Guide to the Urology Residency Program for Residents and Faculty
(Resident Handbook)

Program Director: Satyan Shah, M.D. SShah@salud.unm.edu
Chief, Division of Urology: Michael Davis, M.D. MSDavis@salud.unm.edu
Program Coordinator: Bernadette Pierce Bpierce@salud.unm.edu

Division of Urology
Department of Surgery
1 University of New Mexico
MSC 10 5610
Albuquerque, New Mexico 87131
(505) 272-5505

This handbook is meant to supplement (not replace) the UNM Graduate Medical Education Office’s “House Officer’s Regulation and Benefit Manual” available at: https://som.unm.edu/education/gme/resources/index.html

Many policies and procedures discussed herein will reference this GME handbook.

Last Modified June 2018 but the contents herein may be updated periodically

Residency website: http://surgery.unm.edu/divisions/urology/index.html
Residency video tour: http://youtu.be/uJJDguHQTP8
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mission Statement</td>
<td>3</td>
</tr>
<tr>
<td>2. Program Administration and Overview</td>
<td>3</td>
</tr>
<tr>
<td>3. Resident Rotations: Goals and Objectives</td>
<td>4</td>
</tr>
<tr>
<td>4. Educational Conferences</td>
<td>36</td>
</tr>
<tr>
<td>5. Scholarly Activity</td>
<td>37</td>
</tr>
<tr>
<td>6. Resident selection policy</td>
<td>38</td>
</tr>
<tr>
<td>7. Leave policy</td>
<td>38</td>
</tr>
<tr>
<td>8. Resident appointment, promotion and disciplinary action policy</td>
<td>39</td>
</tr>
<tr>
<td>9. Graduated levels of supervision policy</td>
<td>40</td>
</tr>
<tr>
<td>10. “Open Door” policy</td>
<td>41</td>
</tr>
<tr>
<td>11. Duty hours policy</td>
<td>42</td>
</tr>
<tr>
<td>12. Moonlighting policy</td>
<td>42</td>
</tr>
<tr>
<td>13. Communication policy</td>
<td>42</td>
</tr>
<tr>
<td>14. Volunteer activities policy</td>
<td>43</td>
</tr>
<tr>
<td>15. Handoffs policy</td>
<td>43</td>
</tr>
<tr>
<td>16. Residency program committees (CCC and PEC)</td>
<td>44</td>
</tr>
<tr>
<td>17. Resident Wellness and Wellness Program</td>
<td>44</td>
</tr>
<tr>
<td>18. Faculty teaching on Resident education</td>
<td>44</td>
</tr>
</tbody>
</table>
Mission Statement

The purpose of The University of New Mexico Urology Residency Training Program is 1) to train outstanding urologic surgeons fit for careers in either private practice or academic medicine, 2) provide tertiary urologic care for residents of New Mexico including Veterans and underserved populations, 3) to increase the number of urologists in New Mexico through our training program, and 4) to serve as an educational resource for the community. Our goal is to produce clinicians who are competent in the 6 core areas identified by the ACGME, and will eventually be certified by the American Board of Urology. We also provide basic education to medical students rotating on the urology service.

Program Administration and Faculty

Sponsoring Institution: (5.0 resident FTE)
University of New Mexico Health Sciences Center and School of Medicine (UNM-HSC)
Program Director: Satyan K. Shah, M.D.

Participating Institutions: (1.0 resident FTE Presby, 2.0 resident FTE VAMC)
Presbyterian Hospital and Albuquerque Urology Associates, P.A.
Presbyterian Local Site Director: Damara Kaplan, M.D., Ph.D.

New Mexico VA Health Care System/Raymond G. Murphy VA Medical Center (VAMC)
VAMC Local Site Director: David Robbins, M.D.

Faculty/Case log Attendings: Michael Davis M.D., Frances Alba, M.D., Jason Wilson, M.D., Julie Riley, M.D., Jessica Ming, M.D., Maxx Gallegos, M.D., Jonathan Lackner, M.D., Stefan Gutow, M.D., Anthony Smith, M.D., Joseph Hayes, M.D., Hannah Choate, M.D., Michael Martinez, M.D., Peter Headley, M.D.

Program Overview

The program is 4 years in length (after completion of a required 1 year surgical internship at UNM). Two residents enter the program each year. Although not technically part of the program yet, the pre-urology interns (PGY-1s) attend all Urology Residency Program educational conferences. The PGY-5 residents are the Chief Residents.

Rotation Assignment Schedule:

<table>
<thead>
<tr>
<th>PGY level</th>
<th>July – Sept</th>
<th>Oct-Dec</th>
<th>Jan-March</th>
<th>April – June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Uro 1</td>
<td>Surgery</td>
<td>Urology at VA</td>
<td>Surgery</td>
<td>Urology at VA</td>
</tr>
<tr>
<td>2</td>
<td>Adult UNM</td>
<td>Consult/Peds UNM</td>
<td>Adult UNM</td>
<td>Consult/Peds UNM</td>
</tr>
<tr>
<td>3</td>
<td>VAMC</td>
<td>Adult UNM</td>
<td>VAMC</td>
<td>Adult UNM</td>
</tr>
<tr>
<td>4</td>
<td>Presbyterian</td>
<td>Peds UNM</td>
<td>Presbyterian</td>
<td>Peds UNM</td>
</tr>
<tr>
<td>5</td>
<td>VAMC</td>
<td>Adult UNM</td>
<td>VAMC</td>
<td>Adult UNM</td>
</tr>
</tbody>
</table>
GENERAL GOALS AND OBJECTIVES (APPLICABLE TO ALL ROTATIONS)

1. PATIENT CARE

Goal: To provide care to patients with urologic disease that is compassionate, appropriate, and effective

Objectives:
1. Obtain a complete and accurate history and physical examination from patients with genitourinary complaints.
2. Provide appropriate urologic care to patients in the outpatient and inpatient setting.
3. Apply current scientific evidence in the diagnosis and treatment of urologic disease.
4. Appropriately counsel and educate patients and their families about specific urologic problems.
5. Competently perform all diagnostic and invasive procedures required for the appropriate management of urologic disease in the outpatient setting.
6. Competently perform all urologic surgeries including open, endoscopic, laparoscopic, robotic, and office-based procedures.
7. Appropriately order and utilize diagnostic tests (CT, urodynamics, etc.)
8. Develop a patient care plan

Teaching Methods:
1. Supervised care of outpatients and inpatients with graded levels of responsibility
2. Supervised performance of surgical procedures with graded levels of responsibility
3. Educational conferences
4. Independent reading of urologic textbooks, medical literature, and AUA core curriculum
5. GME today and Learning Central on-line modules
6. Attendance at regional and national meetings (SCAUA, Baylor, Dept of Surgery Symposium)

Evaluation Methods:
1. Bi-annual evaluation by the Clinical Competency Committee with respect to Milestones achieved
2. Faculty evaluations at the conclusion of each rotation
3. Multisource Assessment (360° evaluations) – including informal feedback from nurses, staff, and from patient-reported evaluations like Press Gainey
4. Review of procedure case logs
5. Review of resident portfolio
6. Direct observation (clinic, OR, wards)

2. MEDICAL KNOWLEDGE

Goal: Acquire clinical and basic science knowledge of urologic disease and be able to apply this knowledge to the care of patients.
Objectives:

1. Understand the anatomy and physiology of the genitourinary system.
2. Apply knowledge of urologic disorders to the care of individual patients.
3. Be up-to-date on about evaluation and management of urologic disorders.
4. Score above the 50th percentile on the annual in-service examination and a percent correct score appropriate for urology PGY level.
5. Be able to interpret urologic imaging studies and pathological specimens.
6. Gain sufficient understanding of urologic disease so as to become certified by the American Board of Urology.
7. Generate a differential diagnosis based on history and physical of patient.

Teaching Methods:

1. Supervised care of outpatients and inpatients with graded levels of responsibility.
2. Supervised performance of surgical procedures with graded levels of responsibility.
3. Educational conferences which include didactic instruction in the 7 core domains as well as bioethics, radiation safety, biostatistics, epidemiology, geriatrics, and renal transplantation.
4. Independent reading of urologic textbooks, medical literature, and AUA core curriculum.
5. Uro-radiology and Uro-pathology educational CDs/DVDs produced by the American Urological Association and Armed Forces Institute of Pathology.
6. GME today and Learning Central on-line modules.
7. Case presentations to faculty.
8. Teaching rounds with faculty.
9. Surgical skills labs (endourology, robotic/laparoscopic, etc.).
10. Attendance at regional and national meetings (SCAUA, Baylor, Dept of Surgery Symposium).

Evaluation Methods:

1. Bi-annual evaluation by the Clinical Competency Committee with respect to Milestones achieved.
2. Faculty evaluations at the conclusion of each rotation.
3. Multisource Assessment (360° evaluations) – including informal feedback from nurses, staff, and from patient-reported evaluations like Press Gainey.
4. Review of procedure case logs.
5. Operative performance rating evaluation.
6. Review of resident portfolio.
7. In-service examination scores.
8. Direct observation (clinic, OR, wards).

3. PRACTICE-BASED LEARNING AND IMPROVEMENT

Goal: Improve urologic patient care practices by the critical evaluation of current practice patterns and by the appraisal and assimilation of scientific evidence.
Objectives:
1. Critically analyze practice experience, identify areas for improvement, and set learning goals.
2. Understand Evidence-Based Medicine and improve practice based on newly acquired clinical information.
3. Acquire the best evidence from various sources – specifically to locate, appraise and assimilate scientific studies from the urologic literature applicable to patient management.
4. Facilitate the learning of nursing staff, more junior residents, and medical students.
5. Incorporate performance feedback from faculty to improve practice.
6. Become facile at using information technology and on-line resources, to optimize learning.
7. Engage in scholarly activity as a means of improving your practice
8. Improve the quality of care for a panel of patients
9. Participate in the education of other team members (students, nurses, staff)

Teaching Methods:
1. Supervised care of outpatients and inpatients with graded levels of responsibility
2. Supervised performance of surgical procedures with immediate feedback
3. Educational conferences
4. Independent reading of urologic textbooks, medical literature, and AUA core curriculum
5. Feedback during bi-annual evaluation with Program Director
6. Journal Club and M&M Conferences
7. GME today and Learning Central on-line modules
8. Resident quality assurance (QI) projects
9. Resident scholarly activity projects
10. Attendance at regional and national meetings (SCAUA, Baylor, Dept of Surgery Symposium)
11. Research Curriculum by Dr. Alba

Evaluation Methods:
1. Bi-annual evaluation by the Clinical Competency Committee with respect to Milestones achieved
2. Faculty evaluations at the conclusion of each rotation
4. Multisource Assessment (360° evaluations) – including informal feedback from nurses, staff, and from patient-reported evaluations like Press Gainey
5. Review of procedure case logs
7. Review of resident portfolio
8. Direct observation (clinic, OR, wards)
9. Evaluation of research at Annual Research Day

4. INTERPERSONAL AND COMMUNICATION SKILLS
Goal: Develop interpersonal and communication (verbal and writing) skills that will allow effective exchange of information with urologic patients, their families and other health
care professionals.

**Objectives:**
1. Communicate effectively with urologic patients and their families with diverse socioeconomic and cultural backgrounds
2. Develop effective listening skills and be able to elicit information from patients
3. Write coherent and legible notes in the medical record
4. Work effectively as a consultant when other physicians request assistance with urologic disorders
5. Work effectively with others as a member or leader of the Urology health care team, and communicate during transitions of care with fellow residents
6. Interact and communicate appropriately with nurses and other health professionals and hospital staff
7. Be courteous to patients and staff
8. Effectively counsel and educate patients about surgery and obtain informed consent
9. Communicate effectively during transitions of patient care

**Teaching Methods:**
1. Supervised care of outpatients and inpatients with graded levels of responsibility
2. Supervised performance of surgical procedures with graded levels of responsibility
3. Educational conferences
4. Independent reading of urologic textbooks, medical literature, and AUA core curriculum
5. DVDs from American College of Surgeons on “Disclosing Surgical Error: Vignettes for Discussion”
6. GME today and Learning Central on-line modules
7. Case presentations to faculty with feedback

**Evaluation Methods:**
1. Bi-annual evaluation by the Clinical Competency Committee with respect to Milestones achieved
2. Faculty evaluations at the conclusion of each rotation
3. Multisource Assessment (360° evaluations) – including informal feedback from nurses, staff, and from patient-reported evaluations like Press Gainey
4. Review of procedure case logs
5. Review of resident portfolio
6. Direct observation of resident interactions

5. PROFESSIONALISM
**Goal:** Be professional by adherence to high ethical standards, accountability, and sensitivity to the diverse urologic patient population.

**Objectives:**
1. Demonstrate respect for patient privacy and autonomy and demonstrate compassion and integrity in your interactions with patients, their family members and other health
care professionals.
2. Demonstrate accountability to patients, society, and your profession
3. Understand and commit to the ethical principles pertaining to confidentiality of patient information, informed consent and urology business practices.
4. Be sensitive and responsive to the urology patients’ diversity in culture, age, gender, religion and disabilities.
5. Be honest and forthright in your interaction with patients and other health care professionals.
6. Know the limits of your abilities, practice within the scope of those abilities, and ask for help when needed.
7. Comply with federal and state laws, and ACGME/institutional/program requirements (including being up to date with procedure case logs).

**Teaching Methods:**
1. Supervised care of outpatients and inpatients with graded levels of responsibility
2. Supervised performance of surgical procedures with graded levels of responsibility
3. Educational conferences
4. American College of Surgeons Professionalism CD
5. AUA’s “Ethics for Urologists” modules (Available at [http://www.auanet.org/content/education-and-meetings/on-line-education.cfm](http://www.auanet.org/content/education-and-meetings/on-line-education.cfm))
6. GME today and Learning Central on-line modules
7. Case presentations to faculty

**Evaluation Methods:**
1. Bi-annual evaluation by the Clinical Competency Committee with respect to Milestones achieved
2. Faculty evaluations at the conclusion of each rotation
4. Multisource Assessment (360° evaluations) – including informal feedback from nurses, staff, and from patient-reported evaluations like Press Gainey
5. Review of procedure case logs
6. Review of resident portfolio
7. Direct observation of resident interactions

**6. SYSTEMS-BASED PRACTICE**

**Goal:** Be aware of and responsive to the health care system in which you practice, and use available resources to optimize care of the urologic patient.

**Objectives:**
1. Work in inter-professional teams to enhance patient safety and be effective within and across health delivery system
2. Practice cost-conscious health care without compromising quality of care
3. Coordinate patient care by partnering with case managers, social workers, other physicians, and support staff
4. Participate in identifying system errors and implementing potential solutions
5. Assist urology patients in dealing with health care system complexities.
6. Adapt to and work effectively in different health care delivery settings (academic
hospitals, private hospitals, federal hospitals)
7. Use technology to accomplish safe health care delivery

**Teaching Methods:**
1. Supervised care of outpatients and inpatients with graded levels of responsibility
2. Supervised performance of surgical procedures with graded levels of responsibility
3. Educational conferences
4. Coding and billing seminars
5. GME today and Learning Central on-line modules
6. Presentations and write-ups at Journal Club and M&M Conferences
7. Rotations at private, public, and federal hospitals

**Evaluation Methods:**
1. Bi-annual evaluation by the Clinical Competency Committee with respect to Milestones achieved
2. Faculty evaluations at the conclusion of each rotation
4. Multisource Assessment (360° evaluations) – including informal feedback from nurses, staff, and from patient-reported evaluations like Press Gainey
5. Review of procedure case logs
6. Review of resident portfolio
## Matrix of Competency Assessment

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>TEACHING METHODS</th>
<th>EVALUATION METHODS</th>
<th>EVALUATORS</th>
</tr>
</thead>
</table>
| **1. Patient Care**      | - Supervised care of patients  
- Supervised performance of surgery/procedures  
- Educational Conferences/Didactics  
- Independent reading of textbooks & literature  
- GME today modules  
- Case presentations to faculty in clinic  
- Case presentations during conferences | - Milestones progress  
- Faculty evaluations at rotation end  
- Regional and national meetings  
- 360-degree evaluations (MSA)  
- Review of procedure case logs  
- Operative performance rating evaluation  
- Review of resident portfolio  
- Direct observation (clinic, OR, wards)  
- Morbidity and Mortality Write-ups | CCC, PD, F, PAF, NS                                                                                                                           |
| **2. Medical Knowledge** | - Supervised care of patients  
- Supervised performance of surgery/procedures  
- Educational Conferences/Didactics  
- Independent reading of textbooks & literature  
- Uro-radiology/Uro-pathology educational DVDs  
- GME today modules  
- Case presentations to faculty  
- Teaching rounds with faculty  
- Surgery Skills Laboratories | - Milestones progress  
- Faculty evaluations at rotation end  
- Regional and national meetings  
- 360-degree evaluations (MSA)  
- In-service examination scores  
- Review of procedure case logs  
- Operative performance rating evaluation  
- Review of resident portfolio  
- Direct observation (clinic, OR, wards) | CCC, PD, F, PAF, NS                                                                                                                         |
| **3. Practice-Based Learning and Improvement** | - Supervised care of patients  
- Supervised performance of surgery/procedures  
- Educational Conferences/Didactics  
- Independent reading of textbooks & literature  
- Feedback during bi-annual evaluation with PD  
- Presentations/Write-ups at Journal Club/M&M  
- GME today modules  
- Case presentations to faculty  
- Resident Quality assurance projects  
- Resident scholarly activity projects | - Milestones progress  
- Faculty evaluations at rotation end  
- Uro-radiology case conf evaluations  
- 360-degree evaluations (MSA)  
- Review of resident portfolio  
- Operative performance rating evaluation  
- Review of procedure case logs  
- QI Project Presentation at Annual Research Day  
- Direct observation (clinic, OR, ward) | CCC, PD, F, PAF, NS                                                                                                                         |
| **4. Interpersonal & Communication Skills** | - Supervised care of patients  
- Supervised performance of surgery/procedures  
- Educational Conferences/Didactics  
- Independent reading of textbooks & literature  
- DVD on "Disclosing Surgical Errors"  
- GME today modules  
- Case presentations to faculty with feedback | - Milestones progress  
- Faculty evaluations at rotation end  
- Uro-radiology case conf evaluations  
- 360-degree evaluations (MSA)  
- Review of resident portfolio  
- Direct observation of resident interactions | CCC, PD, F, PAF, NS                                                                                                                         |
| **5. Professionalism**   | - Supervised care of patients  
- Supervised performance of surgery/procedures  
- Educational Conferences/Didactics  
- ACS Professionalism DVD  
- AUA Ethics for Urologists on-line modules  
- GME today modules  
- Case presentations to faculty | - Milestones progress  
- Faculty evaluations at rotation end  
- Uro-radiology case conf evaluations  
- 360-degree evaluations (MSA)  
- Review of resident portfolio  
- Review of procedure case logs | CCC, PD, F, PAF, NS                                                                                                                         |
| **6. Systems based Practice** | - Supervised care of patients  
- Supervised performance of surgery/procedures  
- Educational Conferences/Didactics  
- Coding and billing seminars  
- Presentations/Write-ups at Journal Club/M&M  
- Rotations at Private, Public, Federal hospitals  
- GME today modules | - Milestones progress  
- Faculty evaluations at rotation end  
- Uro-radiology case conf evaluations  
- 360-degree evaluations (MSA)  
- Review of resident portfolio  
- Review of procedure case logs | CCC, PD, F, PAF, NS                                                                                                                         |
The PGY-2 adult rotation is designed to give the resident a foundation in evaluation and management of urological disease. Emphasis is placed on learning appropriate preoperative and postoperative care. Procedural competency is gained in outpatient prostate biopsy and cystoscopy. Instruction in medical oncology is gained through participation in multidisciplinary clinic at the UNM Cancer Center.

Schedule:

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A.M.</strong></td>
<td>General Urology and Procedure Clinic vs. OR at OSIS vs. CRTC Clinic</td>
<td>Oncology Clinic (Dr. Davis) vs. Preop</td>
<td>Riley Clinic</td>
<td>Clinic with Davis</td>
<td>General Urology Clinic (Dr. Alba)</td>
</tr>
<tr>
<td></td>
<td>(Dr. Alba)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>P.M.</strong></td>
<td>General Urology and Procedure Clinic (Dr. Gallegos and Dr. Shah)</td>
<td>Transplant/Stone/Procedure Clinic/Oncology Clinic at CRTC</td>
<td>Riley Clinic</td>
<td>Clinic with Davis</td>
<td>Postop Clinic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Dr. Shah)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. PATIENT CARE

Goal: To provide care to patients with urologic disease that is compassionate, appropriate, and effective

Objectives:
1. Obtain a complete and accurate history and physical examination from patients with genitourinary complaints
2. Be able to provide initial care to patients in the outpatient and inpatient setting
3. Appropriately counsel and educate patients and their families about common outpatient problems such as hematuria, and recurrent urinary tract infections
4. Demonstrate competency in performing flexible cystoscopy, prostate biopsy, knot
tying, and video-urodynamics, and circumcision
5. Demonstrate knowledge of the appropriate laboratory and imaging tests to evaluate patients presenting with hematuria, calculous disease or urinary retention
6. Demonstrate safe and effective transfer of patient care (handoffs)

2. MEDICAL KNOWLEDGE
Goal: Acquire clinical and basic science knowledge of urologic disease and be able to apply this knowledge to in the care of patients.

Objectives:

1. Demonstrate knowledge of the pathophysiology of prostate hyperplasia and male voiding dysfunction
2. Understand indications for and methods of treatment for prostate hyperplasia
3. Be able to interpret video-urodynamic studies in patients with neurologic voiding dysfunction
4. Understand evidence-based approaches for surveillance in patients who have been surgically treated for cancer
5. Score above the 50th percentile on the annual in-service examination with a percent correct score of at least 26-40%
6. Be able to interpret transrectal ultrasounds of the prostate

3. PRACTICE-BASED LEARNING AND IMPROVEMENT
Goal: Improve urologic patient care practices by the critical evaluation of current practice patterns and by the appraisal and assimilation of scientific evidence.

Objectives:

1. Demonstrate improvement in cystoscopy and prostate biopsy technique during the rotation
2. Locate, appraise and assimilate scientific studies from the urologic literature applicable to patient management.
3. Facilitate the learning of nursing staff and medical students.
4. Incorporate performance feedback from faculty to improve practice
5. Become facile at using PUBMED to query the medical literature
6. Engage in scholarly activity as a means of improving your practice

4. INTERPERSONAL AND COMMUNICATION SKILLS
Goal: Develop interpersonal and communication (verbal and writing) skills that will allow effective exchange of information with urologic patients, their families and other health care professionals.

Objectives:

1. Develop rapport with urologic patients and their families.
2. Develop effective listening skills and be able to elicit information from patients
3. Write coherent and legible notes in the medical record
4. Work effectively with others as a member of the Urology health care team.
5. Interact and communicate effectively with nurses and other health professionals and hospital staff.
6. Be courteous to patients and staff

5. PROFESSIONALISM
Goal: Be professional by adherence to high ethical standards, accountability, and sensitivity to the diverse urologic patient population.

Objectives:
1. Have respect, compassion and integrity in your interactions with patients, their family members and other health care professionals.
2. Be punctual to conference and see patients as asked by senior residents and attendings.
3. Understand and commit to the ethical principles pertaining to confidentiality of patient information, informed consent and urology business practices.
4. Ask for assistance from senior residents/faculty when you have reached the limit of your abilities.
5. Comply with federal and state laws, and ACGME/institutional/program requirements (including being up to date with procedure case logs).

6. SYSTEMS-BASED PRACTICE

Goal: Be aware of and responsive to the health care system in which you practice, and use available resources to optimize care of the urologic patient.

Objectives:
1. Continually advocate for quality patient care and patient safety
2. Practice cost-conscious health care without compromising quality of care
3. Coordinate patient care by partnering with case managers, social workers, other physicians, and support staff
4. Participate in identifying system errors and implementing potential solutions
5. Assist urology patients in dealing with health care system complexities.
PGY-2 – Consult/OR Service UNM Rotation GOALS and OBJECTIVES

The PGY-2 consult rotation is designed to teach residents how to manage acute presentations of urologic disease, with emphasis on the inpatient and emergency room settings. Procedural competency is gained in basic operative cystoscopy, and basic ureteroscopic procedures. Fundamental concepts in pediatric urology are also introduced. This resident may also be part-time at Sandoval Regional Medical Center in the future.

<table>
<thead>
<tr>
<th>A.M.</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OR at OSIS</td>
<td>Preop CLINIC CONSULTS SRMC (future)</td>
<td>Clinic Dr. Riley Consults OR</td>
<td>General Urology Clinic (Dr. Davis)</td>
<td>Consults vs. OR – Peds (Dr. Wilson)</td>
</tr>
<tr>
<td>P.M.</td>
<td>CONSULTS vs. Clinic (Dr. Shah/Dr. Gallegos)</td>
<td>CONSULTS</td>
<td>Clinic Dr. Riley Consults OR</td>
<td>Oncology Clinic (Dr. Davis)</td>
<td>CONSULTS vs. Postop Clinic</td>
</tr>
</tbody>
</table>

1. PATIENT CARE
Goal: To provide care to patients with urologic disease that is compassionate, appropriate, and effective

Objectives:
1. Obtain a complete and accurate history and physical examination from patients with genitourinary complaints.
2. Appropriately counsel and educate patients and their families about hydronephrosis, calculous disease, and pediatric phimosis
3. Demonstrate competency in performing difficult bladder catheterization
4. Demonstrate knowledge of the appropriate laboratory and imaging tests to evaluate patients presenting with hydronephrosis, urethral stricture disease, and pediatric phimosis
5. Demonstrate safe and effective transfer of patient care (handoffs)

2. MEDICAL KNOWLEDGE
Goal: Acquire clinical and basic science knowledge of urologic disease and be able to
apply this knowledge to in the care of patients.

**Objectives:**
1. Demonstrate knowledge of the pathophysiology of ureteral obstruction
2. Be able to interpret CT scans on patients with hydronephrosis
3. Understand indications and methods for treatment of hydronephrosis and pediatric phimosis
4. Score above the 50th percentile on the annual in-service examination with a percent correct score of at least 26-40%

**3. PRACTICE-BASED LEARNING AND IMPROVEMENT**

Goal: Improve urologic patient care practices by the critical evaluation of current practice patterns and by the appraisal and assimilation of scientific evidence.

**Objectives:**
1. Demonstrate improvement in rigid cystoscopy technique during the rotation
2. Locate, appraise and assimilate scientific studies from the urologic literature applicable to patient management.
3. Facilitate the learning of nursing staff and medical students.
4. Be facile at using PUBMED to search for peer-reviewed manuscripts on a particular topic
5. Engage in scholarly activity as a means of improving your practice

**4. INTERPERSONAL AND COMMUNICATION SKILLS**

Goal: Develop interpersonal and communication (verbal and writing) skills that will allow effective exchange of information with urologic patients, their families and other health care professionals.

**Objectives:**
1. Develop rapport with urologic patients and their families.
2. Develop effective listening skills and be able to elicit information from patients
3. Write coherent and legible notes in the medical record
4. Work effectively with others as a member of the Urology health care team.
5. Interact and communicate effectively with nurses and other health professionals and hospital staff.
6. Be courteous to patients and staff

**5. PROFESSIONALISM**

Goal: Be professional by adherence to high ethical standards, accountability, and sensitivity to the diverse urologic patient population.

**Objectives:**
1. Have respect, compassion and integrity in your interactions with patients, their family members and other health care professionals.
2. Be punctual at conference and see patients under your care
3. Understand and commit to the ethical principles pertaining to confidentiality of patient
information, informed consent and urology business practices.
4. Ask for assistance from senior residents/faculty when you have reached the limit of your abilities
8. Comply with federal and state laws, and ACGME/institutional/program resident requirements (including being up to date with procedure case logs)

6. SYSTEMS-BASED PRACTICE
Goal: Be aware of and responsive to the health care system in which you practice, and use available resources to optimize care of the urologic patient.

Objectives:
1. Practice cost-conscious health care without compromising quality of care
2. Coordinate patient care by partnering with case managers, social workers, other physicians, and support staff
3. Participate in identifying system errors and implementing potential solutions
4. Assist urology patients in dealing with health care system complexities.
The PGY-3 VAMC rotation is designed to give exposure to general urology. Instruction focuses largely on the ACGME domains of geriatric disease, sexual dysfunction, voiding dysfunction, and calculous disease.

### 1. PATIENT CARE
**Goal:** To provide care to patients with urologic disease that is compassionate, appropriate, and effective

**Objectives:**
1. Obtain a complete and accurate history and physical examination from patients with genitourinary complaints.
2. Appropriately counsel and educate patients and their families about sexual dysfunction, and bladder outlet obstruction
3. Demonstrate competency in performing a retrograde pyelogram and transurethral resection of a small bladder tumor
4. Demonstrate safe and effective transfer of patient care (handoffs)

### 2. MEDICAL KNOWLEDGE
**Goal:** Acquire clinical and basic science knowledge of urologic disease and be able to apply this knowledge to in the care of patients.

**Objectives:**
1. Demonstrate knowledge of the pathophysiology of erectile dysfunction
2. Understand how to interpret the PSA test based on patient age
3. Understand indications and methods for treatment of erectile dysfunction and lower urinary tract symptoms (BPH)
4. Score above the 50th percentile on the annual in-service examination, with a percent correct score of at least 36-45%

3. PRACTICE-BASED LEARNING AND IMPROVEMENT
Goal: Improve urologic patient care practices by the critical evaluation of current practice patterns and by the appraisal and assimilation of scientific evidence.

Objectives:
1. Demonstrate improvement in transurethral resection of bladder tumor technique during the rotation
2. Locate, appraise, and assimilate scientific studies from the urologic literature applicable to patient management
3. Facilitate the learning of nursing staff, more junior residents, and medical students
4. Engage in scholarly activity as a means of improving your practice

4. INTERPERSONAL AND COMMUNICATION SKILLS
Goal: Develop interpersonal and communication (verbal and writing) skills that will allow effective exchange of information with urologic patients, their families and other health care professionals.

Objectives:
1. Develop rapport with urologic patients and their families.
2. Develop effective listening skills and be able to elicit information from patients
3. Write coherent and legible notes in the medical record
4. Work effectively with others as a member of the Urology health care team.
5. Interact and communicate effectively with nurses and other health professionals and hospital staff.
6. Be courteous to patients and staff

5. PROFESSIONALISM
Goal: Be professional by adherence to high ethical standards, accountability, and sensitivity to the diverse urologic patient population.

Objectives:
1. Have respect, compassion and integrity in your interactions with patients, their family members and other health care professionals.
2. Take responsibility for your actions, be accountable, and bring assigned tasks to completion.
3. Understand and commit to the ethical principles pertaining to confidentiality of patient information, informed consent and urology business practices.
4. Be sensitive and responsive to the urology patients’ diversity in culture, age, gender, religion and disabilities.
5. Be honest and forthright in your interaction with patients and other health care professionals
6. Know the limits of your abilities, practice within the scope of those abilities, and ask for help when needed
7. Comply with federal and state laws, and ACGME/institutional/program resident requirements (including being up to date with procedure case logs)

6. SYSTEMS-BASED PRACTICE

Goal: Be aware of and responsive to the health care system in which you practice, and use available resources to optimize care of the urologic patient.

Objectives:
1. Practice cost-conscious health care without compromising quality of care
2. Coordinate patient care by partnering with case managers, social workers, other physicians, and support staff
3. Participate in identifying system errors and implementing potential solutions
4. Assist urology patients in dealing with health care system complexities.
5. Adapt to and work effectively in a federal health care facility
PGY-3 – UNM Rotation GOALS and OBJECTIVES

The PGY-3 rotation at UNM emphasizes calculous disease and oncology (prostate cancer). Surgical experience focuses on endourologic, robotic, minimally invasive laparoscopic, and minor open cases. The resident will assist the PGY-2 resident with inpatient consults, verifying that management has been appropriate. Residents also gain experience in renal transplantation during this rotation.

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.M.</td>
<td>General Urology Clinic</td>
<td>Preop Clinic</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
</tr>
<tr>
<td>P.M.</td>
<td>General Urology Clinic</td>
<td>Davis Clinic</td>
<td>OR</td>
<td>OR</td>
<td>Postop Clinic</td>
</tr>
</tbody>
</table>

1. PATIENT CARE

**Goal:** To provide care to patients with urologic disease that is compassionate, appropriate, and effective

**Objectives:**
1. Appropriately counsel and educate patients and their families about endourologic treatment of kidney stones, scrotal pathology, and robotic prostatectomy
2. Demonstrate competency in performing seminal vesicle dissection, intracorporeal suturing, bladder takedown, and posterior dissection during robotic prostatectomy
3. Demonstrate safe and effective transfer of patient care (handoffs)

2. MEDICAL KNOWLEDGE

**Goal:** Acquire clinical and basic science knowledge of urologic disease and be able to apply this knowledge to in the care of patients.

**Objectives:**
1. Demonstrate knowledge of the physiologic alterations with pneumoperitoneum, as
seen in laparoscopic and robotic surgery
2. Understand the indications for rigid versus flexible ureteroscopy
3. Score above the 50th percentile on the annual in-service examination, with a percent correct score of at least 36-45%
4. Describe the appropriate evaluation for patients prior to undergoing renal transplantation.

3. PRACTICE-BASED LEARNING AND IMPROVEMENT

Goal: Improve urologic patient care practices by the critical evaluation of current practice patterns and by the appraisal and assimilation of scientific evidence.

Objectives:
1. Demonstrate improvement in robotic surgical technique during the course of the rotation
2. Locate, appraise and assimilate scientific studies from the urologic literature applicable to patient management.
3. Facilitate the learning of nursing staff, more junior residents, and medical students.
4. Engage in scholarly activity as a means of improving your practice

4. INTERPERSONAL AND COMMUNICATION SKILLS

Goal: Develop interpersonal and communication (verbal and writing) skills that will allow effective exchange of information with urologic patients, their families and other health care professionals.

Objectives:
1. Develop rapport with urologic patients and their families.
2. Develop effective listening skills and be able to elicit information from patients
3. Write coherent and legible notes in the medical record
4. Work effectively with others as a member of the Urology health care team.
5. Interact and communicate effectively with nurses and other health professionals and hospital staff.
6. Be courteous to patients and staff

5. PROFESSIONALISM

Goal: Be professional by adherence to high ethical standards, accountability, and sensitivity to the diverse urologic patient population.

Objectives:
1. Have respect, compassion and integrity in your interactions with patients, their family members and other health care professionals.
2. Take responsibility for your actions, be accountable, and bring assigned tasks to completion.
3. Understand and commit to the ethical principles pertaining to confidentiality of patient information, informed consent and urology business practices.
4. Be sensitive and responsive to the urology patients’ diversity in culture, age, gender, religion and disabilities.
5. Be honest and forthright in your interaction with patients and other health care professionals.
6. Know the limits of your abilities, practice within the scope of those abilities, and ask for help when needed.
7. Comply with federal and state laws, and ACGME/institutional/program resident requirements (including being up to date with procedure case logs).

6. SYSTEMS-BASED PRACTICE

**Goal:** Be aware of and responsive to the health care system in which you practice, and use available resources to optimize care of the urologic patient.

**Objectives:**
1. Practice cost-conscious health care without compromising quality of care.
2. Coordinate patient care by partnering with case managers, social workers, other physicians, and support staff.
3. Participate in identifying system errors and implementing potential solutions.
4. Assist urology patients in dealing with health care system complexities.
5. Adapt to and work effectively in a busy tertiary care academic medical center.
The PGY-4 rotation at Presbyterian is designed to focus on building operative skills in general urology. The resident is now transitioning to be a senior-level resident, functioning as the only resident managing a busy service at a private hospital. Female urology and urinary incontinence is particularly emphasized during this rotation. More experience is also provided in oncology, reproductive dysfunction, and calculous disease.

### 1. PATIENT CARE
**Goal:** To provide care to patients with urologic disease that is compassionate, appropriate, and effective

**Objectives:**
1. Demonstrate competency in performing mid-urethral sling placement, repair of cystocele, laser vaporization of the prostate, and open retropubic radical prostatectomy, and ESWL.
2. Demonstrate safe and effective transfer of patient care (handoffs)

### 2. MEDICAL KNOWLEDGE
**Goal:** Acquire clinical and basic science knowledge of urologic disease and be able to apply this knowledge to in the care of patients.

**Objectives:**
1. Demonstrate knowledge of the pathophysiology of urinary incontinence and pelvic organ prolapse
2. Understand how to interpret a urodynamics study
3. Understand the science behind and potential complications of extracorporeal shock wave lithotripsy (ESWL)
4. Score above the 50th percentile on the annual in-service examination, with a percent correct score of at least 46-55%

3. PRACTICE-BASED LEARNING AND IMPROVEMENT
Goal: Improve urologic patient care practices by the critical evaluation of current practice patterns and by the appraisal and assimilation of scientific evidence.

Objectives:
1. Demonstrate improvement in open vaginal surgery technique during the rotation.
2. Demonstrate improvement in open radical prostatectomy technique during the rotation.
3. Locate, appraise and assimilate scientific studies from the urologic literature applicable to patient management.
4. Facilitate the learning of nursing staff and more junior residents (particularly during on-call experiences)
5. To engage in scholarly activity as a means of improving your practice

4. INTERPERSONAL AND COMMUNICATION SKILLS
Goal: Develop interpersonal and communication (verbal and writing) skills that will allow effective exchange of information with urologic patients, their families and other health care professionals.

Objectives:
1. Develop rapport with urologic patients and their families.
2. Develop effective listening skills and be able to elicit information from patients
3. Write coherent and legible notes in the medical record
4. Work effectively with others as a member of the Urology health care team.
5. Interact and communicate effectively with nurses and other health professionals and hospital staff.
6. Be courteous to patients and staff

5. PROFESSIONALISM
Goal: Be professional by adherence to high ethical standards, accountability, and sensitivity to the diverse urologic patient population.

Objectives:
1. Have respect, compassion and integrity in your interactions with patients, their family members and other health care professionals.
2. Be punctual at conference and see patients under your care
3. Understand and commit to the ethical principles pertaining to confidentiality of patient information, informed consent and urology business practices.
4. Be sensitive and responsive to the urology patients’ diversity in culture, age, gender, religion and disabilities.
5. Be honest and forthright in your interaction with patients and other health care professionals
6. Know the limits of your abilities, practice within the scope of those abilities, and ask for help when needed
7. Comply with federal and state laws, and ACGME/institutional/program resident requirements (including being up to date with procedure case logs)

6. SYSTEMS-BASED PRACTICE

Goal: Be aware of and responsive to the health care system in which you practice, and use available resources to optimize care of the urologic patient.

Objectives:
1. Practice cost-conscious health care without compromising quality of care
2. Coordinate patient care by partnering with case managers, social workers, other physicians, and support staff
3. Participate in identifying system errors and implementing potential solutions
4. Assist urology patients in dealing with health care system complexities.
5. Adapt to and work effectively in a private hospital setting
The PGY-4 rotation at UNM focuses on the evaluation and treatment of pediatric patients with urologic disease. This includes exposure to reconstructive techniques (bladder augmentation, hypospadias repair, and pyeloplasty). Exposure in operative cases at a community medical center (Sandoval Regional Medical Center) may also occur in the future. The resident continues to function at the senior-level, managing an inpatient service and performing all daytime pediatric inpatient consultations.

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.M.</td>
<td>Pediatric Urology Clinic</td>
<td>OR – Pediatric Urology</td>
<td>Clinic Vs. OR</td>
<td>OR – Pediatric Urology</td>
<td>OR – Pediatric Urology</td>
</tr>
<tr>
<td>P.M.</td>
<td>OR</td>
<td>OR – Pediatric Urology</td>
<td>Spina Bifida Clinic</td>
<td>Clinic</td>
<td>OR – Pediatric Urology</td>
</tr>
</tbody>
</table>

1. **PATIENT CARE**

**Goal:** To provide care to pediatric patients with urologic disease that is compassionate, appropriate, and effective

**Objectives:**
1. Demonstrate competency in performing pediatric hypospadias repair, orchidopexy, pediatric cystoscopy, and vaso-vasostomy
2. Be able to perform a complete history and physical examination on pediatric patients with urologic disease
3. Appropriately counsel and educate patients and their parents about congenital anomalies, hypospadias, dysfunctional voiding, and vesicoureteral reflux
4. Demonstrate safe and effective transfer of patient care (handoffs)

2. **MEDICAL KNOWLEDGE**

**Goal:** Acquire clinical and basic science knowledge of urologic disease and be able to apply this knowledge to in the care of patients.

**Objectives:**
1. Demonstrate knowledge of the pathophysiology of vesicoureteral reflux
2. Understand and be able to interpret renal-bladder ultrasounds and voiding cystourethrogram (VCUGs)
3. Understand the indications for and potential complications of vaso-vasostomy and vaso-epidymostomy
4. Score above the 50th percentile on the annual in-service examination, with a percent correct score of at least 46-55%

3. PRACTICE-BASED LEARNING AND IMPROVEMENT
Goal: Improve urologic patient care practices by the critical evaluation of current practice patterns and by the appraisal and assimilation of scientific evidence.

Objectives:
1. Demonstrate improvement in orchidopexy and hypospadias repair technique during the rotation
2. Locate, appraise and assimilate scientific studies from the urologic literature applicable to patient management.
3. Facilitate the learning of nursing staff, more junior residents, and medical students.
4. Engage in scholarly activity as a means of improving your practice

4. INTERPERSONAL AND COMMUNICATION SKILLS
Goal: Develop interpersonal and communication (verbal and writing) skills that will allow effective exchange of information with urologic patients, their families and other health care professionals.

Objectives:
1. Develop rapport with urologic patients and their families.
2. Develop effective listening skills and be able to elicit information from patients
3. Write coherent and legible notes in the medical record
4. Work effectively with others as a member of the Urology health care team.
5. Interact and communicate effectively with nurses and other health professionals and hospital staff.
6. Be courteous to patients and staff

5. PROFESSIONALISM
Goal: Be professional by adherence to high ethical standards, accountability, and sensitivity to the diverse urologic patient population.

Objectives:
1. Have respect, compassion and integrity in your interactions with patients, their family members and other health care professionals.
2. Be punctual to conference and see patients as asked by senior residents and attendings
3. Understand and commit to the ethical principles pertaining to confidentiality of patient information, informed consent and urology business practices.
4. Ask for assistance from senior residents/faculty when you have reached the limit of
your abilities
5. Comply with federal and state laws, and ACGME/institutional/program requirements
   (including being up to date with procedure case logs)

6. SYSTEMS-BASED PRACTICE
   Goal: Be aware of and responsive to the health care system in which you practice, and
   use available resources to optimize care of the urologic patient.

   Objectives:
   1. Coordinate patient care with surgical schedulers and support staff
   2. Practice cost-conscious health care without compromising quality of care
   3. Participate in identifying system errors and implementing potential solutions
   4. Assist urology patients in dealing with health care system complexities.
PGY-5 – VAMC Rotation GOALS and OBJECTIVES

The PGY-5 rotation at VAMC is a 6-month Chief Resident rotation. The resident is given a high level of responsibility and independence. Exposure to urologic oncology and advanced robotic surgical procedures is emphasized. The resident is responsible for managing the inpatient service and scheduling surgeries. Resident also polish skills in complex endoscopic (transurethral) surgeries and vasectomy.

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.M.</td>
<td>OR – Oncology (Dr. Smith)</td>
<td>OR – Dr. Hayes</td>
<td>OR – Dr. Martinez</td>
<td>OR – Dr. Robbins</td>
<td>Clinic</td>
</tr>
<tr>
<td>P.M.</td>
<td>OR – Oncology (Dr. Smith)</td>
<td>OR</td>
<td>OR – Dr. Martinez</td>
<td>OR Dr. Robbins</td>
<td>Clinic</td>
</tr>
</tbody>
</table>

1. PATIENT CARE
Goal: To provide care to patients with urologic disease that is compassionate, appropriate, and effective

Objectives:
1. Appropriately counsel patients about treatment options (including risks/benefits) for kidney, bladder, and prostate cancer
2. Demonstrate competency in performing robotic partial nephrectomy, robotic prostatectomy, transurethral resection of the prostate, and vasectomy
3. Demonstrate knowledge of the appropriate laboratory and imaging tests to evaluate patients with urologic cancer
4. Recognize complications of robotic surgery and institute appropriate initial management
5. Demonstrate safe and effective transfer of patient care (handoffs)

2. MEDICAL KNOWLEDGE
Goal: Acquire clinical and basic science knowledge of urologic disease and be able to
apply this knowledge to in the care of patients.

**Objectives:**
1. Demonstrate knowledge of the controversies in the management of small renal masses and prostate cancer
2. Demonstrate appropriate patient selection and preparation for major oncologic cases
3. Understand staging nomenclature for prostate, kidney, and bladder cancer
4. Score above the 50th percentile on the annual in-service examination, with a percent correct score of at least 56-65%

### 3. PRACTICE-BASED LEARNING AND IMPROVEMENT

**Goal:** Improve urologic patient care practices by the critical evaluation of current practice patterns and by the appraisal and assimilation of scientific evidence.

**Objectives:**
1. Demonstrate improvement in robotic surgical technique during the rotation
2. Locate, appraise and assimilate scientific studies from the urologic literature applicable to patient management.
3. Facilitate the learning of nursing staff, more junior residents, and medical students.
4. Be facile at using PUBMED to search for peer-reviewed manuscripts on a particular topic
5. Engage in scholarly activity as a means of improving your practice

### 4. INTERPERSONAL AND COMMUNICATION SKILLS

**Goal:** Develop interpersonal and communication (verbal and writing) skills that will allow effective exchange of information with urologic patients, their families and other health care professionals.

**Objectives:**
1. Develop rapport with urologic patients and their families.
2. Develop effective listening skills and be able to elicit information from patients
3. Write coherent and legible notes in the medical record
4. Work effectively with others as a member of the Urology health care team.
5. Interact and communicate effectively with nurses and other health professionals and hospital staff.
6. Be courteous to patients and staff

### 5. PROFESSIONALISM

**Goal:** Be professional by adherence to high ethical standards, accountability, and sensitivity to the diverse urologic patient population.

**Objectives:**
1. Have respect, compassion and integrity in your interactions with patients, their family members and other health care professionals.
2. Be punctual to conference and see patients as asked by attendings
3. Understand and commit to the ethical principles pertaining to confidentiality of patient
information, informed consent and urology business practices.
4. Ask for assistance from faculty when you have reached the limit of your abilities
5. Comply with federal and state laws, and ACGME/institutional/program requirements (including being up to date with procedure case logs)

6. SYSTEMS-BASED PRACTICE

**Goal:** Be aware of and responsive to the health care system in which you practice, and use available resources to optimize care of the urologic patient.

**Objectives:**
1. Continually advocate for quality patient care and patient safety
2. Practice cost-conscious health care without compromising quality of care
3. Coordinate patient care by partnering with case managers, social workers, other physicians, and support staff
4. Participate in identifying system errors and implementing potential solutions
5. Assist urology patients in dealing with health care system complexities.
The PGY-5 rotation at UNM is a 6-month Chief Resident rotation with a very high level of responsibility, independence, and exposure to complex urologic disease. The rotation focuses on urologic oncology, major genital and perineal surgery, complex calculous disease, advanced endoscopic surgery, trauma, and reconstructive surgery. The resident will become competent in open, laparoscopic, endourologic, and robotic surgical techniques. The resident also has administrative responsibilities such as managing a busy inpatient service, delegating responsibilities to 3 junior residents, and supervising the consultation service.

### Monday
- **A.M.**
  - OR Robotic Surgery (Dr. Shah)
- **P.M.**
  - OR (Dr. Riley)

### Tuesday
- **A.M.**
  - Chief Resident Preop Clinic vs. OR with Dr. Davis
- **P.M.**
  - Admin time

### Wednesday
- **A.M.**
  - OR - Oncology Dr. Davis/Alba
- **P.M.**
  - OR - Oncology Dr. Davis/Alba

### Thursday
- **A.M.**
  - OR – Dr. Shah or Dr. Riley
- **P.M.**
  - OR – Dr. Shah or Dr. Riley

### Friday
- **A.M.**
  - OR – Dr. Gallegos or Dr. Davis
- **P.M.**
  - OR – Dr. Davis or Dr. Gallegos

### 1. PATIENT CARE
**Goal:** To provide care to patients with urologic disease that is compassionate, appropriate, and effective

**Objectives:**
1. Appropriately counsel and educate patients about urethral stricture disease, testis cancer, kidney cancer, and genitourinary trauma.
2. Demonstrate competency in performing radical cystectomy, laparoscopic nephrectomy, urethroplasty, and non-continent urinary diversion
3. Demonstrate knowledge of the appropriate laboratory and imaging tests to evaluate patients with genitourinary trauma and urethral stricture disease
4. Demonstrate safe and effective transfer of patient care (handoffs)

### 2. MEDICAL KNOWLEDGE
**Goal:** Acquire clinical and basic science knowledge of urologic disease and be able to
apply this knowledge to in the care of patients.

Objectives:
1. Demonstrate knowledge of treatment algorithms in bladder cancer, urethral stricture disease, and genitourinary trauma
2. Understand the indications for and complications of orthotopic urinary diversion
3. Demonstrate appropriate patient selection and preparation for major oncologic cases
4. Be able to interpret a retrograde urethrogram, CT Urogram, and nephrostogram
5. Score above the 50th percentile on the annual in-service examination, with a percent correct score of at least 56-65%

3. PRACTICE-BASED LEARNING AND IMPROVEMENT
Goal: Improve urologic patient care practices by the critical evaluation of current practice patterns and by the appraisal and assimilation of scientific evidence.

Objectives:
1. Demonstrate improvement in major oncologic surgical technique during the course of the rotation
2. Locate, appraise and assimilate scientific studies from the urologic literature applicable to patient management.
3. Facilitate the learning of nursing staff, more junior residents, and medical students.
4. Be facile at using PUBMED to search for peer-reviewed manuscripts on a particular topic
5. Engage in scholarly activity as a means of improving your practice

4. INTERPERSONAL AND COMMUNICATION SKILLS
Goal: Develop interpersonal and communication (verbal and writing) skills that will allow effective exchange of information with urologic patients, their families and other health care professionals.

Objectives:
1. Develop rapport with urologic patients and their families.
2. Develop effective listening skills and be able to elicit information from patients
3. Write coherent and legible notes in the medical record
4. Work effectively with others as a leader of the Urology health care team.
5. Interact and communicate effectively with nurses and other health professionals and hospital staff.
6. Be courteous to patients and staff

5. PROFESSIONALISM
Goal: Be professional by adherence to high ethical standards, accountability, and sensitivity to the diverse urologic patient population.

Objectives:
1. Have respect, compassion and integrity in your interactions with patients, their family members and other health care professionals.
2. Be punctual to conference and see patients as asked by attendings
3. Understand and commit to the ethical principles pertaining to confidentiality of patient information, informed consent and urology business practices.
4. Ask for assistance from faculty when you have reached the limit of your abilities
5. Comply with federal and state laws, and ACGME/institutional/program requirements (including being up to date with procedure case logs)

6. SYSTEMS-BASED PRACTICE
   Goal: Be aware of and responsive to the health care system in which you practice, and use available resources to optimize care of the urologic patient.

   Objectives:
   1. Practice cost-conscious health care without compromising quality of care
   2. Coordinate patient care by partnering with case managers, social workers, other physicians, and support staff
   3. Participate in identifying system errors and implementing potential solutions
   4. Assist urology patients in dealing with health care system complexities.
Additional Expectations of Residents on All rotations

1. Come to the operating room PREPARED and ready to perform the surgery. This means knowing the patient’s history, having already reviewed the appropriate imaging studies, and having read about the steps of the surgery. Residents are encouraged to utilize surgical atlases such as Hinman’s, and on-line resources as appropriate.

2. Independently read about the disease processes you see in practice. This will help strengthen your recollection by association with a particular patient/case. Read every day!

3. Begin scholarly activity early. **One of the following achievements is required for graduation:** 1) submission of manuscript for publication 2) submission of abstract at South Central Section AUA 3) text book chapter submission. Quality assurance projects are also considered scholarly activity.

4. Please complete required administrative tasks on time. This includes weekly logging of procedures, reporting your duty hours, completion of resident surveys, completing medical records on Powerchart, end of the rotation evaluations on New Innovations, and conference related preparation and write-ups.

5. Dictate all operative reports and clinic notes within 24 hours.

6. Dress professionally. Remember that your actions and dress need to instill confidence in patients who trust you with their lives.

7. Keep patients/families updated about their care. This includes speaking with the family after surgery (even if the attending has already done so).

8. Keep the faculty updated about major changes in patient status, even if they are not on call.

9. Pages should generally be returned within 5 minutes.

10. Residents should be present in the OR when the patient comes into the room and stay with the patient until the time he/she is taken to the recovery room. The only exception would be during scheduled conferences.

11. The chief resident should organize the team to make sure that patients going to the OR are seen for preop examination, blue cards are submitted, preoperative labs and urine cultures have been obtained and any abnormalities dealt with prior to day of surgery.
Academic conferences are a key part of the teaching program for residents. **Residents are excused from elective clinical duties during conference, including presence in the OR.** Documentation of faculty/resident attendance is mandatory and tracked using sign-in sheets. Residents that are repeatedly tardy or absent may be required to write-up a 3-page summary on the topic that was discussed.

<table>
<thead>
<tr>
<th>CONFERENCE</th>
<th>SCHEDULE</th>
<th>FACULTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indications and Consultations Conference</td>
<td>Weekly</td>
<td>Dr. Shah</td>
</tr>
<tr>
<td>Grand Rounds/Didactic Conference</td>
<td>Weekly</td>
<td>Dr. Shah</td>
</tr>
<tr>
<td>Uro-radiology Case Conference</td>
<td>Monthly</td>
<td>Dr. Shah</td>
</tr>
<tr>
<td>Morbidity and Mortality Conference</td>
<td>Monthly</td>
<td>Dr. Riley</td>
</tr>
<tr>
<td>Pediatric Conference</td>
<td>Monthly</td>
<td>Dr. Ming, Dr. Wilson</td>
</tr>
<tr>
<td>Journal Club</td>
<td>Monthly</td>
<td>Dr. Alba</td>
</tr>
<tr>
<td>Tumor Board/Oncology Imaging Conference</td>
<td>Monthly</td>
<td>Dr. Shah, Dr. Eberhardt</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Radiology), Dr. Barry</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Pathology)</td>
</tr>
<tr>
<td>Core Curriculum Conference</td>
<td>Weekly</td>
<td>Dr. Robbins</td>
</tr>
</tbody>
</table>

*Friday conferences - UH Administration, except 1st Friday is at VA*

**Grand Rounds/Didactic Conference** – Faculty and Residents give lectures utilizing powerpoint slides. Didactics focus on the ACGME core domains: voiding dysfunction, female urology, reconstruction, oncology, calculous disease, pediatrics and sexual dysfunction.

The specific topic may come from the AUA Core Curriculum, AUA updates, AUA plenary sessions, or from the Campbell-Walsh Urology textbook. Online and DVD-based resources such as those from the American Urological Association (AUA) and American College of Surgeons are also used for education. During the course of a year, this conference includes instruction in bioethics, professionalism, radiation safety, biostatistics, resident fatigue, cost-containment, billing, and compliance issues. Invited speakers and visiting professors may also give lectures at this venue.

**Indications and Consultations Conference** – The purpose of this conference is to discuss the appropriate evaluation and management of urologic disease. Select cases from the upcoming week’s operative list are reviewed with emphasis on the indications for surgery, alternative treatments, proposed surgical technique, and potential complications. Residents must be familiar with the cases and may be quizzed about the
disease process or operative intervention. Pertinent laboratory and imaging studies are reviewed, thereby incorporating instruction in Uro-Radiology. Residents not only learn medical knowledge, but also systems-based practice since the most appropriate and cost-effective diagnostic steps are discussed. Any interesting inpatient consultations may also be reviewed at this time, and are presented by the PGY-2 resident rotating on the Consult/Pediatric Service.

**Uro-radiology Case Conference** – Residents present 2 or 3 cases and review the imaging studies (CT, MRI, U/S, etc) to another “consulting” resident that is unfamiliar with the case. The presenting resident starts by giving a short history. The “consulting” resident requests additional information about the history, physical exam, laboratory and imaging studies to arrive at a differential diagnosis. This conference is designed to simulate Part II (certifying exam) of the American Board of Urology. Residents learn how to present cases in a structured and organized manner, and learn to systematically arrive at a diagnosis and treatment plan. It tests the core competency of medical knowledge. Faculty evaluate residents using checklists and a global evaluation form. The Urologic Ultrasound Educational CDs produced by the AUA, and the AFIP Radiology CD are also reviewed during this conference.

**Pediatric Conference** – A topic related to pediatric urology is presented under the guidance of Dr. Wilson and/or Dr. Ming.

**Morbidity and Mortality/Quality Assurance Conference** – The chief or senior resident at each of the 3 hospitals present select complications/adverse events from the prior month. The resident summarizes the history, complication that occurred, management, and ultimate outcome. A determination is made as to whether there were any errors in judgment or technique, or patient related contributing factors. Residents are expected to review, present, and cite any literature on the complication.

**Journal Club** – The purpose of Journal Club is to keep residents up-to-date with the current literature and to teach them how to read scientific articles critically. It teaches the residents practice-based learning. The chief residents select and assign 4-5 articles from the *Journal of Urology* and other leading urologic journals. Each resident summarizes an article and reviews the appropriateness of the methodology, including statistical analysis. Faculty help evaluate each article for clinical relevance, scientific merit, and validity of conclusions.

**Core Curriculum Conference** – This conference is based on a topic from the AUA’s Core Curriculum, the AUA’s Educational Review Manual or from a chapter in the Campbell-Walsh Urology textbook.

**Tumor Board/Urologic Oncology Imaging Conference** – This is a multidisciplinary conference involving discussion of complex cancer cases. Dr. Steve Eberhardt (Uro-radiologist) reviews the associated imaging. Operative findings are discussed, including any relevant intraoperative photos or video. Dr. Marc Barry (Uro-pathologist) reviews the pathology.
Scholarly Activity

One of the following achievements is required for graduation: 1) submission of manuscript for publication 2) submission of abstract at South Central Section AUA 3) textbook chapter submission. Quality assurance projects are also considered scholarly activity, but do not substitute for meeting one of the above requirements.

These projects must also be presented at the annual resident research retreat. The work should be conducted with one of the faculty serving as an advisor. Topics are either chosen or assigned. Residents should meet with Dr. Riley who oversees resident research projects. Residents take a course in evidence-based medicine as part of their general surgical experience during the PGY-1 year when it is offered. They are also asked to complete any additional modules necessary to allow for HRRC submission. Various lectures throughout the years of training build on these concepts. Dr. Riley will review progress with research as part of the biannual individual resident review.

Policy for Eligibility and Selection of Residents

The University of New Mexico Urology Training Program participates in the National Resident Matching Program administered by the American Urologic Association. The University is an Equal Opportunity employer and makes selections based on the preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs do not discriminate with regard to sex, race, age, religion, color, national origin, disability, veteran status, sexual orientation, ancestry, or medical conditions.

The program is very competitive and we receive more than 100 applications for our 2 positions. Preparation of the match list is the ultimate responsibility of the Program Director. However, selection is based on advice from the Resident Education and Promotion Committee.

Resident selection is based on evaluation of:

1. ERAS application, academic performance in Medical School, including Dean’s Letter, grades, awards, AOA membership, class rank if available, and score from USMLE Step 1.
2. Personal recommendation letters
3. Personal Statement
4. Interview and interpersonal skills
5. Extracurricular activities and accomplishments

Urology adheres to UNM GME policies on House Officer Selection.

Leave Policy
The Division of Urology follows the UNM GME office policy regarding resident leave. Currently, 21 days of leave are granted annually. This is granted in the following format: 15 days of weekday leave and 6 days of weekend leave. Therefore, leave is generally granted in one-week blocks (Monday thru Sunday). Generally, leave will not be granted during the 1st 2 weeks or last 2 weeks of any academic year. However, the program director may grant exceptions to this policy for chief residents in extenuating circumstances (such as a fellowship that is set to commence on July 1st). Otherwise, all residents, including the chief residents, are expected to work until June 30th of each academic year. Residents are also granted additional, Education Leave of up to 5 days annually if they are presenting a paper at a meeting. Leave must be requested at least 30 days in advance and will be subject to approval by the program director. Other forms of non-routine leave (professional, sick, maternity/paternity, family, bereavement, etc) is in accordance with GME office policy.

**Policy for Resident Appointment, Promotion, and Disciplinary Action**

Resident rotation assignments are made by the program director in the spring and are published and sent to the residents. In accordance with GME Office policies, a resident who has not received written notification of termination or academic probation may reasonably assume that they will continue in the training program and will progress to the next year of training. Residents will be appraised of their status as part of their biannual evaluation which is performed by the Clinical Competency Committee and which involves achievement of certain milestones. This assumes that there has not been notification by the University of discontinuation of the University contract because of deficiency or non-compliance that has resulted in University action. This would occur only after appropriate notification and opportunity for due process. Near the completion of the last year of training, an additional evaluation will be done for the Chief Residents. This consists of a written evaluation that is based on recommendations of the Clinical Competency Committee and used for purposes of the American Board of Urology as well as for documentation of satisfactory completion of program requirements. In this evaluation, the Program Director will state that the resident has become competent to practice in the specialty of urology and has satisfied the requirements of the training program. Upon completion of the training program, a training certificate will be awarded.

It is recognized that certain problems, deficiencies, etc., may result in immediate termination (dismissal). Such examples (not necessarily all inclusive) would be:

- Documented immoral or unethical conduct, such as sexual harassment
- Noncompliance with hospital by-laws or University contractual terms that would lead to termination of employment
- Documented unprofessional conduct
Abuse of prescribing privileges

Patient abandonment, flagrant insubordination, or incompetence in patient management

Residents may be placed on academic remediation throughout the academic year. If remediation is planned, the program director will speak with the resident and outline a plan for improvement. For instance, if a resident is doing well clinically but performs poorly on the in-service exam, a program may be developed for the resident, which may run until the next in-service exam. Remediation is not normally a reportable issue. If remediation fails, a resident may be placed on probation. Probation normally has a similar time constraint listed above. Probation is reportable and there are due process issues which are outlined by the UNM GME Office. Notification of a probationary period will be communicated to the resident and to the GME Office in writing. Failure to remedy problems that have led to academic probation may be reason for termination or for denial of progression to the next year of training. Being advised of placement on academic probation for a second period during any academic year will ordinarily result in failure to be promoted to the next year of training. Consensus will generally be reached by the Program Director in consultation with the Resident Education and Promotions Committee regarding whether a resident will be permitted to continue training; if so, under what conditions and whether a resident will be placed on academic probation. Examples of reasons that may result in academic probation (not necessarily all inclusive) are:

- Failure to perform satisfactorily on ward rotations and associated activity as determined by the Program Director in consultation with other faculty. (e.g., score less than or equal to 2 on one or more parameters of ward evaluation)

- Poor academic performance on in-training examination, which, in the best judgment of the Program Director, would reasonably predict failure to pass the board examination

- Failure to perform satisfactorily on occasions of individual academic assessment (e.g., poor conference performance with case presentation and management)

- Failure to achieve satisfactory evaluations on completion of scheduled resident assignments

- Failure to achieve acceptable levels of clinical competence, as judged by the Program Director

Policy on Graduated Levels of Supervision

The goal of this program’s policy on graded supervision of residents is 1) to assure the safe and effective care to an individual patient 2) to assure each resident’s development of skill, knowledge, and attitudes so that he or she will be ready for unsupervised
practice after residency. Through the 4 years of urology training, the resident will have increased responsibility. Ultimately, however, the attending physician has medical and legal responsibility for the patient. The program follows the policy on graduated levels of supervision as outlined by the GME Office. However, Urology residency program-specific policies are as outlined below:

1. In the ambulatory care setting, the attending physician will provide DIRECT SUPERVISION of PGY-2 and PGY-3 residents after they have seen and examined a patient. An exception will be the postoperative and preoperative clinics, where patients already have a treatment plan prescribed by the attending physician. These patients are being seen for history and physical or basic postoperative procedure (pathology review, staple removal, drain removal, stent removal, etc.). In these situations, PGY-2 and PGY-3 will be INDIRECTLY SUPERVISED (DIRECT SUPERVISION IMMEDIATELY AVAILABLE). The PGY-4 and PGY-5 residents, will be allowed to see patients in an INDIRECTLY SUPERVISED (DIRECT SUPERVISION AVAILABLE) fashion. However, in most situations the attending physician will be present and see the patients.

2. In the operative theater, the attending will generally provide DIRECT SUPERVISION of all resident levels for key aspects of the surgery. However, as the resident progresses throughout training, he or she will be given a progressively greater amount of independence based on demonstrated competence. Therefore, for certain parts of the operation (skin incision, drain placement, wound closure, skin closure, cystoscopy, foley catheter placement, ureteral stent placement, etc.) the attending physician will provide INDIRECT SUPERVISION (DIRECT SUPERVISION IMMEDIATELY AVAILABLE) for PGY-2 and PGY-3 residents and INDIRECT SUPERVISION (DIRECT SUPERVISION AVAILABLE) for PGY-4 and PGY-5 residents.

3. In the emergency room, PGY-2 and PGY-3 residents must discuss each patient with the PGY-4/PGY-5 resident on-call. This senior resident is assigned a supervising role for the more junior resident. For patients who are felt appropriate for discharge from the emergency room, the attending physician will provide INDIRECT SUPERVISION (DIRECT SUPERVISION AVAILABLE). In some situations where the patient is seen by a PGY-4 or PGY-5 resident, OVERSIGHT only will be provided by the attending physician.

4. On the inpatient service, PGY-2 and PGY-3 residents will be responsible for the day to day management of inpatients which includes: rounding twice daily, discussing care with nursing and other health care team members, placing orders, and writing patient care notes. The PGY-4 and PGY-5 residents will again serve in a supervisory role, but will actively participate in daily rounds and in formulating plans. These senior residents will delegate responsibility to junior residents. For patients admitted on the urology service, the attending physician will provide DIRECT SUPERVISION by rounding on each patient each day and through verbal discussion with residents after morning rounds. On weekends, the attending physician will provide DIRECT SUPERVISION in the morning during rounds and then INDIRECT SUPERVISION (DIRECT SUPERVISION AVAILABLE) for PGY-2 and PGY-3
residents and OVERSIGHT to PGY-4 and PGY-5 residents with respect to inpatient management decisions that are felt to be routine.

5. In providing inpatient urologic procedure to a patient admitted to another service (such as paraphimosis reduction, bedside cystoscopy, foley catheter placement, irrigation of catheter, etc.), the PGY-4 and PGY-5 resident will provide supervisory role to junior residents. Attending physicians will provide INDIRECT SUPERVISION (DIRECT SUPERVISION IMMEDIATELY AVAILABLE) during the day and INDIRECT SUPERVISION (DIRECT SUPERVISION AVAILABLE) at night.

6. For all resident levels the following are certain guidelines with respect to when to communicate with supervising faculty:
   i. When a patient is unstable (abnormal vital signs, bleeding, etc.)
   ii. When there is a change in status of a patient (transfer to ICU, admission from the ER)
   iii. When the resident is unfamiliar with the patient pathology or has limited experience with the procedure required to be performed
   iv. When a patient does not seem to be improving despite treatment
   v. When it is deemed the patient may require operative intervention
   vi. In any situation where the resident feels uncomfortable, unskilled or unsafe in handling the problem or situation
   vii. When patient safety is in any way felt at risk

7. With respect to inpatient urologic consultation that does not require a procedure to be performed, the PGY-2 and PGY-3 residents will initially see the patient. Each patient is then to be discussed with the PGY-4 or PGY-5 resident who is on service and who will serve in a supervisor role. These senior residents are expected to see the patient on rounds and review any imaging and then to present the patient to the attending physician on-call. The attending physician will generally provide DIRECT SUPERVISION for these patients during the course of rounds.

### Resident Privileges

<table>
<thead>
<tr>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate biopsy</td>
</tr>
<tr>
<td>Cystoscopy</td>
</tr>
<tr>
<td>Difficult foley placement</td>
</tr>
<tr>
<td>Ureteroscopy with laser lithotripsy</td>
</tr>
<tr>
<td>Ureteral stent placement</td>
</tr>
<tr>
<td>Reduction of paraphimosis</td>
</tr>
<tr>
<td>Control of bleeding from circumcision</td>
</tr>
<tr>
<td>Abdominal fascia and skin closure</td>
</tr>
</tbody>
</table>

If you do not feel comfortable performing these procedures when asked, please let the attending or Dr. Shah know and we will be happy to provide greater supervision.
The program director (Dr. Shah) has an “open door” policy. If a resident has ANY issue with respect to their training, please do not hesitate to contact him regardless of time of day. Dr. Shah welcomes you to stop by his office, page him, or even call him at home.

The residents may also contact the DIO at UNM through the GME Office through an anonymous process, should they desire, without fear of intimidation.

**Duty Hours Policy**

It is program policy that residents and faculty appear for duty appropriately rested and fit to provide the services required by their patients. As such, the program is committed to maintain duty hour standards to ensure resident and patient safety.

Please refer to the GME Office policy on duty hours for details. In summary, however, resident duty hours will be limited to 80 hours per week, averaged over a 4 week period. Because residents take call from home, after hours duty is only factored in if the resident physically has to come in to address a patient issue. Residents are provided with at least 1 day in 7 free from duty, but the call structure generally provides more than this amount of time. Generally, 10 hour period is provided between daily duty periods. Continuous on-site duty must not exceed 24 hours. Duty hours do not include reading and preparation time spent away from work.

Generally, call is structured with a junior resident and senior resident at all times, largely for the benefit of resident education. Junior residents are the 1st ones to be called about patient issues and from the ER, but do not have privileges to take care of these issues independently. A chief resident must see and evaluate the patient as well. The chief resident should contact faculty about admissions and consults.

Please let the faculty know if you have been up for 24 hours without sleep so we can get you home in a timely fashion and make adjustments to the daily schedule as necessary.

Duty hours are monitored through the New Innovations online program. Residents complete a log sheet during the Friday morning conference to show their hours for that week. Bernadette Pierce will enter your hours directly into new innovations for you, based what you put down on your log sheet.

**Moonlighting Policy**
Moonlighting is generally not permitted. Please see the GME Office Handbook for more information.

### Wellness/Wellbeing of Residents

In the current healthcare environment, residents and faculty are at increased risk for burnout and depression. The Urology residency and the GME office are committed to promoting resident wellness so that residents are well-rounded and have mental wellbeing. Some of the many activities to promote this include:

1. wellness center on campus with exercise equipment, and places to relax
2. classes in yoga, exercise, meditation
3. lectures throughout residency on such topics as fatigue, burnout, etc.
4. backup systems for patient care and clinical duties if a resident is not well.
5. Provision of administrative support for non-physician obligations (Resident coordinator)
6. Home call arrangement
7. weekend call arrangement that usually gives residents 3 out of every 4 weekends every month
8. Urology resident program annual wellness day (Mountain retreat) in February

### Communication

The standard lines of communication are as follows. The junior resident should communicate with the chief resident who should contact the faculty member. Junior residents and interns on the service are not considered privileged to manage inpatients and consults without chief resident supervision. Residents are expected to return pages within 5 minutes. The Program Coordinator (Bernadette Pierce) and the Program Director (Dr. Shah) both make liberal use of e-mail and text paging to notify residents about issues and changes. E-mail is also the venue used to notify residents about delinquent operative reports. Therefore, residents must check their email daily.

### Volunteer Activities Policy

**Definition of Resident Volunteer Activities:** Unpaid clinical activity on behalf of a non-profit organization other than UNM or UNMH. Volunteer activity is not required. Volunteer activity must be limited to non-profit organizations and typically involves provision of medical services to underserved, vulnerable populations, away from the UNM Health Sciences Center or UNM campus. There is a mechanism in place for this but requires pre-approval. Please contact Dr. Shah for more information.

### Handoff Policy for ON-CALL Duties
The procedure for the safe and accurate transfer of patients “handoffs”, particularly during On-Call duties is as follows:

1. The senior most residents at the VA or UNM will contact the senior most resident on call for that evening or weekend. They should sign-out the names of all inpatient consults, and inpatients that are currently being followed by the service along with a description of the clinical issues. The PGY-4 resident on Peds will contact the senior most resident to sign out.

2. The faculty may also participate in handoffs especially when complex patients are involved.

3. During the day and weekday nights attendings cover their own patients and need to be contacted even if they are not on call when any significant change in status occurs with one of their patients. On weekends, the resident should notify BOTH the on-call attending and the primary attending.

4. Residents should use the “I-SWITCH” procedure to make sure complete and accurate information is communicated in the process:

   I: IDENTIFIERS (Name, MR#, Location)
   S: SEVERITY of illness
   W: WORKING PROBLEM LIST
   I: INTERVENTION ON ANTICIPATED PROBLEMS
   T: TESTS AND CONSULTS PENDING
   C: CODE STATUS
   H: HISTORY PERTINENT TO IMMEDIATE PROBLEMS

The rotation schedules and call schedule have been designed to minimize handoffs, while still complying with current duty hour restrictions. Since 2 residents are on call at all times (a senior and a junior), we also expect handoffs to occur at both levels to minimize problems. The effectiveness of this handoff procedure will be periodically reviewed by the attending on-call and by the resident evaluation committees semi-annually.

---

**Faculty Development and Resident Education around Supervision and Progressive Responsibility**

In an effort to standardize our supervision process we encourage the use of the SUPERB SAFETY model:

1. Set Expectations: set expectations on when they should be notified about changes in patient’s status.
2. Uncertainty is a time to contact: tell resident to call when they are uncertain of a diagnosis, procedure or plan of care.
3. Planned Communication: set a planned time for communication (i.e. each evening, on call nights)
4. Easily available: Make explicit your contact information and availability for any questions or concerns.
5. Reassure resident not to be afraid to call: Tell the resident to call with questions or uncertainty.

Residents should seek supervisor (attending or senior resident) input using the SAFETY acronym.

1. Seek attending input early
2. Active clinical decisions: Call the supervising resident or attending when you have a patient whose clinical status is changing and a new plan of care should be discussed. Be prepared to present the situation, the background, your assessment and your recommendation.
3. Feel uncertain about clinical decisions: Seek input from the supervising physician when you are uncertain about your clinical decisions. Be prepared to present the situation, the background, your assessment and your recommendation.
4. End-of-life care or family/legal discussions: Always call your attending when a patient may die or there is concern for a medical error or legal issue.
5. Transitions of care: Always call the attending when the patient becomes acutely ill and you are considering transfer to the intensive care unit (or have transferred the patient to the ICU if patient safety does not allow the call to happen prior to the ICU becoming involved). 6. Help with system/hierarchy: Call your supervisor if you are not able to advance the care of a patient because of system problems or unresponsiveness of consultants or other providers.

**Clinical Competency Committee (CCC)**

The purpose of this committee is to 1) evaluate and assess resident progress towards milestones, 2) advise the program director regarding resident promotion, remediation, progress, and dismissal 3) assist in selecting new residents and conducting interviews. Committee membership is allocated based on Resident FTE at each participating institution (5 members UNM, 2 members VA, 1 member Presbyterian). The committee will meet bi-annually (Dec and May) and as necessary when issues arise. A quorum of 3 individuals will be necessary to convene a meeting. Ms. Bernadette Pierce (program coordinator) will keep minutes. Dr. Jason Wilson is the chair of the clinical competency committee.

A typical meeting will begin with a call to order by the committee chair. For each resident, the evaluation process will be: 1) verbal input from faculty/staff regarding resident progress over the prior 6 months 2) review of written/electronic documentation regarding resident (complaints, thank yous, New Innovation rotation evaluations), 3) review of most recent in-service scores and with emphasis on resident performance 4) completion of ACGME milestone evaluation based on discussion

Chief resident input regarding resident performance will be sought by the committee before meetings, but they cannot actually attend the committee’s meetings, per ACGME rules. The program director will review the committee’s determinations and communicate results to the residents. The program coordinator and program director will report the milestone data, as determined by the committee, to the ACGME via ADS.
Program Evaluation Committee (PEC)

The PEC will consist of 1) the Program Director 2) Local site director at VA 3) Local site director at Presbyterian 4) the 2 chief residents. Other program faculty may attend as deemed appropriate. This committee will meet annually in the spring. The responsibilities of the PEC include 1) planning, developing, implementing, and evaluating educational activities of the program, 2) reviewing and making recommendations to the PD for revision of the competency-based curriculum goals and objectives, 3) performing an annual program review using evaluations of the faculty members, residents, etc. 4) addressing areas of noncompliance with ACGME standards or deficiencies revealed by the annual resident survey 5) document at least 1 action plan to be included in the APE.

In particular, this committee will evaluate the curriculum annually and will assist the PD in preparing a Annual Program Evaluation (APE) to be submitted to the ACGME. This written plan of action will document initiatives to improve performance in one or more areas of the requirements.

The APE will include data on:
- resident performance
- faculty development
- graduate performance including board exam pass rate
- program quality

The program coordinator will keep minutes of this meeting.

Resident Evaluation Tools

Residents will be evaluated at the conclusion of each rotation by all teaching faculty through the New Innovations program in a competency-based manner. The Clinical competency committee will evaluate the residents using a milestone-based format semi-annually, the results of which will be sent to the ACGME. Residents will also evaluate the faculty and the program once a year.