

UNIVERSITY OF WISCONSIN - MADISON

# DEPARTMENT OF UROLOGY

## RESIDENCY TRAINING MANUAL

JULY 2020





**School of Medicine  
and Public Health**  
UNIVERSITY OF WISCONSIN-MADISON

**W**elcome 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. Every faculty member has achieved national recognition within their fields of expertise. All facets of urology are represented, with faculty who are fellowship-trained in nephrolithiasis, endourology, urologic oncology, female urology, neurourology, trauma, reconstruction, 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 scholarly activity 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, community practice rotations take place at UnityPoint Health/Meriter Hospital and The American Center, 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,

A handwritten signature in black ink, appearing to read 'D. Williams', written in a cursive style.

Daniel H. Williams, IV, M.D.  
Professor of Urology (CHS)  
Vice Chair for Education and Residency Program Director  
Department of Urology  
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## Aims Statement and Educational Philosophy

**Aims Statement:** The aim of the UW Urology training program is to recruit outstanding students from diverse backgrounds and train them through strong clinical and operative experiences, a comprehensive didactic teaching curriculum, and involvement in scholarly activity and quality improvement projects. Upon graduation, residents will be well-positioned to enter fellowship training or private practice.



The University of Wisconsin Department of Urology delivers a training program of the highest caliber and is committed to preparing residents for a career in either academic medicine or community 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 and American Board of Urology.

#### 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; or an Employment Authorization Document (EAD)

*UW Health will not sponsor an H-1 (temporary worker) nor accept the Optional Practical Training (OPT) visa, which does not relate to graduate medical education training.*

#### 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 I USLME score (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 the American Urological Association sponsored Early Match Program for Urology 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, color, creed or religion, disability, gender, age, national origin, sexual orientation, gender identity or expression, military obligations, or 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. At the day of interview, all applicants will be asked to sign the UW Health GME Attestation, which will be stored in the permanent file of each matched candidate.
- F. 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 four days of interviews with up to 10 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 #4, all of the candidates will be organized into a final rank list to be submitted to the AUA Match.
- D. The faculty will interview in pairs such that six-eight faculty will conduct three-four separate interviews for each candidate. Any faculty participating in interviews must be present for all 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 applications 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 Steps I and II (CK and CS) 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 of the 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 in compliance with standards set by the UW Health GME Administration, DIO and Graduate Medical Education Committee.

## VI. Specialty board requirements

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

- A PGY1 (URO 1) year in an ACGME or RCPS(C) approved surgical or urology program including the following rotations:
  - 3 months of general surgery
  - 3 months of additional surgical training. Recommended rotations include surgical critical care, trauma, colorectal surgery, transplantation, plastic/reconstructive surgery.
  - Minimum 3 months of urology
  - 3 months of other rotations, not including dedicated scholarly activity. This time may include additional urology, other surgical rotations, or appropriate nonsurgical rotations such as interventional radiology, nephrology, and anesthesiology.
- Four years in an ACGME or RCPS(C) approved urology program, including at least 12 months as a chief resident in urology with the appropriate clinical responsibility and under supervision during the last two years of training. The resident must have a minimum total of 48 months dedicated to urology training. Up to 3 months of urology in the PG1 year may be counted toward the 48 months.

For residents who completed 3 months of urology in the PG1 year, up to 6 months of dedicated scholarly activity is allowed, excluding the PG1 and chief years.

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

A resident who has completed a PG1 year in an ACGME-approved general surgery program that included 3 months of general surgery and 3 months of additional surgical training as described above prior to entering urology resident training has fulfilled the “general surgery” requirements. A minimum of 8 months of clinical urology training must be completed in the urology residency.

All U.S. chief residents who have completed their training and residency requirements may apply for admission to the certification process. Canadian and international medical graduates may be eligible to apply if they have satisfied the training and residency requirements.

Applicants approved by the Board to enter the certification process must successfully complete a Qualifying (Part 1) Examination. After meeting certain specific criteria including unrestricted medical licensure, assessment of clinical practice through practice logs, acceptable peer review, and the 16-month practice requirement in a single community, the applicant must successfully complete the oral Certifying (Part 2) Examination to become certified.





## 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 and The American Center

### B. Participating Institutions

William S. Middleton Veterans Hospital, Madison  
UnityPoint Health - Meriter Hospital, Madison  
Madison Surgery Center, Madison



### C. Format

1 year of General Surgery/Urology; 4 years of Clinical Urology. Our program is approved for a complement of three residents per year.

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 cosign/attest 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

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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

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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, reconstruction, renovascular diseases, renal transplantation, sexual medicine, transgender care, trauma, and urodynamics.
- b. Provide comprehensive patient care 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 other health care professionals for patient-centered care.
- c. Learn principles of basic and clinical urologic research.
- d. Gain experiences in different settings including an academic medical center, a VA hospital, and community hospitals.

- e. Demonstrate competency as defined by faculty review in patient care, teaching, leadership, organization, and administration.
- f. Evaluate 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 a 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.org>).

### B. General Competencies & Example Components

#### Patient Care

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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

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

## Practice-Based Learning & Improvement

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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

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- 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

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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

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- 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	<ul style="list-style-type: none"> <li>• Faculty evaluations</li> <li>• M &amp; M conference</li> <li>• Grand Rounds</li> <li>• Observed patient encounter</li> <li>• 360° evaluation</li> <li>• Operative performance rating</li> </ul>
Medical knowledge	<ul style="list-style-type: none"> <li>• Observed patient encounter</li> <li>• 360° evaluation</li> <li>• Journal Club</li> <li>• In-service exam scores</li> <li>• Qualifying Exam performance</li> <li>• Mock Oral Boards (Unknown Conf)</li> <li>• Grand Rounds</li> <li>• SASP scores</li> </ul>
Practice-based learning & improvement	<ul style="list-style-type: none"> <li>• Journal Club</li> <li>• M &amp; M conference</li> <li>• Grand Rounds</li> <li>• 360° evaluation</li> <li>• Operative performance rating</li> <li>• Surgery logs</li> <li>• Quality Improvement Project</li> </ul>
Interpersonal & communication skills	<ul style="list-style-type: none"> <li>• Grand Rounds presentations</li> <li>• Presentations at local and national meetings</li> <li>• Observed patient encounter</li> <li>• 360° evaluations</li> <li>• Multi-source evaluations</li> </ul>
Professionalism	<ul style="list-style-type: none"> <li>• Multi-source evaluations</li> <li>• 360° evaluation</li> </ul>
Systems-based practice	<ul style="list-style-type: none"> <li>• Faculty evaluation</li> <li>• Grand Rounds</li> <li>• Journal Club</li> <li>• M &amp; M conference</li> </ul>



## 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-1

Historically called “internship”, the PG1 year is a combination of Urology at UWHC and various general surgery and surgical specialty rotations at UWHC, the VA, Meriter and TAC. Rotations are divided into 4-week blocks to align with the General Surgery schedule. PGY1 residents spend four months on Urology; one 8-week rotation is spent on the UWHC White team and one 8-week rotation on the UWHC Red team. The UWHC White team focuses on benign urologic conditions including stone disease and voiding dysfunction, while the Red team is dedicated to urologic oncology. Each intern will work with the junior and senior residents on their rotation. The PGY1 resident will spend a minimum of 2 half-days per week in clinic focusing on the fundamentals of general urology, stone disease, and urologic oncology. PGY1 residents will cover the inpatient floor pager during the day, but will not be expected to take home call while on Urology rotations. Per ACGME requirements, PGY1 residents will be directly supervised or indirectly supervised with direct supervision immediately available at all times. PGY1 residents spend 1 - 2 full days per week in the Operating Room. The focus for surgery during this year is on simple adult outpatient procedures, and, on occasion, assisting on more complex surgeries. Each surgical experience is completely supervised by an attending faculty. Attention is paid to learning proper surgical skills, instrument identification and handling, and the proper steps to simple surgical procedures. By the completion of the PG1 year, residents are expected to be able to perform steps of simple surgical procedures with minimal guidance, but always under careful supervision.

The remainder of the PG1 year is spent on general surgery rotations at UWHC, TAC, the VA and Meriter. Each resident spends 4 weeks in the Surgical ICU as well as blocks on the trauma service, transplant, colorectal surgery, vascular surgery and surgical oncology. While on surgical rotations, the PGY1 resident is directly supervised by the faculty attendings of those services. The General Surgery Program Director oversees the daily clinic/OR and call assignments of these services and provides timely evaluations to the Urology Program Director.

### PGY-2

A resident begins the first full year of Urology at UWHC, AFCH 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 diseases, the UWHC Consult resident covers inpatient adult consults and Emergency Department calls, pediatric urology is the focus of the AFCH rotation, and the VA team manages the urologic needs of the veteran population. Each junior resident will work with senior residents on their rotation. Residents spend a minimum of 2 half-days per week in clinic focusing on the fundamentals of benign adult and pediatric urology. Residents see both new and follow-up patients and each patient interaction is supervised by the attending faculty.

In clinic, 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 major textbooks and journals 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 rotation, residents spend 3-4 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 PG2 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 and they receive back-up call by the Senior Residents of the UW and VA rotations, as well as by 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

Residents spend two months on the benign urology service (UWHC White), two months on the Consult rotation, and four months on the urologic oncology service (UWHC Red). Residents participate in clinics focused on benign adult urology, urologic oncology, and clinics in female urology/urodynamics. Residents will spend 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 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 these surgical disciplines. More time is spent in urologic oncology and female urology/urodynamics than in the PG2 year.

Residents continue to take home call every 5th or 6th night with the direct supervision of the Senior Residents and/or the attending on call.

The remaining four months of this year are spent at UnityPoint Health-Meriter Hospital and The American Center. Dr. Paolone is the site director for this rotation. This rotation emphasizes a community-based practice experience along with additional specialty care in male infertility, sexual dysfunction, and female urology. In the clinic, residents will observe faculty conducting clinic in a community practice healthcare model and largely observe by role-modeling. 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 sexual dysfunction with Drs. Le and Paolone. Residents receive additional training in female urology with Dr. McAchran and robotics training with Dr. Borza. The residents spend time with each faculty member in clinic for one day per week with four 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, robotics, and laser prostatectomy (HoLEP and PVP). This experience will transition from observation and assistance to performance of select steps of the surgical procedure. Residents are 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 in conjunction with the PGY4 resident and the supervising attending faculty. Residents see each inpatient on a daily basis and write progress notes. They conduct inpatient consultations under the supervision of the attending physician on call. They take home call two days per week, while a PGY4 resident and the Physician's Assistant provides call coverage the other two days per week. Weekend call is home call and rotates amongst the Urology residents at Meriter Hospital, the elective rotation resident, and the junior UWHC White/Consult resident. Work 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 work hour limitations.

## PGY-4

Residents spend four months as the senior resident at the VA Hospital, four months on electives, and four months on the UnityPoint Health-Meriter Hospital/The American Center (TAC) rotation. During this year, there is a significant increase in autonomy.

At the VA Hospital, PGY4 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 the VA 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 treatment 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. PGY4 VA residents take back-up 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.

Four months of the PG4 year are spent in a combination of experiences at the Meriter Hospital and TAC. This rotation provides residents with experience in more of a private practice healthcare system. Residents achieve a significant level of autonomy in performing surgical procedures most common to a community urologist. They spend at least one half-day per week in clinic rotating with various faculty members. This experience exposes them to practice management skills in a general urology practice clinic, along with exposure to coding and compliance regulations. The PGY4 resident is responsible for management of inpatients on the Urology service at Meriter 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. The PGY4 Meriter/TAC resident is assigned to 1st call from home one week night with the additional two nights covered by the PGY3 resident and one night by the Meriter Physician's Assistant. Weekend call is every 4<sup>th</sup> weekend, alternating in cross coverage with the Meriter residents, the UW Elective resident, and the junior UWHC White/Consult resident. Work hour restrictions are carefully enforced, and any necessary call coverage due to work hour limitations or resident fatigue is covered by the attending physician

on call.

The primary purpose of the resident elective rotation is to broaden and enrich the educational experiences of our trainees. Elective rotations allow for exploration of subspecialty area of urology, the opportunity to learn from other medical and surgical services, and the ability to have experiences that would not otherwise be provided in standard urology curricula. Elective rotations take place during the PG4 year, which allows the senior resident to focus on potential fellowship sub-specialization. Examples of elective rotations include: radiology (imaging), interventional radiology, advanced laparoscopic/robotic surgery, transplant urology, plastic surgery, colorectal surgery, urogynecology, urodynamics/voiding dysfunction, female pelvic medicine and reconstructive surgery, community urology, medical oncology, surgical oncology, reproductive endocrinology/infertility, trauma, and metabolic stone/nephrology.

## PGY-5

Residents spend 12 months as the Chief Resident of the UWHC services (four months on UWHC Red, four months on UWHC White and four months as UW Chief).

At UWHC, the Chief Resident is in charge of managing the UWHC 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/robotics. Residents spend two half-days per week in clinic, with the remainder of their time in the operating room. By the completion of the PG5 year, residents are expected to perform 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 to formulate the best plan of action. They also achieve advanced skills in recognizing complications and formulating the proper management plans. 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 PGY4 resident. The Chief Resident at UWHC is expected to learn and demonstrate leadership skills to organize the team of residents, along with administrative skills necessary to organize the service and delegate junior resident assignments. The Chief Residents 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.





## VII. Educational Goals & Objectives by Rotation

### PGY-1 UWHC - White

**Rotation:** University of Wisconsin Hospital & Clinics - White

**Track Level:** PGY-1

**Attendings:** Stephen Nakada, MD; Sara Best, MD, Wade Bushman, MD, PhD; Dan Gralnek, MD; Matthew Grimes, MD; Sean Hedican, MD; Sarah McAchran, MD; Dan Williams, MD

**Duration:** 100% for 2 months

**Description:** During the PG1 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. There are no call responsibilities. Daytime inpatient questions are managed by the PGY1 resident with back-up provided by the Chief Resident on the service.

Goals for this period include the resident to:

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Demonstrate a basic 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 and families

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:

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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 orchialgia
- 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 **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

## PGY-1 UWHC - Red

**Rotation:** University of Wisconsin Hospital & Clinics - Red

**Track Level:** PGY-1

**Attendings:** David Jarrard, MD; Tracy Downs, MD; Jason Abel, MD; Kyle Richards, MD, Tudor Borza, MD

**Duration:** 100% for 2 months

**Description:** During the PG1 year, the Urology resident is expected to demonstrate basic knowledge and evaluation of patients with particular emphasis on Urologic Oncology. 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, 3 days in 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 while on the rotation. There are no call responsibilities. Daytime inpatient questions are managed by the PG1 resident with backup from the Chief resident on the service.

### Goals for this period include the resident to:

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Demonstrate a basic fund of knowledge of urologic oncology 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

Assist and perform basic urologic surgery procedures

Gain progressive experience in teaching medical students

Attend all required conferences at UWHC

### The specific resident objectives include:

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

- Perform basic urethral catheterization
- Evaluate hematuria, and perform simple endoscopic management
- Assist in evaluation of adult urologic trauma
- Assist in management of adult urologic emergencies
- Recognize and assist with post-operative urologic complications

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

- Evaluation of urologic cancers

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

- Transurethral bladder biopsy
- Prostate ultrasound with biopsy
- Scrotal surgery
- Orchiectomy (radical and simple)

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

- Radical prostatectomy
- Penectomy
- Radical cystectomy and urinary diversion
- Radical and partial 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 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

## 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 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
- 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

## PGY-1 Surgery Rotations

Goals and objectives specific to the General Surgery program rotations can be found on MedHub

## PGY-2 UWHC - White

**Rotation:** University of Wisconsin Hospital & Clinics - White

**Track Level:** PGY-2

**Attendings:** Stephen Nakada, MD; Sara Best, MD, Wade Bushman, MD, PhD; Dan Gralnek, MD; Matthew Grimes, MD; Sean Hedican, MD; Sarah McAchran, MD; Dan Williams, MD

**Duration:** 100% for 2 months

**Description:** During the PG2 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 5th night. Daytime call and inpatient questions are managed by the PGY1 resident and resident on-call.

Goals for this period include the resident to:

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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 and families

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:**

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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 orchialgia
- 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

## PGY-2 UWHC/AFCH – Pediatric Urology

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

**Track Level:** PGY-2

**Attendings:** Walid Farhat, MD; Ruthie Su, MD, Christina Kim, MD

**Duration:** 100% for 4 months

**Description:** During the PG2 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 5th 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:

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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 and families

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:

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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 urology disease which includes:
  - 1) Evaluation and management of prenatal hydronephrosis, hydroureter, neurogenic bladder, posterior urethral valves, dysfunctional voiding, vesicoureteral reflux, and pediatric nephrolithiasis
  - 2) Interpretation of commonly used radiologic imaging modalities in pediatric urology such as ultrasound, VCUG, nuclear renal scans
  - 3) Basic interpretation of urodynamics
- Evaluation and management of pediatric GU infections
- Fluid management, postoperative care, and pain management of children undergoing pediatric urological procedures

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

- Selective Endoscopy
- Hydrocele/hernia
- Circumcision
- Orchiopexy

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

- Hypospadias
- Ureteral reimplantation
- Pyeloplasty
- Other advanced pediatric major reconstructive surgery: bladder augmentation, urinary diversion, etc.

## 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 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
- 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

## PGY-2 UWHC - Consults

**Rotation:** University of Wisconsin Hospital & Clinics - Consults

**Track Level:** PGY-2

**Attendings:** Stephen Nakada, MD; David Jarrard, MD; Wade Bushman, MD, PhD; Sean Hedican, MD; Dan Williams, MD; Sarah McAchran, MD; Tracy Downs, MD; Jason Abel, MD; Sara Best, MD; Kyle Richards, MD; Dan Gralnek, MD; Tudor Borza, MD; Matthew Grimes, MD

**Duration:** 100% for 2 months

**Description:** During the PG2 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 PGY2 resident spends two-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 5th night.

**Goals for this period include the resident to:**

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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 and families

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:**

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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 and partial 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 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

- 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

## PGY-2 VA

**Rotation:** William S. Middleton MD Memorial Veterans Hospital

**Track Level:** PGY-2

**Attendings:** Kyle Richards, MD; Wade Bushman, MD; Sara Best, MD; Dan Gralnek, MD, Tudor Borza, MD

**Duration:** 100% for 4 months

**Description:** The PGY2 resident spends four months at the VA Hospital, which consists of two separate two-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 predominantly 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 postoperative care with long-term management. In this process, the resident works with their senior resident (PGY4) 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 three days in clinic and two days in the operating room and minor procedure area. They share junior call, once every fifth night, with the UWHC junior residents. The VA resident practices laparoscopic and robotic simulation skills on lap and robotic trainers.

#### Goals for this period include the resident to:

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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 robotic simulation under supervision of attending staff on laparoscopic and robotic trainers

#### The specific resident objectives include:

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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
- 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

## PGY-3 UWHC - Red

**Rotation:** University of Wisconsin Hospital & Clinics - Red

**Track Level:** PGY-3

**Attendings:** David Jarrard, MD; Tracy Downs, MD; Jason Abel, MD; Kyle Richards, MD; Tudor Borza, MD

**Duration:** 100% for 4 months

**Description:** During the PG3 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 two days per week and the operating room for three days per week. Residents are required to attend all didactic lectures and conferences at UWHC.

Goals for this period include the resident to:

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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

**The specific resident objectives include:**

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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 and partial 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 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
- 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



## PGY-3 UWHC - White

**Rotation:** University of Wisconsin Hospital & Clinics - White

**Track Level:** PGY-3

**Attending:** Stephen Nakada, MD; Sara Best, MD, Wade Bushman, MD, PhD; Dan Gralnek, MD; Sean Hedican, MD; Sarah McAchran, MD; Dan Williams, MD; Matthew Grimes, MD

**Duration:** 100% for 2 months

**Description:** During the PG3 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 two 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:**

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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 committee meetings

**The specific resident objectives include:**

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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
- 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 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

- 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

## PGY-3 UnityPoint Health-Meriter Hospital/1 South Park/UW Health The American Center (TAC)

**Rotation:** UnityPoint Health - Meriter Hospital/1 South Park (Madison Surgery Center)/UW Health The American Center (TAC)

**Track Level:** PGY-3

**Attendings:** David Paolone, MD; Dan Williams, MD; Sarah McAchran, MD; Dan Gralnek, MD; Brian Le, MD; Tudor Borza, MD; Christopher Manakas, MD; Craig Kozler, MD; Tracy Downs, MD

**Duration:** 100% for 4 months

**Description:** The PGY3 resident spends four months in a private practice-like setting, divided into two two-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 UW Health 1 South Park Clinic and The American Center. University faculty who are fellowship-trained in Female Pelvic Medicine and Reconstructive Surgery, Sexual Medicine and Reconstruction, Robotics, and Male Infertility operate at the 1 South Park Street and UnityPoint Health-Meriter 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 (HoLEP and PVP), and robotic/laparoscopic surgery is provided. The majority of benign gynecological procedures for UW Health are done at UnityPoint Health-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 two weekday nights per week and alternates weekend call in cross coverage with the resident at Meriter, the UWHC elective resident, and the UWHC White/Consult PGY-3. 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 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:

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Gain endoscopic and microsurgical skills, as well as exposure to multiple surgical treatment options for female urinary incontinence  
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/TAC monthly report at City-Wide M&M Conference

Prepare monthly Indications Conference for Meriter/TAC surgical cases

#### The specific resident objectives include:

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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
- 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 tunicalplication procedures
- Male urethral sling
- Transurethral surgery, including TURBT, TURP, HoLEP 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

## PGY-3 UWHC - Consults

**Rotation:** University of Wisconsin Hospital & Clinics - Consults

**Track Level:** PGY-3

**Attendings:** Stephen Nakada, MD; David Jarrard, MD; Wade Bushman, MD, PhD; Sean Hedican, MD; Dan Williams, MD; Sarah McAchran, MD; Tracy Downs, MD; Jason Abel, MD; Sara Best, MD; Kyle Richards, MD; Dan Gralnek, MD; Tudor Borza, MD; Matthew Grimes, MD

**Duration:** 100% for 2 months

**Description:** During the PG3 year, building on the basic urology education received in the PG2 year to function more independently in the urology clinics, the emergency department, and performing minor general urologic procedures. The PGY3 resident spends two

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 5th night.

### Goals for this period include the resident to:

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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 and families

Gain progressive experience in teaching medical students

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

Demonstrate attainment of technical skills by performing minor urology and general procedures

### The specific resident objectives include:

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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 and partial 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, 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

## PGY-4 UnityPoint Health-Meriter Hospital/1 South Park/UW Health The American Center (TAC)

**Rotation:** UnityPoint Health-Meriter Hospital/1 South Park (Madison Surgery Center)/ UW Health The American Center (TAC)

**Track Level:** PGY-4

**Attendings:** David Paolone, MD; Andrew Graf, MD; Dan Williams, MD; Sarah McAchran, MD; Dan Gralnek, MD; Brian Le, MD; Tudor Borza, MD; Christopher Manakas, MD; Craig Kozler, MD; Tracy Downs, MD

**Duration:** 100% for 4 months

**Description:** The PGY4 resident spends four months in a combined private practice-like setting (Meriter) and state-of-the-art health and wellness hospital (TAC), which is divided into two two-month rotations. This experience provides a unique exposure to practice management in a community urologic practice as well as an academic urology practice at the UW East Side campus. Training focuses on urologic domains of general urology, infertility, sexual dysfunction, female urology and benign prostate issues. The clinic experience associated with this rotation is based at the UW Health 1 South Park Clinic, which is the current home to the UW Men's Sexual Health Center and the Men's Health Clinic at TAC. Fellowship-trained University faculty in Female Urology, Sexual Medicine and Reconstruction, and Male Infertility operate at the 1 South Park Street, Meriter and TAC campuses. 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 (HoLEP and PVP), and robotic/laparoscopic surgery 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 one weekday night per week and alternates weekend call in cross coverage with the Meriter PGY3, the UWHC Elective resident, and the UWHC White/Consult PGY3. 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 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:

- Demonstrate endoscopic and microsurgical skills, as well as exposure to multiple surgical treatment options for female urinary incontinence.
- Demonstrate teaching of junior resident on the Meriter Urology service.
- Manage the Urology service at TAC and coordinate care with the Urology Physician's Assistants under supervision of faculty.
- Attend all required conferences at UWHC.
- Present Meriter/TAC monthly report at Urology City-Wide M&M Conference.
- Prepare monthly Indications Conference for Meriter surgical cases.

Specific objectives, URO-3:

Gain experience to independently manage **emergency room urology** under direct faculty supervision, 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

Independently perform **clinic-based urology** 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 medical and surgical treatment options, benefits, risks and side effects.
- 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

Independently perform the following:

- Prostate ultrasound with biopsy
- Shock wave lithotripsy



- Basic urodynamics
- Periurethral bulking agent injection for incontinence
- Vasectomy
- Scrotal surgery

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
- 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 tunicalplication procedures
- Male urethral sling
- Transurethral surgery, including TURBT, TURP, HoLEP, 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

## PGY-4 VA

**Rotation:** William S. Middleton MD Memorial Veterans Hospital

**Track Level:** PGY-4

**Attendings:** Kyle Richards, MD; Wade Bushman, MD; Sara Best, MD; Dan Gralnek, MD; Tudor Borza, MD

**Duration:** 100% for 4 months

**Description:** The PGY4 resident spends four months at the VA Hospital consisting of two separate two-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 three days in clinic and two 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. 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

### The specific resident objectives include:

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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, 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
- 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

## PGY-5 (Chief) UWHC - Red

**Rotation:** University of Wisconsin Hospital & Clinics - Red

**Track Level:** PGY-5

**Attendings:** David Jarrard, MD; Tracy Downs, MD; Jason Abel, MD; Kyle Richards, MD; Tudor Borza, MD

**Duration:** 100% for 4 months

**Description:** Residents spend four months as Chief Resident at UWHC. 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. They attend all required conferences at UWHC and coordinate inmate clinic coverage.

**Goals for this period include the resident to:**

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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

**The specific resident objectives include:**

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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 and partial 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, 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

## PGY-5 (Chief) UWHC - White

**Rotation:** University of Wisconsin Hospital & Clinics - White

**Track Level:** PGY-5

**Attendings:** Stephen Nakada, MD; Sara Best, MD, Wade Bushman, MD, PhD; Dan Gralnek, MD; Matthew Grimes, MD; Sean Hedican, MD; Sarah McAchran, MD; Dan Williams, MD

**Duration:** 100% for 4 months

**Description:** Residents spend four months as Chief Resident at UWHC. 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 two half-days in UWHC Urology Clinic and four days in the OR. They attend all required conferences at UWHC and coordinate inpatient clinic coverage.

### Goals for this period include the resident to:

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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

### The specific resident objectives include:

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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
- 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, 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
- 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
- Laparoscopic and robotic surgery for prostatectomy, nephrectomy, partial nephrectomy and pyeloplasty
- Facilitate the learning of medical students and other health care professionals including mid-level providers, RNs, MA

## VIII. Supervision of Residents

Residents will be given progressive responsibility for patient care. Timely initial patient evaluation, assessment and formulation of a treatment plan 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 display professionalism at all times.

Residents also act in a teaching capacity and provide supervision of less experienced residents and students.

Residents are closely supervised by attending faculty in all aspects of patient care. Patients seen by a junior resident in the emergency department are discussed with a senior/chief resident or the attending before a final disposition is made. The PGY1 and 2 residents are under direct supervision of faculty in clinic and in the operating room.

During the PGY3 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, intermediate-level residents are allowed more responsibility in the operating room as more advanced and complex operations become available to them.

PGY4 and PGY5 residents are expected to be actively involved in patient care decisions and to function more independently, while being supervised by attending physicians. Senior-level and chief residents will initiate and direct the evaluation of patients admitted

through the emergency department. 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 pre-operative, operative and post-operative care commensurate with their individual level of experience and expertise.

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 (i.e. faculty backup call) who will direct the patient's care as necessary.

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 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.**

Indirect supervision (with direct supervision available and oversight is required for the following procedures:

- Phlebotomy
- Placement of peripheral intravenous catheters
- Dressing changes
- Suture placement and removal
- Foley catheter placement

In addition, the following procedures require direct supervision by a qualified individual until the trainee has achieved the midpoint of the training level specified:

Procedure & Training level required for independent performance:

- Coude catheter placement (PGY-2)
- Manual reduction of paraphimosis (PGY-2)
- Passage of urethral sounds for meatal dilatation (PGY-2)
- Cystoscopy, routine stent removal (PGY-2)
- Cystoscopy, retrograde pyelogram (PGY-2)
- Retrograde urethrogram (PGY-2)
- Placement of 6-eye catheter for manual clot irrigation from bladder (PGY-2)
- Placement of 3-way catheter for continuous bladder irrigation (PGY-2)
- Difficult foley placement, requiring cystoscopy and passage of wire (PGY-3)
- "Roadshow" cystoscopy, urethral dilation, catheter placement (PGY-3)
- Usage of filiforms, followers (PGY-3)
- Passage of urethral sounds, female or male (PGY-3)
- Deactivation of artificial urinary sphincter (PGY-3)
- Routine cycling of inflatable penile prosthesis (PGY-3)
- Irrigation, injection of vasoactive agents for priapism (PGY-3)
- Transrectal ultrasound, prostate biopsy (PGY-4)
- Suprapubic tube insertion for urinary retention (PGY-4)
- Fluoroscopic evaluation during videourodynamics (PGY-4)
- Vasectomy (PGY-4)

**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. A 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, exam scores, attitude, and publications are evaluated, as are all six resident competencies: 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 in MedHub and should be reviewed by the resident. Each resident's progress in 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 primary purpose of the Resident Clinical Competency Committee is to review resident performance in the ACGME competencies. The Resident Clinical Competency Committee is an advisory committee to the Program Director with regard to advancement/promotion, certification, remediation, and discipline. The Committee will also discuss and 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, flu vaccine, compliance training, etc.), and examination and licensure requirements and deadlines. The Urology Residency Program will comply with the UWHC 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 an academic improvement plan (AIP). 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 authorities will be followed (see Academic Improvement and Corrective Action, Appeals of Resident Corrective Action, Resident Grievances related to Employment Concerns). 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 and Remediation Policy (see also #22)**  
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 awards the resident with the highest score a certificate and cash each year.

The Program requires residents scoring below the 20<sup>th</sup> 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 1<sup>st</sup> 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 at the PG1 year, is assigned 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 are required to 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 submit them to the residency Program Coordinator.

PGY3 and PGY5 residents will be asked to give at least one Grand Rounds presentation per year. The PGY3 topics are based on core curriculum areas of improvement identified from annual In-service Examination scores of all the residents. The PGY5 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 PGY3 year. Upon return, the PGY3 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 one week.
2. If no one responds, then the faculty member and the Program Director review the current scholarly activities of all the residents.
3. 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.
4. 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 for that particular project.

## 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 (PGY1 - 5)

One week per year is available for meetings in the PG 1-5 years. These days do not carry over and are not to be used for job interviews or vacation.

Time for meetings must be approved by the residency Program Director and the Chairman prior to making any arrangements or submitting abstracts/registration.

Prior to scheduling attendance at a meeting, service and call coverage must be arranged through the senior/chief resident.

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

Rules for call coverage apply; requests should be submitted in MedHub.

The Department may fund conference registration and travel for a PGY2, 3, 4, or 5 to attend up to one subspecialty society meeting per academic year subject to the following stipulations:

1. The purpose must be to present a paper that has not been presented and is not scheduled to be presented at the AUA, NCS, or another subspecialty meeting.
2. A request to attend the meeting must be submitted by the resident to the Program Director at least 2 months prior to the meeting.
3. The Program Director will verify the faculty sponsor is supportive.
4. The resident must not be on any type of remediation or probation.
5. Vacation time must be used for this or any other meeting that results in more than the one week per year conference time maximum.
6. The resident must get specific costs pre-approved on the Department's travel pre-approval form.
7. The resident must follow applicable expenditure policies

## 6. Academic Stipend

Residents in the PGY 1 – 5 years will receive an academic stipend of \$500 per year. The academic stipend may be used for books, journals, urology meetings in North America, operating loupes, and the 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. The 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

Incoming PGY1 residents will be required to attend institutional and Departmental orientations at all applicable training sites. Onboarding requirements will be communicated well in advance of the start of training.

VA Hospital: Residents will receive two days off from clinical duties to receive VAH orientation. The two 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 one 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 in MedHub (in the Urology folder under Resources/Documents). In addition, residents must go to the Medical Education Office (2 Center) for a 15-minute registration either before or on the first day of their rotation each year. The Medical Education Office is open weekdays 7:30 am – 4:00 pm. From the hospital's Main or Parking ramp (level 2) entrance, turn right, continue down the hallway to 2 Center, pass the North Wing hallway, then three doors down on right.

## 8. Call

PGY1 call is scheduled by the General Surgery services and available in MedHub, Amion or from the Surgery program coordinator.

The PGY2 and PGY3 residents at the UW and VA share junior call and the PGY4 and PGY5 residents at the UW and VA share chief

call. The PGY3 and PGY4 at Meriter, the PGY4 on Elective and the PGY3 on Consults/Red share Meriter/TAC call. The residents organize the monthly call schedules. The monthly UW junior call, the UW/VA chief call, and the Meriter/TAC call schedules must be submitted to the Urology Residency Program Coordinator by the 5<sup>th</sup> 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 UW/VA campus (and at the Meriter campus on weekends) is: Dr. Nakada, Dr. Jarrard, Dr. Williams, Dr. Paolone, Dr. McAchran, Dr. Richards. The Chief-of-Service hierarchy at the Meriter campus during the week is: UW Chief of Service, Dr. Paolone, Dr. McAchran, Dr. Le.

## 9. 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 pager may not pick up pages due to lead walls, etc. If you seem to be missing more than an occasional page, ask the Program Coordinator to order you a replacement or to receive a different pager. In the event a pager is lost or breaks, residents should contact the Program Coordinator to obtain a replacement pager or holster clip.

**From 7am to 10am on Wednesdays, residents are to perform a handoff communication with and sign over their pagers to the advanced practice provider at their rotation site so as to have protected and 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.

## 10. Emergency Department

Emergency Department 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 Emergency Department consultations should be reviewed by the chief resident and must be discussed with an attending.

## 11. 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. Payment as an EPIC "Super-User" is no longer considered moonlighting by the UW GME Office or our program.

## 12. 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 may NOT add a teaching addendum onto a medical student note, and residents may NOT 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 s/he 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.

## 13. 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 7:30 am and in the ambulatory OR by 7:15 am.

Residents should be familiar with the case history and the lab results for the patient. Pertinent imaging studies 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.

## 14. 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.

## 15. 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".

Residents will be assessed in their handoff competency by either direct observation by faculty, telephonic or electronic means.

Weekdays:

### 1. UWHC

- a. At 5:00 pm, the Consult resident 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. Additionally, prior to leaving, the Consult resident 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.
- b. At 7 am, the post-call resident physician rounds with the inpatient resident team and consult resident 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 5pm, the resident physician on the pediatric urology rotation 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 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.

- b. At 7 am, the post-call resident physician contacts the PGY2 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/TAC

- a. At 5pm, the Meriter/TAC resident contacts the Meriter/TAC 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 Meriter/TAC resident 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 5:00 pm on Friday, the Consult resident 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. Additionally, prior to leaving, the Consult resident 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.
- b. At 7am Saturday, 7am Sunday, and 6am Monday, the outgoing UWHC post-call resident physician contacts the incoming UWHC 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”.

##### 2. AFCH

- a. At 5 pm on Fridays, the pediatric urology resident physician contacts the UWHC 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 Saturday and at 7am Sunday, and 7am Monday, 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”.

##### 3. VA

- a. At 5 pm on Fridays, the VA resident physician contacts the UWHC 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 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”.
- c. 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/TAC

- a. At 5pm on Fridays, the Meriter/TAC 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 on Mondays, the weekend post-call resident physician contacts the Meriter/TAC 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.

## 16. Teaching of Medical Students

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.

## 17. 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 take soiled lab coats to the Department Residency Program Coordinator, who will handle the laundry procedures.

## 18. Vacations

Vacation requests must be submitted for approval in MedHub. Vacations must be cleared with the respective Site Director and Urology Program Director at least three months in advance. Requests occurring at least three months in advance are generally granted. Requests occurring less than three 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. Vacation days must be balanced amongst 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 two weeks or first two 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**

## 19. Illness

The Program Director may approve up to 10 days of paid sick leave per year in the event the resident is ill, a family member requires the resident’s care, or the resident is on a personal medical leave of absence.

In the event a resident is too ill to work, he/she must notify the Site Director, team, Program Director and Program Coordinator as soon as possible. If there is a possibility it may be an extended absence, the resident must let the Program Director and Program Coordinator know so they, along with the GME office, can counsel the resident to prevent loss of pay or extension of residency. Parental and personal medical leave are outlined in detail in the UW Health Time Off Policy (43.1).

## 20. Career Development

The GME Office allows a maximum of five (5) days 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.

## 21. 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 week by the Program Coordinator. Residents completing the program must provide the Program Director with a complete log 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.

- If > 1 week since last update, the resident will receive a reminder email from the Program Coordinator
- If > 2 weeks since last update, the resident will receive an email from the Program Director
- If > 3 weeks since last update, the resident will receive a call or page from the Program Director
- If > 4 weeks since last update, the resident will be removed from clinical service to update case logs

At least semi-annually, the Resident Clinical Competency Committee, Chairman, and Program Director review the surgical logs with each resident individually to ensure appropriate progress. Annually, the resident will sign the case logs.

## 22. In-Service Examination (see also IX, #1.e)

The American Urological Association administers 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 in-service exam is **required** of all PGY1 through PGY5 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 results. Subpar performances will be reviewed, and academic improvement plans will be developed as necessary. Review of UW In-Service Examination scores overall are used for structuring of upcoming educational conferences.

## 23. Consultations

Requests for urology consultations at the UWHC will be handled by the Urology Consult resident with supervision from the UW chief resident and staffed by faculty. If the UW Consult resident is absent, consult will be handled in the following manner: the PGY1 resident on White or Red or fielded by the on-call resident. Unless otherwise directed, new consults go to the team of the on-call faculty.

“New consults” are defined as patients who have not been seen by a UW urology attending physician within the previous three (3) years. If a patient has been seen by a urology attending physician within the previous three (3) years, the consult should be staffed with that physician (unless the call is received after-hours or on the weekend, in which case it should be staffed initially with the on-call urology attending physician). 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.

## 24. Mail Boxes/Email Accounts

Each resident has a mail box in the Department that should be checked/cleaned out at least once a week. Residents are also assigned UW Health 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. Messages received by uwhealth.org accounts are not to be forwarded to personal email accounts (i.e. gmail, yahoo, etc.).

## 25. 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 residents free of charge through the Ebling Library. Specific Urology texts are kept in the Urology Resident work 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 or available from the Program Coordinator.

## 26. 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 is posted under call schedules at <https://urology.wisc.edu/call-schedules/>

## 27. Quality Improvement/Patient Safety

All residents (PGY 1-5) are 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 PGY3's on UWHC-White/Consults will serve from July-December, followed by the PGY2's on UWHC-White or Consult for two months each from January-June. Residents are encouraged to present their projects to the department's QI Committee, either in person at the monthly QI committee meetings or through the resident representative to the Committee. Residents also have the opportunity to sit on the UW Health Resident Quality and Safety Council.

## 28. 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 Program Coordinator. PGY2 through 5 residents attend all required conferences. PGY1 residents on urology rotations attend urology conferences. Clinical duties are covered by the urology APP's and urology faculty during required conferences.

Conferences include:

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- 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
- Surgical Indications Follow-up - 4 times per year
- Uroradiology – 4 times per year
- Multidisciplinary Metabolic Stone Conference – Weekly (Sept – May)
- Multidisciplinary Cancer Conference – Weekly
- Uehling Lecture Series – Yearly
- Schnoes Lecture Series - Yearly
- Lescrenier Lecture Series – Yearly
- Paolone Lecture Series - Yearly

The primary didactic curriculum is organized through conferences on Wednesday morning from 7am-10am. These meetings greatly enhance training in the ACGME competencies. The Urology APP's at UWHC and Meriter (or on-call faculty if the APP's are not available) provide pager coverage on Wednesday mornings during didactic conferences to protect this academic time for the residents.

### Conference Detail

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1. **Resident Education Conference (REC):** This Wednesday morning conference from 8:30-9:15 am is led by a resident or faculty member and focuses on specific domains in Urology mirroring the curriculum. Typically, the faculty member who presents at departmental Grand Rounds will lead REC. A Near Miss Conference takes place quarterly during REC and features residents

presenting clinical complications or near misses for discussion among the group. A faculty member attends and acts as moderator. Once of the goals of the Near Miss Conference is quality improvement/assurance. Uro-Radiology Conference is also conducted on a during REC 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. Pagers are signed out to the APP's (or on-call faculty if the APP 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/TAC). Residents are responsible for reviewing upcoming cases and medical records for each patient, including pertinent X-rays and laboratory tests. Residents will also review pertinent literature that pertains to the upcoming surgery. Residents will present cases to the entire department 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 residents to engage in discussions with the faculty to achieve practice-based learning opportunities that can impact their patient care and to enhance medical knowledge. Indications conference reviews potential surgical complications and helps teach 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 moderated by Dr. Dan Williams. The PGY-4 residents are responsible for identifying specific clinical cases. Cases are presented to other residents who are unfamiliar with the case. This format is meant to simulate an 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. 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. Journal Club:** Journal Club is held monthly on Wednesday morning. Dr. McAchrn 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 notable 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.

### **3. Program Rounds:**

This conference occurs Wednesdays from 9:15-10:00 am.

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 time 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 Professor's Rounds to resident issues.

Program Director Rounds: On 1-2 Wednesday mornings each month the Program Director, Dr. Williams, meets with the residents. Focus is directed at the ACGME competencies, 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.

Program Coordinator Rounds: On 1-2 Wednesdays per month, the Program Coordinator meets with the residents to discuss resident concerns as well as news and topics from the hospital GME and the ACGME.

4. **Grand Rounds:** On Wednesday morning each week Grand Rounds are conducted from 7:00 - 7:45 am. The topics presented at Grand Rounds are part of an organized curriculum mirroring the urologic domains listed in the Urology Residency Review Committee program requirements, the AUA Core Curriculum, and the American Board of Urology. Each urology faculty member conducts Grand Rounds lectures, and residents (PGY-3 and PGY-5) give one Grand Rounds lecture during the year. Faculty from other programs are invited to present lectures in their area of specialty, including Nephrology, Medical Oncology, Infectious Disease, Transplantation, Trauma, Geriatrics and Professionalism. Resident attendance is required. Residents are excused from clinical duties at each hospital to assure attendance. Careful documentation of the conference topic, faculty mentor and attendance is kept. Resident pagers are signed out to the APP's or to the on-call faculty to allow for protected educational time.
5. **Morbidity and Mortality:** Morbidity and mortality reports from each hospital are presented one to two times per month. The senior resident from each hospital rotation presents 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. Complications are presented by the senior resident. This process involves reviewing the hospital course for that patient along with a review of published literature pertaining to the complication. A written summary is prepared by the resident and collected for each patient's complication, and these are kept on file by the Department of Urology QA/QI Officer. The written summary also includes a discussion of potential practice-based learning or systems-based practice opportunities that arise from the case. Preparing for and presenting at M&M conference is one of the more valuable exercises that the Chief Resident utilizes to reflect on patient care and to contemplate opportunities for their own practice-based learning and opportunities for systems-based practice. M&M conference enhances resident/faculty interaction and professionalism in presenting potentially sensitive topics.
6. **Multidisciplinary Metabolic Stone Conference:** This is conducted 26 weeks/year on Tuesday afternoons from 12-1 pm for participants in the metabolic stone clinic. The conference is directed by Dr. Nakada and is attended by the Endourology fellow, residents, medical students, nephrology faculty (Dr. Jhagroo) and our 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, the conference can 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. MOC is attended by Urology faculty, The GU-oncology fellow, residents, medical students, medical oncology faculty, Pathology, Radiology, APP's, and research specialists. In this multidisciplinary conference specific patient cases are discussed. MOC allows a multidisciplinary discussion of the ideology, diagnosis, treatment options, benefits and risks for individual patient care. The conference clearly focuses on systems-based practices in coordinating the care of the patient within different healthcare departments and systems.
8. **Multidisciplinary Fertility Conference:** This conference is on Mondays from 12-1 pm and is for residents rotating at the Generations Fertility Care clinic. The conference is led by the Reproductive Endocrinology team and Dr. Williams and is attended by the OB/GYN resident, the Urology resident, medical students, infertility nurses, andrologists, embryologists, the IVF Lab Director, 3<sup>rd</sup> party coordinators, financial counselors, and the clinical psychologist, Dr. Zweifel. The evaluation and management of infertile couples are discussed. The conference provides a forum for education and a unique multi-disciplinary understanding of the comprehensive approach to treating couples infertility.

## Additional Conferences

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- a. **Annual Ridders Education Retreat:** Every year, the Departments of Urology and Surgery participate in an annual education retreat for all faculty and residents. This education retreat is required for urology attendings and residents, and it 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 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. Daniel Shapiro and Gray Roberge 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 Professorships are named in honor of the generous Friends of the Department of Urology -- The Schnoes, Lescrenier and Paolone 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 typically attend the professorships, which include didactic conferences as well as social events at a restaurant where informal time is given to the residents, faculty and the Visiting Professor. The Visiting Professor also spends time with the residents doing case presentations along with 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 full-day lecture conference coordinated by the Department of Urology with naming recognition of former Chairman, Dr. David Uehling, and represents one of the four annual Visiting Professorships. The Uehling Lecture is a regional conference involving 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 provides several lectures in their area of expertise. This conference also involves panel discussions that incorporate regional urology faculty of similar expertise to participate along with presentations by the UW Urology faculty. Residents are excused from clinical duties to attend this one-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 (SAFER):** This is an annual required educational activity that addresses signs and symptoms of stress and fatigue among medical care providers. It consists of either a live lecture or online module. Both faculty and residents are required to complete the training annually as part of the Safety and Infection Control computer-based learning module.

## X. Work Hours

Urology resident work 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. Work 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, committee membership, etc.

The Department of Urology monitors work hours weekly. Adjustments are made when needed to address excessive service demands and/or resident fatigue, and comply with the UWHC GME Work Hours and Moonlighting Policy effective October 18, 2017 (policy #43.27).

In compliance with the ACGME Common Program Requirements, section VI.F.:

1. Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.
2. Residents must be scheduled for a minimum of 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. Residents should have 8 hours off between scheduled clinical work and education periods.

### Work Hour Shifts

The ACGME mandates that programs must be structured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being. Residents should have 8 hours between scheduled clinical work and education periods.

During this 8-hour period, residents may take home call. If a resident is called into the hospital while on home call, s/he records the time spent in the hospital in MedHub 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) and one day free in seven should be provided.

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

PGY4&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 work 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 between scheduled work periods, there may be circumstances (as defined by the Review Committee) when these residents must stay to care for their patients or return to the hospital with fewer than eight hours free of work. 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 a resident spends more than 3 hours in-house during home call, then the resident should take the following day off clinical duties. S/he may round at 6 am and complete any remaining work, but should leave early enough to ensure adequate rest time and not take on new patients.

Examples using these guidelines:

- If a resident leaves the hospital at 10:00 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 the hospital at 8:00 pm and is called back into the hospital from 12 am – 3 am, s/he should take the following day off clinical duties.

### 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 work 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.
- 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 have at least 14 hours free of clinical work and education after 24 hours of continuous in-house duty.
- In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled work period to continue to provide care to a single patient. Justifications for such extensions of work 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 work hours.
- 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 work hour requirements of the ACGME and their program.

Home Call Frequency

As a Guideline, we advise residents:

UW/VA/AFCH			
UW PGY-2, 3, 4	Home call	Mon-Fri Sat, Sun	q5-6 days q4-5 weekends
UW PGY-4, 5	Backup	Mon-Thurs Fri-Sun	1 week in 4 1 weekend in 4
Meriter/TAC			
Mer PGY-3, 4 UW PGY-3, 4	Home call	Mon-Thurs Fri-Sun	1-2 weeknights q4-5 weekends

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.

Resident Time Off

Residents will be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. Residents should inform the Chief of Service, Chief Resident and Program Director and/or Coordinator of any scheduled medical appointments, preferably with adequate notice to provide clinical coverage/adjust schedules.

In the event that a resident is too fatigued or ill to work, s/he must notify the site director, team, Program Director and Program Coordinator as soon as possible. If there is a possibility it may be an extended absence, the Program Director and Program Coordinator must be notified immediately so they can work with the GME office to prevent loss of pay or extension of residency and adjust schedules when necessary.

Didactics/Protected Time

Didactic conferences in the Department of Urology are designed to be interactive, requiring input from faculty and residents. Therefore, all PGY-2 through 5 residents (and PGY-1 residents on the Urology service) are required to attend all conferences listed below unless the absence is approved (generally vacation or meeting time). The primary didactic curriculum is organized through conferences on Wednesday morning. These meetings greatly enhance training in the ACGME competencies. The Urology Advanced Practice Providers at UWHC, VA, and Meriter (or on-call faculty if the APP's are not available) provide pager coverage on Wednesday mornings during didactic conferences and other required conferences. Attendance at conferences is recorded for faculty and residents, and it is reviewed and maintained by the Program Coordinator.

- Urology Grand Rounds – Weekly (Wednesdays, 0700-0745)
- Morbidity & Mortality – Monthly (Wednesdays, 0700-0745)
- Journal Club – Monthly (Wednesdays, 0745-0830)
- Unknown Conference (Mock Oral Boards) – Monthly (Wednesdays, 0745-0830)
- Surgical Indications – Monthly (Wednesdays, 0745-0830)
- Resident Education Conference (REC) – Weekly (Wednesdays, 0830-0915)
- Program Rounds (Chairman, Program Director, Program Coordinator) – Weekly (Wednesdays, 0915-1000)
- Uroradiology – 4 times per year (Wednesdays, 0830-0915)
- Uehling Lecture Series – Yearly (Friday in October)
- Paolone Lecture Series - Yearly (Thursday evening, Friday morning in December)
- Lescrenier Lecture Series – Yearly (Tuesday evening, Wednesday morning in February)
- Schnoes Lecture Series – Yearly (Thursday evening, Friday morning in May)



## Fatigue Mitigation

Residents and faculty in the Department of Urology are required to complete the institutional fatigue mitigation and management computer-based module annually. Resident wellbeing is a priority and residents meet weekly with the Program Director, Department Chair or Coordinator at Program Rounds, during which items of professional development are often presented and discussed. Residents are encouraged to utilize the Wellness Options at Work resources or meet with the Program Director or Coordinator if they are experiencing fatigue, illness or any crisis that may impair their fitness for duty or physical or mental wellbeing.

**Call Rooms:** The Urology program does not have an institutionally-assigned call room. Residents who require a place to sleep in the hospital may call Bed Control at 608-263-8775 and ask for a call room in the 'resident hotel system.'

**Safe Ride Home:** GME Administration will reimburse a resident for a cab ride home in the case that s/he is too fatigued to safely drive home following a work period. Receipts should be submitted to the Program Coordinator within 30 days.

**Work Hour Compliance Monitoring:** All residents are expected to accurately log work hours for each rotation in MedHub. Program Directors are required to monitor work hours as submitted in MedHub and make schedule or policy adjustments as necessary. The Urology Program Coordinator monitors work hours closely and emails reminders to delinquent residents weekly.

## Frequently Asked Questions

### **What activities are included in “clinical and educational work hours”?**

Clinical and educational work hours are defined as all clinical and academic activities related to the residency program. This includes inpatient and outpatient clinical care, in-house call, short call, night float and day float, transfer of patient care, and administrative activities related to patient care, such as completing medical records, ordering and reviewing lab tests, and signing orders. For call from home, time devoted to clinical work done from home and time spent in the hospital after being called in to provide patient care count toward the 80-hour weekly limit. Types of work from home that must be counted include using an electronic health record and taking calls. Reading done in preparation for the following day's cases, studying, and research done from home do not count toward the 80 hours.

Hours spent on activities that are required in the accreditation requirements, such as membership on a hospital committee, or that are accepted practice in residency/fellowship programs, such as residents'/fellows' participation in interviewing residency/fellowship candidates, must be included in the count of clinical and educational work hours.

Time residents and fellows devote to military commitments counts toward the 80-hour limit only if that time is spent providing patient care.

### **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 work 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 work one weekend (Friday and Sunday for instance), so they can be off the next weekend. As long as work hour 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 work 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” work?**

On-call work is defined as a continuous work period between the evening hours of the prior day and the next morning, generally scheduled in conjunction with a day of patient care work 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 work excludes regular work shifts worked during night hours, as is done in Emergency Medicine. On-call work 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 work hours. Call from home that does not result in travel to the hospital or clinical site is NOT to be included in work hours.

**If call from home isn't included in work 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 28 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.

**Do I include my research project in hours worked?**

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

**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 classroom lectures, conferences, and grand rounds. It is often used in contrast with "clinical" education.

**Additional Resources**

UW Health Graduate Medical Education Departmental Work Hours and Moonlighting Policy (eff: 10/18/2017)

ACGME FAQs about the Common Program Requirements

<https://www.acgme.org/Portals/0/PDFs/FAQ/CommonProgramRequirementsFAQs.pdf>

## 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, Wellness; Chief of the Division of Pediatric Urology; Service Chief, Meriter/1 South Park Urology; Service Chief, VAH; Urology Resident(s).

The responsibilities of the PEC are prescribed by the ACGME and Urology Review Committee and include (see *ACGME Program Requirements for Graduate Medical Education in Urology*, effective 7/1/2019): Acting as an advisor to the program director, through program oversight; review of the program's self-determined goals and progress toward meeting them; guiding ongoing program improvement, including development of new goals, based upon outcomes; and; review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

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

The program monitors and tracks each of the following areas: curriculum; outcomes from prior APEs; ACGME letters of notification; quality and safety of patient care; 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 Program Director reviews all evaluations, and substandard evaluations are discussed with the noted faculty. Additionally, residents vote for the annual Wear Teaching Awards for faculty.

## C. Resident Evaluations

After every rotation, residents are evaluated by the faculty using a competency-based evaluation form based on the ACGME Urology Milestone Project. Evaluations are reviewed and discussed by the Resident Clinical Competency Committee at least twice per 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 Program Director with the resident and subsequently entered into MedHub.

## D. Operative Performance Rating

Residents need to receive candid and timely feedback from the supervising physician regarding surgical technique and overall competence. To document this feedback, faculty 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 in MedHub and are available for resident and program director review.

## E. 360° Evaluations

Multi-source assessment of resident performance are conducted bi-annually. Sources of assessment include self-evaluations completed by residents on personal performance, peer evaluations, patient, and allied health professional evaluations. Results are available in 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. 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 Clinical 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*. 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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## Residents

<https://urology.wisc.edu/education-and-training/urology-residency/current-residents/>

### 2020 Graduating Residents

Margaret Knoedler, MD

Tulane University School of Medicine

Future Plans: Endourology Fellowship, University of Wisconsin

Brady Miller, MD, MPH

University of Michigan

Future Plans: Urologic Onc/Lap Robotics Fellowship, City of Hope

Natasza Posielski, MD

Case Western Reserve University School of Medicine

Future Plans: Urologic Oncology Fellowship, Virginia Mason

### PGY-5 Chief Residents

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**PGY-1 (Intern)**

Zoe Blumenthal, MD  
Texas A&M Health Science Center College of Medicine

Arighno Das, MD  
Northwestern University The Feinberg School of Medicine

Ali Ghasemzadeh, MD, PhD  
Johns Hopkins University School of Medicine

## Fellows

### Endourology Fellow

#### **2019-2020**

Scott Quarrier, MD, MPH

Residency: University of Rochester

#### **2020-2021**

Margaret Knoedler, MD

Residency: University of Wisconsin

### Urologic Oncology Fellow

#### **2018-2020**

Tariq Khemees, MD

Residency: The Ohio State University

#### **2020-2022**

Ashanda Esdaille, MD

Residency: SUNY Downstate Medical Center



## Research

To learn more about research in the Department of Urology, please see <http://www.urology.wisc.edu/research>

Appendix A

# 2019-2020 Urology Resident Rotation Schedule

	6/24-8/25	8/26-10/27	10/28-12/29	12/30-3/1	3/2-4/26	4/27-6/23
<b>PGY-5a</b>	UW Red	UW Chief of Service	UW White	UW Red	UW Chief of Service	UW White
<b>PGY-5b</b>	UW Chief of Service	UW White	UW Red	UW Chief of Service	UW White	UW Red
<b>PGY-5c</b>	UW White	UW Red	UW Chief of Service	UW White	UW Red	UW Chief of Service

	6/24-8/25	8/26-10/27	10/28-12/29	12/30-3/1	3/2-4/26	4/27-6/23
<b>PGY-4a</b>	VA	Elective	Meriter/ TAC	VA	Elective	Meriter/ TAC
<b>PGY-4b</b>	Elective	Meriter/ TAC	VA	Elective	Meriter/ TAC	VA
<b>PGY-4c</b>	Meriter/ TAC	VA	Elective	Meriter/ TAC	VA	Elective

	6/24-8/25	8/26-10/27	10/28-12/29	12/30-3/1	3/2-4/26	4/27-6/23
<b>PGY-3a</b>	Meriter/ TAC	UW Red	UW Consults	UW Red	UW White	Meriter/ TAC
<b>PGY-3b</b>	UW Consults	Meriter/ TAC	UW Red	Meriter/ TAC	UW Red	UW White
<b>PGY-3c</b>	UW Red	UW Consults	Meriter/ TAC	UW White	Meriter/ TAC	UW Red

	6/24-8/25	8/26-10/27	10/28-12/29	12/30-3/1	3/2-4/26	4/27-6/23
<b>PGY-2a</b>	AFCH (Peds Urology)	VA	UW White	VA	UW Consults	AFCH (Peds Urology)
<b>PGY-2b</b>	UW White	AFCH (Peds Urology)	VA	AFCH (Peds Urology)	VA	UW Consults
<b>PGY-2c</b>	VA	UW White	AFCH (Peds Urology)	UW Consults	AFCH (Peds Urology)	VA

	6/24-8/18	8/19-10/13	10/14-12/8	12/9-1/5	1/6-3/1	3/2-4/26	4/27-6/23
<b>PGY-1a</b>	UW White	Gen Surg	Gen Surg	Gen Surg	UW Red	Gen Surg	Gen Surg
<b>PGY-1b</b>	Gen Surg	UW White	Gen Surg	Gen Surg	Gen Surg	Gen Surg	UW Red
<b>PGY-1c</b>	Gen Surg	Gen Surg	UW White	Gen Surg	Gen Surg	UW Red	Gen Surg

## Appendix B

**Archived Urology Minimum**

**University of Wisconsin Hospitals and Clinics Program - 4805621158**  
**Cases Done between 6/24/2014 and 6/23/2019**

Category	Assistant	Surgeon	Teaching Assistant	Total	Minimum
<b>General urology</b>	20	580	68	668	200
Transurethral	15	264	55	334	100
TRUS/prostate biopsy	0	77	0	77	25
Scrotal/inguinal surgery	5	154	13	172	40
Urodynamics	0	85	0	85	10
<b>Endourology/stone disease</b>	23	412	56	491	120
Ureteroscopy	12	377	53	442	60
Percutaneous procedures	10	27	2	39	10
<b>Reconstructive surgery</b>	34	86	11	131	60
Male	6	32	5	43	15
Male penis/incontinence	5	20	5	30	10
Male urethra	1	12	0	13	5
Female	1	28	1	30	15
Intestinal diversion	19	16	5	40	8
<b>Oncology</b>	108	105	19	232	100
Pelvic	61	62	10	133	40
Pelvic - bladder	19	15	5	39	8
Pelvic - prostate	41	47	5	93	25
Retroperitoneal	47	43	9	99	40
Retroperitoneal - kidney	43	42	8	93	30
<b>Pediatrics - Minor</b>	4	148	3	155	30
Endoscopy	3	83	0	86	5
Hydrocele/hernia	0	16	0	16	10
Orchiopexy	1	41	2	44	10
<b>Pediatrics - Major</b>	6	37	0	43	15
Hypospadias	1	27	0	28	5
Ureter	4	6	0	10	5
<b>Laparoscopic/robotic surgery</b>	72	66	11	149	50

Data reflect procedural categories and minimums in effect at the time the report was generated, not necessarily what was in effect during the time of training. Minimums may have changed over time as well as the underlying procedures comprising the categories.



DEPARTMENT OF  
**Urology**

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