

**The Ohio State University
Wexner Medical Center**

**DEPARTMENT OF UROLOGY
RESIDENCY HANDBOOK**

2017-2018

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FACULTY

Frank P Begun, MD

Director, Urologic Services at OSU East

Associate Professor

BS: University of Michigan, Ann Arbor, MI 1973

MS: University of Michigan, Ann Arbor, MI 1974

MD: University of Michigan, Ann Arbor, MI 1979

Specialty training: University of Michigan, Ann Arbor, MI, 1984

Appointment: 2009

Specialty interests: General Urology, Nephrolithiasis

Fara Friedman Bellows, MD

Assistant Professor

BS: Cornell University, Ithaca, NY 2006

MD: SUNY Downstate, Brooklyn, NY 2010

Specialty Training: SUNY Downstate, Brooklyn, NY 2015

Appointment: 2015

Geoffrey N Box, MD

Fellowship Co-Director for Endourology Fellowship

Director of Laparoscopic Urologic Surgery

Assistant Professor

BS: The Ohio State University, Columbus, OH 1997

MD: The Ohio State University, Columbus, OH 2001

Specialty Training: The Ohio State University, Columbus, OH 2006

Fellowship Training: University of California, Irving, Orange, CA 2008

Appointment: 2008

Specialty Interests: Laparoscopy, Endourology, Image-Guided Therapy and Robotic-Assisted Laparoscopy

Research Interests: Development of new surgical techniques to reduce the invasiveness of surgery.

Lawrence C. Jenkins II, MD, MBA

Assistant Professor

BS: Canisius College, Buffalo, NY 2004

MBA: University at Buffalo, The State University of New York 2009

MD: University at Buffalo, The State University of New York 2009

Specialty Training: University of Miami, Miami, FL 2014

Fellowship Training: Male Sexual & Reproductive Medicine, Memorial Sloan-Kettering, New York, NY 2016

Appointment: 2016

Specialty Interests: Men's Sexual Health and Fertility

Bodo E Knudsen, MD

Vice Chair of Clinical Affairs

Fellowship Co-Director for Endourology Fellowship

Director, OSU Comprehensive Kidney Stone Program

Associate Professor

BS: University of Winnipeg, Winnipeg, Manitoba, Canada 1993,1995

MD: University of Manitoba, Winnipeg, Manitoba, Canada 1997

Specialty Training: University of Western Ontario, London, Ontario, Canada 2004

Fellowship Training: Endourology and Laparoscopy, University of Western Ontario, St Joseph's HealthCare, London, Ontario, Canada 2004

Appointment: 2005

Specialty Interests: Endourology and laparoscopy

Research Interests: Medical and surgical stimulation, surgical skills training, laser physics/performance as applied to urology, endourology device evaluation.

Cheryl T. Lee, MD

Chairperson

Professor

BS: Rensselaer Polytechnic Institute, Troy, NY 1987

MD: Albany Medical College of Union University, Albany, NY 1991

Specialty Training: University of Michigan, Ann Arbor, MI 1997

Fellowship Training: Urologic Oncology, Memorial Sloan-Kettering Cancer Center, New York, NY 2000

Appointment: 2016

Specialty Interests: Bladder Cancer

Research Interests: Bladder Cancer Survivorship, Quality of Life in Bladder Cancer Patients, Perioperative Strategies to Improve Patient Outcomes, Use of Multimodal Strategies to Improve the Efficacy of Surgical Treatment of Bladder Cancer Patients

Megan Merrill, DO

Assistant Professor

BS: Pennsylvania State University, University Park, PA 2001

DO: Philadelphia College of Osteopathic Medicine, Philadelphia, PA 2006

Specialty Training: University of Medicine and Dentistry of New Jersey, Stratford, NJ. 2012

Fellowship Training: Urologic Oncology, The University of Texas MD Anderson Cancer Center, Houston, TX 2014

Appointment: 2014

Specialty Interests: Bladder Cancer

Kamal S Pohar, MD

Associate Professor

BS: University of Alberta, Edmonton, Alberta, Canada 1989 MD:

University of Alberta, Edmonton, Alberta, Canada 1993

Specialty Training: Memorial University of Newfoundland, St. Johns, Newfoundland, Canada; University of Manitoba, Winnipeg, Manitoba, Canada; McGill University, Montreal, Quebec, Canada

Fellowship Training: Urologic Oncology, Memorial Sloan-Kettering Cancer Center, New York, NY 2003

Appointment: 2003

Specialty Interests: Bladder Cancer/Testicular Cancer

Research Interests: Understanding genetic and epigenetic changes contributing to progression of bladder cancer. Developing clinical and biologic databases in bladder cancer.

Ahmad Shabsigh, MD

Assistant Professor

MD: Aleppo University Medical School, Aleppo, Syria

Specialty Training: Columbia University, New York, NY

Fellowship Training: Urologic Oncology, Memorial Sloan-Kettering Cancer Center, New York, NY 2007

Appointment: 2008

Specialty Interests: Urologic Oncology

Research Interests: Translational research bridging the gap between bench research and clinical practice

David S Sharp, MD

Assistant Professor

BS: The University of Texas at Austin, Austin, TX 1995 MD:

Baylor College of Medicine, Houston, TX 1999

Specialty Training: Cleveland Clinic Foundation Glickman Urological Institute, Cleveland, OH 2005

Fellowship Training: Urologic Oncology, Memorial Sloan-Kettering Cancer Center, New York, NY 2007

Appointment: 2008

Specialty Interests: Urologic Oncology

Stephen P. Smith

Clinical Assistant Professor

BA: Colby College, Waterville, ME 1966

MD: The Ohio State University, Columbus, OH 1970

Specialty Training: University of Maryland, Baltimore, MD 1977

Fellowship Training: Pediatric Urology, Northwestern University, Chicago, IL 1978

Deb Sundi, MD

Assistant Professor

BS: Northwestern University Weinberg College of Arts and Sciences, Evanston, IL 2004

MD: Northwestern University Feinberg School of Medicine, Chicago, IL TX 2009

Specialty Training: Johns Hopkins Medical Institutions, Baltimore, MD 2015

Fellowship Training: Urologic Oncology, UT MD Anderson Cancer Center, NY 2017

Appointment: 2017

Specialty Interests: Urologic Oncology

Nationwide Children's Hospital Urology Faculty

Seth A. Alpert, MD

Fellowship Director for Pediatric Urology Fellowship

Clinical Associate Professor

BA: Dartmouth College, Hanover, NH 1993

MD: George Washington University, Washington, DC 1997

Specialty Training: University of Tennessee College of Medicine, Department of Urology, Memphis, TN 2003

Fellowship Training: Pediatric Urology, Children's Memorial Hospital and Northwestern University, Chicago, IL 2005

Appointment: 2005

Christina B. Ching, MD

Clinical Assistant Professor

BS: Yale University, New Haven, CT 2001

MD: Northwestern University, Chicago, IL 2006

Specialty Training: Glickman Urological and Kidney Institute, Cleveland Clinic, Cleveland, OH 2012

Fellowship Training: Pediatric Urology, Vanderbilt University Medical Center – Monroe-Carell Jr. Children's Hospital, Nashville, TN 2014

University, Chicago, IL 2005

Appointment: 2014

Daniel G. DaJusta, MD

Clinical Assistant Professor

MD: Universidade Federal Do Ceara, Fortaleza, CE Brazil 2000

Specialty Training: Robert Wood Johnson Medical School, New Brunswick, NJ 2009

Fellowship Training: Pediatric Urology, University of Texas Southwestern Medical School, Dallas, TX 2011

Appointment: 2014

Molly Fuchs, MD

Clinical Assistant Professor

BS: University of Rochester, Rochester, NY 2004

MD: Oregon Health & Science University, Portland, Oregon 2010

Specialty Training: University of Utah, Salt Lake City, UT 2015

Fellowship Training: Nationwide Children's Hospital, Columbus, OH 2017

Appointment: 2017

V Rama Jayanthi, MD

Chief of Pediatric Urology

Clinical Associate Professor

BS: The Ohio State University, Columbus, OH 1983

MD: The Ohio State University, Columbus, OH 1987

Specialty Training: Albany Medical Center, Department of Urology, Albany, NY 1992

Fellowship Training: Pediatric Urology, The Hospital for Sick Children, Toronto, Ontario, Canada 1994

Appointment: 1994

Daryl McLeod, MD

Clinical Assistant Professor

BS: Union College, Schenectady, NY 2002

MD: Albany Medical College, Albany, NY 2007

Specialty Training: Mt. Sinai Hospital, New York, NY 2012

Fellowship Training: Nationwide Children's Hospital, Columbus, OH 2014

Appointment: 2014

Emeritus Faculty

Chester C Winter, MD

Clinical Professor Emeritus

Professor and Director of the Division of Urology of The Ohio State University 1960

Louis Levy Professor of Urology 1975

Henry A Wise II, MD

Clinical Professor Emeritus

Assistant Professor, Associate Professor, Division Director and Clinical Professor in Urology from 1972 through 2000

Stephen A Koff, MD

Professor, Chief of Pediatric Urology, Nationwide Children's Hospital 1985-2012

FELLOWS

Michael Sourial, MD
Urology Training: Sherbrooke/McGill University Program
MD: Universite Laval

RESIDENTS

PGY-5

Chad Gridley, MD
Tariq Khemees, MD
Andrew Todd, MD

PGY-4

Joshua Ebel, MD
Kristin Ebert, MD
Joseph Wan, MD

PGY-3

Jack Cooper, MD
Chris Jaeger, MD
Daniel Szabo, MD

PGY-2

Hermant Chaparala, MD
Hal Kominsky, MD
James Payne, MD

PGY -1

Amanda Harrell, MD
Jenny Saluk, MD
Stephanie Stillings, MD

ADMINISTRATIVE SUPPORT

Katie Garcia - Education Program Manager
Andrea Inman - Shared Research Manager
Mike Slaper - Department Administrator
Tatevik Broutian - Research Coordinator

INTRODUCTION

Welcome to The Ohio State University Department of Urology Residency Program. This handbook outlines important aspects of the training program and will guide you during your residency. The handbook includes goals and objectives for each of the four years of urology training and each individual rotation. You will also find the expectations for your performance and your responsibilities, and the methods the faculty employs to monitor and evaluate your progress. Additional information about the institutional policies and regulations regarding residency training may be found in The Ohio State University Graduate Medical Education website (<http://medicine.osu.edu/residents>). The Accreditation Council for Graduate Medical Education (ACGME) website (<https://www.acgme.org/acgmeweb/>) provides essential information about the program requirements for urology and faculty/resident responsibilities. Our own website (<http://urology.osu.edu/>) also contains useful news and information of interest.

EDUCATIONAL PROGRAM

Description

Residency training in urological surgery is a progressive educational experience that entails a complex interaction of learning through patient care. Residency training requires maintenance of a balance between the educational and the patient care responsibilities. In order to maintain the educational purpose of the training program residents are expected to attend all teaching conferences. Residents are excused from elective clinical responsibilities including presence in the operating room during scheduled educational conferences. Hands-on training is obtained during formal robotic and laparoscopic wet labs and pig labs. In the Minimally Invasive Surgery lab and the Clinical Skills Lab, residents receive instruction and practice that will carry over to their clinical work. Residents are assigned progressive responsibility for patient care by the supervising attending physician and the Program Director based on faculty evaluations of clinical competence including patient care, medical knowledge, evidence of practice based learning and improvement, interpersonal and communication skills, professionalism, and the resident's demonstrated awareness of the systems-based practice of medicine. Promotion and assignment to progressive patient care responsibilities requires satisfactory completion of the training objectives specific for each PGY-year as assessed by the faculty.

Scope of Residency

The Ohio State University Urology Program is a five-year program with progressively increasing levels of responsibility each year. The program will consist of surgical internship, followed by four clinical years of urology.

ACGME Accreditation

The Ohio State University Urology Program is fully accredited by the ACGME for a complement of 12 residents in a (3-3-3-3) configuration. We are scheduled for our next site visit by the Residency Review Committee for Urology in September 2017.

ACGME Competency/Outcomes Initiative

The Accreditation Council for Graduate Medical Education (ACGME) Outcomes Initiative provides structure for the way residency education is conducted. This embodies 6 general competencies, which must be taught and evaluated in an outcomes-based methodology. The competencies include **patient care, medical knowledge** (clinical science), **practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.**

Program Evaluation Committee (PEC)

The Program Evaluation Committee (defined below) must document formal, systematic evaluation of the curriculum and program administration at least annually, and is responsible for rendering a written and Annual Program Evaluation (formally referred to as the Annual Program Evaluations (APE)).

The Program Director is responsible for appointing faculty to the Program Evaluation Committee (PEC).

The Program Evaluation Committee:

1. Must be comprised of:
 - a. The Program Director
 - b. At least two program faculty members, but should include three.
 - c. A member of the programs' administration team
 - d. At least one resident, but should include all current chief residents
 - e. The department chair may participate as an ex-officio member
2. Must have a written description of its responsibilities; and,
3. Should participate actively in:
 - a. Planning, developing, implementing, and evaluating educational activities of the program;
 - b. reviewing and making recommendations for revision of competency-based curriculum goals and objectives;
 - c. addressing areas of non-compliance with ACGME standards; and,
 - d. reviewing the program annually using evaluations of faculty, fellows, and others, as specified below.

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

The program, through the PEC, must monitor and track each of the following areas:

- a. educational opportunities
- b. faculty development
- c. program requirements
- d. program quality as:
 - Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and
 - The program must use the results of residents' and faculty members' assessments of the program together with other program evaluation results to improve the program.
- e. progress on the previous year's action plan(s).

The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed above, as well as delineate how they will be measured and

monitored. The written action plan can also include areas of innovation as it relates to program improvement.

The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

The current Program Evaluation Committee is made up by:

Dr. Fara Bellows

Dr. Geoffrey Box

Dr. Bodo Knudsen

Dr. Megan Merrill

Dr. David Sharp

Dr. Chad Gridley

Dr. Tariq Khemees

Dr. Andrew Todd

Katie Garcia

Clinical Competency Committee (CCC)

The Clinical Competency Committees (see below) will review and use assessment data, including faculty member assessments of residents on rotations, self-evaluations, peer evaluations, patient evaluations, and evaluations by nurses and other staff members.

The Program Director is responsible for appointing faculty to the Clinical Competency Committee (CCC).

At a minimum the CCC must be comprised of three key members of the program faculty. Others eligible for appointment to the committee can include faculty from other programs.

The Clinical Competency Committee will:

1. Review all residents' evaluations semi-annually;
2. Prepare and assure the reporting of Milestones evaluations of each resident semi-annually to ACGME, and;
3. Advise the program director regarding residents progress, including promotion, remediation, and dismissal.

The Clinical Competency Committee will annually review their program-specific requirements to ensure compliance with all aspects of CCC duties, responsibilities and reporting to the ACGME.

Current members of the Clinical Competency Committee include:

Dr. Kamal Pohar

Dr. David Sharp

Dr. Geoffrey Box

Dr. Bodo Knudsen

POLICIES AND PROCEDURES

The OSU Department of Urology follows the procedures and policies of the:

- American Board of Urology www.abu.org,
- OSU graduate medical education office <https://onesource.osumc.edu/departments/GME/Pages/GMEPolicy.s.aspx>
- OSU medical administration office <https://medcensearch.osumc.edu/sites/policies/Pages/UHMedicalStaffPolicy.s.aspx>

Selection of Trainees

Residents are selected via a competitive process and are chosen through the match program administered by the American Urological Association Office of Education. All applications are internally reviewed and decisions are made selectively to invite candidates for the interview process. At the conclusion of the interview process the faculty meets for discussion of the strengths and weaknesses of the candidates and the rank order is submitted to the AUA Office of Education. Candidates must be registered with the AUA Residency Match and with the NRMP for their preliminary year in Surgery.

Evaluation of the Trainees

Residents are evaluated semi-annually with written documentation of these meetings. At these meetings, the evaluations, which have been performed by the faculty, nurses, patients, staff, and peers are discussed. During the first of the two meetings the AUA in-service examination scores are discussed with suggestions made for improving in areas of weakness. The program director meets with the Clinical Competency Committee twice per year to discuss individual resident's performance.

Promotion of Trainees

Promotion is made annually. The decision is made by the Program Director based upon the evaluations of the resident performance by faculty members and ancillary health care staff through an evaluative process, and by satisfaction surveys that directly question patient's' degree of confidence and satisfaction with their interaction with the residents.

Disciplinary Actions and Dismissal of Trainees

The Program Director will notify the resident in writing if he/she will not be advanced to the next higher level or if he/she will not receive a certificate of completion. Notification will occur no later than 30 days prior to the expected date of completion or advancement. Due process is provided for

the applicable residency program in The Ohio State University Medical Center, Graduate Medical Education Policy and Procedure, Resident Due Process Policy. The Limited Staff Agreement may be

terminated by The Ohio State University Hospitals for reasons outlined in the Limited Staff Agreement under Adverse Actions. Due process is provided according to the applicable medical staff bylaws. Under no circumstance will either party terminate this agreement or take an adverse administrative action without providing the other party an opportunity to discuss and review any dissatisfaction and grievances that may exist and an appeal process is described in the house staff agreement.

Supervision

The attending physician has both an ethical and a legal responsibility for the overall care of the individual patient and for the supervision of the resident involved in the care of the patient. Although senior residents may require less direction than junior residents, even the most senior residents must be supervised. A chain of command that emphasizes graded authority and increasing responsibility as experience is gained must be established. Judgments on this delegation of responsibility must be made by the attending surgeon who is ultimately responsible for the patient's care; such judgments shall be based on the attending surgeon's direct observation and knowledge of each resident's skills and ability.

There is sufficient resident oversight by the Program Director and surgical faculty to ensure that all residents are appropriately supervised. Residents are supervised by teaching staff in such a way that residents assume progressively increasing responsibility according to their level of education, ability, and experience. Judgments on the delegation of responsibility are made by the attending surgeon who is ultimately responsible for the patient's care. Such judgments will be based on the attending surgeon's direct observation and knowledge of each resident's skills and ability.

Members of the teaching staff are always immediately available for consultation and support. On-call schedules for teaching staff are structured to ensure that supervision is always available to residents on duty.

The attending physician is responsible for supervising both operative procedures and patient care. In circumstances when decisions and patient treatment are to be administered by the resident in the absence of the attending physician, such as may occur at night or on weekends, the attending physician must be notified of all decisions and treatments in a timely fashion, to be determined by the resident based on the circumstances of the case. If deemed necessary by the resident, notification should occur prior to implementation of the treatment unless delay would have a negative impact on the anticipated patient care outcome. The supervisory role can only take place when the attending physician is notified of the patient's condition, admission, or consultation in the hospital or emergency department. It is the responsibility of the resident to notify the attending under all of the above situations and any other situation that may necessitate supervision by the attending, when he or she is not immediately available.

Duty Hours for Trainees

The Program Director has designed the program to ensure that the residents have reasonable duty hours. There is no in-house call required on any urology service. Residents have at least one free full weekend per month, for which they have no call responsibilities. Each resident has at least one of every 7 days free from call responsibilities. The Program Director ensures compliance by monitoring the duty hour reports from the residents. No more than 80 hours per week of in-house activities are permitted and there is a minimum of 8 hours between shifts. Each resident is responsible for logging their duty hours into their E-value calendar. It is the expectation that these will be updated at a minimum of once every week. It is also the responsibility of each individual to notify their chief of service immediately if they are in danger of violating a duty hour rule.

Resident Moonlighting

Moonlighting is not permitted for any resident in the OSU Urology training program.

Urology Resident Benefits 2016-2017

Vacation: Limited Staff agreement requires that the program provide a minimum of 2 weeks vacation per year. The Urology program provides 3 vacation weeks per year (mandatory that Application for Leave form be filled out and approved by Program Director prior to your leave)

1. Taken in week blocks. As an exception to this, one week may be reserved to break up for fellowship and job interviews. A one month notice for requests/changes to leave is required.
2. Approved by Program Director
3. Coverage of service required. No more than one resident out at a time, unless specified by the program director.
4. No vacations while on NCH rotation
5. No vacations in June and July, except, terminal vacation is permitted, for graduating chiefs if coverage of service allows and must be used as one of the 3 permitted weeks
6. Job interviews and trips to handle credentialing/living arrangements at your future employment are vacation. Failure to plan accordingly will not be given an exception to the policy.
7. Meeting attendance is taken as vacation, unless approved by Department Chair as university business
8. Deadline for vacation requests is July 31
9. One week of vacation includes one weekend of time on either end of the week, but not both. If you wish to take both weekends off you will have to use 2 additional days of your vacation time.
10. Chief residents cannot take parallel vacation time.
11. Any weeks taken off during holidays, must be taken as vacation time, unless approved by the Program Director. If your vacation week falls on a University Holiday, you do not get to make that day up somewhere else.
12. The American Board of Urology has defined the leave policy for Urology training programs as follows: "Each program may provide sick leave and vacation leave for the resident in accordance with institutional policy. However, a resident must work forty-six (46) weeks each year of residency; that is, one year of credit must include at least forty-six weeks of full-time urologic education. Vacation or leave time may not be accumulated to reduce the total training requirement. If a circumstance occurs in which a resident does not work the required forty-six weeks, the program director must submit a plan to the ABU for approval on how the training will be made up, which may require an extension of the residency."

Sick Leave

Sick leave will follow University Policy and Procedure and must be entered into eLeave system. www.eleave.osu.edu

We understand that work/life balance can be challenging. We ask that you also consider our challenges in providing patient care. We kindly request that you work with us in scheduling any medical appointments/procedures to find an optimum time where your absence will not affect patient care.

Any medical appointment requiring more than four hours of leave requires a note from your doctor's office.

Meetings

Department pays meeting allowance for first author to present paper at approved national meeting, all abstracts must have Department Chair approval prior to submission. If you plan to submit an abstract to present, an abstract approval form must be completed and approved **prior** to submitting. Once your abstract is accepted the next step is obtaining leave approval from the program director. Leave approval form must be submitted a minimum of one month prior to first date of leave. There is a possibility that not all residents with approved abstracts will be approved for leave. **Reimbursements for these meetings will only be paid if receipts are turned in and manuscript has been submitted within 60 days of returning from the meeting**

Lab Coats

The GME office will purchase 2 lab coats for you each year. The Program Coordinator will notify you when they are taking orders and will place your order for you.

Memberships/Publications: Department will pay for memberships/publications for:

1. American Urological Association Candidate Group
2. AUA Updates
3. SASP - department will reimburse for 50% of the cost for Qstream (you may purchase other options for receiving the SASP, but will only be reimbursed for 50% of the Qstream rate)

Campbell's Urology: Department will purchase for each resident at the start of their PGY1 year

Loupes: Department will reimburse ½ the cost of loupes, one time during residency – Resident will present original receipt showing the method of payment, also indicating payment was made.

Receipt will be submitted within 60 days of payment or reimbursement is forfeited.

Educational Opportunities:

1. The department will pay for the PGY4 resident to attend the AUA Review Course held each June in San Antonio. All arrangements will be made by the program coordinator to ensure costs are kept down.
2. Each resident may also elect to take one elective two day course of their choosing, per year. The course curriculum must first be presented to the Program Director for approval and the leave of absence will also require Program Director Approval. No reimbursement from this Department will be provided for this elective.

PATIENT CARE RESPONSIBILITIES

Inpatient Management

1. The urology house staff is a team that takes care of our patients and consults together. Patients belong to the team, not just the resident surgeon who did the case or who admitted the patient.
2. The residents follow all patients on their service and gather all pertinent information for morning and afternoon rounds. All patients must have documentation of visits including a history & physical and daily visits. Daily staff notes are required.
3. The involved faculty and/or the “on call faculty” will round once a day with the residents.
4. In-patient consults will be seen the same day by the house staff under supervision of the faculty. After you have seen the patient you will contact the doctor requesting the consult to notify them that their patient has been seen.

Call

The resident on call will be available by telephone or pager at all times and will respond promptly. All cases will be discussed with the staff physician on call. A resident will never be faulted for calling the staff physician for assistance. The on-call resident is responsible for triaging, coordinating, and completing the urologic care and follow-up of the consults received during his/her call. The call will be created by the Administrative Chief Resident and must be submitted to the Education Coordinator of the Department of Urology in at least 10 days prior to the start of a new month. Any changes to the resident call schedule must first be approved by the Administrative Chief Resident and communicated to the Education Coordinator to update in Webexchange.

Should it be needed, a call room for urology residents (W318) is located in the 3rd floor Doan Hall Call Suites. A senior resident will be assigned back up call. This resident will be available if the primary resident on call becomes too busy or needs assistance. On call resident food rooms are available overnight in the Physicians Lounge near 190 Doan and Ross 1223.

Due to duty hour restrictions, residents will not take call two consecutive weekends. It is understood that an exception to this standard must happen from time to time. In the event that a resident is scheduled to take call for two consecutive weekends, extra measures must be taken to ensure that the resident also has one of the following:

1. The two weekends before AND the two weekends after also free from call
2. A full 24 hour period free from duty during both of the consecutive weekends on call

Communication

Communication to attendings, residents, and support teams is a critical part of the residents role in the department. The expectation to provide a high level of communication continues during

overnight call. Should you receive a call from a patient that requires follow-up, it is your responsibility to alert appropriate faculty and their secretary that the patient requires follow-up.

Answering Pages

All residents need to answer their pages. Pages will optimally be answered immediately. It is particularly important that the resident on-call promptly answer pages. Pagers on "lo-cell" need to have batteries changed immediately. Residents on call should stay out of areas known not to transmit to the pagers. Deviation from this policy will result in disciplinary action.

Surgery

1. Surgeons have the rare privilege and responsibility to operate on patients. The bond created with patients lasts a lifetime. The faculty expects you to adopt an attitude of "ownership" of your patients, assuming primary responsibility of the patient's entire well-being from the moment of initial introduction until you leave the program.
2. **YOU ARE EXPECTED TO READ ABOUT EACH PROCEDURE AND TO KNOW THE COMPLETE PATIENT HISTORY.** Assume the staff has no information about the patient. Evidence of incomplete information or lack of knowledge may relegate the resident to the role of assistant or requested to leave the OR.
3. Residents will be approved by the staff to perform operative procedures in accordance with their skill levels.
4. **Residents must complete all IHIS notes, documentation, etc....immediately (same day)!**
5. **Each resident maintains a log of all procedures performed by entering each into the ACGME web-based program.** This will be done in accordance with ACGME guidelines **every week.** <http://www.acgme.org/Specialties/Documents-and-Resources/pfcetid/26/Urology>
6. All resident surgeons are required to be present in the operating room prior to induction of anesthesia in order to facilitate patient care.

Urology Clinic

1. All members of the Urology team will be expected to participate in the clinics.
2. All patients seen by the house staff (at any level, medical student through chief resident) must be supervised by a staff member.
3. Procedures must be supervised by a staff member.
4. Professional conduct will be required.

Professional Conduct

Personal conduct (behavior, speech and appearance) reveals much about one's character. Ultimately, it is character that determines whether patients and colleagues can trust their physician. This program expects the highest degree of moral character from the residents.

1. Having a teachable attitude is a vitally important character trait.
2. Keep a positive attitude at all times, and be an example to others. Some examples of unprofessional conduct include:
 - a) Dishonesty or misleading information in any form (verbal, non-verbal, or written).
 - b) Lack of courtesy to patients, staff, or colleagues.
 - c) Failure to respond to emergency calls.
 - d) Exceeding one's level of professional competence by performing acts beyond his/her level of expertise and without staff consultation and/or participation.
 - e) Late arrival to, or inappropriate absence from, the operating room, the clinic, rounds or scheduled conferences.
 - f) Failure to be a team player, not assisting fellow residents with patient care, and academic workload.
 - g) Disruptive behavior.
3. Actions perceived by the staff to represent unprofessional or undesirable conduct will be called to the resident's attention. If the conduct is of sufficient magnitude or frequency, the staff may recommend adverse action be taken.

HANDOFFS

Novice	Use of single form of communication only; does not implement planned redundancy. Absence of handwritten notes. Information corruption at transmittal due to errors of distortion or omission compared with the medical record. Does not offer opportunity for questions. Signs out without confirming that pending issues from previous shift have been resolved. Seems too rushed; exhibits “shift-worker” mentality.
Advanced Beginner	Communicates orders, but reasons for orders are not given. Does not confirm incoming resident’s understanding of and ability to perform assigned tasks and responsibilities. Does not provide clarification about who does what on the patient care team across departments and roles. Rationalizes not performing tests, review of previous test data or further investigation.
Competent	Implements formalized hand-off briefing practices including using a regular meeting place with minimal distractions and background noises. Provides information via 2 or more channels (redundant sources) to increase acquired accuracy. Demonstrates professional, patient focused attitude. Includes information about all patients expected to come under or be released from care of the patient care team during the shift. Back-up plan communicated including best way to reach the on- call physician if necessary; importance is communicated of transferring team pager (if used) to alternate if resident becomes unavailable. Team pager hand-over takes place clearly indicating the transfer of responsibilities.
Proficient	Uses precise, unambiguous, face-to-face communication techniques, supplemented with computer generated data and handwritten notes. Communicates how to access patient base-line information from multiple locations, via electronic devices as well as at the patient’s bedside. Clearly delineates who is responsible for what on the patient care team. Feedback requested to verify information transfer.
Expert	Opportunity is offered for topics to be initiated by both residents. Outgoing resident asks for repeat/read-back to verify information received. Emphasizes importance of receiving input/involvement of multidisciplinary team. Confirms incoming resident’s understanding of and ability to perform assigned tasks and responsibilities. Communicates method of contacting the attending and encourages incoming resident not to hesitate to do so if necessary. After the hand- off briefing, resident spends a short amount of time observing incoming resident at beginning of new shift to ensure any questions or problems related to the hand-off can be addressed.

Urology Residency Evaluations

Performance Evaluations:

Resident evaluation is based on progress toward meeting outcomes delineated by the six core competencies, and reviewed two times per year by the Program Director and the CCC. Several evaluation methods are utilized to assess the acquisition of these skills.

Resident Rotation Evaluations: Rotations generated in MedHub at the end of each resident rotation include a competency based evaluation, completed by the faculty and a global multi source assessment.

Operative Evaluations: Residents will have the opportunity to receive real time formal feedback after operative cases in the OR. Residents may ask a faculty member at any time to complete this evaluation of their performance in the OR.

Self-Evaluations: Residents will complete an annual competency based self-reflective evaluation via an online anonymous evaluation web service

Peer Evaluations: Residents will complete an annual competency based peer evaluation via an online anonymous evaluation web service for each of their fellow residents

In-Service Examination: All residents are required to take the Urology In-Service Examination administered by the American Urological Association on the 3rd Saturday in November each year.

Patient Evaluations: Patient evaluations are available at each patient check-out location. These will be collected as they are completed and will be sent to the resident every six months.

Semiannual Evaluation: Residents will meet one on one with the Program Director two times every year. A summary of this meeting will be typed and printed for both parties to sign. This is a time to discuss overall performance as based on a compilation of performance evaluations, faculty and staff feedback, milestone progression, operative logs, personal goals, and scholarly activity.

Final Summative Evaluation: At the completion of your training the Program Director will meet with you for your Final Summative Evaluation. Provided you have met all of the requirements to practice Urology independently, the Program Director will sign off on your training.

Milestone Evaluation: The CCC will meet two times per year to review individual resident files and evaluate each residents progression through the milestones created by the ACGME Urology Milestone Committee.

For residents who get overall conditional evaluations, a remedial study program (in program remediation) will be initiated and monitored by the Urology faculty. If substandard progress is documented, the resident may be referred to the Departmental Competency Committee for consideration of formal probation. Any resident placed on probation or dismissed from the residency position is entitled to a due process policy established by the OSU office of GME.

Can a resident graduate if he/she does not reach every Milestone?

A resident's attainment of the highest level performance on the Milestones is not tantamount to a program director's determination that the resident has demonstrated sufficient competence to enter the practice of a specialty without direct supervision. Failure of a resident physician to attain the highest level of milestones similarly is not tantamount to a program director's determination that the resident physician has not demonstrated such competence. The program director retains judgment in this regard.

The common program requirements state: "This [the summative] evaluation must document the resident's performance during the final period of education, and verify that the resident has demonstrated sufficient competence to enter practice without direct supervision." Thus, a program director can graduate a resident that has not met every milestone but still believes that overall the resident has demonstrated sufficient competence to enter practice without direct supervision. The Milestones and the judgment of the Clinical Competency Committees are tools and a framework for evaluation that assist the program director in decision-making. The requirements for board certification are the jurisdiction of the American Board of Medical Specialties (ABMS) member boards. The specialty boards retain judgment regarding eligibility for certification, and may choose to use, or not use, attainment of the Milestones in making this decision.

Faculty Rotation Evaluations:

At the completion of each rotation residents will have the opportunity to evaluate the faculty on the quality of their teaching. For the sake of anonymity, the faculty only will receive a summary of evaluations annually.

Program Evaluations:

Confidential Program Evaluations: Residents will annually complete an anonymous program evaluation via an online anonymous evaluation web service.

ACGME Annual Survey: Residents will complete an anonymous annual survey administered by the ACGME each year.

Program Evaluations, along with other forms of feedback, and implemented ACGME/Institutional changes, will be used by the PEC to implement change within the program.

Personal Requirements and Administrative Expectations

Limited Staff Agreement: Residents are required to read and sign their Limited Staff Agreement annually.

Resident Handbook: Residents will be given an updated resident handbook at the start of each year. It will also be available via an electronic collaboration site: www.carmen.osu.edu. Rotation goals and objectives should be reviewed at the start of each rotation.

Hospital Reappointment: You will likely be told twice during your residency that you need to reapply for your hospital appointment. When you get are sent this information it will need to be completed in a timely manner. Your ACLS will need to be current, and your CBL's all completed for the current year.

Parking: Responsibility of resident

Attendance at Department conferences/meetings

- Mandatory
- Promptness expected

Meals: Responsibility of resident

Dress Code: Your clothes must display professionalism. Ties are required for the men. Attentiveness to personal hygiene is expected.

No Scrubs will be worn in clinic, conferences, meetings, or outside of the hospital. Residents must come to the hospital campus and to ambulatory buildings fully dressed in professional attire. Scrubs are permitted on the floors only if lab coat is worn. Shoes are required at all times.

USMLE Step 3: Urology Interns are required to take their Step 3 during their intern year. If they do not pass, then they must use their vacation time to repeat the exam. Per the Limited Staff Agreement, all resident must PASS their Step 3 by the end of their PGY2 year in order to advance to a PGY3 resident.

State Licensure: Residents are required to have in their possession a current, active, valid, unrestricted professional license. Residents are responsible for renewing their license annually.

Advanced Cardiac Life Support (ACLS): All residents must obtain and maintain certification in Advanced Cardiac Life Support.

Faculty Mentors: At the start of the residents PGY2-URO1 year, each resident is required to select a mentor from the faculty. This mentor will remain their mentor throughout their residency. This relationship establishes a forum in which improvements in the resident and improvements in the program are freely discussed, and have equal importance. It also creates an environment in which the resident's well-being is promoted and valued. Residents are required to meet with their mentor a minimum of two times per year.

Duty Hour Logging: Resident will log all of their duty hours into MedHub; updating the log a **minimum of every week**. MedHub will lock you out of logging your hours if you wait too long and you will be non-compliant for not logging your hours. Hours are logged on an honor system. Residents are trusted and expected to log their hours accurately and truthfully. You may use your med center ID to log into MedHub. There is also an app for Iphone users to make logging easier.

Since this is the first year we will be using MedHub, there may be some revisions to the instructions as we learn more about this program.

ACGME Case Log: Residents are expected to log all cases as defined by the ACGME. Your case log should be updated at a **minimum of every week**. Cases are logged on an honor system. Residents are trusted and expected to log all of their cases accurately and thoroughly. Residents must continue to log their cases even after they have met the minimum requirement. <https://www.acgme.org/acgmeweb/>

Resident participation in a surgical procedure will be credited as an index case whether the resident functions as **surgeon, assistant, or teaching assistant**.

To be recorded as **surgeon**, a resident must be present for all of the critical portions of the case, and must perform a significant number of the critical steps of the procedure. As a general principle, it is expected that over the course of their education, residents will develop the skills necessary to perform progressively greater proportions of complex cases, and that they will be given the opportunity to demonstrate those technical skills to program faculty members. It is also important to remember that the Review Committee views involvement in pre-operative assessment and post-operative management of patients to be important elements of resident participation.

Only one resident can claim credit as an **assistant** on a given case. Though it may well be valuable educationally, activity as “second assistant” should not be recorded.

A resident may also be given index case credit when acting as a teaching assistant. To be recorded as **teaching assistant**, the chief or senior resident acts as teaching assistant (supervisor), directing and overseeing major portions of the procedure being performed by the more junior resident surgeon, while the supervising attending physician (staff member) functions as a second assistant or observer.

For additional logging instruction go

to: <https://www.acgme.org/acgmeweb/tabid/152/ProgramandInstitutionalAccreditation/SurgicalSpecialties/Urology.aspx>

and review the PDF document titled: Urology Case Log Information

Online Modules:

The GME and Department of Urology require the satisfactory completion of various modules.

IMPORTANT: For all online modules, be sure to print a completion certificate at the end of the module and send them to the Program Coordinator to put into your resident file.

Collaborative IRB Training Initiative (CITI): All residents and fellows must participate in basic education in research ethics, human subject’s protection, and research regulation. Training will be completed by participating in the Collaborative IRB Training Initiative (CITI) web based course at <http://www.citiprogram.org> All residents must complete this training prior to submitting any IRBs and no later than the end of their PGY2 year. Fellows must complete this in their first year of training.

CBL’s:

CBL’s are required annually as part of your hospital appointment. If they are not completed by June of each year, you will lose IHIS access.



Log on to the CBL system by through this icon on OneSource:

The following tests are required annually for Corporate Credentialing:

- Annual Infection Control
- Annual HIPAA Privacy Research
- Annual HIPAA Privacy & Security
- Universal Protocol for Invasive Procedures - Physicians
- Surgical Counts Policy – is required for all Providers in surgical specialties

The following tests are required one time for Corporate Credentialing:

- Fluoroscopy Module 1: Radiation Safety Introduction
- Fluoroscopy Module 2: Fluoroscopy Basics
- Fluoroscopy Module 3: Fluoroscopy Safety Procedures

Introduction to the Practice of Medicine:

“The Introduction to the Practice of Medicine” (IPM) is an online, on-demand lecture series that can be accessed at <http://ipm.knowbase.com/>. The lecture series was designed to increase the exposure of housestaff to non-traditional curricular topics mandated by the ACGME. **All** Residents and fellows must complete the “Sleep Deprivation” and “Impaired Physician” lectures before the completion of their training. **Residents** are required to complete an additional 8 modules throughout the course of their training program (after the 2 mandatory sessions – for a total of 10 modules). **Trainees who are graduating and have not completed these requirements will not receive a graduation certificate.**

GME Requirements: Impaired Physician and Sleep Deprivation Required for Residents and Fellows, plus 8 additional for Residents. These are due by May 1st of your graduating year.

Interpersonal and Communication Skill

- Effective Communications to Reduce Liability
- Patient Handoffs
- Resident Intimidation
- Residents as Teachers
- Thriving Through Residency

Patient Care

- Do's and Don'ts when Dealing with Difficult Patients
- End of Life Myths
- Patient Safety: Further Steps to Prevent Patient Harm
- Patient Safety: Identifying Medical Errors
- Patient Safety: National Patient Safety Goals
- Prevention and Management of Patient Fires and Burns

Practice Based Learning and Improvement

- Health Care Quality

Professionalism

- After Residency: How to Obtain, Maintain and Avoid Losing Your Ohio Medical License Course
- Confidentiality
- Cultural Competency in Healthcare
- Financing a Practice Start Up
- Gifts to Physicians from Industry and the Sunshine Act
- Introduction to Personal Finance
- Medicine and the Legislative Process
- Physician Employment Contracts
- Physician Health: Physicians Caring for Ourselves
- Quality Improvement Panel
- Quality Improvement Q&A
- **Sleep Deprivation (Required)**
- **The Impaired Physician (Required)**

Systems-Based Practice

- Anatomy of the Litigation Process
- Choosing the Practice That's Right for You: Some Practical Considerations
- Medical Liability Insurance: Protection for your Practice Journey
- Medical Record Documentation: Case Study
- Physician Profiling: What you don't know can hurt you

IHI Open School: <http://www.ihl.org/education/ihlopenschool/Pages/default.aspx>

IHI Open School Basic Certificate in Quality & Safety - All first year residents and fellows will need to complete the 16 modules listed below by December 31st of their first year. If residents and

fellows have completed these in the past and provide proof of prior completion, they will be excused from this requirement.

To receive a basic certificate, you must complete the following online courses:

- Improvement Capability 101, 102, 103, 104, 105, 106
 1. Fundamentals of Improvement
 2. The Model for Improvement
 3. Measuring Improvement
 4. The Life Cycle of a Quality Improvement Project
 5. The Human Side of Quality Improvement
 6. Mastering PDSA Cycles and Run Charts
- Patient Safety 100, 101, 102, 103, 104, 105, 106
 7. Introduction to Patient Safety
 8. Fundamentals of Patient Safety
 9. Human Factors and Safety
 10. Teamwork and Communication
 11. Root Cause and Systems Analysis
 12. Communicating with Patients after Adverse Events
 13. Introduction to the Culture of Safety
- Leadership 101
 14. Becoming a Leader in Health Care
- Person- and Family-Centered Care 101
 15. Dignity and Respect
- Quality, Cost, and Value 101
 16. Achieving Breakthrough Quality, Access and Affordability

AUA Ethics Curriculum and the AUA Core Curriculum -

<http://www.auanet.org/>

Rotation Schedule

2017-2018 Urology Rotation Schedule

		JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
PGY5	Khemees	Gray	Buckeye	Scarlet	Gray	Buckeye	Scarlet						
	Todd	Buckeye	Scarlet	Gray	Buckeye	Scarlet	Gray						
	Gridley	Scarlet	Gray	Buckeye	Scarlet	Gray	Buckeye						
PGY4	Ebert	Consult	Gray	Scarlet	Scarlet/RMH	Scarlet	Buckeye/RMH	Buckeye	Gray				
	Ebel	Gray	Scarlet	Scarlet/RMH	Consult	Buckeye/RMH	Buckeye	Gray	Scarlet				
	Wan	Scarlet	Consult	Gray/RMH	Gray	Gray	Scarlet	Buckeye/RMH	Buckeye				
PGY3	Jaeger	East	Buckeye	NCH	Consult	Scarlet	NCH						
	Cooper	NCH	East	Buckeye	Scarlet	NCH	Consult	Scarlet					
	Szabo	Buckeye	NCH	East	NCH	Consult	Scarlet						
PGY2	Chaparala	Scarlet	Buckeye	Gray	East	Buckeye	Gray						
	Kominsky	Gray	Scarlet	Buckeye	Gray	East	Buckeye						
	Payne	Buckeye	Gray	Scarlet	Buckeye	Gray	East						

PGY1

	7/1-7/30	7/31-8/27	8/28-9/24	9/25-10/22	10/23-11/19	11/20-12/17	12/18-1/14	1/15-2/11	2/12-3/11	3/12-4/8	4/9-5/6	5/7-6/3	6/4-6/30
Harrell	Urology	Urology	Urology	VAC/CRS	ACS	Vascular	GS Bariatrics	SICU	Transplant	Ped Surg	Thoracic	SICU	Float
Saluk	GS Bariatrics	SICU/VAC	Ped Surg	GS Bariatrics	ACS	Float	Urology	Urology	Urology	CRS	Surg Onc - G	Vascular	Transplant
Stillings	Vascular	ACS	Surg Onc - G	Urology	Urology	Urology	Ped Surg	Transplant	CRS/VAC	Thoracic	SICU	Float	Surg Onc - G
McNair												Urology	
Ogbeide	Scarlet	Gray	Buckeye	Consults	East	NCH			Urology				
Shabsigh	Box	Lee	Bellows	On Call	Begun	Alpert					Urology		
	Shabsigh	Merrill	Jenkins	Attending		Ching							
	Sharp	Pohar	Knudsen			Dajusta							
		Sundi	Smith			Fuchs							
	Scarlet/RMH	Gray/RMH	Buckeye/RMH			Jayanthi							
	all above	all above	all above			McLeod							
	Shah	Shah	Shah										

Section II (Curriculum)

NARRATIVE DESCRIPTION FOR EACH YEAR OF TRAINING

PGY-1

The Department of Surgery offers one pre-urology year prior to the four year urology program. During this first year the residents spend their time rotating through different surgical disciplines with a heavy emphasis given to pre- and post-operative care of in-patient surgical patients. Interns who are slated to enter urology in their PGY2 year are given special rotations which are in disciplines germane to their development in urology. They also spend three months on the urology service during which time a special effort is made to introduce them to endoscopic and radiologic evaluation of urologic patients. Their attendance at the weekly and monthly didactic conferences and lectures for the Department of Urology is required when they are on the urology rotations and is documented by attendance sheets. PGY1 residents going into urology must complete their USMLE step 3 before the start of their PGY2 year.

PGY-2

The PGY2 Year is the first full year in urology. This involves four months on the Buckeye service at the Ohio State University Hospital (OSUH), the Eye and Ear Institute (EEI), and the Correctional Medical Clinic (CMC), two months rotating at The Ohio State University East Hospital(OSUE), and a two month rotation on the Scarlet service, and four months on the Gray service at the Arthur G James and Richard J Solove Research Institute (James). The residents are assigned to spend time with the attendings in the ambulatory care facilities as well as in the operating room. During the first urology year, residents are expected to acquire an ability to perform a comprehensive urologic history and physical examination and design appropriate radiographic and laboratory studies for diagnostic purposes. The residents will begin their acquisition of core skills utilized in ambulatory settings. This will include placement of catheters, understanding and performing endoscopy, and learning urodynamic testing. In addition to learning the acute and chronic management of patients with urolithiasis, they will also learn the comprehensive approach to patients with genitourinary malignancies. Residents are expected to accurately log their procedures and to understand the basics of a Grand Rounds presentation.

PGY-3

The PGY3 year is the second full year in urology and involves a two month rotation on the Buckeye service at the OSUH and the EEI, a two month Consult rotation at the OSUH and at the James, two months at University Hospital East and a four months at Nationwide Children's Hospital. The residents are assigned to spend time with the attendings in the ambulatory care facilities as well as in the operating room. It is during this time that they are given increasing responsibilities,

particularly for more complex open urologic procedures in the operating room. They are also responsible for evaluating all of the correctional facility patients with urologic problems at the clinic and begin to provide teaching to the interns and PGY2 residents on the service. It is the goal of these eight months to provide a greater degree of independence for residents and to have them begin formulation of appropriate management of urologic problems. The four months spent at Nationwide Children's Hospital is designed to teach the residents the appropriate evaluation and management of pediatric urologic and congenital genitourinary problems. The radiologic investigation of these patients as well as their surgical management is emphasized. Continuity of care is assured because the resident spends their entire time with the attendings in the office or in the operating room. They will also participate in surgical cases of increasing complexity with the attending staff. They are responsible for maintaining the weekly conferences at Nationwide Children's Hospital with the nephrologists and radiologists for discussion of pediatric urologic problems. They are also to review the pediatric literature for the weekly conferences. They are responsible for presenting the Children's morbidity and mortality at the monthly Departmental M&M conference.

PGY-4

During the PGY4 year the residents spend four months on the Scarlet Service and four months on the Gray service, both of which cover the Arthur G James Cancer Hospital. They spend two months on the Buckeye Service at the OSUH and the EEI. At all locations, the residents will be given increasing responsibilities, particularly in the operating room. They will also be given increasing teaching responsibilities for the PGY2 and PGY3 level residents. The other two months will be spent on the consult service where they have a major responsibility for the evaluation and presentation of the in-patient consultations at OSUH, the James and in the emergency department.

PGY-5 (Chief Resident)

The chief resident year is spent mostly at OSUH and the James. The Chief Resident on Gray service will also see prisoners along with Dr. Smith and a PGY2 resident at the CMC. Each chief resident has a four month responsibility as the chief resident and the administrative chief resident while on Buckeye service, four month responsibility as chief of the Gray service and a four month responsibility as chief of the Scarlet service. There are substantial teaching responsibilities for the chief residents during these rotations. As the administrative chief resident, they are responsible for the call schedule. They work with faculty to plan the grand rounds presentations, indications and morbidity and mortality conferences and visiting professorships. They also, along with a PGY2, evaluate prisoners with urologic issues the 1st and 3rd Tuesday of every month. In consultation with Dr. Smith, they plan appropriate evaluation, management, and surgical procedures for these patients. As chief of the clinical service, they scrub on cases of highest complexity in the operating room and function as teaching residents for junior level residents to help in their acquisition of surgical skills. Individuals with a desire to pursue fellowship training will be encouraged to focus their clinical experience in those areas.

GENERAL COMPETENCY BASED GOALS AND OBJECTIVES FOR ALL RESIDENTS THROUGHOUT THE TRAINING PROGRAM

1. PATIENT CARE

Goal: Provide care, both medical and surgical, of patients with urological health problems that is appropriate, cost-effective and compassionate.

Objectives:

1. Obtain a complete and accurate history and physical examination from patients with genitourinary complaints.
2. Interpret and obtain appropriate laboratory studies for the evaluation of urologic disorders.
3. Formulate treatment plans based on patient information and preferences for specific genitourinary diseases.
4. Apply current scientific evidence using information technology to facilitate the diagnosis and treatment of urologic disease.
5. Appropriately counsel and educate patients and their families about specific urologic problems.
6. Know the health care services aimed at preventing urologic problems and maintaining health.
7. Work with other medical and surgical disciplines and health care professionals to provide multidisciplinary care to the urology patient.
8. Competently perform all diagnostic and invasive procedures required for the appropriate management of genitourinary disorders in the outpatient setting.
9. Perform all urologic surgical procedures including open, endourologic, laparoscopic and robotic cases, in a competent manner.
10. Understand process development to ensure patient safety.

Teaching Methods:

1. Clinical performance with direct observation
2. Operating room with observed performance
3. Rotation specific readings
4. Daily supervised care of surgical patients
5. Presentations in clinic
6. Observed clinical examination

Evaluation Methods:

1. Global faculty evaluation
2. Oral examination
3. 360° evaluation
4. Teaching rounds
5. Biannual review with residency program director

6. Patient surveys
7. Case logs
8. Clinical Skills Lab performance.
9. Portfolio-record notes saved on computer about interesting cases and clinical pearls.

2. MEDICAL KNOWLEDGE

Goal: Acquire basic scientific and clinical knowledge of the full spectrum of genitourinary disorders and be able to apply this knowledge to care of the urologic patient.

Objectives:

1. Know the embryology, anatomy and physiology of the genitourinary system.
2. Apply knowledge of the pathophysiology of urologic disorders to the care of individual patients.
3. Obtain and process knowledge about urologic disorders from reading sources, the literature and didactic teaching sessions.
4. Perform well on standardized examinations (both written and oral) assessing fund of basic science and clinical knowledge.
5. Dedication to improvement in medical knowledge through a commitment to continued medical education.
6. Acquire basic knowledge of ultrasound, ultrasound of the kidneys and bladder, ultrasound of the male genitalia, and transrectal sonography.

Teaching Methods:

1. Rotation specific readings
2. Presentations in clinic
3. Content specific conferences
4. Satisfactory completion of 4 ultrasound CD/ROM DVDs.
5. AUA Core Curriculum

Evaluation Methods:

1. Global faculty evaluation
2. Oral examination
3. 360° evaluation
4. Chart stimulated recall
5. In Service examination administered by AUA/ABU Exam Committee
6. Teaching rounds
7. Biannual review with residency program director
8. Portfolio-record notes saved on computer about interesting cases and clinical pearls.
9. Connected E-learning assignments on Carmen

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 on a regular basis current practice experience using a systematic and reliable methodology.
2. Perform practice-based improvement by implementing a change in practice based on newly acquired clinical information.
3. Locate, appraise and assimilate scientific studies from the urologic literature applicable to patient management.
4. Understand scientific study design and statistical analysis to allow evaluation and appraisal of clinical studies.
5. Use information technology to access medical information for themselves and the patient.
6. Be an effective teacher of medical students, junior urology residents and other health care professionals.
7. Understand the function of observed standardized clinical evaluations in improvement of physician patient interaction.

Teaching Methods:

1. Clinical performance with direct observation
2. Daily supervised care of surgical patients
3. Presentations in clinic
4. Supervised on-call experiences
5. Presentations at Journal Club

Evaluation Methods:

1. Global faculty evaluation
2. Laparoscopy and simulation lab
3. Biannual review with residency program director
4. Portfolio-record notes saved on computer about interesting cases and clinical pearls.

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 and provide information using appropriate nonverbal, explanatory and patient interview skills.

3. Formulate and write coherent and accurate notes in the medical record
4. Write clear, concise and comprehensible manuscripts for publication in the urologic literature.
5. Prepare and deliver oral or case presentations in a thoughtful, organized and coherent manner.
6. Work effectively with others (urologic residents and faculty) as a member or leader of the Urology health care team.
7. Interact and communicate effectively with nurses and other health professionals and hospital staff.

Teaching Methods:

1. Clinical performance with direct observation
2. Operating room with observed performance
3. Daily supervised care of surgical patients
4. Presentations in clinic
5. Rotation specific conferences
6. Supervised on-call experiences

Evaluation Methods:

1. Global faculty evaluation
2. 360° evaluation
3. Observed clinical examination
4. Patient surveys
5. Teaching rounds
6. Biannual review with residency program director

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. Accept responsibility readily, be industrious and self-motivated, and bring assigned tasks to completion.
3. Function as an effective leader of the Urology health care team.
4. Understand and commit to the ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and urology business practices.
5. Be sensitive and responsive to the urology patients' culture, age, gender and disabilities.

Teaching Methods:

1. Clinical performance with direct observation
2. Operating room with observed performance
3. Daily supervised care of surgical patients
4. Presentations in clinic

5. Rotation specific conferences
6. Supervised on-call experiences
7. AUA Ethics Curriculum (<http://www.auanet.org/education/modules/ethics/index.cfm>)

Evaluation Methods:

1. Global faculty evaluation
2. 360° evaluation
3. Observed clinical examination
4. Patient surveys
5. Teaching rounds
6. Biannual review with residency program director
7. Completion of entire AUA ethics curriculum.

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. Understand how urology patient care practices affect other health care professionals within the local, regional and national health care system.
2. Understand differences between various types of medical practices and delivery systems (e.g., HMO, academic, private practice, etc), especially with regard to health care costs and allocation of resources.
3. Readily identify and correct health care system deficiencies that may result in less than optimal care of the urology patient.
4. Assist urology patients in dealing with health care system complexities.
5. Practice cost-effective health care and resource allocation without compromising quality of patient care.
6. Know how to partner with health care managers or other providers in efforts to improve coordination and effectiveness of the health care system.

Teaching Methods:

1. Clinical performance with direct observation
2. Operating room with observed performance
3. Daily supervised care of surgical patients
4. Presentations in clinic
5. Content specific conferences

Evaluation Methods:

1. Global faculty evaluation
2. 360° evaluation
3. Observed clinical examination
4. Biannual review with residency program director

GOALS AND OBJECTIVES FOR EACH SITE

NATIONWIDE CHILDREN'S HOSPITAL (NCH)

1. PATIENT CARE

Teaching Methods:

1. Operating room with observed performance
2. Rotation specific readings
3. Daily supervised care of surgical patients
4. Presentations in clinic
5. Rotation specific conference

Evaluation Methods:

1. Global faculty evaluation
2. Oral examination
3. 360° evaluation
4. AUA/ABU In-service examination
5. Teaching rounds
6. Biannual review with residency program director
7. Case logs and procedure logs
8. Portfolio-record notes saved on computer about interesting cases and clinical pearls.

Goal 1: While on the NCH rotation, the resident will learn compassionate and safe pediatric urology patient care.

Objectives:

1. Perform focused pediatric urology history and physical examinations.
2. Develop an understanding for the differences between adult and pediatric urology patients.
3. Meet and preferably exceed ACGME minimums for pediatric surgical procedures.
4. Develop management strategies for continuity of care for complex pediatric urology patients.
5. Learn patient specific pediatric urology medications and dosing regimens.

Goal 2: While on the NCH rotation, the resident will enact best practices for acute care of pediatric patients.

Objectives:

1. Learn specific aspects of acute neonatal ICU care.
2. Management of acute care pediatric urology patients in the ER.
3. Division of labor and team building in patient care.
4. Perform all consults in a timely fashion and communicate with on-call attendings.
5. Attend to all in-patient management.

Goal 3: The resident will be able to discharge all patients safely and efficiently.

Objectives:

1. Complete documentation and dictations in a timely fashion.
2. Educate parents and patients regarding management .
3. Communicate with the team members including attendings, nurses, and ancillary staff about patient care plans. .
4. Participate in post-operative management and follow-up.

2. MEDICAL KNOWLEDGE**Teaching Methods:**

1. Rotation specific readings
2. Presentations in clinic
3. Rotation specific conferences

Evaluation Methods:

1. Global faculty evaluation
2. Oral examination
3. 360° evaluation
4. Chart stimulated recall
5. AUA/ABU In-service examination
6. Biannual review with residency program director

Goal 1: While on the NCH rotation, the resident will diagnose pediatric urology problems and manage them appropriately

Objectives:

1. Become educated about common pediatric urologic disorders.
2. Learn and demonstrate skills in OR training with respect to congenital reconstruction.
3. Develop accurate knowledge of neonatal urologic problems
4. Develop differential diagnoses during rounds and conferences.

Goal 2: While on the NCH rotation, the resident will develop OR skills with regard to:

Objectives:

1. Proper tissue handling
2. Proper instrumentation for pediatric urologic cases
3. Reconstructive principles
4. Basic principles of pediatric urologic endoscopy

Goal 3: While on the NCH rotation, the resident will develop effective management skills of the following pediatric disease entities

Objectives:

1. Cryptorchidism
2. Hernias
3. Complications of circumcisions
4. Ureteral reflux
5. Hypospadias
6. Hydroceles
7. Posterior urethral valves

Goal 4: While on the NCH rotation, the resident will develop skills in open, laparoscopic and robotic congenital pediatric disease processes including orchiopexy/orchiectomy, vesicoureteral reflux and pyeloplasty.

Objectives:

1. Demonstrate a thorough understanding of the retroperitoneum and true pelvis
2. Develop surgical skills required for pelvic surgery
3. Compare and contrast skills used to become competent at open, laparoscopic, endoscopic and (where appropriate) robotic surgery for orchiopexy, ureteral reimplantation and pyeloplasty.

Goal 5: While on the NCH rotation, the resident will become proficient in evaluating the pediatric patient with an acute scrotum.

Objectives:

1. Demonstrate a thorough understanding of scrotal anatomy.
2. Describe the differential diagnoses associated with pediatric acute scrotum including spermatic cord torsion, epididymo-orchitis, appendix testis torsion, hydrocele, and testis tumors.
3. Discuss the uses of Doppler ultrasound in the setting of an acute scrotum.

Goal 6: While on the NCH rotation, the resident will develop knowledge regarding hydronephrosis, including pre-natal and post-natal evaluation and management strategies.

Objectives:

1. Demonstrate a thorough understanding of the retroperitoneum and renal anatomy.
2. Discuss the differential diagnoses involved in hydronephrosis, including ureteropelvic junction obstruction, vesicoureteral reflux disease, posterior urethral valves, multicystic dysplastic kidney, ureteroceles and megaureters.
3. Demonstrate a thorough knowledge of the evaluation of a patient with hydronephrosis, including the differences between sexes.
4. Discuss the appropriate and sequential radiographic evaluation of the child with hydronephrosis.
5. Understand the difference between treatment and prophylaxis and how to manage patients with hydronephrosis.

Goal 7: While on the NCH rotation, the resident will develop a clear understanding of embryogenesis as it relates to development of the genitourinary organs and the pathophysiology involved in disorder of sex development (intersex) states.

Objectives:

1. Learn the embryology of the genitourinary tract.
2. Learn the various congenital syndromes associated with ambiguous genitalia
3. Order the appropriate ancillary tests and radiographic evaluation of the child with a disorder of sex development

Goal 8: While on the NCH rotation, the resident will understand the neuroanatomy and the neurophysiology of normal micturition and differentiate that from the pathophysiology of voiding dysfunction.

Objectives:

1. Describe the neuroanatomy and neuromuscular physiology of the pediatric bladder and urethra.
2. Compare and contrast normal voiding with voiding dysfunction syndromes.
3. Discuss the appropriate indications for urodynamic testing in children.
4. Manage patients with voiding dysfunction.
5. Perform an urodynamic study, with assistance.

Goal 9: While on the NCH rotation, the resident will learn the basics of pediatric genitourinary tumors, including testicular, renal, adrenal and pelvic.

Objectives:

1. Learn the common pediatric genitourinary tumors, including testicular tumors, Wilms' tumor, neuroblastoma and rhabdomyosarcoma.
2. Discuss the associated patterns with the various genitourinary pediatric tumors (eg., Beckwith-Wiederman syndrome with Wilms' tumor).
3. Understand the proper laboratory and radiographic evaluation of all genitourinary pediatric tumors.
4. Be able to discuss the specific multi-modality treatments of the common pediatric genitourinary tumors.

3. PRACTICE-BASED LEARNING AND IMPROVEMENT

Teaching Methods:

1. Clinical performance with direct observation
2. Daily supervised care of surgical patients
3. Presentations in clinic

Evaluation Methods:

1. Global faculty evaluation
2. Biannual review with residency program director

Goal 1: While on the NCH rotation, the resident will broaden knowledge about improving health-care for pediatric urologic patients and their families.

Objectives:

1. Become an integral part of the Pediatric Urology team
2. Learn about the daily operations of a children's hospital

Goal 2: While on the NCH rotation, the resident will become proficient at presenting pertinent information regarding pediatric cases and practices.

Objectives:

1. Develop case-coordinated management with attendings for patients.
2. Prepare and document the M&M for Children's every month.

4. INTERPERSONAL AND COMMUNICATION SKILLS**Teaching Methods**

1. Clinical performance with direct observation
2. Operating room with observed performance
3. Daily supervised care of surgical patients
4. Presentations in clinic
5. Rotation specific conference

Evaluation Methods:

1. Global faculty evaluation
2. Oral examination
3. 360 evaluation
4. Patient surveys
5. Teaching rounds
6. Biannual review with residency program director

Goal 1: While on the NCH rotation, the resident will develop exceptional communication between and among team members.

Objectives:

1. Coordinate call schedules with fellows and residents.
2. Communicate effectively with attending and ancillary staff about preoperative care, consent forms and efficiency of clinical practice.
3. Communicate effectively and daily with attendings about pre- and postoperative management.
4. Encourage medical students to interact as team members.
5. Incorporate medical students in all activities with adequate supervision and graduated responsibility.

Goal 2: While on the NCH rotation, the resident will distinguish the difference in communication between adult and pediatric care.

Objective: Compare and contrast differences between NCH and adult hospitals and incorporate best practices observed in pediatric urology faculty.

5. PROFESSIONALISM**Teaching Methods**

1. Clinical performance with direct observation
2. Operating room with observed performance
3. Daily supervised care of surgical patients
4. Presentations in clinic
5. Rotation specific conferences
6. Supervised on-call experiences

Evaluation Methods:

1. Global faculty evaluation
2. 360° evaluation
3. Teaching rounds
4. Biannual review with residency program director

Goal 1: While on the NCH rotation, the resident will develop professionalism through graded experience and focused reading.

Objectives:

1. Develop personal goals.
2. Develop professional goals.
3. Construct ways of self-education and self-reflection
4. Maintain excellent patient-centered relationships

Goal 2: While on the NCH rotation, the resident will gain experience with a diverse patient population and learn how to provide care for this population

Objectives:

1. Build relationships with patient families and team members
2. Learn about diverse patient populations.
3. Develop skills and sensitivities that assist in patient care of non-English speaking patients and their families

6. SYSTEMS-BASED PRACTICE

Teaching Methods

1. Clinical performance with direct observation
2. Operating room with observed performance
3. Daily supervised care of surgical patients
4. Presentations in clinic

Evaluation Methods:

1. Global faculty evaluation
2. 360°evaluation
3. Portfolio
4. Biannual review with residency program director

THE OHIO STATE UNIVERSITY HOSPITAL – BUCKEYE SERVICE AND THE OHIO STATE UNIVERSITY EAST HOSPITAL

These assignments are at OSUH, EEI or East. During these rotations the residents are under the supervision of Drs. Knudsen, Smith, Jenkins, and Shah on the Buckeye Service, and under Dr. Begun at East. In these rotations the resident gains valuable exposure to general urology patients as well as patients with stone disease, female urology, voiding dysfunction, diseases requiring laparoscopy, and trauma. The residents will participate in the General Urology clinic. Call is taken from home.

1. PATIENT CARE

Teaching Methods:

1. Clinical performance with direct observation
2. Operating room with observed performance
3. Rotation specific readings
4. Daily supervised care of surgical patients
5. Presentations in clinic
6. Content specific conferences

Evaluation Methods:

1. Global faculty evaluation
2. 360° evaluation
3. Examination-in-service
4. Teaching rounds
5. Biannual review with residency program director
6. Portfolio- record notes about interesting cases and clinical pearls.
7. Patient surveys
8. Case logs and procedure logs

Goal 1: During the Buckeye Service and East rotation the residents will become proficient in providing compassionate and safe urologic care to a culturally and socio-economically diverse population of patients, meeting or exceeding the standard of care.

Objectives:

1. Interact with urology patients in all domains of clinical care, including the emergency department, outpatient clinic, inpatient care areas and operating room.
2. Experience the diversity of the population of patients who receive their care at OSUH.
3. Gain an understanding of the unique psychosocial needs of uninsured and financially in-need individuals and learn to facilitate efficient urologic care by utilizing the supportive services dedicated to these needs.

Goal 2: During the Buckeye Service and East rotation the residents will learn to identify, acknowledge and sensitively address the complexities of healthcare delivery to an ethnically and culturally diverse population.

Objectives:

1. Learn to provide evidence-based care in a resource limited environment.
2. Develop management strategies for continuity of care for complex urology trauma patients.

Goal 3: During the Buckeye Service and East rotation the residents will learn the best practices for acute care patients.

Objectives:

1. Learn specific aspects of acute trauma care and reconstructive concerns.
2. Develop skills for establishing the division of labor and team building in patient care.
3. Attend to all in-patient management timely and efficiently.
4. Learn to manage postoperative patients appropriately.

Goal 4: During the Buckeye Service and East rotation the residents will learn to discharge all patients effectively.

Objectives:

1. Complete documentation and dictations.
2. Educate patients regarding home management.
3. Communicate with the team members including attendings, nurses, and ancillary staff about patient care plans.
4. Learn about postoperative management and follow-up.

Goal 5: During the Buckeye Service and East rotation the residents will be exposed to urology in a university and city hospital setting

Objectives:

1. Learn to treat patients from diverse ethnic and socioeconomic backgrounds.
2. Learn to provide care that is culturally and gender sensitive.
3. Be able to take a history and examine a patient with the help of an interpreter.
4. While on call, be able to manage clinical situations that may arise in different hospitals and learn to organize a time efficient method to reach a disposition with faculty supervision.
5. Attend and actively participate in all conferences and meetings.

Goal 6: During the Buckeye Service and East rotation the residents will become proficient in the evaluation and management of a patient with urologic injuries.

Objectives:

1. Be able to take a medical history from a trauma victim, describe the physical signs associated with urologic injuries and understand the mechanism of injury.
2. Demonstrate an understanding of the evaluation of a patient with urologic trauma. The resident is expected to understand the indications for imaging, the type of study to be performed and how to perform the exam. This will include but not be limited to:
 - a. Indications for imaging in the setting of hematuria
 - b. When and how to perform a retrograde urethrogram
 - c. Indications and proper technique for cystography
 - d. Indications and proper performance of a one-shot IVP
3. Understand the management of blunt and penetrating renal trauma.
4. Be able to discuss the evaluation, diagnosis and the management options for ureteral injuries.
5. Discuss the presentation and management of bladder injuries.
6. Discuss the evaluation, diagnosis and management of urethral injuries.
7. Be able to diagnose and manage injuries to the scrotum and its contents.
8. Develop an understanding of the management of the total trauma patient and the role of an urologist as a consultant.

Goal 6: During the Buckeye Service and East rotation the residents will develop O.R. skills with regard to:

Objectives:

1. Proper tissue handling, consent, radiologic assessment
2. Proper hierarchy and tier of O.R. personnel
3. Genitourinary trauma (including urethral, penile, scrotal, bladder, ureteral, renal, and retroperitoneal)
4. Prosthetic surgery
5. Urethral reconstructive techniques
6. Minimally invasive endoscopic techniques
7. Laparoscopy and minimally invasive surgery

2. MEDICAL KNOWLEDGE

Teaching Methods:

1. Rotation specific readings
2. Presentations in clinic
3. Content specific conferences

Evaluation Methods:

1. Global faculty evaluation
2. 360° evaluation
3. Portfolio- record notes about interesting cases and clinical pearls
4. Chart stimulated recall
5. Examination-in-service
6. Teaching rounds
7. Biannual review with residency program director

Goal 1: During the Buckeye Service and East rotation the residents will learn to care for common urologic diagnoses and perform common procedures experienced in a public hospital.

Objectives:

1. Learn proper management and documentation.
2. Learn and demonstrate skills in OR training.
3. Develop accurate knowledge of trauma and reconstructive urologic evaluation.
4. Prepare preoperative conference.
5. Demonstrate an ability to develop a differential diagnosis during rounds and conferences

Goal 2: During the Buckeye Service and East rotation the residents will become proficient in operative and nonoperative management of injuries.

Objectives:

1. Develop knowledge of current indications for and implementation of a strategy of damage control surgery.
2. Develop knowledge of current indications for radiological and operative staging of urologic injuries and provide an accurately staged diagnosis consistent with the currently accepted staging format.
3. Develop knowledge of current indications and implementation of acute surgical management of urologic injuries (e.g., renorrhaphy, nephrectomy, ureterorrhaphy, ureteral stent placement, cystorrhaphy, urethral realignment, scrotal exploration).
4. Develop knowledge of current indications for and application of interventional radiological services where appropriate (e.g., angioembolization, percutaneous drain placement).
5. Develop knowledge of current indications for and implementation of injury surveillance for delayed sequelae, including knowledge of imaging techniques used to make these diagnoses.
6. Develop knowledge of indications for and techniques used for delayed reconstruction of urologic injuries.
7. Develop knowledge of the complex interplay of urologic injuries as they pertain to concomitant orthopaedic, gastrointestinal, vascular, and gynecologic injuries.

Goal 3: During the Buckeye Service and East rotation the residents will understand the principles of and gain skills pertaining to complex genital reconstructive surgery, employing plastic surgical techniques, and understand the particular advantages and limitations to their use.

Objectives:

1. Participate in the multidisciplinary diagnosis and management of diseases of the genitalia/perineum which can result in the need for complex reconstruction following initial stabilization (e.g., necrotizing infections/Fournier's, pelvic trauma, ionizing radiation, thermal injury/burns, autoimmune skin disorders, idiopathic lymphedema, morbid obesity with buried penis).
2. Demonstrate an understanding of plastic surgical reconstructive techniques and principles as they apply to traumatic genitourinary injuries, genital skin loss/deficiency, and complex pelvic wounds involving the genitalia and lower urinary tract. Such techniques includes: surgical debridement, dressing

care, urinary diversion, skin grafting, graft bed preparation, skin flap rearrangement, use of vascularized flaps (e.g., muscle, omental, peritoneal, Martius).

3. Demonstrate an understanding of the microsurgical principles as they relate to penile amputation, avulsion, revascularization.

4. Demonstrate an understanding of the current indications and imaging modalities relevant to diagnosis, surveillance and preoperative planning as they apply to urologic reconstructive surgery: Peyronie's disease, urethral stricture, ureteral stricture, UPJ obstruction.

5. Acquire an understanding of the physical, psychological and social implications that may be associated with complex genital/perineal reconstruction.

Goal 4: During the Buckeye Service and East rotation the residents will acquire a basic understanding of complex urethral reconstructive surgery with an understanding of the benefits and the technical limitations of surgical procedures.

Objectives:

1. Participate in the clinical evaluation, diagnosis, radiological evaluation and decision-making process of patients with urethral stricture disease and urinary fistula.

2. Demonstrate knowledge of indications for minimally invasive procedures for urethral stricture disease, such as urethral dilatation, urethrotomy, suprapubic (open, percutaneous) catheter insertion, and be able to perform these procedures.

3. Participate in open urethral reconstructive cases as they pertain to the lesion and become familiar with the techniques of:

- a. Sonourethrography
- b. Anastomotic urethroplasty
- c. Graft or flap onlay techniques
- d. Combined anastomotic/graft techniques
- e. Staged urethral reconstruction
- f. Perineal urethrostomy
- g. Posterior stricture repair

4. Understand the adjunctive surgical maneuvers that may be required to facilitate successful urethral reconstruction for anterior and posterior strictures:

- a. Corporal splitting
- b. Corporal rerouting
- c. Urethral mobilization
- d. Inferior pubectomy

5. Participate in all aspects of post operative care for these patients, including dressing care, catheter care, clinical assessment and evaluation for complications and participate in their management (e.g., stricture recurrence, fistula, incontinence, acquired penile curvature, erectile dysfunction).

3. PRACTICE-BASED LEARNING AND IMPROVEMENT

Teaching Methods:

1. Clinical performance with direct observation
2. Daily supervised care of surgical patients
3. Presentations in clinic
4. Supervised on-call experiences

Evaluation Methods:

1. Global faculty evaluation
2. Portfolio- record notes about interesting cases and clinical pearls.
3. Biannual review with residency program director

Goal 1: During the Buckeye Service and East rotation the residents will broaden knowledge about improving health-care.

Objectives:

1. Learn about and become part of the public-sector urology team.
2. Learn about the daily operations of a public-sector hospital.

Goal 2: During the Buckeye Service and East rotation the residents will present pertinent information regarding adult practices.

Objectives:

1. Develop case-coordinated management with attendings for patients.
2. Prepare and document the M&M for OSUH every month.
3. Maintain punctual attendance at all conferences.

4. INTERPERSONAL AND COMMUNICATION SKILLS**Teaching Methods:**

1. Clinical performance with direct observation
2. Operating room with observed performance
3. Daily supervised care of surgical patients
4. Presentations in clinic
5. Content specific conferences
6. Supervised on-call experiences

Evaluation Methods:

1. Global faculty evaluation
2. Oral examination
3. 360° evaluation
4. Chart stimulated recall
5. Patient surveys
6. Teaching rounds
7. Biannual review with residency program director
8. Review of medical records

Goal 1: During the Buckeye Service and East rotation the residents will develop exceptional communication between and among team members

Objectives:

1. Communicate effectively with attending and ancillary staff about pre-operative care, consent forms and efficiency of clinical practice.
2. Communicate effectively and daily with attendings about O.R. dictation and postoperative management.
3. Encourage medical students to interact as team members.
4. Demonstrate proficiency in the management and leadership of an inpatient service, utilizing the cooperative skills of lab technicians, ancillary staff, resident colleagues, faculty, and nurses.

Goal 2: During the Buckeye Service and East rotation the residents will distinguish the difference in communication between care at OSUH and the Arthur G James Hospital.

Objectives:

1. Compare and contrast differences between OSUH, East and other hospitals and incorporate best practices.
2. Develop the necessary communication and team-building skills that are required to manage patients efficiently and safely with ICU and medical consult services.
3. Demonstrate skill and sensitivity for appropriately counseling and educating patients and their families in a variety of clinical situations.

Goal 3: During the Buckeye Service and East rotation the residents will demonstrate effective documentation of practice activities.

Objectives:

1. The resident will properly document operative/procedure note dictations, clinic visit dictations, discharge summary, daily progress notes and event notes.
2. Maintain accurate and current OR logs on ACGME website and prepare the semi-annual OR log for review.

Goal 4: During the Buckeye Service and East rotation the residents will demonstrate a kind, thoughtful, understanding and helpful attitude to consulting services.

Objectives:

1. Demonstrate how to properly consult a specialty service (radiology, GI, PT, etc.) by correctly formulating the specific question to be answered.
2. Demonstrate ability to independently manage a urology service, to include administrative, clinical and academic responsibilities.

5. PROFESSIONALISM

Teaching Methods:

1. Clinical performance with direct observation
2. Operating room with observed performance
3. Daily supervised care of surgical patients
4. Presentations in clinic
5. Content specific conferences
6. Supervised on-call experiences

Evaluation Methods:

1. Global faculty evaluation
2. 360° evaluation
3. Portfolio- record notes about interesting cases and clinical pearls.
4. Checklists-surgical checklist
5. Observed clinical examination
6. Patient surveys
7. Case logs and procedure logs
8. Teaching rounds
9. Biannual review with residency program director

Goal 1: During the Buckeye Service and East rotation the residents will evolve and mature into a well-trained physician that is competent and complete specialist through graduated experiences and modeling.

Objectives:

1. Develop personal goals
2. Develop professional goals
3. Construct ways of self-education and self-reflection
4. Develop efficiency and punctuality in all patient-care and academic paperwork
5. Log and monitor index adult cases on the ACGME website

Goal 2: During the Buckeye Service and East rotation the residents will gain experience with a diverse patient populations, including age, gender, culture and disabilities.

Objectives

1. Build relationships with patient families and team members.
2. Learn about culturally diverse patient populations.
3. Develop skills and sensitivities that assist in patient care of non-English speaking patients and their families.

6. SYSTEMS-BASED PRACTICE

Teaching Methods:

1. Clinical performance with direct observation
2. Operating room with observed performance
3. Daily supervised care of surgical patients
4. Presentations in clinic
5. Content specific conferences
6. Supervised on-call experiences

Evaluation Methods:

1. Global faculty evaluation
2. 360° evaluation
3. Portfolio- Morbidity/Mortality Reports, Tumor Board Reports, and Medical Evaluation Board dictations.
4. Checklists-surgical checklist
5. Case logs and procedure logs
6. Biannual review with residency program director

Goal 1: During the Buckeye Service and East rotation the residents will gain an understanding of the importance of the multidisciplinary management of patients with urologic trauma at all phases of injury assessment, management and surveillance.

Objectives:

1. Participate in the triage and resuscitative efforts of patients who have urologic injuries during the acute phase of the trauma evaluation in the Emergency department, intensive care unit or admitted to hospital.
2. Participate in ongoing interdisciplinary collaboration with general surgery, orthopedics, radiology and other consulting services through all phases of urologic injury management.
3. Become familiar with ancillary staff duties including PCC, O.R. scheduler, clinic appointments, administrative assistant, nursing.

Goal 2: During the Buckeye Service and East rotation the residents will gain an understanding of the SBP aspects of providing care in a public hospital with a diverse patient population.

Objectives:

1. Become familiar with the provided computer training and skills for appropriate patient care.
2. Demonstrate skills on OSUH computer system.
3. Utilize computer and library research facilities for safe patient care.
4. Begin to learn about proper documentation and coding principles.

SCARLET AND GRAY SERVICE AT THE ARTHUR G JAMES HOSPITAL

This assignment is a focused rotation emphasizing urologic oncology. On the Scarlet rotation, the urology resident will perform a wide range of urologic surgical procedures under the supervision of Drs. Shabsigh, Box and Sharp. On the Gray rotation, the urology resident will focus on the care of patients with bladder cancer under the supervision of Drs. Lee, Merrill, and Pohar. These rotations are an important operative experience for the resident because they provide a high volume operative experience with emphasis on oncologic and robotic surgical cases. The resident is expected to meet with the staff surgeon to discuss the patient's clinical presentation, examination, pertinent laboratory findings and radiographic studies prior to each case. The resident is also expected to discuss and demonstrate an understanding of the planned procedure, technical aspects and potential complications. The resident is then expected to provide care for the patient postoperatively until discharge.

1. PATIENT CARE

Teaching Methods:

1. Clinical performance with direct observation
2. Operating room with observed performance
3. Rotation specific readings
4. Observed clinical examination
5. Daily supervised care of surgical patients
6. Presentations in clinic
7. Content specific conferences
8. Supervised on-call experiences

Evaluation Methods:

1. Global faculty evaluation
2. Oral examination
3. 360° evaluation
4. Examination-in-service
5. Biannual review with residency program director
6. Portfolio- record notes about interesting cases and clinical pearls.
7. Patient surveys
8. Case logs and procedure logs
9. Laparoscopy and robotic simulation lab

Goal 1: During the Scarlet and Gray rotations the resident will provide compassionate and safe urology patient care to an adult patient population.

Objectives:

1. Perform focused adult urology history and physical examinations.

2. Understand the indications for and advantages of laparoscopic and robotic surgery
3. Develop management strategies for continuity of care for complex urology patients.
4. Learn best practices for follow up and evaluation of patients with urologic malignancies.

Goal 2: During the Scarlet rotation the residents will become proficient on best practices for inpatient management

Objectives:

1. Division of labor and team building in patient care.
2. Attend to all in-patient management timely and efficiently.
3. Learn to manage post-prostatectomy patients appropriately.

Goal 3: Discharge all patients effectively

Objectives:

1. Complete documentation and dictations.
2. Educate patients regarding home management.
3. Communicate with the team members including attendings, nurses, and ancillary staff about patient care plans.
4. Learn about postoperative management and followup.

2. MEDICAL KNOWLEDGE

Teaching Methods:

1. Rotation specific readings
2. Content specific conferences
3. Presentations in clinic

Evaluation Methods:

1. Global faculty evaluation
2. Oral examination
3. 360° evaluation
4. Portfolio- record notes about interesting cases and clinical pearls
5. Chart stimulated recall
6. Examination-in-service
7. Teaching rounds
8. Biannual review with residency program director
9. Laparoscopy and robotic simulation lab

Goal 1: During the Scarlet and Gray rotations the resident will master adult urologic oncology.

Objectives:

1. Become educated about common urology diagnoses.

2. Learn proper management and documentation.
3. Learn and demonstrate skills in OR training.
4. Develop accurate knowledge of ICU management and surgical procedures.
5. Prepare preoperative conference.
6. Be able to develop differential diagnoses during rounds and conferences.

Goal 2: During the Scarlet and Gray rotations the resident will master the use of the provided computer training and skills for appropriate patient care.

Objectives:

1. Demonstrate skills using the OSUH computer system.
2. Utilize computer and library research facilities for safe patient care.

Goal 3: During the Scarlet and Gray rotations the resident will develop robotic and endourologic surgical skills.

Objectives:

1. Gain exposure to a high volume hospital based urology practice in order to further advance surgical skills.
2. Understand the indications, techniques and possible complication of more complex urological cases.

Goal 4: During the Scarlet and Gray rotations the residents will develop open, laparoscopic and robotic operative skills and team skills in an operating room.

Objectives:

1. Obtain proper tissue handling, consent, radiologic assessment.
2. Understand the proper hierarchy and tier of O.R. personnel.
3. Become proficient at the placement of radioactive seeds for the management of clinically localized prostate cancer.
4. Be able to surgically treat prostate cancer.
5. Become proficient in radical prostatectomy techniques.
6. Become proficient in management of bladder cancer.
7. Become proficient in cystectomy and all types of urinary diversion.
8. Become proficient in laparoscopy and minimally invasive surgery.
9. Become proficient in urodynamics and female urinary incontinence.

Goal 5: During the Scarlet and Gray rotations the resident will develop skills in both open, laparoscopic, and robotic radical prostatectomy techniques.

Objectives:

1. Understand the staging procedures required in treating local and advanced prostate cancer and will gain familiarity in novel treatment approaches for advanced disease.

2. Demonstrate a thorough understanding of male pelvic anatomy.
3. Develop surgical skills required for pelvic surgery.
4. Develop and demonstrate ability in performing nerve sparing approaches in prostate cancer surgery.

Goal 6: Learn the appropriate evaluation for and distinguish the stages of and safely manage surgical patients with all stages of bladder cancer.

Objectives:

1. Demonstrate and improve TURBT skills and judgment.
2. Be able to discuss and demonstrate an understanding of CT and MRI staging of invasive cancer to guide therapeutic choices.
3. Develop skills necessary to do radical cystectomy and manage these patients efficiently and effectively.
4. Demonstrate appropriate technique in handling ureter, intestine and mesentery to perform urinary diversions with a low complication rate.

Goal 7: During the Scarlet and Gray rotations the resident will learn to perform laparoscopic nephrectomy for renal cell cancer, upper tract TCC and donor nephrectomy.

Objectives:

1. Demonstrate a thorough understanding of renal anatomy and familiarity with the retroperitoneum.
2. Develop surgical skills required for laparoscopic renal surgery, including proper intra-operative patient positioning and port placement.
3. Learn to manage post-operative nephrectomy patients appropriately.
4. Understand the risks of laparoscopy and its limitations, including proper management of intra-operative organ injuries, hypercarbia, acidosis, hypotension, and appropriate pre-operative screening to prevent intra-operative risks.

Goal 8: During the Scarlet and Gray rotations the residents will develop knowledge of the female genitourinary system and understand the variations.

Objectives:

1. Demonstrate understanding of normal female pelvic anatomy and the common pathology that causes urinary incontinence and urinary dysfunction.
2. Describe abnormal female anatomy and develop a differential diagnosis of urinary incontinence.
3. Describe the various options to manage patients with urinary incontinence.
4. Develop surgical skills required for female incontinence surgery.

3. PRACTICE-BASED LEARNING AND IMPROVEMENT

Teaching Methods:

1. Clinical performance with direct observation
2. Supervised on-call experiences
3. Daily supervised care of surgical patients
4. Presentations in clinic

Evaluation Methods:

1. Global faculty evaluation
2. 360° evaluation
3. Portfolio- record notes about interesting cases and clinical pearls.
4. Checklists-surgical checklist
5. Observed clinical examination
6. Patient surveys
7. Case logs and procedure logs
8. Teaching rounds
9. Biannual review with residency program director
10. Laparoscopy simulation lab

Goal 1: During the Scarlet and Gray rotations the resident will broaden knowledge about improving healthcare.

Objectives:

1. Present proper issues at GU Case Conference followed by discussion of a relevant/current/classic urology journal article or equivalent, as time permits.
2. Develop case-coordinated management with attendings for patients.

4. INTERPERSONAL AND COMMUNICATION SKILLS**Teaching Methods:**

1. Clinical performance with direct observation
2. Operating room with observed performance
3. Supervised on-call experiences
4. Daily supervised care of surgical patients
5. Presentations in clinic
6. Rotation specific conferences

Evaluation Methods:

1. Global faculty evaluation
2. Oral examination
3. 360° evaluation
4. Chart stimulated recall
5. Observed clinical examination
6. Patient surveys
7. Teaching rounds
8. Biannual review with residency program director
9. Review of medical records
10. Laparoscopy simulation lab

Goal 1: During the Scarlet and Gray rotations the resident will gain communication skills between and among team members.

Objectives:

1. Coordinate call schedules.
2. Communicate effectively with attending and ancillary staff about preoperative care, consent forms and efficiency of clinical practice.
3. Communicate effectively and daily with attendings about OR dictation and postoperative management.
4. Compare and contrast differences between the James and other hospitals and incorporate best practices into their own practice.
5. Develop the necessary communication and team-building skills that are required to manage patients efficiently and safely with ICU and medical consult services.

5. PROFESSIONALISM

Teaching Methods:

1. Clinical performance with direct observation
2. Operating room with observed performance
3. Supervised on-call experiences
4. Daily supervised care of surgical patients
5. Presentations in clinic
6. Rotation specific conferences

Evaluation Methods:

1. Global faculty evaluation
2. 360° evaluation
3. Portfolio- record notes about interesting cases and clinical pearls.
4. Checklists-surgical checklist
5. Observed clinical examination
6. Patient surveys
7. Case logs and procedure logs
8. Teaching rounds
9. Biannual review with residency program director
10. Laparoscopy simulation lab

Goal 1: During the Scarlet and Gray rotations the resident will develop and mature into a well-trained physician and a competent and complete specialist through graduated experiences and modeling.

Objectives:

1. Log and monitor index adult cases on the ACGME website
2. Develop personal goals
3. Develop professional goals
4. Construct ways of self-education and self-reflection

Goal 2: During the Scarlet and Gray rotations the resident will maintain excellent patient-centered relationships.

Objectives:

1. Develop efficiency and punctuality in all patient-care and academic paperwork.
2. Gain experiences with a diverse patient populations, including age, gender, culture and disabilities.
3. Build relationships with patient families and team members.
4. Learn about culturally diverse patient populations.

6. SYSTEMS-BASED PRACTICE

Teaching Methods:

1. Clinical performance with direct observation
2. Operating room with observed performance
3. Supervised on-call experiences
4. Daily supervised care of surgical patients
5. Presentations in clinic
6. Content specific conferences

Evaluation Methods:

1. Global faculty evaluation
2. 360° evaluation

Goal 1: During the Scarlet and Gray rotations the resident will become familiar with ancillary staff duties.

Objectives:

1. Understand the role of the patient care coordinators, O.R. scheduler, clinic appointments, administrative assistant, and nursing staff.
2. Understand proper documentation and coding principles.

CONSULT ROTATION

1. PATIENT CARE

Goal 1: Provide advice to physicians about urologic problems that occur in their inpatients and help determine the disposition of patients in the emergency department with urologic disorders.

Objectives

1. Obtain a complete and accurate history and physical examination from patients with genitourinary complaints.
2. Interpret and obtain appropriate laboratory studies for the evaluation of urologic disorders.
3. Formulate treatment plans based on patient information and preferences for specific genitourinary diseases.
4. Apply current scientific evidence using information technology to facilitate the diagnosis and treatment of urologic disease.
5. Work with other medical and surgical disciplines and health care professionals to provide multidisciplinary care to the urology patient.

Teaching Methods

1. Clinical performance with direct observation
2. Daily supervised care of surgical patients
3. Phone interaction with attendings

Evaluation Methods

1. Global faculty evaluation
2. Oral examination
3. 360° evaluation
4. Teaching rounds
5. Biannual review with residency program director

2. MEDICAL KNOWLEDGE

Goal 1: Learn the evaluation and management of urologic disorders that commonly occur in hospitalized patients and patients in the emergency department.

Objectives

1. Apply knowledge of the pathophysiology of urologic disorders to the care of individual patients.
2. Obtain and process knowledge about urologic disorders from reading sources, the literature and didactic teaching sessions.

Teaching Methods

1. Rotation specific readings from “5 Minute Urology Consult”
2. Presentations of patients to attending faculty

Evaluation Methods

1. Global faculty evaluation
2. 360° evaluation
3. Teaching rounds
4. Biannual review with residency program director
5. Portfolio-record notes saved on computer about interesting cases and clinical pearls.

3. PRACTICE-BASED LEARNING AND IMPROVEMENT

Goal 1: Improve consultative patient care practices by evaluation of timeliness and outcomes of intervention

Objectives

1. Critically analyze practice experience by following all consults until discharge.
2. Perform practice-based improvement by implementing a change in practice based on newly acquired clinical information.
3. Locate, appraise and assimilate scientific studies from the urologic literature applicable to patient management.
4. Use information technology to access medical information for themselves and the patient.

Teaching Methods

1. Clinical performance with direct observation
2. Daily supervised care of patients in the emergency department and patients on the consult service.

Evaluation Methods

1. Global faculty evaluation
2. 360° evaluation
3. Biannual review with residency program director
4. Portfolio-record notes saved on computer about interesting cases and clinical pearls.

4. INTERPERSONAL AND COMMUNICATION SKILLS

Goal 1: Develop interpersonal and communication skills that provide effective exchange of information with urologic patients, their families, consulting physicians and attending urology faculty.

Objectives

1. Develop rapport with urologic patients and their families.
2. Develop effective listening skills and be able to elicit and provide information using appropriate nonverbal, explanatory and patient interview skills.
3. Formulate and write coherent and legible notes in the medical record.
4. Prepare and deliver oral or case presentations in a thoughtful, organized and coherent manner.
5. Work effectively with others (urologic residents and faculty) as a member or leader of the Urology health care team.
6. Interact and communicate effectively with nurses and other health professionals and hospital staff.

Teaching Methods

1. Clinical performance with direct observation.
2. Daily supervised care of patients in the emergency department and patients on the consult service.

Evaluation Methods

1. Global faculty evaluation
2. 360° evaluation
3. Teaching rounds

5. PROFESSIONALISM

Goal 1: Be professional by being prompt and courteous when requested to evaluate patient consults or patients in the emergency department. Be sensitive to the patients other co-morbid condition(s) and the healthcare professionals involved in those patient's non-urological disease.

Objectives

1. Have respect, compassion and integrity in your interactions with patients, their family members and other health care professionals.
2. Accept responsibility readily, be industrious and self-motivated, and bring assigned tasks to completion.
3. Function as an effective leader of the Urology health care team.
4. Understand and commit to the ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and urology business practices.
5. Be sensitive and responsive to the urology patients' culture, age, gender and disabilities.

Teaching Methods

1. Clinical performance with direct observation.

Evaluation Methods

1. Global faculty evaluation
2. 360° evaluation
3. Teaching rounds

4. Biannual review with residency program director

6. SYSTEMS-BASED PRACTICE

Goal 1: Learn the resources available to optimize inpatient consultations and the disposition of emergency department patients with urologic disorders.

Objectives

1. Assist urology patients in dealing with health care system complexities.
2. Practice cost-effective health care and resource allocation without compromising quality of patient care.
3. Know how to partner with health care managers or other providers in efforts to improve coordination and effectiveness of the health care system.
4. Develop the skill of venue assignment for management of acute urologic disorders.
5. Learn to prioritize consultations based on requirement for urgent intervention.
6. Learn CPT coding for inpatient consultative care.

Teaching Methods

1. Clinical performance with direct observation.
2. Use ICD-9 and CPT coding for all encounters

Evaluation Methods

1. Global faculty evaluation
2. 360° evaluation
3. Biannual review with residency program director

CONFERENCES

Academic conferences are an integral part of the teaching program and require the active participation of urology faculty and residents. Most conferences are held on Thursday mornings from 6:30am-8am. All conferences are required for faculty and residents and attendance is mandatory. Conferences are designed to be interactive with input from faculty and residents. Documentation of attendance for faculty and residents occurs by directly signing the Urology sign-in sheet and is maintained by the program coordinator.

The following is a description of the various conferences conducted by the Urology Service. The schedule will be circulated to all residents and faculty at least two weeks prior.

Preoperative Indications Conference

This conference is held on the 1st, 3rd, 4th, and 5th Thursday of each month. At this conference, selected operative cases for the upcoming week are presented. The residents present cases they are scheduled to perform. The primary disease process, indications for surgery, alternative treatment plans, surgical techniques and potential complications are presented by the resident. All pertinent laboratory and radiographic data are reviewed. The resident is expected to have a thorough familiarity with each case, including the ability to discuss critical aspects of the patient history and physical exam, laboratory data and the indications and potential complications of the planned procedure. The topics covered during the conference are dependent upon the cases scheduled for that particular week. The resident can be expected to be quizzed in this open forum about any aspect of the relevant urologic disorder for which the surgical procedure is planned.

Morbidity/Mortality Conference

This conference is held on the 2nd Thursday of each month. Each complication or adverse event that occurs on a urologic patient is presented. The resident involved in the patient's care presents the case, the care provided, the complication, management and outcome. The resident is expected to discuss the complication and review the literature on the subject. Specific focus is given to the general competencies of practice-based learning and systems based practice. The resident completes a write-up of the discussed complication to include cited references and the aspects of the case that are relevant to practice-based learning and systems based practice on the standard "M+M RRC" format. This write up will be placed in the resident's portfolio with all of the accompanying data, literature and learning points for future reference. This will be stored without any identifying patient data as part of a quality improvement process. The report is submitted to the Department of Urology QI Committee.

Journal Club

This conference is held monthly on the second Monday of the month from 5:30pm-7:30pm at the Eye and Ear Institute in room 3000A. All faculty, residents, interns, and medical students attend this conference. Community urologists are invited to attend. Approximately five to six articles are reviewed. The articles are predominantly assigned from the Journal of Urology and Urology, but may come from any peer reviewed medical journal with an article that pertains to care of urological disease or education of residents. The resident is expected to review the article and give a brief report summarizing the article, statistical methods, results and discussion. They are also expected to present a critique of the article with

specific attention to practice-based learning and systems based practice. The faculty provides feedback and the resident saves notes on the discussion in their portfolio.

Genitourinary Oncology Case Conference

On the 1st Thursday each month, GU Oncology case conference is held from 5:30pm-6:30pm. This is a multidisciplinary conference attended by members from the Urology, Medical Oncology, Radiology, Radiation Oncology, and Pathology. Case presentations are conducted by the residents with discussion from the entire audience. Residents may be called upon to discuss the radiologic findings, differential diagnosis, or treatment algorithm for the diagnosis or condition. An urologist and uropathologist are present to complement discussions. The format consists of case presentations by residents or attendings. Pathology slides projected by the pathologist and the x-rays and other imaging studies reviewed on an overhead projector by the radiologist. Generally, difficult management problems are discussed. The residents are formally evaluated through verbal feedback.

Grand Rounds

This conference runs from 7:30am-8am every Thursday and is mandatory for faculty and residents. Topics are scheduled in advanced by our department CME committee. A faculty lecturer, invited lecturer from another department, or an assigned resident will present each lecture. Pediatric Grand Rounds will also take place during this time on one Thursday morning every other month. GU Oncology Grand Rounds will take place the 3rd Thursday of the month from 7am-8am.

Resident Conference/Campbell's Club

Chief residents are responsible for scheduling and conducting regular Conference for the residents. Chief residents will indicate before each conference which topics will be discussed. All residents must read the appropriate literature beforehand and must come prepared to learn. Conferences will be held every Monday at 6:00pm.

NCH - Urology/Radiology/Nephrology Conference

This conference takes place on the 4th Tuesday of each month from 5pm-6pm at Nationwide Childrens Hospital

SECTION III (Scholarly Activity)

REQUIREMENTS

The Urology Service requires resident and faculty research. Each resident is required to participate in a yearly research project, present at a local, regional, or national meeting and publish the research.

The Department of Urology Research Office provides support and assistance to faculty and residents in support both required research requirements and ongoing research interests. The goal of the Research Office is to:

- Increase and promote research and scholarship for the Department of Urology
- Protect the integrity of research in the department (compliance)
- Serve as a resource /provide support to faculty and residents as they pursue and participate in research and scholarship activity.

Each resident is required to:

1. Complete and maintain an active CITI training certificate.

CITI training should be completed no later than the end of their PGY-2 year and earlier if they are involved in a research project requiring human subjects approval (IRB). Please see more about CITI in the personnel requirements section of this handbook.

2. Publish a minimum of one manuscript with a Department of Urology faculty member as co-author in a peer reviewed journal each year or a total of 5 publications prior to graduation.

3. Complete a research project and submit an abstract annually.

The research office will provide support in the preparation and submission of projects and proposals requiring IRB approval (and help to make determinations as to what approvals are required). There are many types of projects, each with specific submission and approval processes and timelines. The research office can provide more specific instruction as to the most appropriate approach for an individual project, however the following roles, expectations, and timeline need to be considered in preparing projects for conference submissions and publications to ensure approvals are in place and appropriate notice is given to the office to provide support and assistance:

Roles and Expectations for Research Project

	Mentor	Trainee	Research Office
Research Conferences	Lead/contribute to Research Conferences on topics as assigned by Residency Director/Chair	Attend Research Conferences and submit assignments/meet deadlines as noted in curriculum; Follow up with presenter/research office on any missed lectures/presentations	Develop curriculum and coordinate Research Conferences Submit Minutes to all residents following meeting
Project Identification	Accept mentor role/approve project	Identify mentor and design project concept	Track project and assignments
Project Design: Protocol	Guide trainee in development; Review protocol;	Write/develop protocol	Help write/format protocol; assist with operational and compliance language
Project Design: Data/Statistics	Review/approve data and statistical plan	Work directly with statistician and mentor on design of protocol and development of data collection tools	Review and format data collection tools; build/develop access/excel/REDCap Maintain tools as appropriate
CSRC and IRB Submissions	Review and sign all applications (assume role of PI on project)	Register project and work directly with research office on completion of IRB/CSRC forms; complete specific sections (background/research plan) as needed	Complete and submit CSRC and IRB application forms
Project Management	Oversee trainee; meet with trainee and keep on track with deadlines; review progress. Sign IW requests as needed; <i>assume responsibility for any fees incurred when applicable.</i>	Primary role in data collection/acquisition or oversight of student assistance with data collection/acquisition. Meet with mentor to discuss progress. Oversee students when applicable	Submit Information Warehouse/CORR requests for trainees as needed. Assist with data collection on funded or high priority projects as assigned by Research Working Group. Audit data
Analysis	Review of analysis	Primary role in data analysis; work directly with statistician as appropriate.	Assist as needed in compilation of results. Collab with statistician on design for tool development
Presentations	Review and approve of abstracts and posters prior to submission	Primary role in development of abstracts and protocols; familiarity with deadlines Notify research office of all submissions and invitations	Track all abstract and presentations; assure appropriate approvals in place; assist with development of posters as needed.
Manuscripts	Senior author on manuscripts. Review manuscript drafts, comments etc. throughout process	Primary author; identify appropriate journal; write drafts, circulate and collect responses from authors; work with research office on submission/ review of comments	Edit manuscripts; assist with submissions; assist in development of tables and figures; assist with responses to comments from reviewers. Authorship as appropriate for contribution to project scientific (data collection/analysis, writing etc.)
Funding	Mentor trainee on grant development/oversight of grant as needed.	Develop proposal and research plan for grants Primary role in completion of progress reports	Identify and circulate information regarding funding opportunities; assist/coordinate grant application process include: the administrative and financial documents. Assist with progress reports. Track financials.

Timeline

July:

Complete CITI Training
Identify Mentor
Find a Project
Perform Literature Search
Create Hypothesis/Specific Aims
Write Research Protocol

August: Develop Data Collection tool and Submit project for CSRC/IRB approval

September: Submit IW Requests, Data Collection/ Abstract Preparation

October: Statistical Analysis/ Interpret Results/Abstract Preparation

November: Submit Abstract

December: Identify journal and review manuscript submission requirements

January: Write Introduction, Materials & Methods Section (Manuscript)

February: Write Results/Discussion Section (Manuscript), Prepare Poster/Presentation

March/April: Review draft and submit manuscript

May: Respond to reviewers and resubmissions

June: Plan project for next year

Please refer to the **Resident Research Handbook** for additional guidelines and tools to assist with research and scholarly activities.

It is important for all faculty, residents, students and staff to remember the following key compliance factors:

- You must be listed as co-investigator or key personnel to be able to consent patients, collect or analyze research data or perform research tests.
- Subjects must be consented (or a consent waiver obtained if retrospective) before tests performed or data collected on that subject. Additionally for prospective studies, a HIPAA authorization (or waiver) must be approved and in place prior to accessing or recording any PHI for research purposes. In most cases, a HIPAA waiver is required for accessing PHI for retrospective studies as well.
- Please do not keep any research records containing any PHI on your personal laptops or flash drives

MEETINGS

Urology residents participate actively in regional and national academic urology meetings by presentation of research performed at OSU. Residents are required to submit their research for presentation at these academic forums

Visiting Professors: Chester C Winter Visiting Professorship, Ervin C. and Bonnie J. Babbert Visiting Lectureship, Michael D. and Janis B. Bloch Visiting Lectureship, and Sara Lee Youngs Distinguished Lectureship – Throughout the academic year, the Urology Service will host several visiting professors. These visitors, who are national leaders in Urology, usually spend a day or two in our Department. This is an excellent opportunity for residents to meet and learn from some of the nationally recognized thought leaders in urology. All residents are required to be present and participate in these visiting professorships.

Ohio Urological Association Meeting - The Ohio Urological Society has an annual meeting with opportunities for resident presentations. This is another opportunity for residents to learn and interact with some nationally recognized academic urologists. Attendance and presentation is required for residents.

North Central Section of the American Urological Association and American Urological Association – Department pays meeting allowance for first author to present paper at approved national meeting, all abstracts must have Department Chair approval prior to submission. Once your abstract is accepted the next step would be obtaining leave approval from the program director. There is a possibility that not all residents with approved abstracts will be approved for leave. **Reimbursements for these meetings will only be paid if receipts are turned in and manuscript has been submitted within 60 days of returning from the meeting.**

IN-SERVICE EXAMINATION

All Urology residents and interns entering Urology will take the annual AUA In-service Examination. The AUA Office of Education with the American Board of Urology conducts the annual in-service examination each November on the third Saturday of the month. The exam is given to all urology residents in ACGME accredited urology training programs in the United States. Scores are reported as absolute number correct (raw score) and percentile ranking within each resident level cohort.

It is required that all residents achieve a percentile of 20 or higher as compared nationally with their peers. Residents who do not achieve this minimum will be placed on a remedial program. Failure to show improvement on remedial program will result in adverse actions.

AUA CORE CURRICULUM

The AUA has developed an online resource providing the minimum amount of knowledge necessary for each resident to have by the end of their residency. Each resident will be required to study this material during his/her own time.

BASIC UROLOGY ULTRASOUND COURSE

This course will provide the residents with consistent teaching in the use of ultrasound of the kidneys, bladder, scrotum and rectum. It will include surveys, online modules, quizzes, use of ultrasound with volunteer models, and ultimately use of ultrasound in the clinical setting. IAIM is the acronym to describe the process: "I" indications for the exam; "A" to acquire the skills needed to perform the ultrasound; "I" to interpret the findings; "M" medical decision making. Each resident will create a digital portfolio. At the end there will be a proficiency exam and the resident will be given a letter of recommendation that will help with credentialing.