

## **CAMC Osteopathic Urology Residency**

The core curriculum in the urological surgery residency builds upon the education and training obtained in the PGL1 and PGL2 residency years. The PGL 3, 4 & 5 training years concentrate on the areas pertaining to the specialty of urological surgery.

### ROTATION CHART

PGL 1	Specialty Surgical Track Internship
PGL 2	Resident in Urology
PGL 3	Resident in Urology
PGL 4	Resident in Urology
PGL 5	Chief Resident in Urology

### PGL 1

This year will consist of a urological surgery specialty track. The internship will contain the following components:

- One-half day per week of Urology Practice Outpatient Clinic
- Two months of general Internal Medicine (IP Medicine & ICU)
- One month of Emergency Medicine experience
- One month of Female Reproduction (Gynecology)
- One month of Plastic Surgery
- Six months of General Surgery

### PGL2

The second year (OGME-2) urologic residency training is to develop a working knowledge of urologic terminology, physiology and anatomy while developing skills in the management of patients with basic urologic disorders. Additionally, the second year resident will acquire fundamental surgical skills and develop an understanding of research principles including biostatistics, data base management and the language of scientific literature.

### PGL3

The third year (OGME-3) of urologic residency training is to solidify a broad fund of basic urologic knowledge while developing the ability to diagnose and treat all basic urologic disorders. The successful resident will demonstrate the professionalism and communication skills required to function as an increasingly independent member of the treatment team.

#### PGL4

During this year, residents will receive an emphasis in Pediatric Urology. The main goals will be to master the management of neurogenic bladder, ureteropelvic junction obstruction, vesicoureteral reflux, posterior urethral valves, hypospadias, intersex, cryptorchism, calculus disease, and urinary tract infections.

Additionally, four months of this year will provide additional exposure to neurology, female urology, and genitourinary oncology. The resident will participate in more advanced surgeries than in the prior year. Exposure to endoscopic urology and genitourinary oncology will be provided. The research component of the residency will be started by the beginning of this year.

The resident will spend four months of this year with exposure to office based urology and surgery. Residents will be taught basics of ambulatory urology including new and return patient evaluation, and basic office procedures. Residents will assist with surgeries as well as make daily rounds on inpatients, outpatients, and consults.

#### PGL5

The goal of the chief year is demonstration of administrative leadership, academics, and patient care ability and mastery of the diagnostic and surgical skills required for board certification and essential success in the specialty. Chief residents are responsible for the efficient running of the urology clinical services. By this year, urology residents are expected to have mastered all but the most difficult of surgical procedures, and therefore are expected to take a major role in teaching junior residents.

Chief residents will have exposure to renal transplantation. The primary goal of this experience is to become adept at vascular anastomosis of the renal artery and vein; improve vascular surgery techniques and confidence; become facile with the care of patients with end stage renal disease; and to become familiar with immunosuppression and the management of complex surgical and medical problems encountered in renal transplant patients. Completion of research projects is a requirement for graduation.

In addition, residents will be taught how to succeed in establishing a private urology practice, including office business management, referral development, private office urology and patient management.