Scrotal surgery

_____ Orchiectomy (radical and simple)

Assist and perform select portions of **major urology cases**, including the following:

_____ Radical prostatectomy

_____ Penectomy

_____ Radical cystectomy and urinary diversion

_____ Radical, partial, and donor nephrectomy

_____ Percutaneous renal surgery

_____ Endourology, including ureteroscopy, laser lithotripsy, incisions of the urinary tract

_____ Endourology, including ureteroscopy, for tumors

_____ Transurethral surgery, including TURBT

_____ Laparoscopic and robotic urology

_____ Retroperitoneal, inguinal, and pelvic lymph node dissections

Patient Care

_____ Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients with urologic disease

_____ Gather essential and accurate information about urologic patients

_____ Make informed decisions about diagnostic and therapeutic interventions in urology based on patient information and preferences, up-to-date scientific evidence, and clinical judgment of urology faculty

_____ Develop and carry out patient management plans for select urologic disorders

_____ Counsel and educate patients and their families on urologic diseases

_____ Use information technology (on-line journals, CD-rom educational programs, lectures) to support patient care decisions and patient education

_____ Perform and assist competently medical and invasive procedures considered essential in outpatient urology

_____ Provide health care services aimed at preventing health problems or maintaining health, particularly prostate cancer and bladder cancer

_____ Work with health care professionals, including those from other disciplines

_____ Provide patient-focused care in the uro-oncology clinic at UWHC

Medical Knowledge

_____ Demonstrate an investigatory and analytic thinking

approach to clinical situations

_____ Know and apply the basic (molecular biology) and clinically supportive sciences (nephrology, human oncology, transplantation) in urology

_____ Understand indications for chemotherapy and radiation therapy for management of urologic cancers

_____ Demonstrate appropriate patient selection for surgical procedures for urologic cancers, indications and contraindications

_____ Demonstrate working knowledge of multi-disciplinary management of urologic cancers

Practice-Based Learning & Improvement

_____ Analyze practice experience and perform practice-based improvement activities via chart reviews and personal feedback with the rotation director and faculty

_____ Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems

_____ Obtain and use information about UWHC patients in clinical studies

_____ Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, particularly when presenting at state and national meetings

_____ Use information technology to manage information, access on-line medical information

_____ Facilitate the learning of medical students and other health care professionals including mid-level providers, RNs, MAs

Interpersonal & Communication Skills

_____ Create and sustain a therapeutic and ethically sound relationship with patients, particularly ward patients

_____ Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills

_____ Work effectively with others as a team member on the UWHC urology service

_____ Monitor colleagues for excessive stress and fatigue as taught in lecture series

Professionalism

_____ 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

_____ Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices at all times

_____ Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

_____ Demonstrate dedication to postoperative patient care with appropriate responsibility and ownership of patient while hospital inpatient and in clinic.

Systems-Based Practice

_____ Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and society and how these elements of the system affect your own practice

_____ Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources

_____ Practice cost-effective health care and resource allocation that does not compromise quality of care

_____ Advocate for quality patient care and assist patients in dealing with system complexities

_____ Know how to interact with health care providers to coordinate health care and know how these activities can affect system performance.

Evaluation Methods:

- Med Hub global assessment by faculty, peers, patients and support staff
- Self-evaluation
- Urology In-Service Exam
- Operative performance evaluations
- Resident case logs

URO-2 (PGY-3) UWHC - White

Rotation: University of Wisconsin Hospital & Clinics - White

Track Level: URO-2

Attendings: Stephen Nakada, MD; Wade Bushman, MD; Sean Hedican, MD; Dan Williams, MD; Sarah McAchran, MD; Sara Best, MD

Duration: 100% for 2 months

Description: During the URO-2 year the Urology resident is expected to demonstrate more advanced knowledge and comprehensive evaluation for patients with particular emphasis on Endourology. Residents are exposed to clinical Female Urology. They continue to work as members of the UWHC

resident team and participate in home call in rotation with the other Junior residents. In clinic, they are expected to not only understand the diagnosis and evaluation of urologic diseases but demonstrate in-depth understanding of the treatment options, benefits, risks and side effects. They are given greater opportunity to demonstrate the ability to communicate these Issues with patients and their families. They continue to be directly supervised on a one-to-one basis with Urology faculty while assigned to clinic for 2 half-days per week in addition to the operating room. Residents are required to attend all didactic lectures and conferences at UWHC.

Goals for this period include the resident to:

- Demonstrate progressive experience in Endourology.
- Demonstrate ability to perform minor urologic surgery in Endourology independently.
- Demonstrate completion of a clinical research project to be presented at the Wisconsin Urologic Society meeting with possible submission for publication and presentation at regional and national meetings.
- Prepare case presentations and monthly Indications Conference for UWHC surgical cases.
- Prepare and present one grand rounds on an assigned urology topic.
- Demonstrate the ability to teach medical students.
- Attend all required conferences at UWHC.
- Attend DOU monthly QI committeee meetings.

Specific objectives, URO-2:

Observe, participate and have mentored experience in **emergency room urology**, including the following:

_____ Perform complex urethral catheterization

_____ Manage and evaluate hematuria, and perform simple endoscopic management

_____ Evaluate and treat stone disease

_____ Assist in evaluation of adult urologic trauma

_____ Evaluate and assist in management of adult urologic emergencies

_____ Recognize and manage post-operative urologic complications

Observe, participate and have mentored experience in **clinic-based urology**, including the following:

_____ Evaluation of stone disease with surgical and medical treatment options, benefits, risks and side effects

_____ Evaluation and management of female urologic disorders, including incontinence and voiding dysfunction

_____ Evaluation and management of erectile dysfunction, Peyronie's disease, and BPH

Observe and perform **minor urology procedures**, including the following:

_____ Basic Endourology, including cystoscopy and stent removal, stent placement and stent exchange

_____ Transurethral bladder biopsy

_____ Prostate ultrasound with biopsy

_____ Shock wave lithotripsy

_____ Technique and interpretation of video urodynamic studies

_____ Scrotal surgery

Assist and perform select portions of **major urology cases**, including the following:

_____ Continent diversion

_____ Surgery for urinary incontinence

_____ Donor nephrectomy

_____ Percutaneous renal surgery

_____ Endourology, including ureteroscopy, laser lithotripsy, incisions of the urinary tract

_____ Endourology, including ureteroscopy, for stones, tumors, essential hematuria

_____ Transurethral surgery, including TURP

_____ Laparoscopic urology

Patient Care

_____ Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients with urologic disease

_____ Gather essential and accurate information about urologic patients

_____ Make informed decisions about diagnostic and therapeutic interventions in urology based on patient information and preferences, up-to-date scientific evidence, and clinical judgment of urology faculty

_____ Develop and carry out patient management plans for select urologic disorders

_____ Counsel and educate patients and their families on urologic diseases

_____ Use information technology (on-line journals, CD-rom educational programs, lectures) to support patient care decisions and patient education

_____ Perform and assist competently medical and invasive procedures considered essential in outpatient urology

_____ Provide health care services aimed at preventing health problems or maintaining health, particularly stone disease, impotence, voiding dysfunction

Medical Knowledge

_____ Demonstrate an investigatory and analytic thinking approach to clinical situations

_____ Know and apply the basic (molecular biology) and clinically supportive sciences (nephrology, human oncology, transplantation) in urology

Practice-Based Learning & Improvement

_____ Analyze practice experience and perform practice-based improvement activities via chart reviews and personal feedback with the rotation director and faculty

_____ Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems

_____ Obtain and use information about UWHC patients in clinical studies

_____ Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, particularly when presenting at state and national meetings

_____ Use information technology to manage information, access on-line medical information

_____ Facilitate the learning of medical students and other health care professionals including mid-level providers, RNs, MAs

Interpersonal & Communication Skills

_____ Create and sustain a therapeutic and ethically sound relationship with patients, particularly ward patients

_____ Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills

_____ Work effectively with others as a team member on the UWHC urology service

_____ Monitor colleagues for excessive stress and fatigue as taught in lecture series

Professionalism

_____ 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

_____ Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices at all times

_____ Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

Systems-Based Practice

_____ Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and society and how these elements of the system affect your own practice

_____ Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources

_____ Practice cost-effective health care and resource allocation that does not compromise quality of care

_____ Advocate for quality patient care and assist patients in dealing with system complexities

_____ Know how to interact with health care providers to coordinate health care and know how these activities can affect system performance.

Evaluation Methods:

- Med Hub global assessment by faculty, peers, patients and support staff
- Self-evaluation
- Urology In-Service Exam
- Operative performance evaluations
- Resident case logs

URO-2 (PGY-3) Meriter Hospital/1 South Park

Rotation: Meriter Hospital/1 South Park

Track Level: URO-2

Attendings: David Paolone, MD; John Wegenke, MD; Andrew Graf, MD; Dan Williams, MD; Sarah McAchran, MD; Granville, Lloyd, MD; Dan Gralnek, MD

Duration: 100% for 4 months

Description: The URO-2 resident spends 6 months in a private practice-like setting, divided into two 3-month rotations. This experience provides unique exposure to practice management in a community urologic practice. Training focuses on urologic domains of general urology, infertility, sexual dysfunction and female urology. The clinic experience associated with this rotation is based at the UWMF 1 South Park Clinic, which is home to the UW Men's Sexual Health Center. Fellowship-trained University faculty in Female Urology and Male Infertility operate at the 1

South Park Street campus. Surgical emphasis is based on learning microsurgical techniques in infertility, prosthetic surgery, and advanced options for surgical management of female urinary incontinence. Strong exposure to endoscopic urology, laser prostatectomies for BPH, robotic assisted case, and unique experience in perineal prostatectomy is provided. The majority of benign gynecological procedures for UW Health are done at Meriter, therefore management of intra-operative and post-operative complications from gynecological surgery is a unique aspect of this rotation. The resident takes home call on 2 weekday nights per week and alternates weekend call in cross coverage with the resident at St. Mary's Hospital. During this rotation, residents are also taught to perform and interpret microscopic urinalysis in clinic. Additionally, because the maternity wards and NICU are based out of the Meriter hospital, residents are also involved with neonatal urology consults under the supervision of the UWHC-based pediatric urologists.

Goals for this period include the resident to:

- Gain endoscopic and microsurgical skills, as well as exposure to multiple surgical treatment options for female urinary incontinence and radical perineal prostatectomy.
- Independently manage the Urology inpatient service at Meriter Hospital and coordinate care with the Urology Physician's Assistants under supervision of faculty.
- Attend all required conferences at UWHC.
- Present Meriter monthly report at City-Wide M&M Conference.
- Prepare monthly Indications Conference for Meriter surgical cases.
- Independently perform and interpret microscopic urinalysis.

Specific objectives, URO-2:

Observe, participate, and have mentored experience in **emergency room urology** including the following:

_____ Complex urethral catheterization

_____ Evaluation of hematuria and endoscopic management

_____ Surgical and medical management of stone disease

_____ NICU consultations for neo-natal urologic disorders

_____ Evaluation and management of adult urologic emergencies

_____ Evaluation of obstetrical urologic emergencies and complications

Observe, participate, and have mentored experience in **clinic-based urology**, including the following:

_____ Evaluation of urologic cancers

_____ Evaluation and management of stone disease with medical and surgical treatment options

_____ Evaluation and management of incontinence with particular emphasis on decision for appropriate urethral sling treatment options

_____ Evaluation and management of voiding dysfunction

_____ Comprehensive evaluation of erectile dysfunction and Peyronie's disease

_____ Perform and interpret microscopic urinalyses

Observe and perform **minor urology procedures**, including the following:

_____ Prostate ultrasound with biopsy

_____ Shock wave lithotripsy

_____ Basic urodynamics

_____ Periurethral bulking agent injection for incontinence

_____ Vasectomy

_____ Scrotal surgery

Assist and perform **major urology cases**, including the following:

_____ Microsurgical Vasovasostomy

_____ Microsurgical Epididymovasostomy

_____ Microsurgical Testicular Sperm Extraction (TESE)

_____ Microsurgical Epididymal Sperm Aspiration (MESA)

_____ Microsurgical Varicocelectomy

_____ Microsurgical Denervation of the Spermatic Cord

_____ Radical perineal prostatectomy

_____ Open radical nephrectomy and partial nephrectomy

_____ Procedures for urinary incontinence including pubovaginal slings and mid-urethral sling

_____ Ureteroscopy and management of stone disease and upper tract tumors

_____ Implantation of inflatable penile prosthesis

_____ Implantation of artificial urinary sphincter

_____ Penile tunicaplication procedures

_____ Male urethral sling

_____ Transurethral surgery, including TURBT, TURP and photoselective laser vaporization of the prostate

_____Robotic-assisted prostatectomy, nephrectomy, partial nephrectomy, and pyeloplasty

Patient Care

_____ Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients with urologic disease

_____ Gather essential and accurate information about urologic patients

_____ Make informed decisions about diagnostic and therapeutic interventions in urology based on patient information and preferences, up-to-date scientific evidence, and clinical judgment of urology faculty

_____ Develop and carry out patient management plans for select urologic disorders

_____ Counsel and educate patients and their families on urologic diseases

_____ Use information technology (on-line journals, CD-rom educational programs, lectures) to support patient care decisions and patient education

_____ Perform and assist competently medical and invasive procedures considered essential in outpatient urology

_____ Provide health care services aimed at preventing health problems or maintaining health, particularly prostate cancer, bladder cancer, stone disease, impotence, voiding dysfunction

_____ Work with health care professionals, including those from other disciplines

Medical Knowledge

_____ Demonstrate an investigatory and analytic thinking approach to clinical situations

_____ Know and apply the basic and clinically supportive sciences in urology

Practice-Based Learning & Improvement

_____ Analyze practice experience and perform practice-based improvement activities via chart reviews and personal feedback with the rotation director, Dr. Paolone

_____ Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems

_____ Obtain and use information about 1SP/Meriter patients and the larger population from where their patients are drawn in clinical studies

_____ Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, particularly when presenting at state and national meetings

_____ Use information technology to manage information, access on-line medical information

_____ Facilitate the learning of medical students and other health care professionals including mid-level providers, RNs, MAs

Interpersonal & Communication Skills

_____ Create and sustain a therapeutic and ethically sound relationship with patients, particularly ward patients

_____ Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills

_____ Work effectively with others as a team member or leader of a health care team (urology service)

_____ Monitor colleagues for excessive stress and fatigue as taught in lecture series

Professionalism

_____ 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

_____ Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices at all times

_____ Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

Systems-Based Practice

_____ 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

_____ Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources (part of clinical lecture series)

_____ Practice cost-effective health care and resource allocation that does not compromise quality of care

_____ Advocate for quality patient care and assist patients in dealing with system complexities

_____ Know how to partner with health care managers and health care providers to coordinate, and improve health care and know how these activities can affect system performance

Evaluation Methods:

- Med Hub global assessment by faculty, peers, patients and support staff
- Self-evaluation
- Urology In-Service Exam
- Operative performance evaluations
- Resident case logs

URO-2 (PGY-3) UWHC - Consults

Rotation: University of Wisconsin Hospital & Clinics - Consults

Track Level: URO-2

Attendings: Stephen Nakada, MD; David Jarrard, MD; Wade Bushman, MD; Sean Hedican, MD; Dan Williams, MD; Sarah McAchran, MD; Tracy Downs, MD; Jason Abel, MD; Sara Best, MD; Granville Lloyd, MD; Kyle Richards, MD; Dan Gralnek, MD

Duration: 100% for 2 months

Description: During the URO-2 year, each urology resident is provided with an introduction and orientation to basic urology education and practice to include the knowledge and skills required to function in the urology clinics, the emergency department, and performing minor general urologic procedures. The URO-2 resident spends 2-months as the consult resident on the adult UWHC service. Residents are directly supervised by urology faculty and work in a small team environment doing inpatient and ED consultations at UWHC. Residents are required to attend all didactic lectures and conferences and attend all city-wide grand rounds presentations. Call consists of home call every 4th night.

Goals for this period include the resident to:

- Demonstrate increased fund of knowledge based upon conference attendance and independent study of assigned urology texts and journals
- Demonstrate the ability to work as a member of the urology team and to interact with other members of the patient care team.
- Interact, teach, and communicate with patients & family.
- Gain progressive experience in teaching medical students.
- Select and begin development of a clinical or basic research project with faculty mentor.
- Demonstrate progressive attainment of skills in the diagnosis and treatment of urology patients.
- Demonstrate attainment of entry-level technical skills by first-assisting and performing minor urology and general procedures.

The specific resident objectives include:

Observe, participate and have mentored experience in **emergency room urology**, including the following:

_____ Perform complex urethral catheterization

_____ Manage and evaluate hematuria, and perform simple endoscopic management

_____ Assist in evaluation of adult urologic trauma

_____ Evaluate and assist in management of adult urologic emergencies

_____ Recognize and manage post-operative urologic complications

Observe, participate and have mentored experience in **clinic-based urology**, including the following:

_____ Understand the diagnosis, evaluation and treatment options of urologic cancer and benign urological conditions along with benefits, risks and side effects of both medical and surgical treatments

Observe and perform **minor urology procedures**, including the following:

_____ Basic Endourology, including cystoscopy and stent removal, stent placement and stent exchange

_____ Transurethral bladder biopsy

_____ Prostate ultrasound with biopsy

_____ Scrotal surgery

_____ Orchiectomy (radical and simple)

Assist and perform select portions of **major urology cases**, including the following:

_____ Radical prostatectomy

_____ Penectomy

_____ Radical cystectomy and urinary diversion

_____ Radical, partial, and donor nephrectomy

_____ Percutaneous renal surgery

_____ Endourology, including ureteroscopy, laser lithotripsy, incisions of the urinary tract

_____ Endourology, including ureteroscopy, for tumors

_____ Transurethral surgery, including TURBT

_____ Laparoscopic and robotic urology

_____ Retroperitoneal, inguinal, and pelvic lymph node dissections

Patient Care

_____ Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients with urologic disease

_____ Gather essential and accurate information about urologic patients

_____ Understand considerations necessary to make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment of urology faculty

_____ Develop and carry out patient management plans for

select common urologic disorders seen in consultation

_____ Counsel and educate patients and their families on urologic diseases

_____ Use information technology (on-line journals, CD-rom educational programs, lectures) to support patient care decisions and patient education

_____ Perform and assist competently medical and invasive procedures considered essential in outpatient urology

_____ Provide health care services aimed at preventing health problems or maintaining health

_____ Work with health care professionals, including those from other disciplines

Medical Knowledge

_____ Demonstrate an investigatory and analytic thinking approach to clinical situations

_____ Know and apply the basic (molecular biology) and clinically supportive sciences (nephrology, human oncology, transplantation) in urology

_____ Demonstrate appropriate patient selection for surgical procedures

Practice-Based Learning & Improvement

_____ Analyze practice experience and perform practice-based improvement activities via chart reviews and personal feedback with the rotation director and faculty

_____ Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems

_____

_____ Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, particularly when presenting at state and national meetings

_____ Use information technology to manage information, access on-line medical information

_____ Facilitate the learning of medical students and other health care professionals including mid-level providers, RNs, MAs

Interpersonal & Communication Skills

_____ Create and sustain a therapeutic and ethically sound relationship with patients

_____ Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills

_____ Work effectively with others as a team member

_____ Monitor colleagues for excessive stress and fatigue as taught in lecture series

Professionalism

_____ 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

_____ Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices at all times

_____ Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

_____ Demonstrate dedication to postoperative patient care with appropriate responsibility and ownership of patient while hospital inpatient and in clinic.

Systems-Based Practice

_____ Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and society and how these elements of the system affect your own practice

_____ Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources

_____ Practice cost-effective health care and resource allocation that does not compromise quality of care

_____ Advocate for quality patient care and assist patients in dealing with system complexities

_____ Know how to interact with health care providers to coordinate health care and know how these activities can affect system performance.

Evaluation Methods:

- Med Hub global assessment by faculty, peers, patients and support staff
- Self-evaluation
- Urology In-Service Exam
- Operative performance evaluations
- Resident case logs

URO-3 (PGY-4) UWHC-Red

Rotation: University of Wisconsin Hospital & Clinics - Red

Track Level: URO-3

Attendings: David Jarrard, MD; Tracy Downs, MD; Jason Abel, MD; Granville Lloyd, MD; Kyle Richards, MD

Duration: 100% for 3 months

Description: During the URO-3 year the Urology resident is expected to demonstrate more advanced knowledge and comprehensive evaluation for patients with particular emphasis on Urologic Oncology. They continue to work as members of the UWHC resident team and participate in backup call. In clinic, they are expected to not only understand the diagnosis and evaluation of urologic diseases but demonstrate in-depth understanding of the treatment options, benefits, risks and side effects. They are given greater opportunity to demonstrate the ability to communicate these Issues with patients and their families. They continue to be directly supervised on a one-to-one basis with Urology faculty while assigned to clinic for 2 half-days per week in addition to the operating room. Residents are required to attend all didactic lectures and conferences at UWHC.

Goals for this period include the resident to:

- Demonstrate progressive experience in Urologic Oncology.
- Demonstrate ability to perform minor urologic surgery independently.
- Demonstrate completion of a clinical research project to be presented at the Wisconsin Urologic Society meeting with possible submission for publication and presentation at regional and national meetings.
- Prepare case presentations and monthly Indications Conference for UWHC surgical cases.
- Prepare and present one grand rounds on an assigned urology topic.
- Demonstrate the ability to teach medical students.
- Attend all required conferences at UWHC.

Specific objectives, URO-3:

Observe, participate and have mentored experience in **emergency room urology**, including the following:

_____ Perform complex urethral catheterization

_____ Manage and evaluate hematuria, and perform simple endoscopic management

_____ Assist in evaluation of adult urologic trauma

_____ Evaluate and assist in management of adult urologic emergencies

_____ Recognize and manage post-operative urologic complications

Observe, participate and have mentored experience in **clinic-based urology**, including the following:

_____ Understand the diagnosis, evaluation and treatment options of urologic cancer along with benefits, risks and side effects

Observe and perform **minor urology procedures**, including the following:

_____ Basic Endourology, including cystoscopy and stent removal, stent placement and stent exchange

_____ Transurethral bladder biopsy

_____ Prostate ultrasound with biopsy

_____ Orchiectomy

Assist and perform select portions of **major urology cases**, including the following:

_____ Radical prostatectomy

_____ Penectomy

_____ Radical cystectomy and urinary diversion

_____ Radical, partial, and donor nephrectomy

_____ Percutaneous renal surgery

_____ Endourology, including ureteroscopy, laser lithotripsy, incisions of the urinary tract

_____ Endourology, including ureteroscopy, for tumors

_____ Transurethral surgery, including TURBT

_____ Laparoscopic and robotic urology

_____ Retroperitoneal, inguinal, and pelvic lymph node dissections

Patient Care

_____ Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients with urologic disease

_____ Gather essential and accurate information about urologic patients

_____ Make informed decisions about diagnostic and therapeutic interventions in urology based on patient information and preferences, up-to-date scientific evidence, and clinical judgment of urology faculty

_____ Develop and carry out patient management plans for select urologic disorders

_____ Counsel and educate patients and their families on urologic diseases

_____ Use information technology (on-line journals, CD-rom educational programs, lectures) to support patient care decisions and patient education

_____ Perform and assist competently medical and invasive procedures considered essential in outpatient urology

_____ Provide health care services aimed at preventing health problems or maintaining health, particularly

prostate cancer and bladder cancer

_____ Work with health care professionals, including those from other disciplines

_____ Provide patient-focused care in the uro-oncology clinic at UWHC

Medical Knowledge

_____ Demonstrate an investigatory and analytic thinking approach to clinical situations

_____ Know and apply the basic (molecular biology) and clinically supportive sciences (nephrology, human oncology, transplantation) in urology

_____ Understand indications for chemotherapy and radiation therapy for management of urologic cancers

_____ Demonstrate appropriate patient selection for surgical procedures for urologic cancers, indications and contraindications

_____ Demonstrate working knowledge of multi-disciplinary management of urologic cancers

racPractice-Based Learning & Improvement

_____ Analyze practice experience and perform practice-based improvement activities via chart reviews and personal feedback with the rotation director and faculty

_____ Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems

_____ Obtain and use information about UWHC patients in clinical studies

_____ Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, particularly when presenting at state and national meetings

_____ Use information technology to manage information, access on-line medical information

_____ Facilitate the learning of medical students and other health care professionals including mid-level providers, RNs, MAs

Interpersonal & Communication Skills

_____ Create and sustain a therapeutic and ethically sound relationship with patients, particularly ward patients

_____ Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills

_____ Work effectively with others as a team member on the UWHC urology service

_____ Monitor colleagues for excessive stress and fatigue as taught in lecture series

Professionalism

_____ 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

_____ Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices at all times

_____ Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

_____ Demonstrate dedication to postoperative patient care with appropriate responsibility and ownership of patient while hospital inpatient and in clinic.

Systems-Based Practice

_____ Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and society and how these elements of the system affect your own practice

_____ Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources

_____ Practice cost-effective health care and resource allocation that does not compromise quality of care

_____ Advocate for quality patient care and assist patients in dealing with system complexities

_____ Know how to interact with health care providers to coordinate health care and know how these activities can affect system performance.

Evaluation Methods:

- Med Hub global assessment by faculty, peers, patients and support staff
- Self-evaluation
- Urology In-Service Exam
- Operative performance evaluations
- Resident case logs

URO-3 (PGY-4) UWHC-White

Rotation: University of Wisconsin Hospital & Clinics - White

Track Level: URO-3

Attendings: Stephen Nakada, MD; Wade Bushman, MD; Sean Hedican, MD; Dan Williams, MD; Sarah McAchran, MD; Sara Best, MD

Duration: 100% for 3 months

Description: Residents spend 6 months as Chief Resident at UWHC in two separate 3 month rotations. During this rotation, the Chief Resident serves as team leader of the Urology Resident Team. They spend two half-days per week in clinic, with emphasis on neuro-urology and management of advanced urologic disease. The Chief Resident supervises the teaching of the Junior residents and medical students with supervision of minor urologic procedures. The Chief Resident provides backup call from home to the Junior residents on first call and mentorship of the inpatient Urology consults. The Chief Resident spends 2 half-days in UWHC Urology Clinic and 4 days in surgery. They attend all required conferences at UWHC and coordinate inmate clinic coverage.

Goals for this period include the resident to:

- Demonstrate surgical skills and understanding of complete operation for treatment of benign urologic disease.
- Understand and perform all steps in laparoscopic and robotic urologic surgery.
- Demonstrate understanding of post-operative management for all urologic surgeries for both laparoscopic and open surgery.
- Demonstrate understanding of the signs and symptoms of post-surgical complications and the appropriate evaluation and management of them.
- Demonstrate teaching of Junior residents and medical students on the UWHC Urology team
- Identify and demonstrate advanced decision-making for complex urologic consultations and inpatient management, including ICU care.
- Perform all major urologic procedures independently but supervised.
- Demonstrate mentorship of Junior residents in minor urologic procedures, inpatient consultations and inpatient care.
- Present Urology Grand Rounds once this year.
- Prepare monthly report of UWHC surgical cases for City-Wide M&M Conference.
- Demonstrate completion of a clinical research project and submit for publication.

Specific objectives URO-3:

Observe, manage and mentor Junior residents in **emergency room urology**, including the following:

_____ Independently perform complex urethral catheterization and suprapubic tube placement

_____ Evaluation of hematuria and endoscopic management

_____ Medical and surgical management of stone disease

_____ Evaluation of pediatric and adult urologic emergencies

_____ Evaluation and management of adult urologic trauma

_____ Evaluation and management of post-operative urologic complications

Participate and mentor Junior residents in **clinic-based urology**, including the following:

_____ Comprehensive medical evaluation and surgical management of stone disease

_____ Comprehensive medical evaluation of incontinence with particular emphasis on neurologic disorders and interpretation of video urodynamic studies

Perform and teach **minor urology procedures**, including the following:

_____ Cystoscopy and fluoroscopic stent placement and stent exchange

_____ Scrotal surgery

_____ Technique and interpretation of video urodynamics

_____ Sacral nerve neuromodulation therapy

Perform and teach **major urology cases**, including the following:

_____ Continent urinary diversion

_____ Donor nephrectomy

_____ Percutaneous renal surgery

_____ Endourology, including ureteroscopy, for stone disease and upper tract tumors

_____ Transurethral surgery, including TURP

_____ Laparoscopic and robotic urology, including nephrectomy, partial nephrectomy, prostatectomy, pyeloplasty and cystectomy

_____ Advanced surgery for male and female incontinence

_____ Surgical management of urethral stricture disease

_____ Artificial urinary sphincter placement

Patient Care

_____ Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients with urologic disease

_____ Gather essential and accurate information about urologic patients

_____ Make informed decisions about diagnostic and

therapeutic interventions in urology based on patient information and preferences, up-to-date scientific evidence, and clinical judgment of urology faculty

_____ Develop and carry out patient management plans for select urologic disorders

_____ Counsel and educate patients and their families on urologic diseases

_____ Use information technology (on-line journals, CD-rom educational programs, lectures) to support patient care decisions and patient education

_____ Perform and assist competently medical and invasive procedures considered essential in outpatient urology

_____ Provide health care services aimed at preventing health problems or maintaining health, particularly stone disease, impotence, voiding dysfunction

_____ Work with health care professionals, including those from other disciplines

_____ To provide patient-focused care in the infertility and stone clinics while at UWHC

Medical Knowledge

_____ Demonstrate an investigatory and analytic thinking approach to clinical situations

_____ Know and apply the basic (molecular biology) and clinically supportive sciences (nephrology, human oncology, transplantation) in urology

Practice-Based Learning & Improvement

_____ Analyze practice experience and perform practice-based improvement activities via chart reviews and personal feedback by rotation director

_____ Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems

_____ Obtain and use information about UWHC patients and the larger population from where their patients are drawn in clinical studies

_____ Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, particularly when presenting at state and national meetings

_____ Use information technology to manage information, access on-line medical information

_____ Facilitate the learning of medical students and other health care professionals including mid-level providers, RNs, MAs

Interpersonal & Communication Skills

_____ Create and sustain a therapeutic and ethically sound relationship with patients, particularly ward patients

_____ Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills

_____ Work effectively with others as a team member or leader of a health care team (urology service)

_____ Monitor colleagues for excessive stress and fatigue as taught in lecture series

Professionalism

_____ 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

_____ Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices at all times.

_____ Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

Systems-Based Practice

_____ Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and society and how these elements of the system affect their own practice (chart reviews with rotation director)

_____ Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources (part of clinical lecture series)

_____ Practice cost-effective health care and resource allocation that does not compromise quality of care (chart reviews with rotation director)

_____ Advocate for quality patient care and assist patients in dealing with system complexities

_____ Know how to partner with health care managers and health care providers to coordinate, and improve health care and know how these activities can affect system performance

Evaluation Methods:

- Med Hub global assessment by faculty, peers, patients and support staff
- Self-evaluation
- Urology In-Service Exam
- Operative performance evaluations
- Resident case logs

URO-3 (PGY-4) VA

Rotation: Veteran's Administration Hospital

Track Level: URO-3

Attendings: Kyle Richards, MD; Tim Moon, MD; Jason Abel, MD;
Wade Bushman, MD; Sarah McAchran, MD;
Sara Best, MD; Granville Lloyd, MD

Duration: 100% for 6 months

Description: The URO-3 resident spends 6 months at the VA Hospital consisting of two separate 3 month rotations. During this experience, residents gain experience in the unique healthcare system of the Veteran's Administration with care of a highly select population of elderly men with multiple co-morbidities. The resident gains autonomy to develop skills for total practice management of their patient from initial clinical evaluation, diagnosis, and workup, through appropriate surgical and medical management, to completion of follow-up post-operative care with long-term management. In this process, the resident independently counsels patients and their families to achieve full understanding of their urologic disorder, the treatment options, benefits, side effects and risks of each treatment option and the anticipated long-term course. They are appropriately supervised for each patient by the urologic faculty assigned to clinic. They independently perform minor procedures in clinic under direct supervision and observation by the urologic faculty. They develop advanced administrative skills in coordinating care of the patient and staff. They spend 3 days in clinic and 2 days in the operating room and minor procedure area. They take home call during the week, weekday nights and alternate home call on the weekend with the UWHC Chief Resident. The VA resident practices laparoscopic simulation skills on a lap trainer with Dr. Moon. The resident prepares and conducts monthly Unknown Case Conference under the supervision of Dr. Williams.

Goals for this period include the resident to:

- Demonstrate the ability to evaluate, diagnose and treat the full spectrum of general urologic disorders common to patients in the VA healthcare system.
- Gain experience in organization of urologic practice management, including care of urgent care clinic in the VA system.
- Coordinate clinic schedules with the Nurse Practitioner and clinic staff.
- Contact patients with lab test and pathologic results with the help of the Nurse Practitioner and VA staff.
- Attend all required conferences at UWHC.
- Prepare monthly Indications Conference for VA surgical cases.
- Prepare and present Unknown Case Conference on a monthly basis.
- Prepare monthly VA report for presentation at M&M Conference.
- Practice laparoscopic simulation under supervision of attending staff on laparoscopic trainer.

Specific objectives, URO-3:

Independently perform **urgent care urology**, including the following:

_____ Complex urethral catheterization

_____ Evaluation of hematuria and endoscopic management

_____ Evaluation and management of stone disease

_____ Evaluation and management of adult urologic emergencies

_____ Evaluation and management of surgical complications

Independently perform **clinic-based urology** in the VA healthcare system under faculty supervision, including the following:

_____ Evaluation of urologic cancers with discussion of treatment options, benefits, risks and side effects

_____ Evaluation and management of stone disease with discussion of medical and surgical treatment options, benefits, risks and side effects

_____ Evaluation of incontinence with discussion of medical surgical treatment options, benefits, risks and side effects

_____ Evaluation and treatment of voiding dysfunction

_____ Recognize and discuss surgical complications and management options

Independently perform the following:

_____ Prostate ultrasound with biopsy

_____ Cystoscopy and stent removal, stent placement and stent exchange

_____ Vasectomy

_____ Scrotal surgery

_____ Demonstrate technique and interpretation of urodynamics

Perform as surgeon in **major urology cases**, including the following:

_____ Radical prostatectomy

_____ Radical cystectomy

_____ Continent urinary diversion

_____ Surgical management of urinary incontinence

_____ Radical nephrectomy

_____ Percutaneous renal surgery

_____ Endourology, including ureteroscopy for stone disease and upper tract tumors

_____ Transurethral surgery, including TURBT and TURP

_____ Laparoscopic nephrectomy and partial nephrectomy

Patient Care

_____ Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients with urologic disease

_____ Gather essential and accurate information about urologic patients

_____ Make informed decisions about diagnostic and therapeutic interventions in urology based on patient information and preferences, up-to-date scientific evidence, and clinical judgment of urology faculty

_____ Develop and carry out patient management plans for select urologic disorders

_____ Counsel and educate patients and their families on urologic diseases

_____ Use information technology (on-line journals, CD-rom educational programs, lectures) to support patient care decisions and patient education

_____ Perform and assist competently medical and invasive procedures considered essential in outpatient urology

_____ Provide health care services aimed at preventing health problems or maintaining health, particularly prostate cancer, bladder cancer, stone disease, impotence, voiding dysfunction

_____ Work with health care professionals, including those from other disciplines

Medical Knowledge

_____ Demonstrate an investigatory and analytic thinking approach to clinical situations

_____ Know and apply the basic (molecular biology) and clinically supportive sciences (nephrology, human oncology, transplantation) in urology

Practice-Based Learning & Improvement

_____ Analyze practice experience and perform practice-based improvement activities via chart reviews and personal feedback with the rotation director

_____ Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems

_____ Obtain and use information about UWHC patients and the larger population from where their patients are drawn in clinical studies

_____ Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, particularly when presenting at state and national meetings

_____ Use information technology to manage information, access on-line medical information

_____ Facilitate the learning of medical students and other health care professionals including mid-level providers, RNs, MAs

Interpersonal & Communication Skills

_____ Create and sustain a therapeutic and ethically sound relationship with patients, particularly ward patients

_____ Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills

_____ Work effectively with others as a team member or leader of a health care team (urology service)

_____ Monitor colleagues for excessive stress and fatigue as taught in lecture series

Professionalism

_____ 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

_____ Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices at all times

_____ Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

Systems-Based Practice

_____ Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and society and how these elements of the system affect their own practice (chart reviews with rotation director)

_____ Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources (part of clinical lecture series)

_____ Practice cost-effective health care and resource allocation that does not compromise quality of care (chart reviews with rotation director)

_____ Advocate for quality patient care and assist patients in dealing with system complexities

_____ Know how to partner with health care managers and health care providers to coordinate, and improve health care and know how these activities can affect system performance

Evaluation Methods:

- Med Hub global assessment by faculty, peers, patients and support staff
- Self-evaluation
- Urology In-Service Exam
- Operative performance evaluations
- Resident case logs

URO-4 (PGY-5) UWHC - Red

Rotation: University of Wisconsin Hospital & Clinics - Red

Track Level: URO-4

Attendings: David Jarrard, MD; Tracy Downs, MD; Jason Abel, MD; Granville Lloyd, MD; Kyle Richards, MD

Duration: 100% for 3 months

Description: Residents spend 6 months as Chief Resident at UWHC in two separate 3 month rotations. During this rotation, the Chief Resident serves as team leader of the Urology Resident Team. They spend two half-days per week in clinic, with emphasis on management of advanced urologic cancer. The Chief Resident supervises the teaching of the Junior residents and medical students with supervision of minor urologic procedures. The Chief Resident provides backup call from home to the Junior residents on first call and mentorship of the inpatient Urology consults. The Chief Resident spends 1 day in UWHC Urology Clinic and 4 days in surgery. They attend all required conferences at UWHC and coordinate inmate clinic coverage.

Goals for this period include the resident to:

- Demonstrate surgical skills and understanding of complete operation for treatment of advanced urologic cancer.
- Understand and perform all steps in laparoscopic and robotic urologic surgery.
- Demonstrate understanding of post-operative management for all urologic surgeries for both laparoscopic and open surgery.
- Demonstrate understanding of the signs and symptoms of post-surgical complications and the appropriate evaluation and management of them.
- Demonstrate teaching of Junior residents and medical students on the UWHC Urology team
- Identify and demonstrate advanced decision-making for complex urologic consultations and inpatient management, including ICU care.
- Perform all major urologic procedures independently but supervised.
- Demonstrate mentorship of Junior residents in minor urologic procedures, inpatient consultations and inpatient care.
- Present Urology Grand Rounds once this year.
- Prepare monthly report of UWHC surgical cases for City-Wide M&M Conference.
- Demonstrate completion of a clinical research project and submit for publication.

Specific objectives URO-4:

Observe, participate and have mentored experience in **emergency room urology**, including the following:

_____ Perform complex urethral catheterization

_____ Manage and evaluate hematuria, and perform simple endoscopic management

_____ Assist in evaluation of adult urologic trauma

_____ Evaluate and assist in management of adult urologic emergencies

_____ Recognize and manage post-operative urologic complications

Observe, participate and have mentored experience in **clinic-based urology**, including the following:

_____ Understand the diagnosis, evaluation and treatment options of urologic cancer along with benefits, risks and side effects

Observe and perform **minor urology procedures**, including the following:

_____ Basic Endourology, including cystoscopy and stent removal, stent placement and stent exchange

_____ Transurethral bladder biopsy

_____ Prostate ultrasound with biopsy

_____ Scrotal surgery

_____ Orchiectomy (radical and simple)

Assist and perform select portions of **major urology cases**, including the following:

_____ Radical prostatectomy

_____ Penectomy

_____ Radical cystectomy and urinary diversion

_____ Radical, partial, and donor nephrectomy

_____ Percutaneous renal surgery

_____ Endourology, including ureteroscopy, laser lithotripsy, incisions of the urinary tract

_____ Endourology, including ureteroscopy, for tumors

_____ Transurethral surgery, including TURBT

_____ Laparoscopic and robotic urology

_____ Retroperitoneal, inguinal, and pelvic lymph node dissections

Patient Care

_____ Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients with urologic disease

_____ Gather essential and accurate information about urologic patients

_____ Make informed decisions about diagnostic and therapeutic interventions in urology based on patient information and preferences, up-to-date scientific evidence, and clinical judgment of urology faculty

_____ Develop and carry out patient management plans for select urologic disorders

_____ Counsel and educate patients and their families on urologic diseases

_____ Use information technology (on-line journals, CD-rom educational programs, lectures) to support patient care decisions and patient education

_____ Perform and assist competently medical and invasive procedures considered essential in outpatient urology

_____ Provide health care services aimed at preventing health problems or maintaining health, particularly prostate cancer and bladder cancer

_____ Work with health care professionals, including those from other disciplines

_____ To provide patient-focused care in the uro-oncology clinic at UWHC

Medical Knowledge

_____ Demonstrate an investigatory and analytic thinking approach to clinical situations

_____ Know and apply the basic (molecular biology) and clinically supportive sciences (nephrology, human oncology, transplantation) in urology

_____ Understand indications for chemotherapy and radiation therapy for management of urologic cancers

_____ Demonstrate appropriate patient selection for surgical procedures for urologic cancers, indications and contraindications

_____ Demonstrate working knowledge of multi-disciplinary management of urologic cancers

Practice-Based Learning & Improvement

_____ Analyze practice experience and perform practice-based improvement activities via chart reviews and personal feedback with the rotation director and faculty

_____ Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems

_____ Obtain and use information about UWHC patients in clinical studies

_____ Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, particularly when presenting at state and national meetings

_____ Use information technology to manage information, access on-line medical information

_____ Facilitate the learning of medical students and other health care professionals including mid-level providers, RNs, MAs

Interpersonal & Communication Skills

_____ Create and sustain a therapeutic and ethically sound relationship with patients, particularly ward patients

_____ Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills

_____ Work effectively with others as a team member on the UWHC urology service

_____ Monitor colleagues for excessive stress and fatigue as taught in lecture series

Professionalism

_____ 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

_____ Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices at all times

_____ Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

_____ Demonstrate dedication to postoperative patient care with appropriate responsibility and ownership of patient while hospital inpatient and in clinic.

Systems-Based Practice

_____ Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and society and how these elements of the system affect your own practice

_____ Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources

_____ Practice cost-effective health care and resource allocation that does not compromise quality of care

_____ Advocate for quality patient care and assist patients in dealing with system complexities

_____ Know how to interact with health care providers to coordinate health care and know how these activities can affect system performance.

Evaluation Methods:

- Med Hub global assessment by faculty, peers, patients and support staff
- Self-evaluation
- Urology In-Service Exam
- Operative performance evaluations
- Resident case logs

URO-4 (PGY-5) UWHC - White

Rotation: University of Wisconsin Hospital & Clinics - White

Track Level: URO-4

Attendings: Stephen Nakada, MD; Wade Bushman, MD; Sean Hedican, MD; Dan Williams, MD; Sarah McAchran, MD; Sara Best, MD

Duration: 100% for 3 months

Description: Residents spend 6 months as Chief Resident at UWHC in two separate 3 month rotations. During this rotation, the Chief Resident serves as team leader of the Urology Resident Team. They spend two half-days per week in clinic, with emphasis on neuro-urology and management of advanced urologic disease. The Chief Resident supervises the teaching of the Junior residents and medical students with supervision of minor urologic procedures. The Chief Resident provides backup call from home to the Junior residents on first call and mentorship of the inpatient Urology consults. The Chief Resident spends 2 half-days in UWHC Urology Clinic and 4 days in surgery. They attend all required conferences at UWHC and coordinate inmate clinic coverage.

Goals for this period include the resident to:

- Demonstrate surgical skills and understanding of complete operation for treatment of benign urologic disease.
- Understand and perform all steps in laparoscopic and robotic urologic surgery.
- Demonstrate understanding of post-operative management for all urologic surgeries for both laparoscopic and open surgery.
- Demonstrate understanding of the signs and symptoms of post-surgical complications and the appropriate evaluation and management of them.
- Demonstrate teaching of Junior residents and medical students on the UWHC Urology team
- Identify and demonstrate advanced decision-making for complex urologic consultations and inpatient management, including ICU care.
- Perform all major urologic procedures independently but supervised.
- Demonstrate mentorship of Junior residents in minor urologic procedures, inpatient consultations and inpatient care.
- Present Urology Grand Rounds once this year.
- Prepare monthly report of UWHC surgical cases for City-Wide M&M Conference.
- Demonstrate completion of a clinical research project and submit for publication.

Specific objectives URO-4:

Observe, manage and mentor Junior residents in **emergency room urology**, including the following:

_____ Independently perform complex urethral catheterization and suprapubic tube placement

_____ Evaluation of hematuria and endoscopic management

_____ Medical and surgical management of stone disease

_____ Evaluation of pediatric and adult urologic emergencies

_____ Evaluation and management of adult urologic trauma

_____ Evaluation and management of post-operative urologic complications

Participate and mentor Junior residents in **clinic-based urology**, including the following:

_____ Comprehensive medical evaluation and surgical management of stone disease

_____ Comprehensive medical evaluation of incontinence with particular emphasis on neurologic disorders and

interpretation of video urodynamic studies

Perform and teach **minor urology procedures**, including the following:

_____ Cystoscopy and fluoroscopic stent placement and stent exchange

_____ Scrotal surgery

_____ Technique and interpretation of video urodynamics

_____ Sacral nerve neuromodulation therapy

Perform and teach **major urology cases**, including the following:

_____ Continent urinary diversion

_____ Donor nephrectomy

_____ Percutaneous renal surgery

_____ Endourology, including ureteroscopy, for stone disease and upper tract tumors

_____ Transurethral surgery, including TURP

_____ Laparoscopic and robotic urology, including nephrectomy, partial nephrectomy, prostatectomy, pyeloplasty and cystectomy

_____ Advanced surgery for male and female incontinence

_____ Surgical management of urethral stricture disease

_____ Artificial urinary sphincter placement

Patient Care

_____ Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients with urologic disease

_____ Gather essential and accurate information about urologic patients

_____ Make informed decisions about diagnostic and therapeutic interventions in urology based on patient information and preferences, up-to-date scientific evidence, and clinical judgment of urology faculty

_____ Develop and carry out patient management plans for select urologic disorders

_____ Counsel and educate patients and their families on urologic diseases

_____ Use information technology (on-line journals, CD-rom educational programs, lectures) to support patient care decisions and patient education

_____ Perform and assist competently medical and invasive procedures considered essential in outpatient urology

_____ Provide health care services aimed at preventing health problems or maintaining health, particularly stone disease, impotence, voiding dysfunction

_____ Work with health care professionals, including those from other disciplines

_____ To provide patient-focused care in the infertility and stone clinics while at UWHC

Medical Knowledge

_____ Demonstrate an investigatory and analytic thinking approach to clinical situations

_____ Know and apply the basic (molecular biology) and clinically supportive sciences (nephrology, human oncology, transplantation) in urology

Practice-Based Learning & Improvement

_____ Analyze practice experience and perform practice-based improvement activities via chart reviews and personal feedback by rotation director

_____ Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems

_____ Obtain and use information about UWHC patients and the larger population from where their patients are drawn in clinical studies

_____ Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, particularly when presenting at state and national meetings

_____ Use information technology to manage information, access on-line medical information

_____ Facilitate the learning of medical students and other health care professionals including mid-level providers, RNs, MAs

Interpersonal & Communication Skills

_____ Create and sustain a therapeutic and ethically sound relationship with patients, particularly ward patients

_____ Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills

_____ Work effectively with others as a team member or leader of a health care team (urology service)

_____ Monitor colleagues for excessive stress and fatigue as taught in lecture series

Professionalism

_____ 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

_____ Demonstrate a commitment to ethical principles

pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices at all times.

_____ Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

Systems-Based Practice

_____ Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and society and how these elements of the system affect their own practice (chart reviews with rotation director)

_____ Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources (part of clinical lecture series)

_____ Practice cost-effective health care and resource allocation that does not compromise quality of care (chart reviews with rotation director)

_____ Advocate for quality patient care and assist patients in dealing with system complexities

_____ Know how to partner with health care managers and health care providers to coordinate, and improve health care and know how these activities can affect system performance

Evaluation Methods:

- Med Hub global assessment by faculty, peers, patients and support staff
- Self-evaluation
- Urology In-Service Exam
- Operative performance evaluations
- Resident case logs

URO-4 (PGY-5) St. Mary's Hospital

Rotation: St. Mary's Hospital

Track Level: URO-4

Attendings: Jennifer Maskel, MD; Adam Tierney, MD; Norman (Bud) Richards, MD; Lynn Hahnfeld, MD; David Caropreso, MD

Duration: 100% for 6 months

Description: The URO-4 Chief Resident spends 6 months in a private practice experience in the St. Mary's/Dean Healthcare system. This rotation is divided into two 3 month rotations. Clinical emphasis is placed on practice management in a private practice healthcare system with focus on fundamental laparoscopic and robotic urology skills, open urologic surgery and transurethral prostatectomy. The Chief Resident spends 1 day per week in clinic and 4 days per week in surgery. They attend all required conferences at UWHC. They take home call 2-3 weekday nights per week and alternate weekend call with cross coverage from the Meriter resident.

Goals for this period include the resident to:

- Demonstrate understanding of practice management in a private practice healthcare system.
- Demonstrate laparoscopic and robotic skills in all phases of fundamental urologic surgeries for prostatectomy, nephrectomy and partial nephrectomy.
- Attend all required conferences at UWHC.
- Present monthly report for St. Mary's at City-Wide M&M Conference.
- Prepare monthly Indications Conference for St. Mary's surgical cases.

Specific objectives, URO-4:

Gain experience to independently manage **emergency room urology** under direct faculty supervision, including the following:

_____ Complex urethral catheterization

_____ Post-operative evaluation of surgical complications

_____ Evaluation of hematuria and endoscopic management

_____ Medical and surgical management of stone disease

_____ Evaluation of adult urologic emergencies

_____ NICU consultations for neo-natal urologic disorders

_____ Obstetrical urologic emergencies and complications

Perform **minor urology procedures** independently, including the following:

_____ Cystoscopy with stent placement, stent removal and stent exchange under fluoroscopic guidance

_____ Varicocelectomy

_____ Scrotal surgery

Perform **major urology cases**, including the following:

_____ Radical prostatectomy

_____ Radical cystectomy

_____ Continent urinary diversion

_____ Surgical management of male and female urinary incontinence, including artificial sphincter and slings

_____ Endourology, including ureteroscopy for stone disease and upper tract tumors

_____ Transurethral surgery, including TURBT and TURP

_____ Laparoscopic and robotic surgery for prostatectomy, nephrectomy, partial nephrectomy and pyeloplasty

Patient Care

_____ Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients with urologic disease

_____ Gather essential and accurate information about urologic patients

_____ Make informed decisions about diagnostic and therapeutic interventions in urology based on patient information and preferences, up-to-date scientific evidence, and clinical judgment of urology faculty

_____ Develop and carry out patient management plans for select urologic disorders

_____ Counsel and educate patients and their families on urologic diseases

_____ Use information technology (on-line journals, CD-rom educational programs, lectures) to support patient care decisions and patient education

_____ Perform and assist competently medical and invasive procedures considered essential in outpatient urology

_____ Provide health care services aimed at preventing health problems or maintaining health, particularly prostrate cancer, bladder cancer, stone disease, impotence, voiding dysfunction

_____ Work with health care professionals, including those from other disciplines

_____ Provide patient-focused care in the uro-oncology clinic and stone clinic while at UWHC

Medical Knowledge

_____ Demonstrate an investigatory and analytic thinking approach to clinical situations

_____ Know and apply the basic and clinically supportive sciences in urology

Practice-Based Learning & Improvement

_____ Analyze practice experience and perform practice-based improvement activities via chart reviews and personal feedback with the rotation director

_____ Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems

_____ Obtain and use information about UWHC patients and the larger population from where their patients are drawn in clinical studies

_____ Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, particularly when presenting at state and national meetings

_____ Use information technology to manage information, access on-line medical information

_____ Facilitate the learning of medical students and other health care professionals including mid-level providers, RNs, MAs

Interpersonal & Communication Skills

_____ Create and sustain a therapeutic and ethically sound relationship with patients, particularly ward patients

_____ Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills

_____ Work effectively with others as a team member or leader of a health care team (urology service)

_____ Monitor colleagues for excessive stress and fatigue as taught in lecture series

Professionalism

_____ 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

_____ Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices at all times

_____ Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

Systems-Based Practice

_____ Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and society and how these elements of the system affect their own practice

_____ Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources (part of clinical lecture series)

_____ Practice cost-effective health care and resource allocation that does not compromise quality of care

_____ Advocate for quality patient care and assist patients in dealing with system complexities

_____ Know how to partner with health care managers and

health care providers to coordinate, and improve health care and know how these activities can affect system performance

Evaluation Methods:

- Med Hub global assessment by faculty, peers, patients and support staff
- Self-evaluation
- Urology In-Service Exam
- Operative performance evaluations
- Resident case logs

VIII. Supervision of Residents

Residents will be given progressive responsibility for patient care. This includes timely initial patient evaluation, assessment and formulation of a treatment plan which will then be discussed with the attending physician. Residents will see all hospitalized patients assigned to their care at least daily, and more frequently as warranted by their clinical status. It is also the resident's responsibility to provide appropriate care, documentation, diagnostic study follow-up and interventions as needed during the course of a patient's treatment and hospitalization. It is expected that residents will actively learn from these patient encounters and exhibit their professionalism at all times.

As part of the training program, residents are given progressive responsibility for the care of patients. They also act in a teaching capacity and provide supervision of less experienced residents and students.

All residents are closely supervised by our attending faculty in all aspects of patient care. All patients seen by a junior resident in the emergency room are discussed with a senior/chief resident or the attending before a final disposition is made. The PGY-2 resident is under direct supervision of faculty at all times in clinic and operating room.

During the PGY-3 year there is more autonomy for independent decision-making on the part of the resident. The resident must communicate his/her assessment and plan of care directly to the attending. While still under the direct supervision of faculty, mid-level residents are allowed more responsibility in the operating room as more advanced and complex operations become available to them.

PGY-4 and PGY-5 residents are expected to be actively involved in patient care decisions and function more independently, while being supervised by attending physicians. The senior/chief residents will initiate and direct the evaluation of all patients admitted through the emergency room. The senior/chief residents assume more responsibility as teachers for both medical students and junior residents. As residents progress, they are given increased responsibilities in the pre-operative, operative and post-operative care commensurate with their individual level of experience and expertise.

All Urology faculty are available by pager during business hours and on-call. If a resident at any level finds that there is not a rapid, reliable system for communicating with a supervising attending, this should be immediately reported to the Chief of Service who will direct the patient's care if necessary.

All patients receiving care are assigned to an attending faculty who is responsible for that patient's care. The faculty, therefore, is directly responsible for the supervision of residents caring for patients. The faculty will provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment demonstrated by the resident being supervised. The overriding consideration must be the safe and effective care of the patient.

In a residency, as in any clinical practice, it is incumbent upon the physician to be aware of his/her own limitations in managing a given patient, and to consult a physician with more expertise when necessary. When a resident requires supervision, this may be provided by a qualified member of the medical staff or by a trainee who is authorized to perform the procedure independently. **In all cases, the attending physician is ultimately responsible for the provision of care by trainees. When a procedure is performed by a trainee, the attending physician must be notified in a timely fashion. When there is any doubt about the need for supervision, contact the attending.**

Direct supervision by a qualified member of the medical staff is required for: Sedation for procedures, surgical procedures performed in the operating room, all other invasive procedures not listed.

Emergency Procedures

It is recognized that in the provision of medical care unanticipated and life-threatening events may occur. The resident or fellow may attempt any of the procedures normally requiring supervision in a case where the death or irreversible loss of function in a patient is imminent, and an appropriate supervisory physician is not immediately available.

IX. Residency Guidelines

These guidelines are in addition to, but not in lieu of, the existing UWHC GME guidelines.

1. Progression and Promotion

a. Progression in the residency is reviewed at regular intervals by the Resident Clinical Competency Committee. Patient care, surgical skills, conference presentations, knowledge acquisition, self-assessment exam scores, attitude, and publications are evaluated, as are all six resident competencies, including patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice. Faculty evaluations are completed at the end of each rotation on MedHub and should be reviewed by the resident. Each resident's progress on the Urology Milestones is assessed by the Resident Clinical Competency Committee which meets semi-annually and as needed. The Program Director and Chairman subsequently meet with each resident and this meeting is documented in the resident's file. Promotion from one year to the next is based on proven competence in all areas.

b. The purpose of the Resident Competency Committee is to review resident performance in the ACGME competencies. The Resident Competency Committee is an advisory committee to the Program Director with regard to advancement/promotion, certification, remediation, and discipline. The Committee will also discuss & consider issues which may affect resident performance including but not limited to substance abuse, inadequate rest, stress, anxiety, and depression. The Committee also serves to assist program development and evaluation in each of the core competencies and evaluation of resident milestone achievement.

c. It is expected that Urology residents comply with all UW Hospital and Clinics GME requirements in a timely fashion. Examples include mandatory training activities (i.e. basic life support, TB testing, etc), and examination and licensure requirements and deadlines. The Urology Residency Program will comply with the UW GME Office in removing residents from clinical service who do not meet the mandatory requirements.

d. Disciplinary Action: If, at any time, a resident's performance is judged to be below expectations, the program director (or designee) will meet with the trainee to develop a remediation plan. If the trainee fails to follow that plan, or the remediation is not successful, the trainee may be placed on warning, probation, suspension, or termination/non-renewal of contract. All policies and procedures set forth by the UWHC GME will be followed (see Evaluation, Discipline, Promotion, Non-Renewal or Dismissal of Residents and Appeals of Resident Evaluation, Discipline, Promotion, Non-Renewal or Dismissal of Residents). If a trainee's clinical activities are restricted (e.g., they require a supervisor's presence during a procedure, when one would not normally be required for that level of training) that information will be made available to the appropriate medical and hospital staff. Any period of probation becomes part of the resident's record. Warnings and Remediation are internal processes and thus, non-reportable. Probation, Suspension, Non-Renewal, and Termination can be reportable to state boards and national data banks.

e. In-service Exam Performance & Remediation Policy (see also #23)

Although we recognize that a resident's in-service exam (ISE) score is not an adequate indicator of overall resident performance, it is important for residents to perform to their highest ability on the ISE.

As an external incentive to perform well on the ISE, the Urology Residency Program established the Ira Sisk Award which each year awards the resident with the highest score a certificate and cash award.

The Program requires residents scoring below the 20th percentile to implement the following ISE remediation plan which centers around developing and completing a study plan to improve performance on the ISE:

1. Meet with the Program Director

2. Create a study plan with the faculty mentor and send to the Resident Competency Committee for approval. Study plan should include:

a. Analysis of learning needs (e.g., identification of content areas that need improvement, description of current study patterns, perceived impediments, preferred learning style, study material used, retention methods)

b. Monthly study plan

i. Describe study methods and materials (e.g., group or individual study, specific books, electronic sources, articles, note taking)

ii. Identify specific, measurable benchmarks for each month (e.g., by the end of 1st month I'll read Chapters x and y in Campbell's)

iii. Describe evaluation methods and frequency (e.g., self-exam, group evaluation, review questions every three months)

3. Meet with faculty mentor to review and refine study plan.
4. Quarterly meetings with faculty mentor to assess your progress in meeting your study plan goals, making necessary adjustments to plan.

2. Faculty Mentors

Each resident, starting with the PGY-1 year, is assigned to a urology faculty mentor. Mentors have volunteered and been selected based on their desire and ability to perform in this role. At a minimum, mentors and residents meet quarterly. Summaries of the meeting are documented and forwarded to the Residency Program Coordinator for inclusion in the resident file.

3. Scholarly Activity, Presentations, and Publications

Residents should participate in scholarly activity. Residents must demonstrate scholarly activity by manuscript preparation, lectures, teaching activities, abstracts, and the active performance of research or participation in clinical studies and reviews. Residents are required to report all scholarly activity to the Program Coordinator for annual submission to the ACGME.

Preparation and submission for publication of at least one manuscript for publication is a requirement for graduation.

A minimum of one presentation per year is required at one of the annual meetings of the Wisconsin Urological Society, North Central Section of the AUA, or the American Urological Association.

Submission of abstracts to meetings other than the WUS, NCS, and AUA (and the intention to present at them, should the abstract be accepted), requires prior review by the Resident Clinical Competency Committee. The resident and faculty author must submit a description of the project as well as an explanation of why submission and presentation of their abstract is of meaningful value to the resident's education and career goals. Following the Resident Clinical Competency Committee review, final approval of travel time and financial support for the meeting is at the discretion of the Program Director and Chairman.

All abstracts submitted by residents to meetings that require travel time or departmental support must be approved by both the Program Director and the Chairman prior to abstract submission.

Residents should not submit the same abstract to more than one meeting that requires travel time or departmental support.

Travel time for meetings is at the discretion of the Chairman and Program Director and typically includes the day before and the day after the presentation. The Department covers hotel expenses, coach air travel, and meals under the regulations of the University. Residents have 30 days to complete expense reports and deliver them to the residency program coordinator.

PGY-3 (URO-2) and PGY-5 (URO-4) residents will be asked to give at least one Grand Rounds presentation per year. The URO-2 topics are based on core curriculum areas of improvement identified from annual In-service Examination scores of all the residents. The URO-4 topics are at the discretion of the chief residents, in conjunction with input from the Program Director.

The Department supports attendance at the Annual AUA meeting during the PGY-3 (URO-2) year. Upon return, the PGY-3 residents are expected to give presentations on "What I Heard and Learned at the AUA". These presentations are In addition to the core curriculum grand rounds topics.

Faculty requests for resident involvement in scholarly activity projects follows the following protocol: 1. The faculty member contacts the residents and the Program Director to state the nature of the project and to ask that any interested resident respond within 1 week. If no one responds, then the faculty member and the Program Director review the current scholarly activities of all the residents. If a resident has no active scholarly activities, then that resident will be asked to engage in the faculty's project or to start working on another project of their choice. If no resident is interested and if all residents are actively engaged in other scholarly activity projects, then the faculty will not have resident support.

4. Expenses

Check with the residency program coordinator before incurring any costs that you are expecting the department/university to pay for. Very strict regulations exist for purchases and/or reimbursements. ALL EXPENSES MUST BE AUTHORIZED IN ADVANCE.

5. Meetings (PGY2 - 5)

One week per year is available for meetings in the URO 1-4 years. These days do not carry over and are not for job interviews or vacation.

Prior to scheduling attendance at a meeting, service and call coverage must be arranged through the senior/chief resident. Time at meetings must be approved by the residency Program Director and the Chairman prior to attending meeting.

Travel time for career development (i.e. job or fellowship interviews) is available for up to one week during the residency

program.

6. Academic Stipend

$500/year. PGY 1 through 5. Academic stipend may be used for books, journals, urology meetings in North America, operating loupes, and AUA review course. Phones, entertaining, auto, travel, iPads and non-educational items are examples of expenses which are not covered. The cost of a computer will be reimbursed 50% up to a maximum of $400. Computers must be purchased prior to the final year of residency. Balance of stipend may be carried over to other years. Any balance at end of residency training will not be paid out in cash. All IRS and University of Wisconsin Urology Department business rules strictly apply. Stipend is not available for job interview expenses. Annual AUA dues and the American Board of Urology Qualifying Exam fees are paid by the Department of Urology.

7. Hospital Orientation

VA Hospital: Residents will receive 2 days off from clinical duties to receive VAH orientation. The 2 days will come near the end of the rotation immediately preceding the start of the VAH rotation and should be established with the site director of the current rotation at least 1 month in advance.

Meriter Hospital: Prior to starting their Meriter rotation, junior level residents will ensure their EPIC access is current. If EPIC training is required, the instructions and application for training are located on MedHub. Page 1, left hand column of the Instructions gives info for signing up for the training – you should use your UW password to sign in. Print and sign page 2 and return to the Medical Affairs office at Meriter. In addition, go to their office (1-North, Medical Affairs) for a 10 minute registration – where you'll receive information for parking, scrubs, sign a confidentiality waiver, etc.

St. Mary's Hospital: Prior to starting their St. Mary's rotation, junior level residents will be excused from Wednesday morning conferences to attend the mandatory EPIC training at St. Mary's in order to provide call coverage. Residents will be contacted via email with dates and times. In addition, residents should contact security who will issue a badge and provide instructions for parking.

8. Call

The PGY-2 (URO-1) and PGY-3 (URO-2) at the UW and VA share junior call and the PGY-4 (URO-3) and PGY-5 (URO-4) residents at the UW and VA share chief call. The residents organize the monthly call schedules. The monthly UW junior call schedule and the UW/VA chief call schedule must be submitted to the Urology Residency Program Coordinator by the 5th of the preceding month for posting to the paging operator. The chief resident is on call and available for emergency consultations and surgery at all times except when signed out to the covering staff. All inpatient and ER consultations at night and on weekends are discussed with the on-call faculty, and arrangements are made to care for the patients. Strict duty hour regulations always apply to call. It is the responsibility of the resident to maintain duty hour calculations and to contact the Program Director if duty hours are being extended.

If the on-call faculty is unavailable, then residents are to page the Chief-of-Service for their respective rotation. The Chief-of-Service hierarchy at the UWHC/VA campus (and at the Meriter campus on weekends) is: Dr. Nakada, Dr. Jarrard, Dr. Bushman, Dr. Williams, Dr. Hedican. The Chief-of-Service hierarchy at the Meriter campus during the week is: Dr. Paolone, Dr. Graf, Dr. McAchran, Dr. Lloyd.

9. Meal Cards

At the UWHC, any resident/residency program averaging 65-88 hours will receive an $8.75 extended meal card for home call. Each resident receives a single meal card with their prorated amount.

10. Pagers

All pages must be answered by telephone in a timely manner (a usual and customary time to respond to a page is within 5 minutes). If the call resident does not respond, then the chief resident will be paged. If there is no response, the faculty on-call will be paged, and if there is still no response, the Chief-of-Service will be contacted.

There are certain areas in the hospital in which your beeper may not pick up pages due to lead walls, etc. If you seem to be missing more than an occasional page, call paging and have your pager replaced (usually the same day). Residents are responsible for the replacement or repair costs of any lost or damaged pagers.

From 7am to 10am on Wednesdays, residents are to perform a handoff communication with and sign over their pagers to the physician's assistant or nurse practitioner at their rotation site so as to have uninterrupted academic conference time. If there is no non-physician provider to whom the resident may sign over their pager, then the handoff communication and pager sign over should be performed with the on-call faculty from their respective rotation site.

11. Emergency Room

ER patients must be seen by the responsible urology resident (Consult or on-call resident) promptly. The attending on-call is called if no resident is available (i.e. during required didactic conferences). All ER consultations should be reviewed by the chief resident and must be discussed with an attending.

12. Moonlighting

Moonlighting is prohibited.

The Urology residency training program is a full-time commitment, and outside time commitments as a moonlighting physician cannot be made. Unavailability for duties including AM and PM rounds, call, conferences, weekend surgery, etc., due to moonlighting will be cause for immediate, unconditional dismissal.

Currently, the only exception is residents who are paid to be EPIC "Super-Users" by the UW GME Office.

13. Dictations, Chart Completions, and Discharge Summaries

Daily progress notes must be written, signed, dated and timed on each patient's chart in electronic medical records. Notes made by medical students need co-signing by the resident on the same day. The resident may NOT refer to a medical student's documentation of HPI, exam or medical decision making in their personal note. In addition, residents cannot add a teaching addendum onto a medical student note, and residents cannot copy and paste a medical student note; residents must document their own note. Notes should state, if applicable, that the patients were seen by a staff MD who concurred with management plans.

All verbal orders must be signed within 24 hours.

Operative Notes - should be dictated on the day of surgery. The resident dictates each case unless:

a. No resident was present, or

b. The attending specifically states that he/she will do the dictation.

Discharge Summaries must be completed on all patients within 72 hours of discharge. Compliance is determined by comparing the date of discharge to the date of completing the discharge summary. For all patients on the Urology service, the individual discharging the patient is responsible for completing the discharge summary. Residents who are delinquent on Discharge Summaries are removed from clinical duties until they are complete.

14. Operating Room

The resident participating in each operation is due in the OR prior to the induction of anesthesia. Ward rounds should be completed, and the resident should be in the main OR by 7:30am and in the ambulatory OR by 7:15am.

Residents should be familiar with the case history and the lab results for the patient. Pertinent x-rays should be reviewed prior to the case and be available in the OR. This is the resident's responsibility. Residents should formulate an operative approach and management plan and discuss with the attending urologist prior to beginning the procedure.

15. Clinic

The clinic assignment is critical for outpatient and continuing care experience and a minimum of two half-days per week is required. A separate clinic assignment schedule is distributed to all residents. Exceptions to assigned clinics require approval from the Program Director. All clinics have assigned faculty for supervising of each patient. The faculty is responsible for all care given.

16. Resident Physician Hand-Off Communication Policy

Communication between caregivers is the most frequent root cause of events that harm patients. A "hand-off communication" occurs when there is a change in a patient's caregiver or when a patient's care is transferred, e.g. MD-to-MD transfer of care of a patient and MD-to-MD transferring on-call responsibility of a patient.

As such, DOU resident physicians use a standardized method of "hand-off communication" which includes up-to-date information regarding a patient's care, treatment and services, condition and any recent or anticipated changes in their status.

A DOU resident physician "hand-off communication" includes the opportunity to ask and respond to questions. Face-to-face communication is preferred whenever possible (with or without the patient), but "hand-off communication" can also occur over the phone, verbally, through e-mail, fax or written. Efforts must be taken to ensure protection of patient privacy during "hand-off communications".

Weekdays:

1. UWHC

a. At 3pm, the Urology Inpatient PA contacts the UW Consult resident (on-call resident physician if the consult resident is off) and a "hand-off communication" is performed, face-to-face if possible. If face-to-face communication is not possible (e.g. the on-call resident physician is scrubbed in surgery), then the "hand-off communication" is performed over the

phone. Additionally, prior to leaving at 3pm, the Urology Inpatient PA updates the "Patient List" which is an Excel spreadsheet maintained and updated on a computer in the urology resident physician room at UWHC. Access to this file is protected as the room is accessible only by a key code, and the computer is password-protected. At 5pm, the UW consult resident physician contacts the on-call resident physician and a "hand-off communication" is performed face-to-face if possible. If face-to-face communication is not possible (e.g. the on-call resident physician is scrubbed in surgery), then the "hand-off communication" is performed over the phone.

b. At 7am, the post-call resident physician rounds with the inpatient resident team and a "hand-off communication" is performed face-to-face if possible. If face-to-face communication is not possible, then the "hand-off communication" is performed over the phone. Additionally, the post-call resident physician updates the "Patient List" as described above.

2. AFCH
    a. At 3pm, the Pediatric Urology Inpatient NP contacts the Pediatric Urology resident physician or the UWHC Consult resident physician and a "hand-off communication" is performed face-to-face if possible. If face-to-face communication is not possible (e.g. the on-call resident physician is scrubbed in surgery), then the "hand-off communication" is performed over the phone. At 5pm, the pediatric resident physician contacts the on-call resident physician and a "hand-off communication" is performed face-to-face if possible. If face-to-face communication is not possible (e.g. the on-call resident physician is scrubbed in surgery), then the "hand-off communication" is performed over the phone.

    b. At 7am, the UWHC post-call resident physician contacts the Pediatric Urology Inpatient NP or the Pediatric Urology resident physician and a "hand-off communication" is performed face-to-face if possible. If face-to-face communication is not possible, then the "hand-off communication" is performed over the phone.

3. VA
    a. At 5pm, the VA resident physician contacts the on-call resident physician and a "hand-off communication" is performed face-to-face if possible. If face-to-face communication is not possible (e.g. the on-call resident physician is scrubbed in surgery), then the "hand-off communication" is performed over the phone.

4. Meriter
    a. At 5pm, the Urology Inpatient PA contacts the Meriter on-call resident physician and a "hand-off communication" is performed face-to-face if possible. If face-to-face communication is not possible (e.g. the on-call resident physician is scrubbed in surgery), then the "hand-off communication" is performed over the phone.

    b. At 7am, the post-call resident physician contacts the Urology Inpatient PA and a "hand-off communication" is performed face-to-face if possible. If face-to-face communication is not possible, then the "hand-off communication" is performed over the phone.

5. St. Mary's
    a. At 5pm, the Urology Inpatient PA contacts the St. Mary's on-call resident physician and a "hand-off communication" is performed face-to-face if possible. If face-to-face communication is not possible (e.g. the on-call resident physician is scrubbed in surgery), then the "hand-off communication" is performed over the phone.

    b. At 7am, if the post-call resident physician is not going to be in that day, then the post-call resident physician contacts the Urology Inpatient PA and a "hand-off communication" is performed face-to-face if possible. If face-to-face communication is not possible, then the "hand-off communication" is performed over the phone.

Weekends:

1. UWHC
    a. At 7am Saturday, 7am Sunday, and 6am Monday, the outgoing UWHC post-call resident physician contacts the incoming UWHC on-call resident physician or the

Inpatient PA and resident teams (Monday) and a "hand-off communication" is performed face-to-face if possible. If face-to-face communication is not possible (e.g. the on-call resident physician is scrubbed in surgery), then the "hand-off communication" is performed over the phone. Additionally, prior to leaving at 7am, the outgoing post-call resident physician updates the "Patient List".

2. AFCH
    a. At 7am Saturday and at 7am Sunday, and 7am Monday, the outgoing UWHC post-call resident physician contacts the incoming on-call resident physician (Saturday and Sunday) or the Pediatric Urology Inpatient NP (Monday) and a "hand-off communication" is performed face-to-face if possible. If face-to-face communication is not possible (e.g. the on-call resident physician is scrubbed in surgery), then the "hand-off communication" is performed over the phone. Additionally, prior to leaving at 7am, the outgoing post-call resident physician updates the "Patient List".
3. VA
    a. At 7am Saturday AM and at 7am Sunday AM, the outgoing UWHC post-call resident physician contacts the incoming on-call resident physician and a "hand-off communication" is performed face-to-face if possible. If face-to-face communication is not possible (e.g. the on-call resident physician is scrubbed in surgery), then the "hand-off communication" is performed over the phone. Additionally, prior to leaving at 7am, the outgoing post-call resident physician updates the "Patient List".
    b. At 7am on Mondays the UWHC post-call resident physician contacts the VA resident physician and a "hand-off communication" is performed face-to-face if possible. If face-to-face communication is not possible, then the "hand-off communication" is performed over the phone.
4. Meriter/St. Mary's
    a. At 5pm on Fridays, the Urology Resident Physicians from Meriter and from St. Mary's contact the on-call resident physician and a "hand-off communication" is performed face-to-face if possible. If face-to-face communication is not possible (e.g. the on-call resident physician is scrubbed in surgery), then the "hand-off communication" is performed over the phone.
    b. At 7am on Mondays, the weekend post-call resident physician contacts the Urology Resident Physicians and/or the Urology Inpatient PA's and a "hand-off communication" is performed face-to-face if possible. If face-to-face communication is not possible, then the "hand-off communication" is performed over the phone.

17. Teaching of Medical Students

Resident teaching of medical students is part of a resident's duties and is reflective of resident competence in professionalism and interpersonal/communication skills. Medical students regularly evaluate residents as teachers. These evaluations become a part of the resident's file.

18. Resident Dress Code

The Department dress code is shirt, tie, and white coat for men and the appropriate equivalent for women. Scrubs cannot be worn without a white coat. Casual dress is not appropriate for the hospital (Reference UW Health Dress Code and Appearance Policy). White coats are provided (3 per year with embroidery) and should be kept clean. The UWHC GME office provides a laundry service for lab coats. Please have the Department Residency Program Coordinator handle the laundry procedures.

19. Vacations

Vacation requests must be submitted for approval. Vacations must be cleared with the respective Site Director and Urology Department Program Director at least 3 months in advance. Requests occurring at least 3 months in advance are generally granted. Requests occurring less than 3 months from the start of the vacation must be specifically approved by the Site Director and Program Director and, when applicable, by the Chief Resident of that rotation. Surgical logs and chart dictations must be caught up before leaving on vacation. Fifteen business days of vacation and six weekend days are allowed per year. During the PGY2 (URO-1) and PGY-4 (URO-3) years, vacation days must be balanced between UWHC and VA rotations.

Vacations are intended to be 7 days (5 business days and 2 weekend days). Switching weekend call schedules to make vacations longer may affect duty hour requirements of the

resident requesting vacation as well as any cross-covering residents.

Vacations should not overlap from one service to another.

Vacation does not carry over from one year to the next.

No vacations will be taken during the last 2 weeks or first 2 weeks of the academic year, during the AUA, NCS, or WUS Annual Meetings, or during Visiting Professorships.

Prior to approval, special attention is paid to requests for vacation around holidays and academic conferences in order to ensure adequate balance and appropriate conforming to call and duty hour requirements.

NO MORE THAN ONE PERSON ON A SERVICE OR CROSS-COVERING SERVICE MAY BE OFF AT ONE TIME

20. Illness

In the event that you are too ill to work, notify your site director, team, program director and program coordinator as soon as possible. If there is a possibility it may be an extended absence, let the program director and program coordinator know so they can work with you and the GME office to prevent loss of pay or extension of residency.

21. Career Development

The GME Office allows a maximum of one week per residency program for fellowship and other employment searches. The Program Director must be notified of the request for leave as soon as the interview is granted. The Program Director must approve the request prior to leave being granted.

22. Surgery Logs

A critical component of resident training is careful monitoring of operative experience. The evaluation of a training program requires confirmation of sufficient volume and variety of surgical cases done by the resident. It is a measure of resident competence in patient care. Accurate record keeping by the institution for number and types of cases is essential; similarly the resident must document personal experience in all cases done (including all minor outpatient cases, TRUS, biopsy and urodynamics). The resident record keeping will be monitored every two weeks by the program coordinator. Residents completing the program must provide the Program Director with a complete listing of cases which must be signed by the resident and Program Director. Documentation of completion of residency will not be available until final OR Logs are signed and submitted to the Program Director. This information is often requested in the post-residency credentialing process.

RESIDENTS ARE REQUIRED TO UPDATE ACGME SURGERY LOGS EVERY WEEK. The importance of accuracy and completeness of the surgery log cannot be overemphasized. Surgical variety and volume of experience provided to residents is an important benchmark by which our program is evaluated. At least semi-annually, the Resident Competency Committee, Chairman, and Program Director review the surgical logs with each resident individually to ensure appropriate progress.

23. In-Service Examination (see also #1.e)

The American Urological Association gives a yearly In-Service Examination in November. The content of this examination is similar to that offered by the American Board of Urology Qualifying Exam. Security of the exams is important. Taking the urology self-assessment exam is required of all URO-1 through URO-4 residents, and strongly encouraged for pre-URO residents. Satisfactory performance is considered along with other factors in promotion to the following year. Review of exam results is discussed with each resident following receipt of the grades. Subpar performances will be reviewed, and guidance plans will be developed as necessary. Review of UW urology resident exam scores overall are used for structuring of upcoming educational conferences.

24. Consultations

Requests for urology consultations at the UWHC will be handled by the Urology Consult resident with supervision from the UW chief resident and faculty. If the UW Consult resident is absent, consult will be handled in the following manner: From 7 am - 3 pm, inpatient and ER consults are handled by the urology inpatient PA. At 3:00 pm, the urology inpatient PA signs-out to the UWHC Red and White teams and calls are fielded by the on-call resident. New consults, unless otherwise directed, go to the team of the on-call faculty. Red and White residents (juniors and chiefs) are expected to know the status of their attendings' consultations, respectively. The attending physicians are ultimately responsible for patient care.

25. Mail Boxes

Each resident has a mail box in the Department. Please make sure you check/clean out your mailbox at least once a week. Residents are also assigned email accounts, and storage on the UW Health system. The Program Director and Program Coordinator send information regarding Department, hospital and GME issues via e-mail on a regular basis. Residents are expected to check emails every day.

26. Library/Resident Resources

Residents have full access to the resources of the University of Wisconsin School of Medicine & Public Health's Ebling Library, located in the Health Sciences Learning Center connected to the UWHC. In addition, online Urology texts and journals are available to each resident free of charge through the Ebling Library. Specific Urology texts are kept in the Urology Resident Rooms on F6/6 and in the MFCB. Suggestions for book or journal purchase are welcome. Prior SASP examinations are available in electronic format on the resident computers in the MFCB offices.

iPad: For a trial period, the Department of Urology is providing each resident with an iPad for clinical and curricular purposes during their residency. Per UW and UWMF policy, the iPad belongs to the Department of Urology and must be returned at the completion of residency. It is expected that the residents have the AUA curriculum app and UWHC Healthlink app on their devices. Absolutely no PHI (protected health information), personal patient information, or any types of stored password(s) are to be saved or stored on the iPads, including apps for password storage. The iPads will be covered with AppleCare+ warranty, but should replacement be necessary due to damage, the resident is responsible for the fee ($49). Replacement of lost iPads is the resident's responsibility.

27. Program Director Back-up

In the event the Program Director is not available or cannot be reached, the back-up Program Director will be the Chief of Service at the UWHC. The Chief of Service hierarchy at the UWHC is Dr. Nakada, Dr. Jarrard, Dr. Bushman, [Dr. Williams], and Dr. Hedican.

28. Quality Improvement/Patient Safety

Each resident (PGY 2-5/URO 1-4) is required to actively participate in interdisciplinary quality improvement and patient safety projects. Residents must forward information about their QI/safety activities to the Program Coordinator and Program Director. A resident participates on the Department of Urology Quality Improvement Committee as follows: the PGY-3's on UWHC-White/Consults will serve from July-December, followed by the PGY-2's on UWHC-White or Consult for 2 months each from January-June.

29. Conferences

Conferences are designed to be interactive with input from faculty and residents. Attendance at conferences is recorded for faculty and residents, and it is reviewed and maintained by the Chairman's Assistant, Tricia Maier. URO-1 through 4 residents attend all required conferences. Clinical duties are covered by the PA's and faculty during required conferences.

Conferences include:

- Urology Grand Rounds – Weekly
- Resident Education Conference (REC) – Weekly
- Program Rounds (Chairman, Program Director, Program Coordinator) – Weekly
- Morbidity & Mortality - Monthly
- Journal Club – Monthly
- Unknown Conference (Mock Oral Boards) – Monthly
- Surgical Indications – Monthly
- Uropathology – 4 times per year
- Uroradiology – 4 times per year
- Multidisciplinary Metabolic Stone Conference – Weekly
- Multidisciplinary Cancer Conference – Weekly
- Uehling Lecture Series – Yearly
- Schnoes Lecture Series - Yearly
- Lescrenier Lecture Series - Yearly

The primary didactic curriculum is organized through conferences on Wednesday morning. These meetings greatly enhance training in the ACGME competencies. The Urology PA's at UWHC, Meriter, and St. Mary's (or on-call faculty if the PA's are not available) provide pager coverage on Wednesday mornings during didactic conferences.

Conference Detail

1. Resident Education Conference (REC): This Wednesday morning conference is led by a resident or faculty member and focuses on specific domains in Urology mirroring the curriculum. Pagers are signed out to the PA's (or on-call faculty if the PA is unavailable) to allow for protected educational time.

2. UW Urology Conference: This conference occurs on Wednesday's from 7:45-8:30am and is a required conference for all residents and faculty members, as well as research staff, nurse practitioners and physician's assistants, and medical students. The conference alternates among several topics:

A. Indications: Surgical Indications Conference is conducted

on a Wednesday morning each month. The indications for upcoming surgical cases are presented by the residents from each of the rotations (UW-Red, UW-White, Peds, VA, Meriter and St. Mary's). The residents are responsible for reviewing upcoming cases along with a review of the medical record for each patient, any pertinent X-rays and laboratory tests. The resident will also review any pertinent literature that pertains to the upcoming surgery. The residents will present this case to the entire conference and this often stimulates a robust discussion of treatment options and potential benefits and risks of each approach. The outcome of these discussions may culminate in a potential change or revision in the upcoming surgical plan. In this fashion it is an excellent opportunity for the residents to stimulate communication with the faculty to achieve practice-based learning opportunities that will impact their patient care and to enhance medical knowledge. This conference is an especially good review of the potential complications of a given surgery and teaches the residents the tenets of good informed consent. Systems-based practice, medical knowledge and professionalism are also learned here.

B. Unknown Conference: This is a monthly conference on Wednesday morning supervised by Dr. Dan Williams. The PGY-4 (URO-3) residents are responsible for identifying specific cases for review. Cases are presented to other residents who are unfamiliar with the case. This format is meant to simulate a mock oral boards experience. Residents are expected to elicit a complete history and physical exam and properly identify a differential diagnosis for the patient's condition, and then formulate an appropriate plan to evaluate the patient to confirm the diagnosis and to discuss the various treatment options, benefits and risks of each approach. Unknown conference teaches residents to manage a patient from the initial office presentation to problem-identification, medical decision-making, and management of potential post-operative complications. We also discuss the potential of necessary consultations in the course of the patient management and will often directly ask the resident how they might present the treatment options and risks to the patient, thus assessing their communication skills. This conference can be directed by faculty other than Dr. Williams in areas such as Pediatric Urology. The presenting residents also have the opportunity to review the cases and reflect on the management, possible alternative treatment options and enhance practice-based learning. They also develop skills in conference leadership and directed teaching of their peers. At the completion of the unknown case, the presenting senior residents provide the entire conference audience a review of the current medical literature regarding that case. The reviews are a comprehensive discussion of the ideology of the disease, management options, radiologic aspects and any pertinent pathology. All competencies are addressed in this session.

C. Uro-Radiology: Uro-Radiology Conference is conducted on a Wednesday morning on a quarterly basis. This is led by faculty in the Department of Radiology. All residents at the UW collect interesting cases and subsequently submit them to Radiology faculty for review. Radiology faculty will often call upon residents of different levels to interpret the X-ray and teach skills in radiologic evaluation of the most common studies performed in Urology. The outcome of the case is discussed with the Urology faculty. This will include CT Scan, Ultrasound, Nuclear Medicine, MRI, IVP and VCUG. The discussion often evolves into best practice management and cost effective patient care. Systems-based practice plays a large role in this conference.

D. Journal Club: Journal Club is held monthly on Wednesday morning. Dr. Downs is the faculty member responsible for choosing articles for this conference. Residents and other attendings may submit articles for review. Most often they will represent landmark articles from that month's Journal of Urology as well as topics pertaining to healthcare systems, graduate medical education or certain landmark review articles. This conference teaches the residents the critical review of urologic articles and biostatistics along with emphasis on systems-based practice. It also enhances interactive discussions with the faculty.

E. Uro-Pathology: This conference occurs quarterly and is led by a Pathology faculty member. The Pathology team will present and lead a discussion, often calling upon residents in the audience to interpret the pertinent pathologic findings of the case. Skills in histological interpretation, pathologic process and disease management are taught. It also enhances healthy rapport between the Pathology and Urology service in a multi-disciplinary approach to patient care. These cases add to practice-based learning.

3. Program Rounds:

Professor's Rounds are on 1-2 Wednesday mornings per month. Dr. Nakada, Chairman of the Department of Urology, meets with the residents for a discussion of case based topics of interest to the resident. Typically, they discuss the management of a certain patient presently on the hospital service. Dr. Nakada will often assess the residents in their understanding of the disease, treatment options, best practice methods and insights into potential complications of which to be aware. This topic may also be utilized to discuss research projects or potential program concerns raised by the residents. It often focuses on patient care, systems-based practice and

aspects of professionalism in medicine. Periodically, Dr. Nakada devotes rounds to resident issues.

Program Director Rounds: On 1-2 Wednesday mornings each month the Program Director meets with the residents. At this conference focus is directed at the ACGME competencies and especially topics concerning communication, inter-personal skills and professionalism. Often an article from the monthly ACGME bulletin is chosen to stimulate discussion or alternatively topics in leadership skills and communication skills are chosen. The Program Coordinator will regularly meet with the residents during this time to discuss resident concerns as well as news and topics from hospital GME and the ACGME.

4. **Grand Rounds:** On Wednesday morning each week Grand Rounds are conducted from 7:00 - 7:45 pm. The topics presented at Grand Rounds are part of an organized curriculum mirroring the urologic domains required by RRC program requirements, the AUA Core Curriculum, and the American Board of Urology. Each faculty member conducts one or two Grand Rounds lectures during the year and residents (URO-2 and URO-4) give one Grand Rounds lecture during the year. In addition, faculty from other programs are invited to present lectures in their area of specialty, such as Nephrology, Medical Oncology, Infectious Disease, Transplantation, Trauma, Geriatrics and Professionalism. Resident attendance is required, and they are excused from all clinical duties at each hospital to ensure attendance. Careful documentation of the conference topic, faculty mentor and attendance is kept. It is mandatory that resident pagers be signed out to the inpatient PA or the on-call faculty to allow for protected educational time. One Grand Rounds each month is directed to Morbidity & Mortality conference (see below).
5. **Morbidity and Mortality:** Once each month the morbidity and mortality reports from each hospital are presented at conference. The senior resident from each hospital rotation will present the total number of surgical cases, hospital admissions and the specific inventory of each type of surgical procedure conducted at that hospital during the previous month. Any complications are presented by the senior resident. This involves an entire review of the hospital course for that patient along with a review of medical literature pertaining to the complication. A written abstract is collected for each patient's complication and kept on file by the Department of Urology QA/QI Officer. The written abstract also includes a discussion of potential practice-based learning or systems-based practice opportunities that arise from this case. As such, this is one of the more valuable tools that the Chief Resident utilizes in self-reflection of their patient care and contemplating opportunities for their own practice-based learning or opportunities for systems-based practice. It also enhances resident/faculty interaction and professionalism in presenting potentially sensitive topics.
6. **Multidisciplinary Metabolic Stone Conference:** This is conducted 26 weeks/year every Tuesday afternoon from 12-1 pm for participants in the metabolic stone clinic. The conference is directed by Dr. Nakada and is attended by Urology fellow, residents, medical students, Nephrology faculty and the urologic dietician, Dr. Kris Penniston. A curriculum of topics is scheduled annually and these topics are assigned for presentation to Urology fellows, residents, Nephrology faculty and the nutritionist. In this conference there is a lively multidisciplinary discussion of the approach to stone disease. It enhances interpersonal and communication skills, professionalism, patient care and medical knowledge. In discussing long-term care for the patient, it may involve systems-based practice in understanding how patient care must be coordinated differently in different healthcare systems.
7. **Multidisciplinary Oncology Conference (MOC):** On Thursday from 12-1 pm MOC is led by Dr. Dave Jarrard in a "tumor board" fashion. This is attended by Urology faculty, residents, medical students, medical Oncology faculty, Pathology, Radiology, mid-level providers and research specialists. In this multidisciplinary conference specific patient cases are discussed. It allows a multidisciplinary discussion of the ideology, diagnosis, treatment options, benefits and risks for individual patient care. It clearly focuses on systems-based practices in coordinating the care of the patient within different healthcare departments and systems.
8. **Multidisciplinary Fertility Conference:** Every Monday from 12-1 pm for residents rotating at the Generations Fertility Care Clinic. The conference is directed by Dr. Williams and Dr. Dan Lebovic (Director of Reproductive Endourology & Infertility) and is attended by OB/GYN residents, the PGY-2 (URO-1) Urology resident, medical students, infertility nurses, andrologists, the IVF Lab Director, and the clinical Psychiatrist, Dr. Zwieffel. The evaluation and management of infertile couples from clinic that day/week are discussed. It provides a forum for education and a multi-disciplinary understanding of the comprehensive approach to treating couples infertility.

Additional Conferences

a. **Annual Rikkers Education Retreat:** Every year, the Departments of Urology and Surgery participate in an annual education retreat for all faculty and residents. This is mandatory for all urology attendings and residents, and focuses on current educational topics, teaching methodology and faculty/resident development in medical

education. A national expert with expertise in education is invited as the Visiting Professor and he or she leads the retreat which often stimulates discussion from many of the faculty and residents in attendance. The retreat is an opportunity for faculty and residents to gain tools for better education and feedback; moreover, participation in the retreat demonstrates a strong commitment by the urology faculty to improve education. The retreat begins on Tuesday evening over the dinner hour and lasts several hours. At this meeting, top resident educators of the year are honored. Drs. Kelvin Wong and Tavie Devon are recent urology recipients of the medical student teaching award. The following morning a didactic lecture is given by the national expert.

b. Visiting Professors: These events are held 2-4 times during the academic year. The dates are announced in the monthly Urology calendar. These Professorships are named in honor of the generous Friends of the Department of Urology -- The Schnoes and Lescrenier Lecture Series. Visiting Professors are chosen from their national expertise and areas of interest. The departmental faculty member with the same sub-specialty expertise as the Visiting Professor is invited to coordinate the experience. All faculty city-wide typically attend the professorship, which includes a didactic conference as well as a social event at a restaurant where informal time is given to the residents, faculty and the Visiting Professor. The Visiting Professor will also spend 2 hours with the residents doing case presentations along with an informal discussion, specifically without departmental faculty present. Residents are expected to attend and participate in these educational opportunities.

c. Annual Uehling Lecture Series: This is an annual weekend lecture conference coordinated by the Department of Urology with naming recognition of former Chairman, Dr. David Uehling; this represents one of the 4 Visiting Professors annually. This is a regional conference involving all faculty from the Madison area as well as regional urologists and alumni of the program. A high profile Visiting Professor with national expertise and recognition is invited as the keynote speaker and that individual will provide several lectures in his area of expertise. This conference also involves panel discussions incorporating regional urologic faculty of similar expertise to participate along with presentations by the UW urologic faculty. Residents are excused from all clinical duties to attend this 2-day conference. There is a conference banquet on Friday evening. In addition to the opportunities for competency teaching of the residents, it is also a good opportunity to network with regional urologists and to observe interaction among the urology faculty with their colleagues, both regionally and nationally, in discussions of practice management and research. In many cases, key contacts are made for senior resident job searches at this conference.

d. Sleep Alertness and Fatigue Education in Residency: This is an annual required educational experience to address recognizing signs and symptoms of stress and fatigue among medical care providers. It may consist of a live lecture or online module. Both faculty and residents are required to complete the training annually.

X. Duty Hours

Urology resident duty hours are set with the goal of providing optimal patient care 24 hours a day, 7 days a week, while still allowing residents an appropriate amount of time free of clinical responsibility. Duty hours are defined as all clinical and academic activities related to the Urology residency program, (i.e. Patient care; both inpatient and ambulatory), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences, presentations, etc.

The Department of Urology monitors duty hours monthly and adjustments are made accordingly to address excessive service demands and/or resident fatigue. In compliance with the duty hour requirements set forth by the ACGME Board of Directors as of July 1, 2011:

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
2. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
3. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

Duty Hour Shifts

The 10-hour rule states that a resident must be provided "adequate time for rest and personal activities. This should consist of a 10-hour time period between all daily duty periods and after in-house call."[1]

During this 10 hour period residents may take home call. If a resident is called into the hospital while on home call, s/he reports the time spent in the hospital as "Home Call (called in)".

"Home Call (called in)" hours count only toward the 80 hour rule. (i.e., being called from home doesn't start a new shift.)

PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.

PGY-2&3 residents should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

PGY-4&5 residents must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80 hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances (as defined by the Review Committee) when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.

As a guideline, we advise residents:

- To consider shift end by 8pm
- To consider shift start at 6am

If a resident:

- Stays in house past 8 pm for on-call duties, these are considered "unplanned".
- If resident spends more than 3 hours in-house during home call, then the resident will take the following day off clinical duties. S/he may round at 6 am and complete any remaining duties, but must leave early enough and not take on new patients.

Examples using these guidelines:

- If a resident leaves hospital at 8:00 pm and then takes call from home all night, s/he should not start the next day's shift until 6:00 am.
- If a resident leaves hospital at 8:00 pm and is called back into hospital from 12 am – 3 am, s/he can take the following day off clinical duties.

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1 The ACGME's Glossary defines SHOULD as: A term used to designate requirements so important that their absence must be justified. A program or institution may be cited for failing to comply with a requirement that includes the term 'should'.

On-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

- In-house call must occur no more frequently than every third night, averaged over a four-week period.
- Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to four additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.
- Duty periods of PGY 1 residents must not exceed 16 hours in duration.
- Duty periods of PGY 2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 pm and 8:00 am, is strongly suggested.
- It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
- Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
- In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.
- Under those circumstances, the resident must:
    - (a) appropriately hand over the care of all other patients to the team responsible for their continuing care; and,
    - (b) document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.

- The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.
- At-home call (pager call) is defined as call taken from outside the assigned institution. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
- When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
- The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
- All residents must take joint responsibility with their program for abiding by the duty hours requirements of the ACGME and their program.

Home Call Frequency

As a Guideline, we advise residents:

Vacation will consist of 7 consecutive days

UW			
UW URO-1, 2, 3	Home call	Mon-Fri Sat, Sun	q5-6 days q4-5 weekends
UW URO-3, 4	Backup	Mon-Thurs Fri-Sun	qnight alternate crossover with VA res
VA			
VA URO-1	Home call	Mon-Fri Sat, Sun	q5-6 days q4-5 weekends
VAH URO-3	Back up Back up	Mon-Thurs Fri-Sun	q night alternate crossover with
			UW URO-3 & 4
Meriter			
PA	Home call	Mon-Thurs	2 nights divided among 2 PA's
URO-3	Home call Home call	Mon-Thurs Fri-Sun	2 night alternate crossover with St Marys and UW White jr.
St. Mary's			
PA	Home call	Mon-Thurs	1-2 nights
URO-4	Home call Home call	Mon-Thurs Fri-Sun	2-3 nights alternate crossover with Meriter and UW Consult or White jr.

Frequently Asked Questions

What activities are included in "duty hours"?

Duty hours are defined as all clinical and academic activities related to the residency program. This includes clinical cases (both inpatient and outpatient care), administrative duties related to clinical cases, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences, journal club, and grand rounds. Also included in duty hours are all hours spent on activities required by the accreditation standards such as memberships on hospital committees, or any activities that are an accepted practice in residency programs, such as participating in interviewing residency candidates.

Duty hours do not include reading, studying, and preparation time spent away from the hospital or ambulatory site. For call from home, only the hours spent in the hospital after being called in count toward duty hours.

What does "averaged over a 4-week period" mean?

This means that the average should be working hours within,

and not across, rotations. It is not appropriate to combine rotations having in-house call with those that do not include call to obtain a lower average. Similarly, it is inappropriate to average a vacation week (with 0 hours worked) with regular duty weeks to obtain a lower average.

Does the "1 day in 7 free" mean that I must have 1 day per week off?

It is common in smaller surgical residency programs to have residents on duty one weekend (Friday and Sunday for instance), so they can be off the next weekend. As long as duty hours requirements are met within the specified averages, this type of every other weekend schedule is acceptable.

Note that for in-house call, adequate rest (generally 10 hours) must be provided between weekend duty periods. There are no exceptions to this rule and it is not averaged across 4 weeks. Thus, in-house call on two consecutive nights (e.g., Friday and Saturday) is not permitted, unless the residents are given a rest period of about 10 hours between the two shifts.

How does the ACGME define "adequate time for rest" between duty shifts?

This is generally defined as 10 hours, however programs may provide somewhat shorter rest periods when appropriately educationally justified. Allowing added time for didactic lectures of high importance, or for surgical experience in rare cases or cases with particular educational value, are examples most Review Committees would consider appropriate.

What is the definition of "on-call" duty?

On-call duty is defined as a continuous duty period between the evening hours of the prior day and the next morning, generally scheduled in conjunction with a day of patient care duties prior to the call period. Call may be taken in-house or from home. Call from home is appropriate if the service intensity and frequency of being called is low.

On-call duty excludes regular duty shifts worked during night hours, as is done in Emergency Medicine. On-call duty also excludes night float assignment used in many programs to replace on-call shifts.

If I'm on call from home, but I have to go to the hospital, is that in-house call?

For call taken from home, any time spent in the hospital after being called in is counted toward duty hours. Call from home that does not result in travel to the hospital or clinical site is NOT to be included in duty hours.

If call from home isn't included in duty hours, is it permissible for me to take call from home or night float for extended periods, such as a month?

No. The requirement that 1 day in 7 be free of patient care responsibilities would prohibit being assigned home call for an entire month. Assignment of a partial month (more than six days but less than 24 days) is possible. However, keep in mind that call from home is appropriate if the service intensity and frequency of being called is low. The ACGME requires that programs monitor the intensity and workload resulting from home call, through periodic assessment of work load and intensity of the in-house activities.

What is the definition of a "new patient"?

The definition of "new patient" varies by specialty, but generally includes any patient you have not seen previously. You may wish to check this with your program director or see the specialty-specific language at: http://www.acgme.org/acWebsite/dutyHours/dh specific DutyHours.pdf.

Do I include my research project in duty hours worked?

Research time is included if it is a program-required activity. If the research is pursued on the resident or fellow's own time (without program requirement), it is not included in on-duty time.

What is "internal moonlighting"?

This includes any and all time spent moonlighting within the residency program, the program's sponsoring institution, or the sponsor's clinical site(s). These hours must be included in the total duty hours worked per week.

What is a "service outside my specialty"?

These are rotations or clinical assignments other than those in your residency or fellowship program. For example, if you are a Family Medicine resident and you have a 2-month OB/GYN rotation, followed by a 1-month surgery rotation, followed by a rural family medicine rotation outside your home clinic or FMC, the first two rotations are "services outside your specialty".

What does "didactics" mean?

The word didactic refers to systematic instruction by means of planned learning experiences such as class room lectures, conferences, and grand rounds. It is often used in contrast with "clinical" education.

XI. Evaluation Process

A. Program Evaluation

Program Evaluation Committee: The Department of Urology Residency Program Evaluation Committee (PEC) consists of the Urology Residency Program Director, Department of Urology Chair, Department of Urology Vice Chair, Clinical Affairs; Department of Urology Vice Chair, Research and Academic Programs; Chair of the Division of Pediatric Urology; Service Chief, Meriter/1 South Park Urology; Urology Resident(s).

The duties of the Program Evaluation committee are prescribed by the ACGME and Urology Residency Review Committee and include (see *ACGME Program Requirements for Graduate Medical Education in Urology*, effective 7/1/2013): planning, developing, implementing, and evaluating educational activities of the program; reviewing and making recommendations for revision of competency-based curriculum goals and objectives; addressing areas of non-compliance with ACGME standards; tracking progress on the previous year's action plan(s); reviewing the program annually using evaluations of faculty, residents, and others, as specified below.

The program, through the PEC, documents formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE) to the GME Office.

The program monitors and tracks each of the following areas: resident performance; faculty development; graduate performance, including performance of program graduates on the certification examination; program quality - residents and faculty have the opportunity to evaluate the program confidentially and in writing at least annually, and the program uses the results of residents' and faculty members' assessments of the program together with other program evaluation results to improve the program.

The PEC prepares a written plan of action to document initiatives to improve performance in one or more of the areas listed above as well as delineate how they will be measured and monitored. The action plan is reviewed and approved by the teaching faculty and documented in meeting minutes. The Annual Program Evaluation (APE) is used by the DIO as part of the Annual Review Process to track program performance and improvement.

The DOU has a bi-annual program evaluation form that all the residents are asked to fill out. Faculty and recent alumni are asked to evaluate the program annually. We hold an annual meeting with faculty and residents to evaluate the program and plan program improvement.

B. Faculty

At the end of each rotation, residents anonymously evaluate all of the faculty with whom they worked during that rotation. Faculty are evaluated in terms of their availability, collegiality, role modeling and didactic and operating room teaching. MedHub assures confidentiality by collecting a minimum of five evaluations for a given faculty member before the faculty member is able to view them. The PD reviews all evaluations; substandard evaluations are discussed with the noted faculty. Additionally, residents vote for the annual Wear Teaching Awards for faculty.

C. Resident Evaluations

The residents are evaluated using a competency-based evaluation form by the faculty after every rotation. Evaluations are reviewed and discussed by the Resident Competency Committee at least twice each year. Performance measures include work habits, patient care, medical knowledge, professionalism, dictations and practice-based skills. Updated surgical logs are reviewed at this meeting. Trends of improvement are considered optimal. Poor ratings and/or poor in-service scores require remediation. This information, the biannual review, is summarized and discussed by the PD with the resident and subsequently entered into MedHub.

D. Operative Performance Rating

Residents must receive candid and timely feedback from the supervising physician regarding surgical technique and overall competence. To document this feedback, faculty are required to complete one operative performance rating form per resident per rotation. Monthly reminders are sent to the faculty to facilitate this process. The evaluations are completed by the faculty on MedHub and are available for resident and program director review.

E. 360° Evaluations

Multi-source assessment of resident performance will be conducted bi-annually. Sources of assessment will include self-evaluations completed by residents on personal performance, peer evaluations, patient, and allied health professional evaluations. Results will be available on Med Hub and be reviewed by the Program Director.

F. Anonymity

It is of utmost importance that the anonymity of resident

evaluations be preserved. Anonymity is accomplished via the Med Hub system. No faculty member, including the Chairman and Program Director, has access to the name of the resident performing their evaluation.

XII. Grievance Policy

Residents are encouraged to raise questions or concerns about the academic program and policies, departmental work rules, and unsafe or unhealthy work environments. Residents should discuss these concerns with the Program Director, Program Coordinator, or Faculty Mentor whenever possible and, if possible, the Program Director, Program Coordinator, or Mentor should work with the resident to resolve the concern(s). If the concern(s) cannot be resolved in this manner, the resident should use the following process:

1) If a resident concern cannot be resolved informally, the resident may file a formal, written grievance. The grievance must include the date(s) and specifics of the event(s), the date(s) of informal discussion and the response to these discussions. The grievance should be sent to the Program Director and the Department Chairman. Grievances must be filed in a timely matter and generally within 30 days except in extenuating circumstances.
2) The Program Director and Chairman will review the grievance and may, at their discretion, involve the resident's Mentor and/or the Resident Competency Committee. The Program Director and Chairman will respond in writing to the resident within 14 calendar days.
3) If the resident is not satisfied with the response of the Program Director and Chairman, or should the resident wish that the grievance remain confidential, then the resident may forward his or her concern directly to the UWHC GME Office (following GME Policies *Resident Grievance related to Employment Concerns* or *Appeals of Resident Evaluation, Discipline, Non-Renewal or Dismissal Decisions*. Allegations of discrimination based on sex, age, race, national origin or disability shall be submitted to the UWHC Human Resources Department).

XII. Faculty & Residents

Clinical Faculty

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Natasza Posielski, M.D.
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Fellows

Endourology Fellow

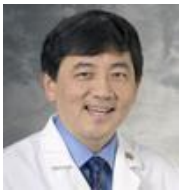
John Roger Bell, M.D.
Medical School: Tulane University School of Medicine
Residency: Ochsner Clinic Foundation/LSU School of Medicine

Urologic Oncology Fellow

Michael Blute, M.D.
Medical School: Royal College of Surgeons in Ireland
Residency: North Shore/Long Island Jewish Hospital

Research

Dr. Stephen Nakada



Dr. Nakada's research focuses on endourologic and laparoscopic approaches to urologic tumors, pathophysiology of the ureter and all aspects of urinary stone disease. Dr. Nakada collaborates with Dr. Kristina Penniston whose research interests include clinical nutrition research in kidney stones and prostate cancer. Specifically, she is interested in the efficacy of nutrition therapy in the prevention, management, and treatment of disease and on indicators of quality of life.

Dr. Wade Bushman

Research synopsis: Previous studies in our laboratory have provided evidence for paracrine Hh signaling in normal prostate development and human prostate cancer and shown that Hh signaling can accelerate xenograft tumor growth by a paracrine mechanism. We are now characterizing the target genes of paracrine activation and examining how the stromal phenotype determines the cassette of target genes expressed and the overall effect on epithelial proliferation and tumor growth. Complementary studies are examining the role of autocrine signaling in normal development and cancer.

We have developed anchorage independent culture of mouse prostate-derived epithelial cells that exhibit the capacity to regenerate fully differentiated prostate epithelium when combined with rat urogenital sinus mesenchyme and grafted under the renal capsule of nude mice. Preliminary studies show robust Hh signaling and abundant progenitor cell marker expression in the prostaspheres, both of which are greatly diminished when cells are placed into monolayer culture. Ongoing studies are examining the role of Hh and Notch signaling in stem cell maintenance and proliferation.

Chronic inflammation has recently been implicated as a principle etiologic factor in the development of human prostate cancer. Our laboratory has recently developed a mouse model of chronic prostatic inflammation that results in hyperplasia and dysplasia. We are currently characterizing the inflammatory mediators that participate in the inflammatory response and their effect on prostate epithelial proliferation. A startling finding is that several of these inflammatory mediators are expressed during normal prostate development - suggesting that so-called "inflammatory cytokines" may actually play roles in regulating growth during development and their putative action in eliciting repair processes in response to tissue injury may actually be a recapitulation of their activities during development. Ongoing efforts are aimed at exploring the role of inflammatory mediators in normal development and their role in recruiting tissue-specific stem cells into the repair process and re-activating the canonical growth pathways involved in tissue regeneration and repair.

In collaboration with Dr. Dale Bjorling, we are examining the behavior response to bladder inflammation and the mechanisms mediating afferent sensitization of bladder afferents.

Dr. David Jarrard

Dr. Jarrard's research interests encompass both clinical and basic research programs. His laboratory currently studies 2 areas: one is the induction of senescence as a novel therapy for cancer. The second is studying the basis for why men develop prostate cancer so commonly with aging. These studies encompass epigenetic mechanisms such as changes in DNA methylation and imprinting alterations. Clinically his research involves the analysis of outcomes of prostate cancer specifically relating to newer therapeutic approaches including robotics.

Dr. Jason Abel

Dr Abel's research interests include clinical and translational projects in renal cell carcinoma (RCC). In localized RCC, Dr Abel is interested in clinical, pathological and molecular markers of progression. In locally advanced and metastatic RCC, he is interested in options for pre-surgical administration of targeted agents and determining which patient factors which lead to resistance of tyrosine kinase inhibitors in therapy. Translational interests also include evaluating signal transduction pathways active in RCC and finding possible new pathways for therapy.

Dr. Tracy Downs

Dr. Downs' research interests include urologic oncology, specifically bladder cancer (superficial and muscle invasive disease). Dr. Downs is a member of the Paul C. Carbone Comprehensive Cancer Center at the University of Wisconsin and collaborates with Dr. Howard Bailey as a member of the Chemoprevention Disease Oriented Working Group (DOWG). Other areas of research interest include outcomes research for bladder cancer patients and quality of life outcomes research in both bladder and prostate cancer patients. Dr. Downs is also interested in health care disparities research and is working along with Dr. Jeremy Cetnar, an assistant professor in the division of medical oncology at the University of Wisconsin School of Medicine and Public Health.

Dr. Patrick McKenna

Dr. McKenna's research interests include antenatal urologic problems, incontinence, recurrent urinary tract infections, vesicoureteral reflux, DSD (disorders of sex development), urologic reconstruction and bilateral Wilm's tumor.

Dr. Sara Best

Dr. Best's research interests lie in the study of minimally invasive surgical technologies (including optics) as they pertain to kidney

cancer and urinary stone disease.

Dr. Dan Williams

Dr. Williams' research interests in male infertility and andrology include the preservation of fertility in men with cancer, the effects of advanced paternal age and the environment on male reproductive potential, hypogonadism and the optimal treatments of testosterone deficiency, and clinical outcomes of microsurgical male reproductive tract reconstructions. Dr. Williams also collaborates with reproductive endocrinologists in the Department of Obstetrics and Gynecology to evaluate the impact of male-factor infertility on the treatment of infertile couples.

Dr. Sarah McAchran

Dr. McAchran's research interests in the field of female urology include topics related to female urinary incontinence and pelvic organ prolapse, as well as recurrent urinary tract infections. She is working with Dr. Hopkins on elucidating the role cranberries have in the prevention urinary tract infections in women. She has ongoing projects evaluating novel applications of sacral neuromodulation and in clinical care pathways for incontinence surgery. Her past laboratory research studied animal models of incontinence.

Dr. Sean Hedican

Dr. Hedican's research interests include the physiologic changes and efficacy of minimally invasive treatment approaches to urologic cancers. His most recent work has focused on describing and augmenting the immunologic effects of ablation in the treatment of advanced renal cancer using a murine model system he developed.

Dr. Bruce Slaughenhoupt

Dr. Slaughenhoupt's research interests focus on kidney stone development and treatment in the pediatric population. As the Department of Urology Director of Student Education, he is also interested in student education and learning skills.

Dr. David Paolone

Dr. Paolone's research interests are in the areas of Men's Health including Benign Prostate Hyperplasia (BPH) and penile disorders, particularly Peyronie's Disease.

Dr. Granville Lloyd

Dr. Lloyd's research includes the application of robotic surgery to the management of benign and malignant urological disease.

Kristina Penniston, PhD

Dr. Penniston's research interests include clinical nutrition research in kidney stones and prostate cancer. Specifically, she is interested in the efficacy of nutrition therapy in the prevention, management, and treatment of disease and on indicators of quality of life.

William Ricke, PhD

Dr. Ricke's research interests include the role of androgen and estrogen receptors in the pathogenesis of prostate cancer and benign prostatic hyperplasia.

(see Appendix C)

Appendix A

2015-2016 Urology Resident Rotation Schedule

		Jun 24-Sep 27	Sep 28-Jan 3	Jan 4-Mar 27	Mar 28-Jun 23
PGY-5a	Shiau, Jonathan #9976	UWHC-red	St. Mary's	UW Chief	UWHC-white
PGY-5b	Heckman, Jennifer #9979	St. Mary's	UWHC red	UWHC-white	UW Chief

		Jun 24-Aug 30	Aug 31-Nov 1	Nov 2-Jan 3	Jan 4-Feb 28	Feb 29-Apr 24	Apr 25-Jun 23
PGY-4a	Johnson, Brett #2272	VA	Elective	UW-white	VA	St. Mary's	UW-red
PGY-4b	Lipscomb, Kathryn #5695	Elective	UW-white	VA	St. Mary's	UW-red	VA
PGY-4c	Tazeh, Ngii #2322	UW-white	VA	Elective	UW-red	VA	St. Mary's

PGY-3a	Matthew Grimes #5684	Meriter	UW-red	UW Consults	Meriter	UW-red	UW-white
PGY-3b	Amy Lim #5694	UW Consults	Meriter	UW-red	UW-white	Meriter	UW-red
PGY-3c	Dara Holder #4908	UW-red	UW Consults	Meriter	UW-red	UW-white	Meriter

PGY-2a	Daniel Shapiro #2927	AFCH	VA	UW White	VA	UW Consults	AFCH
PGY-2b	Brian Sninsky #9328	UW White	AFCH	VA	AFCH	VA	UW Consults
PGY-2c	Jonathan Wang #9329	VA	UW White	AFCH	UW Consults	AFCH	VA

			1/4-1/31	2/1- 2/28	2/29–3 /27	3/28-4/24	4/25-5/22	5/23-6/30
PGY-1a	Margaret Knoedler #8701				UW White	UW Red		
PGY-1b	Brady Miller #8705			UW White				UW Red
PGY-1c	Natasza Posielski #8707		UW White				UW Red	

Updated 6/3/2015

Resident Index Report

Program ID: 4805621158 Program Name: University of Wisconsin Program
At All Institutions
All Attendings
Resident: Completion of Residency
For All Resident Roles / All Patient Types / All Rotations
For All CPTs in All Areas and All Types
Done between 6/24/2011 and 6/23/2015

Appendix B

ACGME

Category Name	Assistant	Surgeon	Teaching Assistant	Total	Required
General urology	107	406	51	564	200
Transurethral	48	269	38	355	100
TRUS/prostate biopsy	7	42	0	49	25
Scrotal/inguinal surgery	42	86	13	141	40
Urodynamics	10	8	0	18	10
Endourology/stone disease	102	439	62	603	120
Shock wave lithotripsy	8	27	0	35	10
Ureteroscopy	79	375	58	512	60
Percutaneous procedures	15	35	3	53	10
Reconstructive surgery	64	81	30	175	60
Male	20	18	8	46	15
Male penis/incontinence	14	11	7	32	10
Male urethra	6	7	1	14	5
Female	25	37	4	66	15
Intestinal diversion	13	18	14	45	8
Oncology	62	143	31	236	100
Pelvic	36	79	20	135	40
Pelvic - bladder	11	16	13	40	8
Pelvic - prostate	24	61	7	92	25
Retroperitoneal	26	64	11	101	40
Retroperitoneal - kidney	26	59	8	93	30
Pediatrics - Minor	88	41	4	133	30
Endoscopy	25	20	3	48	5
Hydrocele/hernia	35	3	0	38	10
Orchiopexy	25	16	1	42	10
Pediatrics - Major	56	4	1	61	15
Hypospadias	29	3	1	33	5
Ureter	23	1	0	24	5
Laparoscopic surgery	31	97	7	135	50

Note: CPT codes 51580, 51585, 51590, 51595, 51596, and 51597 also count in the reconstructive surgery and intestinal diversion index category when entered as an adult procedure (oncology - pelvic -bladder).

Appendix C

PI	IRB #	NAME	TYPE	DESCRIPTION
ABEL	2012-0342	Outcomes in patients with RCC with thrombus and pulmonary embolism	Retrospective, multi-center (6 other sites)	
DOWNS	2014-1240	Urology tissue characterization	Retrospective	
DOWNS	2011-0147	Clinical outcomes in urologic cancers	Retrospective	
JARRARD	2011-0324	Development of a DNA methylation-based urine rest	Prospective	
JARRARD	2014-1528	OS10202 - Outcomes of prostate-cancer treatments and nontreatments	Retrospective	
LLOYD	2013-1350	Retrospective review of TURBT outcomes	Retrospective	
NAKADA	M-2009-1372	What affects the choice of nephron-sparing surgery for small renal masses?	Retrospective	
BEST	2012-0035	Multi-photon microscopic characterization of kidney tumors	EXEMPT	Develop novel method for grading renal tumors
BUSHMAN	2012-0601	Urinary biomarkers of lower urinary tract symptoms in men	Intervention, minimal risk	Assess urine of men with LUTS for biomarkers
BUSHMAN	2014-0044	Retrospective urinary diversion study	Retrospective	Surgical comparative effectiveness
BUSHMAN	2014-1355	Retrospective study of DVIU and Mitomycin	Retrospective	
BUSHMAN	2013-0235	Histological analysis of benign prostatic tissue	EXEMPT	Characterize prostate tissue of men with LUTS
JHAGROO	2011-0674	Accuracy of 24 hour urine collections	Retrospective	Assess accuracy of 24-h urine collections by comparing urine creatinine and BMIs for serial collections w/in pts; permits age, gender, race, ht, and wt to be extracted
LLOYD	2015-0618	Alpha blocker in pregnant patients with kidney stones	Retrospective	Assess use of MET in pregnant pts and whether it improves stone passage and/or has adverse effects
NAKADA	2012-0279	Prospective RCT - Alleviation of urinary stent symptoms	Intervention, HS IRB	Assess stent-related discomfort while on 1 of 2 pharmacologic therapies; stent questionnaire
NAKADA	2013-0311	Endourology in renal and/or vertebral anomalies	Retrospective	Assess post-surgical outcomes in patients with renal and/or vertebral anomalies
NAKADA	2013-1659	Evaluation of a new combined laser/suction device for percutaneous kidney stone surgery	Prospective, multi-center, randomized	Compare devices
NAKADA	2014-0033	Ureteroscopy complications	Retrospective	Database
NAKADA	2014-0062	Validation of the Wisconsin Stone-QOL	Prospective, multi-study	Prospective, multi-center, international study to validate the Wisconsin Stone quality of life questionnaire
NAKADA	2014-0180	Clinical stone study	Retrospective	Multi-center study to gather stone-related patient info
NAKADA	2014-1497	Kidney-stone prevention initiative: patients' attitudes about surgical, medical and nutrition therapies	Intervention, MR IRB	Assess pt attitiudes re: surgical, medical, and nutrition therapies and for QOL. Permits access to ENTIRE MEDICAL RECORD, incl demographics, PMH, PSH, diet, labs, supps, 24-h urine analyses. Surveys: Wis-QOL, SF36, return pt, new pt, 3-day diet record. ALSO allows recruitment from ER.
NAKADA	2014-1069	Stone composition retrospective review	Retrospective, multi (Iowa)	UWHC and Iowa. Assess relationship betweenstone comp and 24-h urine analyses, as well as variation in stone comp over time.Permits access to demographics, PMH, PSH, labs, and meds
NAKADA	M-2010-1317	Urolithiasis growth in patients on medical therapy	Retrospective	Assess success and complications for pts with either renal or vertebral anomalies undergoingmedical or surgical therapies by Dr. Nakada; permits demographics, stone hx, procedure data, and F/U data
NAKADA	2014-0841	Quality of life in cystine stone formers	Prospective	Assess QOL of cystine stone formers at UW-Madison (and also at other sites???)
MCKENNA	2014-1584	UroFlow/EMG for pediatric incontinence	Prospective	Clinical comparative effectiveness
MCKENNA	2014-0091	Prenatal hydronephrosis registry	Retrospective, multi-center	Establish registry to warehouse data for infants diagnosed with hydronephrosis
PENNISTON	2012-1004	RDs experience with medical nutrition therapy for urolithiasis	Electronic survey	2013 survey of RDs assessing practice patterns related to nutrition prevention of stones.
PENNISTON	2014-0328	Kidney stone incidence in patients on enteral nutrition therapy	Retrospective	Assess kidney stone incidence in pts on enteral nutrition support. Permits demographics, meds, labs r/t comorbidities, stone history, enteral nutrition info (regimen, indication for use).
PENNISTON	2015-0076	Effect of over-the-counter dietary supplements on kidney-stone risk	Intervention, HS IRB	Assess effect of dietary supplements on urinary oxalate excretion in health subjects. No medical record access.
PENNISTON	IRB 00025306	Urolithiasis after bariatric surgery	Prospective	Addition of kidney stone prevention measures along with post-bariatric surgery recommendations will reduce stone risk and stone development
RICKE	2012-0508	Residual prostate tissue collection and analysis	Tissue collection (UW & Meriter)	Examine alterations in hormonal pathways on growth, gene & protein expression, and histology in tissue from men with BPH and LUTS
RICKE	2012-1033	Retrospective chart review and analysis for archival prostate tissue	Retrospective	Examine histological alterations in tissue from patients with BPH and LUTS
RICKE	2013-0448	Estrogen regulation and men's health	Retrospective	Report clinical experience with use of therapies that affect estrogen regulation in men
RICKE	2013-0119	Endocrine disruptors and male lower urinary tract dysfunction in NHANES	NHANES data	Evaluate association of common environmental chemicals and LUTS in men >40 years
RICKE	2013-0995	NIDDK central repository assessment of LUTS and BPH	Tissue collection	Examine alterations in tissue obtained from NIDDK repository from men with BPH and LUTS
SLAUGH	2011-0038	Medical school survey of urology programs	Survey	
SU	IRB 00024595	Serum procalcitonin as a marker of acute pyelonephritis	Prospective	Determine predictive values, sensitivity, and specificity of serum PCT as a marker of acute pyelonephritis in pts with spina bifida and UTIs
WILLIAMS	IRB 00025995	Andrology research consortium registry	Prospective, multi-center	Establish registry to warehouse data for male pts with infertility

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