# Charleston Area Medical Center
## Urological Surgery Residency Program Manual
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Charleston Area Medical Center (CAMC)
Urology Residency Program

Mission

The Mission of the CAMC Osteopathic Urology Residency Program is:

To educate physicians in the prevention and treatment of genitourinary disease, including the diagnosis, medical and surgical management and reconstruction of the genitourinary tract for the betterment of society and the individual.

The CAMC Health System Mission where Urology Residents receive their clinical experience is:

Striving to provide the best healthcare to every patient, every day.

The Mission of the Charleston Area Medical Center Health, Education, and Research Institution (CHERI), of which the CAMC Osteopathic Urology Residency is a part, states that it is:

Dedicated to improving health through research, education and Community health development. CHERI's mission is to promote A pathway for learning and organizational change.

The Missions of the CAMC Health System and the Charleston Area Medical Center Health, Education and Research Institute set the stage for the CAMC Osteopathic Urology Residency Program through their commitment to graduate medical education and improved patient care.
Charleston Area Medical Center (CAMC)
Urology Residency Program

Goals and Objectives

Residents will be performing OGME/ACOS urology requirements in an integrated yearly format rather than per individual rotation. Emphasis, however, will be placed on specific requirements in designated years as outlined in OGME defined years of training (1-5) goals and objectives and the Urology Resident Rotation (specific services) goals and objectives.

The urology faculty will take into consideration at all times the acuity of the patient, the procedure being performed, and the level of the resident.
Notes:
* Open door policy
* Following lines of communication encouraged

Charleston Area Medical Center
Urology Residency Program
Lines of Communication
Charleston Area Medical Center (CAMC)
Urology Residency Program

Description

Overview
The Urology residency is a five-year program with the first year being a prerequisite year of general surgery. The program currently accepts two residents per year.

Status of Program
Initial accreditation effective: 01/2006
Next review date: 07/2016

The Urology staff includes six (6) full-time faculty members with specialties that include:

- Urologic Oncology
- Robotic Surgery
- Renal Transplantation
- Ambulatory Urology
- Endourology
- Laparoscopic Surgery
- Female Pelvic Floor Reconstruction

Training includes a varied and balanced incidence of surgical cases with a broad educational experience. Residents will have the opportunity to train in new minimally invasive procedures, robotic surgery and transplant surgery.

The clinical caseload is divided among different ambulatory rotations. An off-site rotation is provided for pediatric urology. There are weekly didactic and clinical conferences, including Quality Improvement, Radiology, Pathology, review of OR cases, lectures by attending staff, and Journal Club. Continuity of Care is very important and residents will have scheduled time to see patients in follow-up after surgical procedures and hospitalization.

Residents are assigned to faculty mentors for various intervals during the entire five years in Urology. These mentors are available at all times to assist the residents with any problems and to guide them.

Upon completion of the program, graduating Chief Residents are qualified to practice the full spectrum of Urology and have adequate operative experience and knowledge to qualify for the certification examination by the American College of Osteopathic Surgery (ACOS).
Charleston Area Medical Center (CAMC)
Urology Residency Program

General Information

**Professionalism**
The resident is expected to display professional behavior at all times and be responsive, accountable and committed to patients, the profession and society. The resident demonstrates responsiveness to the patient that supersedes self-interest. Personal issues need to be handled outside the work schedule. Any special consideration will be given only by the Program Director in writing.

**Work Ethic**
A strong work ethic is essential in medicine and requires high energy and a strong display of initiative every day. This includes arriving to work on time, prepared to work, and staying focused throughout the day with a friendly, professional, patient-centered attitude.

**Appearance**
The resident must present a professional image to the public, patients, and visitors. This includes business-like attire that is appropriate to their particular work area. In addition to appropriate attire, residents are expected to wear clean scrubs and lab coat and to practice good grooming and personal hygiene.

**Availability/Responsiveness**
The resident must demonstrate accountability and commitment. This involves answering pages, consults, patient calls, etc., in a prompt and courteous manner. This also includes collecting significant, essential, and accurate data to address the patient issue/problem at hand, examining the patient when it is appropriate and contacting the faculty member personally when necessary. It is never appropriate to collect data from the nurse, the transfer center, an outside hospital, etc., and then have that person call the faculty member. The resident who collected the patient data must call the faculty member directly. Availability means the resident should be where they are supposed to be, when they are supposed to be there. Any deviation from this policy will result in disciplinary action.

**Community and Hospital Activities**
The resident is expected to be an active participant in activities associated with CAMC. Activities such as Prostate Cancer Screening Clinics, Health Right Clinic, committee meetings, peer review conferences, journal club, tumor registry, etc. Each is expected to work effectively as a member or leader of the healthcare team.
Call Schedule
Out-of-hospital call schedules are made by the Chief Resident and approved by the Program Director. Every effort is made to keep the call work schedule fair and equitable. The Chief Resident takes an equal share of call. The resident listed on the call schedule is responsible for all call related activities as well as notifying operations, answering services, offices, faculty member, etc. of any changes.

Vacation Schedule
On July 1 of each academic year, all residents are allocated three (3) weeks of vacation. Two (2) weeks of vacation time must be taken in two seven consecutive day blocks. The one (1) week of vacation time may be taken in smaller increments for a maximum of one week or seven (7) days of total annual vacation time. The Program Director may assign vacation as appropriate to meet educational and/or patient care requirements. No vacation days can be carried over. Residents are responsible for notifying all necessary individuals of approved vacation time and of changes in scheduling of this designed time immediately. There is no compensatory vacation leave for holidays worked by the resident.

All written requests for vacation/days off must be submitted to the Chief Resident or the Medical Education Office at least thirty (30) days prior to the requested time off. All vacation/days off must be approved by the Program Director. All signed requests must be submitted to the Program Coordinator. Only one (1) resident may be on vacation at a time. Vacation requests for the last two weeks of June will NOT be approved, with the exception of the Chief Resident(s) as approved by the Program Director.

If for any reason scheduled vacation or conference time gets cancelled - you must submit signed documentation regarding cancellation to the Program Coordinator.

Call In
A call in is defined as an unscheduled event from work that occurs when an employee is not present during a normally scheduled work period. When this event occurs for any reason, residents on a urology rotation must contact the Program Director, Attending Urologist and Coordinator at least 1 hour prior to the beginning of their scheduled shift. At which time the Program Director will notify all appropriate staff of this unscheduled event, to ensure that patient care will be appropriately covered. Upon returning to work the resident must complete a time off request and submit this request to the Program Coordinator for the Urology Program Directors signature. This unscheduled event will be appropriately charged as PTO or sick leave for a total of 8 hours.

All off service rotating urology residents will follow the call in policy as designated by their current rotation. In addition, they resident must call the urology coordinator. Once the resident has returned to work they will ensure that all necessary paperwork is completed and provided to the urology coordinator for the Urology Program Directors signature. This unscheduled event will be appropriately charged as PTO or sick leave for a total of 8 hours.
In-service/Board Exams
The urology resident is expected to demonstrate knowledge of basic and discipline-specific medicine, critically evaluate current medical information, and be a self-directed learner. The resident must be prepared to take the American Urology Association (AUA) in-service examination in post-graduate years 1, 2, 3, 4, and 5. Chief residents are expected to take part one of the American College of Osteopathic Surgeons (ACOS) Urology Boards at the first available date during or after their Chief resident year.

Membership
The urology resident is expected to enroll and maintain the membership for the AUA/ACOS.

Communication Skills
The practice of medicine emphasizes collaboration among physicians, other healthcare professionals, and the patient. Residents must be able to communicate effectively with patients, including gathering information appropriately, explaining medical information in a patient-centered manner, listening effectively, recognizing, acknowledging, and responding to emotions, and exhibiting sensitivity to social and cultural differences. They must be able to communicate effectively and work cooperatively with faculty, other residents, and all other healthcare team members. The resident maintains medical records that are comprehensive, timely, legible, and accurate.

Regular Educational Activities
Participation in case presentations at Grand Rounds and in Basic Science conferences is required. Cases and topics may be selected or assigned by the Program Director. The resident is expected to come to the conference prepared with a thorough literature search, power point presentation, handouts, review of standard of care, and in-depth analysis of the case or topic presented as appropriate. Incomplete presentations, being unaware of standard textbook and literature references, unclear on standard of care is unacceptable and will require the resident to present the case or topic at another time to be determined by the Program Director. Consistent poor performance will result in disciplinary action.

Scholarly Projects
Presentations to the IRB, ACOS, peer review committee, or local, regional, or national conferences must be reviewed by the Program Director before being presented. There is no exception to this policy. Active faculty involvement in all research activity is required. It is the individual resident’s responsibility to be familiar with the ACOS scholarly project guidelines and deadlines for his/her respective level of residency. All scholarly projects must be presented at CAMC’s annual Research Day.

Meeting Opportunity Policy
Residents may attend local, regional and national meetings as approved by the Program Director. Funding is provided at all levels of training for presentation of papers.
Attendance is encouraged for more senior level residents. Time off to attend meetings must be scheduled through the Program Director.

**Outside Rotations/Electives**
Occasional rotations will be scheduled outside of CAMC in order to fulfill an educational need. Typically, this will be because a required or important educational experience is not available within the CAMC system. Rotations to “try out” a future practice opportunity and electives arranged for their geographic location cannot be accepted.

**Sensory Abilities**
Residents must be able to gather information with all senses, especially sight, hearing, smell and touch. In order to gather a medical and psychosocial history, perform a physical examination, and diagnose and treat patients.

**Intellectual Abilities**
Residents must be able to comprehend and learn factual knowledge from readings and didactic presentations, gather information independently, analyze and synthesize learned material, and apply information to clinical situations. Residents must be able to develop habits of lifelong learning. They must be able to develop sound clinical judgment and exhibit well-integrated knowledge about the diagnosis, treatment, and presentation of illness within their scope of practice. They must be comfortable with uncertainty and ambiguity in clinical situations and seek the advice of others when appropriate.

**Behavioral, Social and Professional Abilities**
Residents must possess the emotional maturity and stability to function effectively under stress that is inherent in medicine and to adapt to circumstances that are unpredictable or that change rapidly. They must be able to interact productively, cooperatively, and in a collegial manner with individuals of differing personalities and backgrounds and be an active contributor to the process providing health care by demonstrating the ability to engage in teamwork and team building. They must demonstrate the ability to identify and set priorities in patient management and in all aspects of their professional work. They must be punctual and perform work in a timely manner.

Residents must be capable of empathetic response to individuals in many circumstances and be sensitive to social and cultural differences. They must exhibit an ethic of professionalism, including the ability to place others’ needs ahead of their own. They must exhibit compassion, empathy, altruism, integrity, responsibility, and tolerance, as well as demonstrate the ability to exercise the requisite judgment in the practice of medicine.

**Motor Skills**
Residents must have sufficient physical dexterity to master technical and procedural aspects of patient care. They must have sufficient strength to perform the essential
duties of their specialty and must have adequate physical stamina and energy to carry out taxing duties over long periods.

**CLINICAL PERFORMANCE**

**Basic Knowledge**
Demonstrates knowledge of basic and discipline-specific medicine. Recognizes strengths, deficiencies, and limits in knowledge and expertise. Utilizes evaluations of performance to improve practice.

**Daily Urology Rounds/Conferences**
Practices Standard of Care as defined by AUA guidelines. Makes informed diagnostic and therapeutic decisions based on patient information and preferences, scientific evidence and clinical judgment, and incorporates best practice guidelines.

**Clinic/Office**
The same expectation for promptness, professional attire and behavior, preparation for work, patient priority, etc. that is expected in the hospital setting carries over into the clinic/office setting.

**Operating Room**
Adheres to strict policies concerning appropriate surgical attire. Demonstrates acute awareness of sterile technique. Arrives in the OR in a timely fashion to perform a thorough patient evaluation, preparation, and facilitate movement of the patient from the holding area to the operating room so as not to delay surgery starting time. Participates with the healthcare team in positioning of patient, assisting with surgical prep when appropriate, and gathering appropriate equipment, such as endoscopic equipment as is necessary. Is proactive in increasing his/her own knowledge base in preparation for the specific surgical case by reviewing procedure the night before as well as being knowledgeable about essential and accurate information on the patient such as physical exam and diagnostic studies.

**Ethics**
Develop an understanding of basic ethical principles.
Understand and protect patients’ rights.
Understand their ethical responsibility to society.
Understand the principles of ethical research.

**Scholarship and Lifelong Learning**
With the assistance of mentors and colleagues, residents should establish personal standards for their behavior, attitudes, skills and knowledge. Using external and subjective evaluative methods, residents should assess their learning/development needs and establish a plan for self-improvement.
Residents should develop an ability to assess the medical literature critically.

Each resident should apply the basic principles of the scientific method in his/her practice setting.

Residents should participate in scholarly activities.

Residents should demonstrate the effective communication skills essential to the practice of medicine.

Residents should lead and work with others in creating an educational environment and in caring for patients.

Residents should become competent in teaching clinical skills and professional attitudes and behaviors.

**Personal and Professional Development**
Residents should be altruistic, putting the interests of the patient and the community before their own.

Residents should be accountable to both patients and the community.

Residents should deal with patients, families, and colleagues with honesty and integrity.

Residents should strive to achieve excellence in all aspects of their academic and professional endeavors.

Residents should show respect for others.

Residents should develop the skills that will help them balance a demanding career with a fulfilling personal and family life.

**Medical Practice Issues**
Residents should understand basic legal terms and concepts related to the practice of medicine, especially their legal obligations regarding patient information and the provision of end-of-life care.
CAMC UROLOGIC SURGERY RESIDENT POLICIES

As a compliment to the CAMC/WVU resident handbook, the following will address policies specific to the urology residents.

These policy statements are intended to furnish pertinent information regarding the Urology Residency Program.

There is a direct relationship between these policies and the evaluation process, therefore, it is important that the resident read and understand all policies.

The enclosed policy statements are in effect now, but are subject to change to best serve the needs of the resident, the faculty, and/or the Charleston Area Medical Center (CAMC).
Moonlighting Policy

Moonlighting, a professional activity outside the scope of the educational training environment competes for time and energy that would otherwise be devoted to the educational objectives of the residency or personal renewal. However, it is recognized that medical educational loan repayments and cost of living expenses stress the resident’s financial resources. When considering moonlighting opportunities, the resident and the Program Director must ensure that the moonlighting workload does not interfere with the resident’s well-being and the ability of the resident to achieve the goals and objectives of the Urology Residency Program.

No resident may participate in moonlighting without the written consent of the Program Director. A current moonlighting schedule must be attached to the 80-hour work week attestation form, signed and dated by the resident, and on file in the GME office. All moonlighting hours must be logged into the New Innovations System and calculated as part of the 80 hours per week.

Moonlighting **MUST** be considered part of the 80-hour weekly limit on duty hours.
MOONLIGHTING SCHEDULE

RESIDENT NAME

(DATE)

Scheduled to work as follows:

____________________________________  ____________________________

Signature                                      Date
Charleston Area Medical Center (CAMC)

Urology Residency Program

Resident Supervision Policy

The CAMC Urology Residency Program is designed to provide the individual resident with an organized educational experience that encourages the development of clinical independence upon completion of the program. Based on demonstrated mastery of skills within the seven ACOS general competency arenas, residents progress from minimal to full responsibility by the end of the program. All teaching faculty are committed to an intimate and interactive supervision process in order to accomplish the program's goals.

The central tenet of the supervision policy states that resident physicians are supervised in all aspects of patient care by designated teaching faculty and/or senior residents. This supervision is designed to facilitate the individual resident's maturation as a qualified physician while maintaining patient safety and treatment efficacy. This necessitates the need for the resident's development of an understanding and awareness of their limitations throughout this process. This applies to both inpatient and outpatient encounters and requires direct contact between the resident and the teaching faculty.

The policy of graduated responsibility at all levels is accomplished through the development of specific expectations for contact, both direct and general, between residents and faculty that are determined by academic training level and awareness of their limitations. The first year urology resident is expected to initiate appropriate contact with the supervising faculty with every clinical interaction that could cause harm. This junior resident is expected to gather all pertinent clinical information and present that data to the supervising faculty in a concise and accurate manner such that a treatment decision can be reached. The specific nature of these interactions will be determined as the resident develops proficiency.

The supervision policy also applies to invasive procedures in all clinical circumstances. The first year resident is expected to have a supervising individual present for all invasive procedures. It is expected that the first year urology resident function as a first assistant on operative procedures in the surgical suite. The acquisition of skills must be documented for each procedure prior to granting privileges for performing the surgery or developing independence. (One pertinent example is the placement of urethral catheters in both male and female patients. It is expected that the first year urology resident must communicate with the appropriate supervising faculty member, and/or senior resident when transferring a patient to a critical care or intensive care unit or with end-of-life decision making, as well as complex handoffs.)
The second/third year urology resident will also initiate appropriate contact with the supervising faculty. It is expected that the content of these interactions will be focused more on diagnostic and treatment pathway development, rather than specific clinical tasks. Furthermore, it is expected that the second/third year urology resident has demonstrated the ability to gather pertinent clinical information and developed a plan of care prior to presenting that plan to the supervising individuals.

The second/third year urology resident is also expected to have a supervising individual present for any invasive procedure for which they have not received written privileges to perform independently. Specific examples include placement of central lines, placement of complex urethral catheters with dilations, placement of suprapubic tubes and performance of cystoscopy. It is expected that the second year resident acquire skills in the performance of all endoscopic and minor surgical procedures. Although it is unlikely that this level of resident would ever perform these procedures in an unsupervised clinical circumstance, it is the expectation of the program that the individual demonstrate the capability to function in that manner while always being aware of their own limitations. A second/third year urology resident must communicate with the appropriate supervising faculty member, and/or senior resident when transferring a patient to a critical care or intensive care unit or with end-of-life decision making, as well as complex handoffs.

During the fourth year of the urology residency, it is expected that a resident at this level of training demonstrate the capability to fully evaluate patients in all clinical situations and to develop a diagnostic and therapeutic plan of treatment. The resident must still initiate appropriate supervision from a teaching faculty member in all clinical circumstances. However, it is the stated goal of the program that the fourth year resident develops the skills to initiate routine clinical interventions prior to initiating contact with an attending, as well as to present to the attending the pertinent clinical details and the treatment plan.

A major component of the residency experience for the fourth year resident is the development of surgical skills in the performance of complex urologic surgical procedures including open, laparoscopic and robotic procedures. The resident will have a supervising faculty member present during these procedures. It is expected that the resident will demonstrate the full knowledge of the operative steps of a procedure. A fourth year urology resident must communicate with the appropriate supervising faculty member, and/or senior resident when transferring a patient to a critical care or intensive care unit or with end-of-life decision making, as well as complex handoffs.

The fifth training year in the CAMC Urology Residency Program is designated as the Chief Resident year. An individual at this level of training is expected to have developed skills in a wide array of medical and surgical diagnostic and therapeutic interventions and to provide supervision to more junior individuals. It is expected that the Chief resident will receive predominantly general supervision for medical interventions in all clinical circumstances. It is also expected that the Chief resident can perform all routine surgical interventions with only general supervision. Direct involvement of teaching faculty should be initiated for any complex surgical intervention or for any medical circumstance that good judgment dictates. A fifth year urology resident must communicate with the appropriate supervising faculty member, and/or senior resident
when transferring a patient to a critical care or intensive care unit or with end-of-life decision making, as well as complex handoffs.

It is a stated goal of the CAMC Urology Residency Program that the Chief Resident demonstrates the skills to supervise the other residents and to communicate in a colleague-to-colleague manner with teaching faculty. Successful completion of the Chief Residency year requires the acquisition of this level of interpersonal skills, communication and professionalism. It is expected that the graduated level of supervision established within the guidelines of the training program supervision policy will provide the individual resident with the opportunity to develop those skills by the completion of the program.
Charleston Area Medical Center (CAMC)
Urology Residency Program

Policy and Procedure for Faculty Supervision of Urologic Surgery Residents

This policy and procedure delineates the mechanisms for acceptable supervision of urology residents at CAMC.

It is the policy of the Urology Department at CAMC that all urology surgical residents, regardless of level of training, be supervised by an appropriately credentialed and privileged faculty member in all clinical activities.

It is the philosophy of the Department of Urology at CAMC that all patients on the urology service, either in-patient or out-patient, be assigned an attending urologist who is responsible for that patient. The attending urologist has both an ethical and legal responsibility for the overall care of the patient and for the supervision of the residents involved in the care of that patient.

Proper supervision takes into account the care and appropriate transitioning when necessary of the patient as well as the training of the resident to participate in independent decision making. The resident also must be aware of the limits of their scope of authority and circumstances under which they are permitted to act with conditional independence. The degree of supervision will vary with the clinical circumstances and the training level of the resident. These judgments will be based on the attending urologist’s direct observation and knowledge of each resident’s skill and ability.

On those instances where the attending urologist is not in-house, residents are instructed on how to contact the attending urologist. All urologists are available by pager. The page operator has available an up-to-date call schedule and attending beeper numbers and home phone numbers.

Any urology resident providing a procedure to a patient must be supervised by an attending physician who is immediately available to step in and take over the procedure if necessary. The person providing the supervision would have to be able to perform the procedure under his or her license and within the scope of his or her privileges at the hospital.

If a resident at any level finds that there is not a rapid reliable system for communicating with a supervising attending, this should be immediately reported to the Program Director.
Charleston Area Medical Center (CAMC)
Urology Residency Program

Policy and Procedure on Resident Duty Hours and Call

This policy and procedure describes resident duty hours for the Department of Urology at CAMC.

It is the philosophy of the Department of Urology at CAMC that graduate education in urologic surgery requires a commitment to continuity of patient care. For this reason it is expected that residents will participate in the preoperative, operative and postoperative care of their patients. This continuity of care does take precedence over any on-call schedule.

Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both in-patient and out-patient), administrative duties relative to patient care, the provision for transfer of patient care; time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

Duty hours are limited to 80 hours per week, averaged over a four-week period. Residents are provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period. Adequate time for rest and personal activities will be provided. This consists of a 10-hour time period provided between all daily duty periods.

Urology residents take at-home call (or pager call). The frequency of at-home call is not subject to the every-third-night, or 24+6 limitation. However, at-home call is not scheduled so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call are provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit. In accordance with the institutional policy, residents are given meals when on call.

All residents are required to keep track of their duty hours by logging hours worked into the New Innovations System. The current 80-hour Workweek Attestation Form along with the moonlighting schedule must be on file with the Urology Residency Coordinator in the GME office. It is the responsibility of the Urology Residency Coordinator and the Program Director to ensure residents compliance with duty hours. If a resident is not compliant by the end of the month, they will be removed from clinical duty and sent home until such time as the resident is compliant with the duty hours policy and procedures. If this suspension exceeds 24 hours (cumulative for year) it will be deducted from vacation time.
Moonlighting, a professional activity outside the scope of the educational training environment competes for time and energy that would otherwise be devoted to the educational objectives of the residency or personal renewal. When considering moonlighting opportunities, the resident and the Program Director must ensure that the moonlighting workload does not interfere with the resident’s well-being and the ability of the resident to achieve the goals and objectives of the Urology Residency Program.

No resident may participate in moonlighting without the written consent of the Program Director. A current moonlighting schedule must be attached to the 80-hour work week attestation form, signed and dated by the resident, and on file in the GME office. As well as logged into the New Innovations duty hours systems.

Moonlighting **MUST** be considered part of the 80-hour weekly limit on duty hours.

In the event that any resident experiences fatigue that is interfering with his/her ability to safely perform his/her duties, he/she is strongly encouraged and obligated to report this to his/her Chief Resident or attending urologist on service. Appropriate coverage will be arranged as well as any other necessary support. The Chief Resident or attending urologist on service is instructed to closely observe residents for any signs of undue stress and/or fatigue. This should be immediately reported to the supervising attending and/or Program Director. The resident will be relieved of his/her duties until the effects of fatigue are no longer present. The resident will also be provided with any other necessary support.
Charleston Area Medical Center (CAMC)
Urology Residency Program

Policy and Procedure on Transitions of Care

This policy and procedure describes the resident and faculty’s responsibility and processes to safely hand-over a patient's continuity of care for the Urological Surgery Residency Program.

The definition for transition of care is a transfer of information, authority and responsibility during transitions in care across the continuum for the purpose of ensuring the continuity and safety of the patient’s care. The optimum method of transition of care is to be accomplished by real time face-to-face communication. It is strongly encouraged these transitions of care occur at a set time and place, while using a standard verbal and/or written format. When possible the resident(s) and faculty should be in a quiet and confidential area, that is conducive for giving report without and/or limited interruptions. The resident(s) and/or faculty will have all pertinent documentation and tools necessary to properly complete the transitions of care.

If direct resident(s) and/or faculty contact cannot be made, the off going resident(s) and/or faculty must provide written documentation of name and contact information that includes: extension, pager and/or email address. This contact documentation is to be left in a visible standard area for ease of access by the oncoming resident(s) and/or faculty.

When possible the patient and/or Power of Attorney (POA) will be informed of any transfer of care or responsibility.
Charleston Area Medical Center (CAMC)

Urology Residency Program

Policy and Procedure on Resident Selection

This policy and procedure delineates the CAMC Urology Residency Program guidelines for resident selection.

Only applicants who are graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA) shall be selected for appointment as residents in the CAMC Urology Residency Program. Resident applicants use the National Matching Service (NMS).

At the time of entry into the residency training program the resident must possess a valid graduate medical training license issued by the State of West Virginia.

Applicants shall be selected without regard to race, color, sex, age, religion, national origin, disability, sexual orientation, veteran or marital status.

Screening methods used to select residents are based on the Comlex of the NBOME scores as well as, educational preparation for graduate medical education and academic credentials in medical school, and scholarly contributions to the osteopathic profession.

A few interview dates are selected to provide applicants the opportunity to attend. Applicants are interviewed by the Urology Program Director, faculty members and/or senior urology residents.

A standardized grading system is used which takes into consideration academic background and performance, medical school transcript, extracurricular activities, letters of recommendation, scientific publications and presentations, overall strengths/weaknesses and interaction with the interviewer. Selection will also consider communication and interpersonal skills and personal qualities such as motivation and integrity.

Upon completion of the interview process each faculty will assign a grade/rank for each applicant and submit their list to the residency coordinator. The chairman will review the rank list and submit the final list to the NMS.
# RESIDENT SELECTION/EVALUATION SUMMARY FORM

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<th>AAMC #</th>
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**ADMISSION COMMITTEE MEMBERS:**

**Program Director:** James P. Tierney, DO

**Chief Resident:** L. Faith Payne, DO

**Urologist:** Frederick Martinez, MD  
   Bashir Sankari, MD  
   Jeff Chueh, MD  
   Samuel Deem, DO  
   Ryan Fitzwater, DO

**Director of Osteopathic Medical Education:** Arthur B. Rubin, DO, FACOP, MHA
ACCREDITATION STANDARDS/REQUIREMENTS (III.3.0)

1. “Sufficient number " to provide day-to-day continuity of leadership and to fulfill educational responsibilities
2. Academically and professionally qualified and should maintain expertise appropriate to educational and clinical responsibilities
3. Demonstrate commitment and active participation in
   a. Supervision and instruction in OR, at bedside, transition of care, and ambulatory settings
   b. Participation in academic conferences
   c. Participation in resident and program evaluation activities

CAMC FACULTY TEACHING DUTIES AND RESPONSIBILITIES

Clinical Teaching and Supervision:

1. Serve as advisor and mentor to assigned residents including urology and other CAMC fellows, residents.
2. Provide resident supervision in all clinical settings as may be assigned. Whether via direct supervision or indirect supervision. Adhere to institutional, accreditation and regulatory requirements for the instruction and supervision of residents.
3. Support the education of medical students approved for clinical rotation at CAMC or who may be assigned as part of an educational affiliation with medical school. Provide clinical supervision/oversight to student and to supervising resident/fellow.

Education and Learning:

1. Attend and be prepared to participate in >50% of academic conferences required of urology residents.
2. Provide didactic lectures designed to meet curricula or educational requirements as assigned by the program director.
3. Support and provide guidance to residents in meeting didactic educational requirements.
4. Maintain ongoing commitment to continuous professional development and life-long learning.
5. Participate in educational conferences, forums or other faculty development programs that relate to faculty duties or that may be required by the institution or the program.

Evaluation, Documentation and Reporting:

1. Assess resident competencies as required by accreditation requirements.
2. Provide performance feedback and teaching to residents.
3. Conduct routine evaluation of residents including written/electronic performance evaluations as may be required by the program director, accreditation requirements or institutional requirements.
4. Provide resident, program or other educational reports as may be required by accreditation, program or institution.
5. Maintain appropriate records, files and documentation of resident performance and evaluation.

Quality and Patient Safety:

1. Provide oversight, teaching and support to institutional quality and patient safety initiatives involving urology teaching services, residents or resident program.
2. Participate in mortality-morbidity, peer review or other quality/safety oriented meetings, educational sessions or events.

Scholarly Activity:

1. Participate in research or scholarly activity as generally expected of program faculty and/or that meet accreditation or institutional requirements.
2. Provide mentorship and supervision for resident research and scholarly activity.
3. Assist and support the program and program director in defining a research agenda and facilitating program level research that will meet AOA and institutional scholarly requirements for GME programs. Such research should include publications and presentations to peer reviewed journals or regional, national or state forums.
4. Support and participate in clinical or outcomes research as sponsored by the department including appropriate enrollment of patients, evidence based medicine and other quality or performance improvement studies as deemed important by the program/department.

Institutional Requirements:

1. Adhere to institutional policies or requirements of faculty involved in teaching programs.
2. Maintain compliance to all federal, state, regulatory requirements.
3. Maintain requirements established for CAMC medical staff and teaching faculty as defined by CAMC medical staff policies, institutional or accreditation requirements.

4. Work collaboratively with residency program officials and other educational programs to assure a quality educational experience that meets institutional, accreditation and other regulatory requirements for GME programs.

Revised: 3/4/11
Charleston Area Medical Center (CAMC)

Urology Residency Program

First Year Urology Resident (OGME-1)

Goals

The goal for the (OGME-1) urologic residency training is to provide the clinical and academic experience necessary for the resident to develop the required competencies across the broad discipline of primary care. In addition to required rotations in general internal medicine (two months), ICU (one month), emergency medicine (one month), general surgery (two months), women’s health (one month), pediatrics or other primary care specialty (one month), the urology resident spends four (4) additional months on general surgery to achieve a solid foundation for contemporary surgical training.

Each of these goals will be accomplished in the highest ethical fashion with attention to the confidentiality of patients and their families while developing communication and professional behaviors that facilitate the delivery of health care by the treating team.

Objectives

Patient Care:

1. The resident will begin each evaluation by informing each patient and/or family members of their trainee status and the name of the supervising licensed independent practitioner physician.

2. The resident will demonstrate the ability to interview patients in an empathetic and respectful manner using open ended to directed questions which results in the acquisition of an accurate and complete history of their medical/surgical disorder.

3. The resident will perform a thorough physical examination and be able to communicate these findings effectively to supervising faculty and residents, as well as in medical records.

4. The resident will provide timely and appropriate medical care (including successful performance of phlebotomy, placement of peripheral and central IV lines, placement of urethral and SP catheters and other invasive modalities) required for the treatment of patients in the hospital under the supervision of the Chief Resident and faculty.

5. The resident will participate in, and demonstrate that participation in, the performance of all types of low to moderate complexity ambulatory procedures.
6. The resident will routinely second assist in the performance of moderate to high complexity surgical procedures and demonstrate a knowledge of equipment names and function, as well as the pertinent anatomy. The resident will communicate the understanding of risks and benefits, as well as the expected patient experiences during the recovery period.

7. The resident will participate in a wide variety of medical/surgical procedures and demonstrate an understanding about the equipment and the ability to interpret the results of tests ordered by the Chief Resident or faculty.

8. The resident will demonstrate the ability to interview the patients with respect and empathy, as well as the ability to employ interview skills such as the use of open ended questions, the ability to listen to a patient as they tell their story and the professionalism to deal with challenging social and medical situations. The resident will expect to be evaluated during role-playing exercises, interview sessions with standardized patients during quality improvement conferences and simulated experiences in the CHERI Patient Simulation Center.

9. The resident demonstrates outpatient assessment and management by obtaining complete and accurate patient histories, performing thorough and appropriate physical exams, ordering appropriate laboratory and radiological tests, integrating information meaningfully and coherently, and generating appropriate differential diagnosis.

10. The resident manages hospital inpatients by developing appropriate evaluation and treatment plans for preoperative and postoperative patients, anticipating patient needs in the hospital setting, effectively identifying and managing postoperative clinical problems, writing clear and appropriate orders, and planning outpatient follow-up visits as needed. Residents will obtain appropriate supervision for all of the above.

11. The resident demonstrates preparedness for surgical cases by being able to discuss rationale and risks of commonly performed surgical cases, reading about surgical procedures in advance, demonstrating knowledge of important steps and instruments in specific surgical cases.

12. The resident demonstrates surgical skill in performing biopsy and endoscopic procedures by demonstrating surgical proficiency and technical ability during such procedures.

13. The resident demonstrates surgical skill in performing open surgical cases by demonstrating surgical proficiency and technical ability during commonly performed open surgical procedures.

14. The resident demonstrates surgical skill in performing laparoscopic procedures by demonstrating surgical proficiency and technical ability
during laparoscopic procedures comparable with OGME-1 level of training.

Medical Knowledge:
2. The resident will delineate the components and discuss the importance of a focused history and physical examination performed on a surgical patient.
3. The resident will demonstrate knowledge of the natural history of surgical diseases if untreated, if treated surgically, or if treated non-surgically.
4. The resident will describe different types of biopsy techniques.
5. The resident will be able to describe the expected appearance of a wound at different time intervals.
6. The resident will demonstrate knowledge of appropriate pain medications and dosages.
7. The resident will provide timely and appropriate medical care including successful performance (checked-off on by faculty member) of core competencies such as phlebotomy, placement of peripheral and ventral IV lines, placement of urethral and SP catheters and other invasive modalities required for the treatment of patients in the hospital under the supervision of the Chief Resident and faculty.
8. During ambulatory rotations the resident will demonstrate independent reading skills and interact in a professional and organized manner with the supervising faculty member such that the resident acquires the required understanding of the pathophysiology, evaluation and treatment of ambulatory disorders.
9. The resident will demonstrate the ability to accurately interpret CT and MRI scans. Additionally the resident will acquire a working knowledge base about the physics of each of the imaging modalities and therefore successfully apply that knowledge to the use of these modalities in the diagnosis and treatment of patients.
10. The resident will attend regular medicine/surgery conferences and develop a knowledge base about common disorders such as cancer (all common forms)(appropriate for the rotation) and congenital anomalies.
11. The resident will demonstrate a complete knowledge regarding the technique of medical/surgical procedures, and understanding of the
technology and be capable of determining the risks and benefits of all approaches.

12. The resident will attend all scheduled core competency sessions throughout the year including the lectures scheduled through the GME/OPTI through WVSOM and any additional sessions considered necessary by the faculty or Program Director.

13. The resident demonstrates basic science and clinical knowledge by being able to identify and discuss pathophysiology of disease processes, intelligently discussing diagnosis, evaluating and treating common medical/surgical disorders, applying knowledge to solve clinical dilemmas, and understanding rationale for varied approaches to clinical problems.

14. The resident demonstrates up-to-date knowledge by seeking new information by searching the literature and asking questions, citing recent literature when appropriate, asking knowledgeable and well-informed questions.

15. The resident uses knowledge and analytical thinking to address clinical questions by using effective problem solving techniques, demonstrating sound clinical judgment, applying an analytical approach to clinical situations, and critically assessing diagnostic information and selecting appropriate diagnostic testing.

16. The resident will demonstrate the ability to acquire basic knowledge about medical/surgical disorders and physiology by regular attendance at conferences and through independent reading of standard textbooks.

Interpersonal and Communication Skills:
1. The first year resident will function successfully as a member of the house staff in the role of collecting accurate information regarding the status of hospitalized patients and communicate such information in a timely and professional manner to more senior residents and faculty.

2. The resident will interact in a professional manner with all nursing and other support staff.

3. The resident will demonstrate the ability to obtain informed consent for the low to moderate complexity surgical procedures.

4. The resident will demonstrate care and concern for patients and their families by responding appropriately to patients and family emotions, establishing rapport, providing reassurance, being respectful and considerate.
5. The resident communicates effectively with patients and their families by allowing the patient to tell his/her own story, listening attentively, using non-technical language when explaining and counseling, involving the patient and/or family in decision-making (treatment options), and encouraging questions and checking for understanding.

6. The resident communicates effectively with other healthcare professionals by maintaining consultation reports and referral letters, making organized and concise presentations of patient information, giving clear and well-prepared presentations at conferences, providing clear understanding about who is responsible for continuing care.

7. The resident works effectively with other members of the healthcare team by demonstrating courtesy to and consideration of consultants, therapists, and other team members, inviting others to share their knowledge and opinions, making requests not demands, negotiating and compromising when disagreements occur, handling conflict constructively, and handling emergency situations effectively.

Professionalism:
1. The resident will conduct routine self-evaluations regarding all manners of clinical and interpersonal experiences and expect to review such evaluations quarterly with the Program Director.

2. The resident accepts responsibility and follows through on tasks by willingly accepting responsibilities, being industrious and dependable, completing tasks carefully and thoroughly, responding to requests in a helpful and prompt manner.

3. The resident practices within the scope of his/her abilities by recognizing the limits of his/her abilities, asking for help when needed, referring patients when appropriate, and exercising authority accorded by position and/or experience.

4. The resident responds to each patient’s unique characteristics and needs by being sensitive to issues related to each patient’s culture, age, gender and disabilities, and providing equitable care regardless of patient culture or socioeconomic status.

5. The resident demonstrates integrity and ethical behavior by taking responsibility for his/her actions, admitting mistakes, putting patient needs above his/her own interests, recognizing and addressing ethical dilemmas and conflicts of interest, and maintaining patient confidentiality.
Practice Based Learning and Improvement:

1. The resident will demonstrate the ability to acquire basic knowledge about medical/surgical disorders and physiology by regular attendance at conferences and through independent reading of standard textbooks.

2. The resident will acquire the ability to abstract medical records and to collect appropriate information into clinical databases.

3. It is not expected that the first year resident would routinely attend the national or international meetings. However, in select circumstances an individual OGME-1 resident could be chosen to present his/her research project or poster.

4. The resident tracks and analyzes practice to identify areas for improvement by using a systematic approach such as chart or case analysis, or surgical log review to track his/her own practice, comparing own outcomes to identify strengths and weaknesses, and monitoring effects of practice changes and improvements.

5. The resident engages in ongoing learning by determining how learning deficits or weaknesses can be addressed, seeking feedback, doing extra reading and surgical practice when needed, seeking information from the literature, critically appraising research evidence for applicability to patient care, and using information technology (IT) resources to aid learning.

6. The resident implements improvement activities by changing practice patterns and other behaviors in response to feedback, applying new skills or knowledge to patient care, tailoring research evidence to care of individual patients, and using information technology (IT) to improve patient care.

7. The resident facilitates the learning of others by explaining clinical reasoning and procedures to colleagues and medical students, providing clinically useful information in response to learner questions, directing learners to useful resources, and providing coaching.

Systems Based Practice:

1. The resident will perform a thorough physical examination and be able to communicate these findings effectively to supervising faculty and residents, as well as on the medical record.

2. The resident will demonstrate the ability to promptly and accurately document all interactions with patients in the medical record, including an understanding of all documentation guidelines for billing and compliance.
3. The resident will demonstrate an understanding of the economic consequences of each treatment modality, as well as the patients experience during the recovery from each of these procedures.

4. The resident will complete HIPAA and IRB training courses and demonstrate an understanding of the ethical and professional considerations for conducting human subjects research.

5. The resident provides cost-conscious medical care by considering costs and benefits of tests and treatments, adhering to established patient care pathways, not ordering unnecessary tests, and; using appropriate billing codes for outpatient visits and surgical procedures.

6. The resident works to promote patient safety by identifying system causes of medical error, anticipating and responding to patient care problems, adhering to surgical protocols that ensure patient safety and accepting input from the patient care team.

7. The resident coordinates care with other healthcare providers by obtaining consultation when needed, communicating with other providers, resolving differences in treatment plans, and reconciling contradictory advice.

8. The resident facilitates patient care in the larger healthcare community by showing an understanding of different healthcare delivery systems and medical practices, assuring patient awareness of available care options, making appropriate referrals, and assisting with arrangements and follow-up to ensure appropriate care.

Osteopathic Principles and Practices:

1. The resident will demonstrate an awareness of the basic tenets of osteopathic philosophy and ability in basic manipulative medicine.

2. The resident will understand the interdependence of the musculoskeletal/lymphatic system and other organ systems as they relate to the urology patient.

3. The resident will understand that the mind, body and spirit all interact in the promotion of health and well-being and demonstrate the ability to utilize osteopathic manipulative medicine as a part of their patient care regimen.

Evaluations:

1. The resident will expect to receive formative feedback on a prompt and ongoing basis from their assigned attending and the Program Director.

2. The resident will receive summative feedback on a quarterly basis from the Program Director.
3. The resident will demonstrate an understanding of the established supervisory policy and the grievance policy as defined in the House Staff Handbook.

4. The resident will demonstrate an understanding of the policy regarding promotions and probation as defined in the House Staff Handbook.

5. The resident will communicate suggestions for program change or improvement to the Program Director at both scheduled residency discussion meetings and in private conference.
Charleston Area Medical Center (CAMC)
Urology Residency Program

Urology/Preliminary Year Resident (OGME-1)
One Month Rotation

Goals

The goal for the (OGME-1) urologic residency training is to provide the clinical and academic experience necessary for the resident to develop the required competencies across the broad discipline of primary care. In addition to required rotations in general internal medicine (two months), ICU (one month), emergency medicine (one month), general surgery (two months), women’s health (one month), pediatrics or other primary care specialty (one month), the urology resident spends four (4) additional months on general surgery to achieve a solid foundation for contemporary surgical training.

Each of these goals will be accomplished in the highest ethical fashion with attention to the confidentiality of patients and their families while developing communication and professional behaviors that facilitate the delivery of health care by the treating team.

Objectives

Patient Care:

1. The resident will begin each evaluation by informing each patient and/or family members of their trainee status and the name of the supervising licensed independent practitioner physician.

2. The resident will demonstrate the ability to interview patients in an empathetic and respectful manner using open ended to directed questions which results in the acquisition of an accurate and complete history of their medical/surgical disorder.

3. The resident will perform a thorough physical examination and be able to communicate these findings effectively to supervising faculty and residents, as well as in medical records.

4. The resident will provide timely and appropriate medical care including successful performance of phlebotomy, placement of peripheral and central IV lines, placement of urethral catheters required for the treatment of patients in the hospital under the supervision of the Chief Resident and faculty.
5. The resident will participate in, and demonstrate that participation in, the performance of all types of low to moderate complexity ambulatory procedures.

6. The resident will demonstrate the ability to interview the patients with respect and empathy, as well as the ability to employ interview skills such as the use of open ended questions, the ability to listen to a patient as they tell their story and the professionalism to deal with challenging social and medical situations. The resident will expect to be evaluated during role-playing exercises, interview sessions with standardized patients during quality improvement conferences and simulated experiences in the CHERI Patient Simulation Center.

7. The resident demonstrates outpatient assessment and management by obtaining complete and accurate patient histories, performing thorough and appropriate physical exams, ordering appropriate laboratory and radiological tests, integrating information meaningfully and coherently, and generating appropriate differential diagnosis.

8. The resident demonstrates preparedness for surgical cases by being able to discuss rationale and risks of commonly performed surgical cases, reading about surgical procedures in advance, demonstrating knowledge of important steps and instruments in specific surgical cases.

**Medical Knowledge:**


2. The resident will delineate the components and discuss the importance of a focused history and physical examination performed on a surgical patient.

3. The resident will demonstrate knowledge of the natural history of surgical diseases if untreated, if treated surgically, or if treated non-surgically.

4. The resident will describe different types of biopsy techniques.

5. The resident will be able to describe the expected appearance of a wound at different time intervals.

6. The resident will demonstrate knowledge of appropriate pain medications and dosages.

7. The resident will provide timely and appropriate medical care including successful performance (checked-off on by faculty member) of core competencies such as phlebotomy, placement of peripheral and ventral IV lines, placement of urethral catheters required for the treatment of patients in the hospital under the supervision of the Chief Resident and faculty.
8. During ambulatory rotations the resident will demonstrate independent reading skills and interact in a professional and organized manner with the supervising faculty member such that the resident acquires the required understanding of the pathophysiology, evaluation and treatment of ambulatory disorders.

9. The resident will demonstrate the ability to accurately interpret CT and MRI scans. Additionally the resident will acquire a working knowledge base about the physics of each of the imaging modalities and therefore successfully apply that knowledge to the use of these modalities in the diagnosis and treatment of patients.

10. The resident will attend regular medicine/surgery conferences and develop a knowledge base about common disorders such as cancer (all common forms) (appropriate for the rotation) and congenital anomalies.

11. The resident will demonstrate a complete knowledge regarding the technique of medical/surgical procedures, and understanding of the technology and be capable of determining the risks and benefits of all approaches.

12. The resident will attend all scheduled core competency sessions throughout the year including the lectures scheduled through the GME/OPTI through WV SOM and any additional sessions considered necessary by the faculty or Program Director.

13. The resident demonstrates basic science and clinical knowledge by being able to identify and discuss pathophysiology of disease processes, intelligently discussing diagnosis, evaluating and treating common medical/surgical disorders, applying knowledge to solve clinical dilemmas, and understanding rationale for varied approaches to clinical problems.

14. The resident demonstrates up-to-date knowledge by seeking new information by searching the literature and asking questions, citing recent literature when appropriate, asking knowledgeable and well-informed questions.

15. The resident uses knowledge and analytical thinking to address clinical questions by using effective problem solving techniques, demonstrating sound clinical judgment, applying an analytical approach to clinical situations, and critically assessing diagnostic information and selecting appropriate diagnostic testing.

16. The resident will demonstrate the ability to acquire basic knowledge about medical/surgical disorders and physiology by regular attendance at conferences and through independent reading of standard textbooks.
Interpersonal and Communication Skills:
1. The first year resident will function successfully as a member of the house staff in the role of collecting accurate information regarding the status of hospitalized patients and communicate such information in a timely and professional manner to more senior residents and faculty.

2. The resident will interact in a professional manner with all nursing and other support staff.

3. The resident will demonstrate the ability to obtain informed consent for the low to moderate complexity surgical procedures.

4. The resident will demonstrate care and concern for patients and their families by responding appropriately to patients and family emotions, establishing rapport, providing reassurance, being respectful and considerate.

5. The resident communicates effectively with patients and their families by allowing the patient to tell his/her own story, listening attentively, using non-technical language when explaining and counseling, involving the patient and/or family in decision-making (treatment options), and encouraging questions and checking for understanding.

6. The resident communicates effectively with other healthcare professionals by maintaining consultation reports and referral letters, making organized and concise presentations of patient information, giving clear and well-prepared presentations at conferences, providing clear understanding about who is responsible for continuing care.

7. The resident works effectively with other members of the healthcare team by demonstrating courtesy to and consideration of consultants, therapists, and other team members, inviting others to share their knowledge and opinions, making requests not demands, negotiating and compromising when disagreements occur, handling conflict constructively, and handling emergency situations effectively.

Professionalism:
1. The resident will conduct routine self-evaluations regarding all manners of clinical and interpersonal experiences and expect to review such evaluations quarterly with the Program Director.

2. The resident accepts responsibility and follows through on tasks by willingly accepting responsibilities, being industrious and dependable, completing tasks carefully and thoroughly, responding to requests in a helpful and prompt manner.
3. The resident practices within the scope of his/her abilities by recognizing the limits of his/her abilities, asking for help when needed, referring patients when appropriate, and exercising authority accorded by position and/or experience.

4. The resident responds to each patient’s unique characteristics and needs by being sensitive to issues related to each patient’s culture, age, gender and disabilities, and providing equitable care regardless of patient culture or socioeconomic status.

5. The resident demonstrates integrity and ethical behavior by taking responsibility for his/her actions, admitting mistakes, putting patient needs above his/her own interests, recognizing and addressing ethical dilemmas and conflicts of interest, and maintaining patient confidentiality.

**Practice Based Learning and Improvement:**

1. The resident will demonstrate the ability to acquire basic knowledge about medical/surgical disorders and physiology by regular attendance at conferences and through independent reading of standard textbooks.

2. The resident will acquire the ability to abstract medical records and to collect appropriate information into clinical databases.

3. The resident tracks and analyzes practice to identify areas for improvement by using a systematic approach such as chart or case analysis, or surgical log review to track his/her own practice, comparing own outcomes to identify strengths and weaknesses, and monitoring effects of practice changes and improvements.

4. The resident engages in ongoing learning by determining how learning deficits or weaknesses can be addressed, seeking feedback, doing extra reading and surgical practice when needed, seeking information from the literature, critically appraising research evidence for applicability to patient care, and using information technology (IT) resources to aid learning.

5. The resident implements improvement activities by changing practice patterns and other behaviors in response to feedback, applying new skills or knowledge to patient care, tailoring research evidence to care of individual patients, and using information technology (IT) to improve patient care.

6. The resident facilitates the learning of others by explaining clinical reasoning and procedures to colleagues and medical students, providing clinically useful information in response to learner questions, directing learners to useful resources, and providing coaching.
Systems Based Practice:
1. The resident will perform a thorough physical examination and be able to communicate these findings effectively to supervising faculty and residents, as well as on the medical record.

2. The resident will demonstrate the ability to promptly and accurately document all interactions with patients in the medical record, including an understanding of all documentation guidelines for billing and compliance.

3. The resident will demonstrate an understanding of the economic consequences of each treatment modality, as well as the patients experience during the recovery from each of these procedures.

4. The resident will complete HIPAA and IRB training courses and demonstrate an understanding of the ethical and professional considerations for conducting human subjects research.

5. The resident provides cost-conscious medical care by considering costs and benefits of tests and treatments, adhering to established patient care pathways, not ordering unnecessary tests, and; using appropriate billing codes for outpatient visits and surgical procedures.

6. The resident works to promote patient safety by identifying system causes of medical error, anticipating and responding to patient care problems, adhering to surgical protocols that ensure patient safety and accepting input from the patient care team.

7. The resident coordinates care with other healthcare providers by obtaining consultation when needed, communicating with other providers, resolving differences in treatment plans, and reconciling contradictory advice.

8. The resident facilitates patient care in the larger healthcare community by showing an understanding of different healthcare delivery systems and medical practices, assuring patient awareness of available care options, making appropriate referrals, and assisting with arrangements and follow-up to ensure appropriate care.

Osteopathic Principles and Practices:
1. The resident will demonstrate an awareness of the basic tenets of osteopathic philosophy and ability in basic manipulative medicine.

2. The resident will understand the interdependence of the musculoskeletal/lymphatic system and other organ systems as they relate to the urology patient.
3. The resident will understand that the mind, body and spirit all interact in the
promotion of health and well-being and demonstrate the ability to utilize
osteopathic manipulative medicine as a part of their patient care regimen.

**Evaluations:**

1. The resident will expect to receive formative feedback on a prompt and
   ongoing basis from their assigned attending and the Program Director.

2. The resident will receive summative feedback on a quarterly basis from the
   Program Director.

3. The resident will demonstrate an understanding of the established
   supervisory policy and the grievance policy as defined in the House Staff
   Handbook.

4. The resident will demonstrate an understanding of the policy regarding
   promotions and probation as defined in the House Staff Handbook.

5. The resident will communicate suggestions for program change or
   improvement to the Program Director at both scheduled residency
   discussion meetings and in private conference.
Charleston Area Medical Center (CAMC)
Urology Residency Program

Second Year Urology Resident (OGME-2)

All goals and objectives from the first year (OGME-1) urology residency will carry over to the second year (OGME-2) of training. The OGME-2 urology resident will add to those goals and objectives, the following:

**Goals**

The goal for 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.

Each of these goals will be accomplished in the highest ethical fashion with attention to the confidentiality of patients and their families while developing communication and professional behaviors that facilitate the delivery of health care by the treating team.

**Objectives**

**Patient Care:**

1. The resident will begin each evaluation by informing each patient and/or family members of their trainee status and the name of the supervising licensed independent practitioner physician.

2. The resident will demonstrate the ability to interview patients in an empathetic and respectful manner using open ended to directed questions which results in the acquisition of an accurate and complete history of their urologic disorder.

3. The resident will perform a thorough physical examination with appropriate focus on the urologic system and be able to communicate these findings effectively to supervising faculty and residents, as well as in medical records.

4. The resident will provide timely and appropriate medical care (including successful performance of phlebotomy, placement of peripheral and central IV lines, placement of urethral and SP catheters and other invasive modalities) required for the treatment of urologic patients in the hospital under the supervision of the Chief Resident and faculty.
5. The second year resident will participate in, and demonstrate that participation in, the performance of all types of low to moderate complexity ambulatory procedures including (but not limited to) flexible and rigid cystoscopy, TRUS and prostate biopsy, vasectomy, TUNA, TUMT, ESWL, endoscopic implantations for incontinence, placement of urethral catheters and suprapubic catheters, endoscopic bladder biopsy and retrograde pyelograms, ureteral stent placement and removal, minor scrotal and penile procedures.

6. The second year resident will routinely second assist in the performance of moderate to high complexity urologic surgical procedures and demonstrate a knowledge of equipment names and function, as well as the pertinent urologic anatomy. The resident will communicate the understanding of risks and benefits, as well as the expected patient experiences during the recovery period.

7. The resident will participate in a wide variety of urodynamic procedures and demonstrate an understanding of voiding physiology, an understanding about the equipment and the ability to interpret the results of tests ordered by the Chief Resident or faculty.

8. The resident will demonstrate the ability to interview the patients with respect and empathy, as well as the ability to employ interview skills such as the use of open ended questions, the ability to listen to a patient as they tell their story and the professionalism to deal with challenging social and medical situations. The resident will expect to be evaluated during role-playing exercises, interview sessions with standardized patients during quality improvement conferences and simulated experiences in the CHERI Patient Simulation Center.

9. The resident demonstrates outpatient assessment and management by obtaining complete and accurate patient histories, performing thorough and appropriate physical exams, ordering appropriate laboratory and radiological tests, integrating information meaningfully and coherently, and generating appropriate differential diagnosis.

10. The resident manages hospital inpatients by developing appropriate evaluation and treatment plans for preoperative and postoperative patients, anticipating patient needs in the hospital setting, effectively identifying and managing postoperative clinical problems, writing clear and appropriate orders, and planning outpatient follow-up visits as needed. Residents will obtain appropriate supervision for all of the above.

11. The resident demonstrates preparedness for surgical cases by being able to discuss rationale and risks of commonly performed surgical cases, reading about surgical procedures in advance, demonstrating knowledge of important steps and instruments in specific surgical cases.
12. The resident demonstrates surgical skill in performing endoscopic procedures by demonstrating surgical proficiency and technical ability during endoscopic procedures such as cystoscopy, ureteroscopy and percutaneous renal surgery.

13. The resident demonstrates surgical skill in performing open surgical cases by demonstrating surgical proficiency and technical ability during commonly performed open surgical procedures.

14. The resident demonstrates surgical skill in performing laparoscopic procedures by demonstrating surgical proficiency and technical ability during laparoscopic procedures comparable with 0GME-2 level of training.

Medical Knowledge:

1. The resident will provide timely and appropriate medical care including successful performance (checked-off on by faculty member) of core competencies such as phlebotomy, placement of peripheral and ventral IV lines, placement of urethral and SP catheters and other invasive modalities required for the treatment of urologic patients in the hospital under the supervision of the Chief Resident and faculty.

2. During ambulatory rotations the resident will demonstrate independent reading skills and interact in a professional and organized manner with the supervising faculty member such that the resident acquires the required understanding of the pathophysiology, evaluation and treatment of ambulatory disorders such as pelvic floor disorders and basic pediatric urology.

3. The resident will demonstrate the ability to accurately interpret urologic US, CT and MRI scans. Additionally the resident will acquire a working knowledge base about the physics of each of the imaging modalities and therefore successfully apply that knowledge to the use of these modalities in the diagnosis and treatment of patients.

4. As part of the urology curriculum, the resident will attend the Basic Science Conference held at the University of Virginia, to continue in the development of a urologic knowledge base.

5. The resident will attend regular urology conferences and develop a knowledge base about common urologic disorders such as cancer (all common forms), BPH and congenital anomalies.

6. The resident will demonstrate a complete knowledge regarding the technique of urology procedures, and understanding of the technology and be capable of determining the risks and benefits of all approaches.

7. The resident will attend all scheduled core competency sessions throughout the year including the lectures scheduled through the GME/OPTI through WVSOM, the institutional didactic urology conferences and any additional sessions considered necessary by the faculty urologist or Program Director. Additionally, the resident will attend institutional didactic urology conferences.
8. The resident demonstrates basic science and clinical knowledge by being able to identify and discuss pathophysiology of urologic disease processes, intelligently discussing diagnosis, evaluating and treating common urologic disorders, applying knowledge to solve clinical dilemmas, and understanding rationale for varied approaches to clinical problems.

9. The resident demonstrates up-to-date knowledge by seeking new information by searching the literature and asking questions, citing recent literature when appropriate, asking knowledgeable and well-informed questions.

10. The resident uses knowledge and analytical thinking to address clinical questions by using effective problem solving techniques, demonstrating sound clinical judgment, applying an analytical approach to clinical situations, and critically assessing diagnostic information and selecting appropriate diagnostic testing.

11. The resident will demonstrate the ability to acquire basic knowledge about urologic disorders and physiology by regular attendance at conferences and through independent reading of standard textbooks, including Campbell’s Textbook of Urology and other such books as determined in conjunction with the faculty.

Interpersonal and Communication Skills:
1. The second year resident will function successfully as a member of the house staff in the role of collecting accurate information regarding the status of hospitalized patients and communicate such information in a timely and professional manner to more senior residents and faculty.

2. The resident will interact in a professional manner with all nursing and other support staff.

3. The resident will demonstrate the ability to obtain informed consent for the low to moderate complexity urologic procedures.

4. The resident will demonstrate care and concern for patients and their families by responding appropriately to patients and family emotions, establishing rapport, providing reassurance, being respectful and considerate.

5. The resident communicates effectively with patients and their families by allowing the patient to tell his/her own story, listening attentively, using non-technical language when explaining and counseling, involving the patient and/or family in decision-making (treatment options), and encouraging questions and checking for understanding.

6. The resident communicates effectively with other healthcare professionals by maintaining consultation reports and referral letters, making organized and concise presentations of patient information, giving clear and well-prepared presentations at conferences, providing clear understanding about who is responsible for continuing care.
7. The resident works effectively with other members of the healthcare team by demonstrating courtesy to and consideration of consultants, therapists, and other team members, inviting others to share their knowledge and opinions, making requests not demands, negotiating and compromising when disagreements occur, handling conflict constructively, and handling emergency situations effectively.

**Professionalism:**

1. The resident will conduct routine self-evaluations regarding all manners of clinical and interpersonal experiences and expect to review such evaluations quarterly with the Program Director.

2. The resident accepts responsibility and follows through on tasks by willingly accepting responsibilities, being industrious and dependable, completing tasks carefully and thoroughly, responding to requests in a helpful and prompt manner.

3. The resident practices within the scope of his/her abilities by recognizing the limits of his/her abilities, asking for help when needed, referring patients when appropriate, and exercising authority accorded by position and/or experience.

4. The resident responds to each patient's unique characteristics and needs by being sensitive to issues related to each patient's culture, age, gender and disabilities, and providing equitable care regardless of patient culture or socioeconomic status.

5. The resident demonstrates integrity and ethical behavior by taking responsibility for his/her actions, admitting mistakes, putting patient needs above his/her own interests, recognizing and addressing ethical dilemmas and conflicts of interest, and maintaining patient confidentiality.

**Practice Based Learning and Improvement:**

1. The resident will demonstrate the ability to acquire basic knowledge about urologic disorders and physiology by regular attendance at conferences and through independent reading of standard textbooks, including Campbell's Textbook of Urology and other such books as determined in conjunction with the faculty.

2. The resident will acquire the ability to abstract medical records and to collect appropriate information into clinical databases.

3. It is not expected that the second year resident would routinely attend the national or international meetings. However, in select circumstances an individual OGME-2 resident could be chosen to present his/her research project or poster.
4. The resident tracks and analyzes practice to identify areas for improvement by using a systematic approach such as chart or case analysis, or surgical log review to track his/her own practice, comparing own outcomes to accepted guidelines and national or peer data, reflecting on critical incidents to identify strengths and weaknesses, and monitoring effects of practice changes and improvements.

5. The resident engages in ongoing learning by determining how learning deficits or weaknesses can be addressed, seeking feedback, doing extra reading and surgical practice when needed, seeking information from the literature, critically appraising research evidence for applicability to patient care, and using information technology (IT) resources to aid learning.

6. The resident implements improvement activities by changing practice patterns and other behaviors in response to feedback, applying new skills or knowledge to patient care, tailoring research evidence to care of individual patients, and using IT to improve patient care.

7. The resident facilitates the learning of others by explaining clinical reasoning and procedures to junior colleagues and medical students, providing clinically useful information in response to learner questions, directing learners to useful resources, and providing coaching.

**Systems Based Practice:**

1. The resident will perform a thorough physical examination with appropriate focus on the urologic system and be able to communicate these findings effectively to supervising faculty and residents, as well as on the medical record.

2. The resident will demonstrate the ability to promptly and accurately document all interactions with patients in the medical record, including an understanding of all documentation guidelines for billing and compliance.

3. The resident will demonstrate an understanding of the economic consequences of each treatment modality, as well as the patients experience during the recovery from each of these procedures.

4. The resident will complete HIPAA and IRB training courses and demonstrate an understanding of the ethical and professional considerations for conducting human subjects research.

5. The resident provides cost-conscious medical care by considering costs and benefits of tests and treatments, adhering to established patient care pathways, not ordering unnecessary tests, and; using appropriate billing codes for outpatient visits and surgical procedures.

6. The resident works to promote patient safety by identifying system causes of medical error, anticipating and responding to patient care problems, adhering to surgical protocols that ensure patient safety, and accepting input from the patient care team.
7. The resident coordinates care with other healthcare providers by obtaining consultation when needed, communicating with other providers, resolving differences in treatment plans, and reconciling contradictory advice.

8. The resident facilitates patient care in the larger healthcare community by showing an understanding of different healthcare delivery systems and medical practices, assuring patient awareness of available care options, making appropriate referrals, and assisting with arrangements and follow-up to ensure appropriate care.

Osteopathic Principles and Practices:
1. The resident will demonstrate an awareness of the basic tenets of osteopathic philosophy and ability in basic manipulative medicine.

2. The resident will understand the interdependence of the musculoskeletal/lymphatic system and other organ systems as they relate to the urology patient.

3. The resident will understand that the mind, body and spirit all interact in the promotion of health and well being and demonstrate the ability to utilize osteopathic manipulative medicine as a part of their patient care regimen.

4. The resident will attend all required OPTI functions throughout the year.

Evaluations:
1. The resident will expect to receive formative feedback on a prompt and ongoing basis from their assigned attending urologist, and the Program Director.

2. The resident will receive summative feedback on a quarterly basis with the Program Director.

3. The resident will demonstrate an understanding of the established supervisory policy and the grievance policy as defined in the House Staff Handbook.

4. The resident will demonstrate an understanding of the policy regarding promotions and probation as defined in the House Staff Handbook.

5. The resident will communicate suggestions for program change or improvement to the Program Director at both scheduled residency discussion meetings and in private conference.
Charleston Area Medical Center (CAMC)
Urology Residency Program

Inpatient Service (OGME-2)

Goals

Develop an initial understanding of the pathophysiology of urologic diseases/disorders and skills necessary for evaluation and management of patients afflicted by these diseases/disorders. Implicit in this goal is development of a working knowledge of urologic terminology and diagnostic and therapeutic modalities utilized to care for urologic patients in an ethical and professional manner.

Objectives

Patient Care:

1. The resident will begin each evaluation by informing each patient and/or family members of their trainee status and the name of the supervising licensed independent practitioner physician.

2. Take appropriate histories from new patients in the clinic/office setting and perform appropriate urologic physical exams and record findings in the medical record promptly and accurately (including understanding documentation for supervision and billing) with faculty supervision, order appropriate diagnostic studies including laboratory tests, imaging studies, and pathology requests appropriately manage (under faculty and Chief Resident supervision) post operative patients in the hospital, including recognizing complications; effectively communicate with Chief Resident or faculty in a timely fashion.

3. Serve as second assistant on high complexity urologic surgery, demonstrating an understanding of the relevant anatomy and instrumentation/equipment utilized during the surgery.

4. Act as first assistant on low to moderately complex ambulatory urologic surgeries.

Medical Knowledge:

1. Read appropriate chapters in Campbell’s Urology.

2. Discuss articles pertaining to urologic topics at monthly Journal Club.

3. Choose, with faculty supervision, appropriate patients to present at monthly urology conference.

4. Attend monthly GME/OPTI through WVSOM conferences.
5. Attend institutional didactic urology conferences

**Interpersonal and Communication Skills:**
1. The second year urology resident will demonstrate an ability to effectively communicate with attending physicians and fellow residents regarding developments in the care of urology patients.
2. The resident will interact in a professional manner with other specialties, nursing, and support staff.
3. The resident will be able to obtain informed consent from patients undergoing minimally to moderately complex urology surgical procedures.

**Professionalism:**
1. The resident will be expected to regularly attend conferences and to read independently.
2. The resident will conduct regular self-evaluations and review these with his/her attending.

**Practice Based Learning and Improvement:**
1. The second year urology resident may be involved in abstracting data from the medical record for maintenance of a clinical urology database.
2. The resident will attend and actively participate in all urology conferences.
3. The resident will discuss adverse events/complications at the department M&M Conference.

**Systems Based Practice:**
1. The resident will accurately document the results of patient evaluations/interactions in the medical record and communicate care developments with the patient’s primary care provider.
2. The resident will demonstrate an understanding of documentation guidelines for billing and compliance.
3. The resident will demonstrate an understand of the economic impact of different urologic management strategies as well as the impact on a patient’s return to a normal level of activity.

**Osteopathic Principles and Practices:**
1. The resident will demonstrate an awareness of the basic tenets of osteopathic philosophy and ability in basic manipulative medicine.
2. The resident will understand the interdependence of the musculoskeletal/lymphatic system and other organ systems as they relate to the urology patient.

3. The resident will understand that the mind, body and spirit all interact in the promotion of health and well being and demonstrate the ability to utilize osteopathic manipulative medicine as a part of their patient care regimen.

4. The resident will attend all required OPTI functions throughout the year.

**Evaluations:**

Resident will have a formal face-to-face review of his/her performance quarterly with the Program Director which will address his/her success or need for improvement regarding the specific objectives.
Charleston Area Medical Center (CAMC)
Urology Residency Program

Third Year Urology Resident (OGME-3)

All goals and objectives from urology year 1 (OGME-1) and urology year 2 (OGME-2) will also carry over to the third year (OGME-3) of training. The OGME-3 urology resident will add to those goals and objectives the following:

Goals

The goal for 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.

Objectives

Patient Care:

1. The resident will begin each evaluation by informing each patient and/or family members of their trainee status and the name of the supervising licensed independent practitioner physician.

2. The resident will demonstrate the ability to acquire clinically pertinent information during the history and physical examination of all urologic patients in a timely fashion.

3. The resident will acquire a complete understanding of the role for, and performance of, simple and complex urodynamic evaluations of both adult and pediatric urologic patients.

4. The resident will demonstrate mastery of all low to moderate complexity urologic procedures which include (but are not limited to) flexible and rigid endoscopy, ureteroscopy, prostate biopsy, vasectomy, TRUS, TUNA, TUMT, ESWL, endoscopic injections and implantations, dilation of the urinary tract, placement of urethral, bladder and ureteral catheters, bladder biopsy, retrograde pyelograms, laser lithotripsy, penile and scrotal cases.

5. The resident will participate in the performance of moderate to highly complex urologic procedures including (but not limited to) TURP, laser prostatectomy, PCNL, placement of urologic prosthetics, pelvic floor procedures such as mid-urethral slings and anterior/posterior repairs,
pediatric urologic reconstructive and extirpative procedures, urologic laparoscopy and patient side robotics, reconstructive and oncologic procedures of all forms.

6. The resident will demonstrate the ability to evaluate and manage patients in a timely, empathic and organized fashion with attention to full patient education and confidentiality.

7. The resident demonstrates outpatient assessment and management by obtaining complete and accurate patient histories, performing thorough and appropriate physical exams, ordering appropriate laboratory and radiological tests, integrating information meaningfully and coherently, and generating appropriate differential diagnosis.

8. The resident manages hospital inpatients by developing appropriate evaluation and treatment plans for preoperative and postoperative patients, anticipating patient needs in the hospital setting, effectively identifying and managing postoperative clinical problems, writing clear and appropriate orders, and planning outpatient follow-up visits as needed.

9. The resident demonstrates preparedness for surgical cases by being able to discuss rationale and risks of commonly performed surgical cases, reading about surgical procedures in advance, demonstrating knowledge of important steps and instruments in specific surgical cases.

10. The resident demonstrates surgical skill in performing endoscopic procedures by demonstrating surgical proficiency and technical ability during endoscopic procedures such as cystoscopy, ureteroscopy and percutaneous renal surgery.

11. The resident demonstrates surgical skill in performing open surgical cases by demonstrating surgical proficiency and technical ability during commonly performed open surgical procedures.

12. The resident demonstrates surgical skill in performing laparoscopic procedures by demonstrating surgical proficiency and technical ability during laparoscopic procedures.

Medical Knowledge:

1. The resident will demonstrate a working knowledge of Campbell's Textbook of Urology which will be augmented through independent study of the AUA updates and other textbooks as deemed necessary.

2. The resident will demonstrate the ability to provide comprehensive care to all urologic inpatients including up-to-date and accurate knowledge of clinical status, recommendations of consultants and pertinent laboratory data. This includes the ability to determine the time line for appropriate discharge from the hospital, the provision of accurate discharge
instructions and the coordination of outpatient services. This will take place, at all times, under the direction of the Chief Resident and/or the attending faculty.

3. The resident will acquire skills that result in the ability to perform low to moderate complexity ambulatory procedures and to first assist on moderate and high complexity surgical treatments.

4. The resident, with the active involvement of the faculty, will prepare and submit a literature review, poster presentation or scientific paper to a AOA/ACOS approved conference. Also, a scholarly project must be submitted and approved by the Program Director in accordance with ACOS guidelines and requirements.

5. The resident demonstrates basic science and clinical knowledge by being able to identify and discuss pathophysiology of urologic disease processes, intelligently discussing diagnosis, evaluating and treating common urologic disorders, applying knowledge to solve clinical dilemmas, and understanding rationale for varied approaches to clinical problems.

6. The resident demonstrates up-to-date knowledge by seeking new information by searching the literature and asking questions, citing recent literature when appropriate, asking knowledgeable and well-informed question.

7. The resident uses knowledge and analytical thinking to address clinical questions by using effective problem solving techniques, demonstrating sound clinical judgment, applying an analytical approach to clinical situations, and critically assessing diagnostic information and selecting appropriate diagnostic testing.

8. The resident will achieve at or above the median on the Urology In-Service Examination during this year.

Practice Based Learning and Improvement:
1. The resident will attend the scheduled outpatient clinic on time and appropriately attired. The resident will demonstrate the ability to evaluate a patient and determine the appropriate course of diagnostic and therapeutic interventions.

2. The resident will master online and computer based scientific literature search engines and begin to apply these tools to daily clinical care activities.

3. The resident will regularly attend all urology conferences and is expected to be an active participant.
4. The resident will demonstrate the ability to read, review and statistically evaluate urologic literature during the monthly Journal Club.

5. The resident tracks and analyzes practice to identify areas for improvement by using a systematic approach such as chart or case analysis, or surgical log review to track his/her own practice, comparing own outcomes to accepted guidelines and national or peer data, reflecting on critical incidents to identify strengths and weaknesses, and monitoring effects of practice changes and improvements.

6. The resident engages in ongoing learning by determining how learning deficits or weaknesses can be addressed, seeking feedback, doing extra reading and surgical practice when needed, seeking information from the literature, critically appraising research evidence for applicability to patient care, and using information technology (IT) resources to aid learning.

7. The resident implements improvement activities by changing practice patterns and other behaviors in response to feedback, applying new skills or knowledge to patient care, tailoring research evidence to care of individual patients, and using information technology (IT) to improve patient care.

8. The resident facilitates the learning of others by explaining clinical reasoning and procedures to junior colleagues and medical students, providing clinically useful information in response to learner questions, directing learners to useful resources, and providing coaching.

Interpersonal and Communication Skills:

1. Successful interviewing skills will be exhibited by the resident including the use of open-ended questions, focused listening, and targeted questioning when necessary, empathy and attention to patient confidentiality.

2. The resident will provide comprehensive education to patients and obtain informed consent for all ambulatory urologic procedures. This excludes complex oncologic, robotic, pediatric or reconstructive procedures.

3. The resident should exhibit the analytic and communication skills necessary to serve as a consultant to other hospital services for acute urologic emergencies. Although the resident will always work under supervision of the Chief Resident or attending faculty the resident should demonstrate the ability to evaluate and manage such patients independently.

4. The resident will demonstrate the communication skills necessary to interact with the Chief Resident and faculty during evening and night time patient encounters while on call. The resident should understand the appropriate circumstances where support is needed from a senior resident or faculty member and arrange for that support.
5. The resident will demonstrate the ability to guide a less experienced surgeon, medical student, physician assistant and nursing staff through the performance of low complexity procedures.

6. The resident will interact in a professional manner and demonstrate the ability to function as a team member with nurses, medical students, physician assistants and other medical professionals.

7. The resident will demonstrate care and concern for patients and their families by responding appropriately to patient and family emotions, establishing rapport, providing reassurance, being respectful and considerate, and does not rush the patient or the family of the patient.

8. The resident communicates effectively with patients and their families by allowing the patient to tell his/her own story, listening attentively, using non-technical language when explaining and counseling, involving the patient and/or family in decision-making (treatment options), and encouraging questions and checking for understanding.

9. The resident communicates effectively with other healthcare professionals by maintaining complete and legible medical records, writing clear and concise consultation reports and referral letters, making organized and concise presentations of patient information, giving clear and well-prepared presentations at conferences, providing clear understanding about who is responsible for continuing care.

10. The resident works effectively with other members of the healthcare team by demonstrating courtesy to and consideration of consultants, therapists, and other team members, inviting others to share their knowledge and opinions, making requests not demands, negotiating and compromising when disagreements occur, handling conflict constructively, and handling emergency situations effectively.

**Professionalism:**

1. The resident accepts responsibility and follows through on tasks by willingly accepting responsibilities, being industrious and dependable, completing tasks carefully and thoroughly, responding to requests in a helpful and prompt manner.

2. The resident practices within the scope of his/her abilities by recognizing the limits of his/her abilities, asking for help when needed, referring patients when appropriate, and exercising authority accorded by position and/or experience.

3. The resident responds to each patient’s unique characteristics and needs by being sensitive to issues related to each patient’s culture, age, gender and disabilities, and providing equitable care regardless of patient culture or socioeconomic status.
4. The resident demonstrates integrity and ethical behavior by taking responsibility for his/her actions, admitting mistakes, putting patient needs above his/her own interests, recognizing and addressing ethical dilemmas and conflicts of interest, and maintaining patient confidentiality.

**Systems Based Practice:**

1. The resident will demonstrate accurate and timely documentation of all medical encounters in medical records. The second year resident should master the necessary documentation skills for inpatient medical records and paper charges, dictation of consultations and discharge summaries.

2. The resident will document participation in the performance of moderate to highly complex urologic procedures including (but not limited to) TURP, laser prostatectomy, PCNL, placement of urologic prosthetics, pelvic floor procedures such as mid-urethral slings and anterior/posterior repairs, pediatric urologic reconstructive and extirpative procedures, urologic laparoscopy and patient side robotics, reconstructive and oncologic procedures of all forms.

3. The resident will acquire the understanding of all postoperative outcomes for the above procedures and will contribute to patient safety and quality improvement by promptly reporting all adverse events and medical errors to the Program Director who will report to the appropriate CAMC hospital authority as required by the Department of Urology for compliance with all CAMC hospital and West Virginia state regulations.

4. The resident will complete all regulatory courses for patient safety, HIPAA and IRB.

5. The resident will demonstrate the ability to apply for IRB exemption or full review for clinical research involving one or more of the clinical databases kept in the Department of Urology.

6. The resident will attend all scheduled core competency sessions throughout the year including the lectures scheduled through the GME/OPTI through WVSOM and all additional sessions considered necessary by the faculty and Program Director.

7. The resident will acquire techniques and skills for managing difficult patients and socially sensitive circumstances independently from senior residents and faculty. The resident will be mentored and evaluated on these techniques during routine self-evaluation exercises.

8. The resident will develop skills managing hospital and departmental resources, and the professionalism of team building and participation.

9. The resident will demonstrate the organizational skills and professionalism to manage time away (such as vacation and GME related travel) and coordinate the call responsibilities with the other residents and faculty.
10. The resident provides cost-conscious medical care by considering costs and benefits of tests and treatments, adhering to established patient care pathways, not ordering unnecessary tests, and; using appropriate billing codes for outpatient visits and surgical procedures.

11. The resident works to promote patient safety by identifying system causes of medical error, anticipating and responding to patient care problems, adhering to surgical protocols that ensure patient safety, and accepting input from the patient care team.

12. The resident coordinates care with other healthcare providers by obtaining consultation when needed, communicating with other providers, resolving differences in treatment plans, and reconciling contradictory advice.

13. The resident facilitates patient care in the larger healthcare community by showing an understanding of different healthcare delivery systems and medical practices, assuring patient awareness of available care options, making appropriate referrals, and assisting with arrangements and follow-up to ensure appropriate care.

Osteopathic Principles and Practices:

1. The resident will demonstrate an awareness of the basic tenets of osteopathic philosophy and ability in basic manipulative medicine.

2. The resident will understand the interdependence of the musculoskeletal/lymphatic system and other organ systems as they relate to the urology patient.

3. The resident will understand that the mind, body and spirit all interact in the promotion of health and well being and demonstrate the ability to utilize osteopathic manipulative medicine as a part of their patient care regimen.

4. The resident will understand that the mind, body and spirit all interact in the promotion of health and well being and demonstrate the ability to utilize osteopathic manipulative medicine as a part of their patient care regimen.

5. The resident will understand that the mind, body and spirit all interact in the promotion of health and well being and demonstrate the ability to utilize osteopathic manipulative medicine as a part of their patient care regimen.

6. The resident will attend all required OPTI functions throughout the year.
Evaluations:
1. The resident will expect to receive formative feedback on a prompt and ongoing basis from their assigned attending, other faculty and the Program Director. The resident will demonstrate the ability to integrate this feedback into a personal quality improvement process.
2. The resident will receive summative feedback on a quarterly basis from the Program Director.
3. The resident will demonstrate effective communication and problem solving skills by providing feedback regarding the program in a prompt and ongoing basis. This feedback is an important mechanism for programmatic improvement and the resident should come to recognize the value of both direct and anonymous feedback.
4. The resident will demonstrate an understanding of the established supervisory policy and the grievance policy as defined in the House Staff Handbook.
5. The resident will demonstrate an understanding of the policy regarding promotions and probation as defined in the House Staff Handbook.
6. If placed on probation, the resident should demonstrate the ability to participate in the development of a remedial program, which would be successful in achieving the return of the resident to good standing.
Charleston Area Medical Center (CAMC)
Urology Residency Program

Ambulatory (OGME-3)

Goals

Resident will refine history taking, physical exam, and procedural skills pertaining to the wide range of ambulatory urology topics. Resident will develop skills to efficiently plan and execute treatment algorithms for ambulatory patients.

Objectives

Patient Care:

1. The resident will begin each evaluation by informing each patient and/or family members of their trainee status and the name of the supervising licensed independent practitioner physician.

2. Will learn through supervised patient contact how to conduct a detailed infertility history and physical.

3. Will participate in infertility surgeries such as varicocele repair and testis biopsy.

4. Resident will perform transrectal ultrasound (TRUS), prostatic block and biopsy under direct supervision.

5. Resident will learn how to perform a history and physical appropriate for the detection of contributing factors to ED.

6. Resident will learn to apply the current AUA guidelines for hematuria evaluation.

7. Resident will refine cystoscopy skills in awake ambulatory patients.

8. Resident will identify appropriate radiologic and laboratory tests and interpret them with direct supervision.

9. Resident will participate in stone procedures both in clinic and OR.

10. Resident will learn to conduct a thorough yet time efficient history of women with urinary incontinence, prolapsed and pelvic pain.

11. Through direct supervision. Resident will learn a thorough pelvic exam, assessing for incontinence, prolapse, and pelvic floor muscle dysfunction.

12. The resident will learn the proper evaluation and treatment options for patients with frequent UTIs.
13. The resident will focus on bladder, kidney, and testis cancers as it involves ambulatory management of these diseases as chronic conditions (i.e. post-op surveillance) as well as the initial evaluation and diagnosis of the disease.

14. The resident will learn the appropriate metabolic evaluation of stone formers.

Medical Knowledge:
1. Through self-study, will review the natural history of benign prostatic hyperplasia (BPH).

2. Learn when to obtain and how to interpret objective data, such as voiding diaries, PVR measurements, non-instrumented uroflow, multi-channel urodynamics and validated research tools such as the IPSS, MESA, SHIM, IIEF, and UDI questionnaires.

3. Will learn to interpret and apply results of laboratory tests ordered for infertility cases.

4. Will focus on the application and interpretation of screening techniques for prostate cancer in the ambulatory general urology population.

5. The resident will learn the indications, effectiveness and risks of currently available treatment options for BPH.

6. Microscopy skills will be developed with direct supervision.

7. Through self-study, the resident will learn the dosing, spectrum and side effects of common urologic antibiotics prescribed for UTIs.

8. Through self-studies, the resident will learn the normal pathways of spermatogenesis, sexual function and fertility. Through self-study and didactic teaching will learn the incidence and causes of male infertility.

9. Resident will learn through self-study and didactic lectures, the pathophysiology of stone formation.

Practice Based Learning and Improvement:
1. The resident will learn through self-study and didactic and hands on teaching the comparative outcomes, complications, and financial implications of treatment including observation, behavior modification, medical therapy, minimally invasive and surgical therapy of BPH. Resident will participate in formulating treatment plans, counseling patients and performing a wide range of BPH therapies.

2. Patient clinical encounters will be reviewed and edited by the Attending daily in the medical record.
**Interpersonal and Communication Skills:**

1. The resident will demonstrate the interpersonal skills and communication skills that facilitate his/her role as consultant and team member.

2. The resident will interact in a professional manner with nursing and other support staff.

3. The resident will demonstrate care and concern for patients and their families by responding appropriately to patient and family emotions, establishing rapport, providing reassurance, being respectful, and considerate, and does not rush the patient or the family of the patient.

4. The resident communicates effectively with patients and their families by allowing the patient to tell his/her own story, listening attentively, using non-technical language when explaining and counseling, involving the patient and/or family in decision-making (treatment options), and encouraging questions and checking for understanding.

5. The resident communicates effectively with other healthcare professionals by maintaining complete and legible medical records, making organized and concise presentations of patient information, giving clear and well-prepared presentations at conferences, providing clear understanding about who is responsible for continuing care.

6. The resident works effectively with other members of the healthcare team by demonstrating courtesy to and consideration of consultants, therapists, and other team members, inviting others to share their knowledge and opinions, making requests not demands, negotiating and compromising when disagreements occur, handling conflict constructively, and handling emergency situations effectively.

7. Resident will learn to counsel patients about diseases and treatment plans and manage expectations about outcomes.

**Professionalism:**

1. The resident accepts responsibility and follows through on tasks by willingly accepting responsibilities, being industrious and dependable, completing tasks carefully and thoroughly, responding to requests in a helpful and prompt manner.

2. The resident practices within the scope of his/her abilities by recognizing the limits of his/her abilities, asking for help when needed, referring patients when appropriate, and exercising authority accorded by position and/or experience.

3. The resident responds to each patient’s unique characteristics and needs by being sensitive to issues related to each patient’s culture, age, gender and disabilities, and providing equitable care regardless of patient culture or socioeconomic status.
4. The resident demonstrates integrity and ethical behavior by taking responsibility for his/her actions, admitting mistakes, putting patient needs above his/her own interests, recognizing and addressing ethical dilemmas and conflicts of interest, and maintaining patient confidentiality.

System Based Practice:
1. Will become familiar with algorithms for appropriate and cost effective laboratory evaluation of ambulatory urology problems.

2. The resident provides cost-conscious medical care by considering costs and benefits of tests and treatments, adhering to established patient care pathways, not ordering unnecessary tests, and using appropriate billing codes for outpatient visits and surgical procedures.

3. The resident will demonstrate facility with the medical record and an understanding of documentation guidelines and requirements.

4. The resident will develop an understanding of coding and billing functions of the Department and the intersection between these activities and medical documentation.

5. The resident will demonstrate acceptable attention to maintenance of medical records including through consultative notes, direct patient communications and operative notes (when appropriate).

Osteopathic Principles and Practices:
1. The resident will demonstrate an awareness of the basic tenets of osteopathic philosophy and ability in basic manipulative medicine.

2. The resident will understand the interdependence of the musculoskeletal/lymphatic system and other organ systems as they relate to the urology patient.

3. The resident will understand that the mind, body and spirit all interact in the promotion of health and well being and demonstrate the ability to utilize osteopathic manipulative medicine as a part of their patient care regimen.

4. The resident will attend all required OPTI functions throughout the year.
Evaluations:
1. The resident will expect to receive formative feedback on a prompt and ongoing basis from their assigned faculty Attending.

2. The resident will receive summative feedback quarterly from the Program Director.

3. The resident will demonstrate the ability to solicit feedback from faculty and other support staff.

4. The resident will demonstrate an understanding of the established supervisory and grievance policy as defined in the House Staff Handbook.

5. During discussion of cases being seen, attending will assess resident's progress with independent reading and study.
Goals

While on the ambulatory outpatient rotations, the resident attends at least three (3) half-day office sessions per week and performs the complete evaluation of new and return patients under direct faculty supervision. The resident participates in the outpatient procedure sessions, at least one (1) full day a week, and the topic specific surgical procedures in the hospital. The resident is responsible for communication with the Chief Resident and attending physician.

The goal for the residency training is to develop a working knowledge of urologic terminology, physiology/pathophysiology and anatomy as it pertains to female incontinence, voiding dysfunction, pelvic floor prolapsed disorders, pelvic pain syndromes and neurology while developing skills in the history taking, workup, preoperative evaluation and management of patients with these disorders. In addition, the third year resident will acquire fundamental surgical skills and develop an understanding of research principles in the field of pelvic floor disorders, female incontinence and pelvic pain syndromes including biostatistics, data base management and the language of scientific literature.

Each of these goals will be accomplished in the highest ethical fashion with attention to the confidentiality of patients and their families while developing communication and professional behaviors that facilitate the delivery of health care by the treating team.

Objectives

Patient Care:

1. The resident will begin each evaluation by informing each patient and/or family members of their trainee status and the name of the supervising licensed independent practitioner physician.

2. The resident will demonstrate the ability to interview and evaluate patients in an empathetic and respectful manner using open-ended to directed questions which results in the acquisition of an accurate and complete history taking and examination of their pelvic floor disorder.

3. The resident will perform a thorough physical examination with appropriate focus on the female pelvic floor system.
4. The resident will provide timely and appropriate medical care (including successful performance of urethral catheter placement) required for testing and/or management of urologic patients under the supervision of the faculty.

5. The resident will demonstrate knowledge and competency in the discussion, performance and application of non-surgical treatment of interstitial cystitis, female incontinence and pelvic prolapse.

6. The resident will participate in, and document that participation in, the performance of all types of low to moderate complexity ambulatory procedures including (but not limited to) flexible and rigid cystoscopy, endoscopic implantation of various FDA approved periurethral bulking materials for incontinence, chemodenervation, placement of urethral catheters and suprapubic catheters, retrograde pyelograms, insertion of pessary rings and placement of peripheral neuromodulator devices.

7. The third year resident will routinely second assist in the performance of moderate to high complexity urologic surgical procedures.

8. The resident will communicate the understanding of risks and benefits, as well as the expected experiences during the recovery period.

9. The resident will participate in a wide variety of basic and complex urodynamic and videourodynamic procedures and demonstrate an understanding of voiding physiology, an understanding about the urodynamic and uroflow equipment and the ability to interpret the results of these tests.

10. The resident will be introduced to various devices for suture fixation in female pelvic prolapsed repair.

**Medical Knowledge:**

1. The resident will demonstrate basic medical knowledge in the physiology of normal bladder function as it relates to normal storage and emptying.

2. The resident will demonstrate knowledge of the normal female pelvic floor anatomy.

3. The resident will demonstrate medical knowledge of the pathophysiology of aberrant bladder function, as it relates to, intrinsic sphincter deficiency, overactive bladder, neurogenic bladder, interstitial cystitis/pelvic pain syndromes, stress, urge and mixed incontinence and pelvic prolapsed disorders.

4. The resident will demonstrate an understanding of the various factors involved in female voiding dysfunction, pelvic prolapsed and pelvic pain syndromes.
5. The resident will demonstrate an understanding of the pharmacotherapy for overactive bladder and female stress urinary incontinence.

6. The resident will demonstrate a basic knowledge of the voiding patterns associated with common neurologic disorders.

7. The resident will demonstrate knowledge of aberrant female pelvic floor anatomy as it relates to uterine prolapsed, cystocele, enterocele, rectocele, urethral diverticula and fistula formation.

8. The resident will demonstrate knowledge of the AUA Updated: Guidelines for Stress Urinary Incontinence.

9. The resident will demonstrate knowledge of the diagnosis and management of interstitial cystitis and related pelvic pain syndromes.

10. The resident will demonstrate knowledge of the evaluation and management of neurogenic voiding dysfunction.

11. The resident will demonstrate knowledge of the role of recurrent urinary tract infections in the female patient population, as it relates to vaginal atrophic changes, incomplete bladder emptying and other pelvic floor relaxation disorders.

12. The resident will demonstrate knowledge of the effect of the postmenopausal state and the effects of estrogen replacement therapy as it relates to female pelvic floor disorders and female urinary incontinence.

13. The resident will demonstrate knowledge of pelvic floor strengthening exercises, pelvic floor stimulation and biofeedback therapy and their application to the management of female pelvic floor, voiding dysfunction and incontinence disorders.

14. The resident will demonstrate knowledge and competency in the discussion, performance and application of non-surgical treatment of interstitial cystitis, female incontinence and pelvic prolapsed.

15. Additionally, the resident will acquire a working knowledge base about the physics of each of the imaging modalities and therefore successfully apply that knowledge to the use of these modalities in the diagnosis and treatment of patients.

16. The resident will demonstrate a complete knowledge regarding the technique of the above procedures, an understanding of the technology and be capable of determining the risks and benefits of all approaches.

17. The resident will demonstrate knowledge of the various materials, techniques, methods of insertion and associated risks and benefits of each alternative FDA approved method for midurethral slings,
suspensions and biologic materials (autografts, allografts, xenografts and synthetics) applicable to lower urinary tract reconstruction.

18. The resident will demonstrate an understanding of the role and technique of intraurethral injection therapies.

19. The resident will demonstrate an understanding of appropriate patient selection, implantation techniques and the role of neuromodulation (sacral) for overactive bladder, urge incontinence, retention and voiding dysfunction.

20. The resident will demonstrate a fundamental knowledge on sacral nerve stimulation programming.

21. The resident will demonstrate knowledge of equipment names and function, as well as the pertinent urologic anatomy.

22. The resident will demonstrate a basic knowledge of vaginal and abdominal approaches for female pelvic prolapsed repair.

23. The resident will demonstrate basic knowledge of common complications associated with surgical procedures addressing female prolapse and incontinence, including postoperative voiding dysfunction and obstruction and demonstrate their immediate diagnosis and management in the postoperative period.

24. The resident will regularly attend urology conferences and interact successfully with other residents and attendings.

25. The resident will demonstrate knowledge on ongoing data and literature published on overactive bladder, stress urinary incontinence, pelvic prolapsed and pelvic pain disorders.

26. The resident is expected to explore the inconsistencies in diagnostic criteria and appreciate the lack of standardization in measuring treatment outcomes, especially when attempting to compare techniques and procedures in the management of female incontinence and pelvic floor disorders.

Practice Based Learning and Improvement:

1. The resident will demonstrate an understanding of the magnitude and etiology of overactive bladder and voiding dysfunction in the aging population.

2. The resident will have a baseline understanding of the strengths and limitations of current available therapies for the management of overactive bladder and voiding dysfunction.

3. The resident will demonstrate an understanding of the limitations of pharmacotherapy for voiding dysfunction in the geriatric population.
4. The resident will demonstrate knowledge of the AUA Updated: Guidelines for Stress Urinary Incontinence.

5. The resident will demonstrate the ability to acquire basic knowledge about female pelvic floor and incontinence disorders and apply the physiologic and pathophysiologic background of these conditions by attending conferences and through independent reading of standard textbooks, including Campbell's Textbook of Urology and other such books as determined in conjunction with the faculty.

6. The resident will demonstrate independent reading skills and interact in a professional and organized manner with the Attending such that the resident acquires the required understanding of the pathophysiology, evaluation and treatment of pelvic floor disorders, female urinary incontinence and voiding dysfunction as outlined above.

7. The resident will demonstrate knowledge and competency in the discussion, performance and application of non-surgical treatment of interstitial cystitis, female incontinence and pelvic prolapse.

8. The resident will demonstrate the ability to accurately interpret urologic urography, US, CT and MRI scans.

9. The resident will acquire the ability to abstract medical records and to collect appropriate information into clinical databases.

10. The resident is expected to explore the inconsistencies in diagnostic criteria and appreciate the lack of standardization in measuring treatment outcomes, especially when attempting to compare techniques and procedures in the management of female incontinence and pelvic floor disorders.

11. The resident will attend all scheduled core competency sessions throughout the year including the monthly Department of Urology sessions, the lectures scheduled through GME/OPTI through WVSOM and any additional sessions considered necessary by the faculty or Program Director.

Interpersonal and Communication Skills:

1. The resident will be able to communicate these findings effectively to supervising faculty and residents, as well as in the medical record.

2. The third year resident will function successfully as a member of the house staff in the role of collecting accurate information regarding the status of hospitalized patients and communicate such information in a timely and professional manner to other residents and faculty.

3. The resident will demonstrate the ability to promptly and accurately document all interactions with patients and their surrogates in the medical record including an understanding of all documentation guidelines for billing and compliance.
4. The resident will demonstrate independent reading skills and interact in a professional and organized manner with the Attending such that the resident acquires the required understanding of the pathophysiology, evaluation and treatment of pelvic floor disorders, female urinary incontinence and voiding dysfunction as outlined above.

5. The resident will demonstrate knowledge and competency in the discussion, performance and application of non-surgical treatment of interstitial cystitis, female incontinence and pelvic prolapse.

6. The resident will expect to receive formative feedback of his/her performance on a prompt and ongoing basis from their assigned Attending and the Program Director.

7. The resident will receive summative quarterly feedback from the Program Director.

8. The resident will demonstrate an understanding of the established supervisory policy and the grievance policy as defined in the House Staff Handbook.

9. The resident will demonstrate an understanding of the policy regarding promotions and probation as defined in the House Staff Handbook.

10. The resident will communicate suggestions for program change or improvement to the Program Director at both scheduled residency discussion meetings and in private conference.

11. The resident will regularly attend urology conferences and interact successfully with other residents and attendings.

12. The resident will conduct routine self-evaluations regarding all manners of clinical and interpersonal experiences and expect to review such evaluations quarterly with the Program Director.

13. The resident will learn to employ interview skills such as the use of open ended questions and attain the ability to listen to a patient as they tell their story.

14. The resident will demonstrate the ability to interview patients with respect and empathy.

15. The resident will demonstrate the ability to obtain informed consent for the low to moderate complexity urologic procedures.

**Professionalism:**

1. The resident will demonstrate independent reading skills and interact in a professional and organized manner with the attending such that the resident acquires the required understanding of the pathophysiology, evaluation and treatment of pelvic floor disorders, female urinary incontinence and voiding dysfunction as outlined above.
2. The resident will complete HIPAA and IRB training courses and demonstrate an understanding of the ethical and professional considerations for conducting human subjects research.

3. The resident will demonstrate the ability to interview patients with respect and empathy.

4. The resident will interact in a professional manner with all nursing and other support staff.

5. The resident will demonstrate the ability to obtain informed consent for the low to moderate complexity urologic procedures.

6. The resident will attain the professionalism to deal with challenging social and medical situations.

**Systems Based Practice:**

1. The resident will demonstrate the ability to promptly and accurately document all interactions with patients and their surrogates in the medical record including an understanding of all documentation guidelines for billing and compliance.

2. The resident will demonstrate an understanding of the economic consequences of each treatment modality, as well as the patients experience during the recovery from each of these procedures.

3. The resident will conduct routine self-evaluations regarding all manners of clinical and interpersonal experiences and expect to review such evaluations quarterly with the Program Director.

**Osteopathic Principles and Practices:**

1. The resident will demonstrate an awareness of the basic tenets of osteopathic philosophy and ability in basic manipulative medicine.

2. The resident will understand the interdependence of the musculoskeletal/lymphatic system and other organ systems as they relate to the urology patient.

3. The resident will understand that the mind, body and spirit all interact in the promotion of health and well being and demonstrate the ability to utilize osteopathic manipulative medicine as a part of their patient care regimen.

4. The resident will attend all required OPTI functions throughout the year.
Evaluations:
1. The resident will expect to receive formative feedback of their performance on a prompt and ongoing basis from their assigned faculty attending.
2. The resident will receive summative feedback quarterly from the Program Director.
3. The resident will demonstrate an understanding of the established supervisory policy and the grievance policy.
4. The resident will demonstrate an understanding of the policy regarding promotions and probation.
5. The resident will communicate suggestions for program change or improvement to the supervising faculty and Program Director in private conference.
Charleston Area Medical Center (CAMC)
Urology Residency Program

MIS/Endo (OGME-3)

Goals

Develop a knowledge base for decision making regarding the identification and initial evaluation of patients with endourologic disease, including urolithiasis, ureteric obstructive disease, and upper tract epithelial neoplasms.

Learn the appropriate diagnostic algorithms to appropriately evaluate and manage endourologic diseases as above.

Learn basic principles of endourology including transurethral and percutaneous access techniques, basic ureteroscopy, and cystoscopic manipulation.

Objectives

Patient Care:

1. The resident will begin each evaluation by informing each patient and/or family members of their trainee status and the name of the supervising licensed independent practitioner physician.

2. The resident will be able to perform the triage and supervised initial evaluation of patients presenting in the office setting with endourologic disease.

3. The resident will demonstrate knowledge and competency in performing the basic preoperative screening and assessment to prepare a patient for surgery.

4. The resident will be able to demonstrate competency in transurethral/transureteral access to the upper urinary tract.

5. The resident will be able to demonstrate competency in basic ureteroscopic techniques for diagnosis and treatment of endourologic disease.

6. The resident will be able to participate actively in the access and first assistance during percutaneous renal surgery.

7. The resident will be able to develop a diagnostic algorithm culminating in a management plan including, if appropriate, a discussion of therapeutic options for patients with endourologic disease.
8. The resident will be able to evaluate patients in the perioperative period including assessment of radiologic imaging, laboratory results, and clinical course.

9. The resident will be able to evaluate and manage patients in the postoperative period under the supervision of the Attending physician to identify adverse events as well as master the postoperative management of patients with endourologic disease.

**Medical Knowledge:**
1. The resident will be able to identify pertinent seminal literature as it applies to the development of the field of endourology.

2. The resident will demonstrate a working knowledge of endoscopic equipment componentry and assembly as well as proper care and maintenance of such equipment.

3. The resident will be able to describe a diagnostic algorithm culminating in an effective management plan for patients with endourologic disease.

4. The resident will be able to develop an algorithm for the evaluation of patients with metabolic stone disease and prescribe medical or behavioral therapy where appropriate.

**Interpersonal and Communication Skills:**
1. The resident will interact in a professional manner with all nursing and other clinic support staff.

2. The resident will demonstrate the ability to obtain informed consent for the majority of endourologic and minimally invasive urologic procedures.

3. The resident will successfully exhibit his/her interviewing skills to including the use of open-ended questions, focused listening, targeted questioning when necessary, empathy and attention to patient confidentiality.

4. The resident will exhibit the analytic and communication skills necessary to serve as a consultant to other hospital services for acute urologic emergencies. Although the resident will always work under supervision of the Chief Resident or Attending faculty, the resident should demonstrate the ability to evaluate and manage such patients independently.

5. The resident will demonstrate care and concern for patients and their families by responding appropriately to patient and family emotions, establishing rapport, providing reassurance, being respectful and considerate, and does not rush the patient or the family of the patient.
Professionalism:
1. The resident will learn to effectively communicate with radiology and other consultative services to arrange for coordinated care of patients.
2. The resident accepts responsibility and follows through on tasks by willingly accepting responsibilities, being industrious and dependable, completing tasks carefully and thoroughly, responding to requests in a helpful and prompt manner.
3. The resident practices within the scope of his/her abilities by recognizing the limits of his/her abilities, asking for help when needed, referring patients when appropriate, and exercising authority accorded by position and/or experience.
4. The resident responds to each patient’s unique characteristics and needs by being sensitive to issues related to each patient’s culture, age, gender and disabilities and providing equitable care regardless of patient culture or socioeconomic status.
5. The resident demonstrates integrity and ethical behavior by taking responsibility for his/her actions, admitting mistakes, putting patient needs above his/her own interests, recognizing and addressing ethical dilemmas and conflicts of interest, and maintaining patient confidentiality.

Practice Based Learning and Improvement:
1. The resident will develop a supervised plan for critical assessment of performance and be able to modify this plan as necessary for performance improvement.
2. The resident will attend the scheduled outpatient clinic on time and appropriately attired. The resident will demonstrate the ability to evaluate a patient and determine the appropriate course of diagnostic and therapeutic interventions.
3. The resident tracks and analyzes practice to identify areas for improvement by using a systematic approach such as chart or case analysis, or surgical log review to track his/her own practice, comparing own outcomes to accepted guidelines and national or peer data, reflecting on critical incidents to identify strengths and weaknesses, and monitoring effects of practice changes and improvements.
4. The resident implements improvement activities by changing practice patterns and other behaviors in response to feedback, applying new skills or knowledge to patient care, tailoring research evidence to care of individual patients, and using information technology (IT) to improve patient care.
System Based Practice:
1. The resident will perform a thorough physical examination with appropriate focus on the urologic system and be able to communicate these findings effectively to supervising faculty and residents as well as in the medical record.

2. The resident will demonstrate the ability to promptly and accurately document all interactions with patients and their families in the medical record including an understanding of all documentation guidelines for billing and compliance.

3. The resident will demonstrate an understanding of the economic consequences of each endourologic treatment modality, as well as the patients experience during the recovery from each of these procedures.

Osteopathic Principles and Practices:
1. The resident will demonstrate an awareness of the basic tenets of osteopathic philosophy and ability in basic manipulative medicine.

2. The resident will understand the interdependence of the musculoskeletal/lymphatic system and other organ systems as they relate to the urology patient.

3. The resident will understand that the mind, body and spirit all interact in the promotion of health and well being and demonstrate the ability to utilize osteopathic manipulative medicine as a part of their patient care regimen.

4. The resident will attend all required OPTI functions throughout the year.

Evaluations:
1. The resident will expect to receive formative feedback on a prompt and ongoing basis from his/her assigned faculty Attending.

2. The resident will receive summative feedback quarterly from the Program Director.
Charleston Area Medical Center (CAMC)
Urology Residency Program

Fourth Year Urology Resident (OGME-4)

All goals and objectives from the previous urology years will carry over to the fourth year of training. The fourth year (OGME-4) resident will add to those goals and objectives the following:

**Goals**

The fourth year (OGME-4) is designed to formalize the transition of an individual from supervisor directed and task oriented residency training to independent clinical judgment and evidence based clinical practice. During this year the resident will acquire and demonstrate the complete set of clinical skills required to provide medical and surgical care for low, moderate and highly complex urologic patients.

The primary clinical focus of the fourth year resident is on inpatient consultative and surgical care during which the individual will acquire increasing levels of autonomy and independence. Concomitantly, the educational curriculum is designed to provide opportunities to mature an understanding of the role of evidence based medicine, familiarity with current urologic scientific literature, healthcare resource consumption and management while continuing the process of dialogue about medical ethics, professionalism and interpersonal skills.

**Objectives**

**Patient Care:**

1. The resident will begin each evaluation by informing each patient and/or family members of their trainee status and the name of the supervising licensed independent practitioner physician.

2. It is assumed that this level resident can perform a thorough and appropriately expeditious patient evaluation such that this information is now incorporated into an accurate assessment and treatment plan.

3. The resident will effectively evaluate hospitalized patients in need of urologic consultation in a timely fashion and communicate the findings of that evaluation to the supervising faculty.

4. The resident will determine the timeline for hospital discharge and manifest an understanding of the expected outcomes following all urologic interventions with supervising faculty.
5. The resident will demonstrate the ability to function as surgeon on all low to moderate complexity urologic procedures with facility under the direction of the faculty urologist.

6. The resident will function as surgeon or as first assistant on all moderate to highly complex urologic procedures with facility under the direction of the faculty urologist.

7. After January of OCGME 4 and after completing 6 hours of dry lab work and receiving sign off by the nursing staff the resident begins their robotic surgery exposure as follows:
   a. Successful completion of 6 hours of dry lab.
   b. Assist with 5 prostate and 5 kidney cases at bed side. To include port placement and docking instrument insertion.
   c. Graduate to low risk portion of console wontz under direct active faculty supervision.
   d. The goal of OGM5 4 and OGM5 5 is exposure to robotic surgery not competence (see CAMC Credentialing - Criteria for Robotic Privileges.)

8. The resident will demonstrate the interviewing skills needed to effectively interact with patients with complex urologic conditions and the empathy to manage the unique social circumstances.

9. The resident will demonstrate the ability to educate patients and obtain informed consent for all types of urologic procedures.

10. The resident demonstrates outpatient assessment and management by obtaining complete and accurate patient histories, performing through and appropriate physical exams, ordering appropriate laboratory and radiological tests, integrating information meaningfully and coherently, and generating appropriate differential diagnosis.

11. The resident manages hospital inpatients by developing appropriate evaluation and treatment plans for preoperative and postoperative patients, anticipating patient needs in the hospital setting, effectively identifying and managing postoperative clinical problems, writing clear and appropriate orders, and planning outpatient follow-up visits as needed.

12. The resident demonstrates a preparedness for surgical cases by being able to discuss rationale and risks of commonly performed surgical cases, reading about surgical procedures in advance, demonstrating knowledge of important steps and instruments in specific surgical cases.

13. The resident demonstrates surgical skill in performing endoscopic procedures by demonstrating surgical proficiency and technical ability
during endoscopic procedures such as cystoscopy, ureteroscopy and percutaneous renal surgery.

14. The resident demonstrates surgical skill in performing open surgical cases by demonstrating surgical proficiency and technical ability during commonly performed open surgical procedures.

15. The resident demonstrates surgical skill in performing laparoscopic procedures by demonstrating surgical proficiency and technical ability during laparoscopic procedures.

Medical Knowledge:

1. The fourth year resident will demonstrate a working knowledge of the standard textbooks in Urology and actively review the AUA Updates. This will be manifest, in part, by achieving at or above the median on the Urology In-Service Examination.

2. The resident will demonstrate a working knowledge of intensive care management of urologic patients including acid base balance and fluid and electrolytes.

3. The resident will demonstrate a complete understanding of surgical anatomy and operative planning for all levels of urologic procedures.

4. The resident will demonstrate a thorough understanding of operative equipment names and function.

5. The resident will understand, and perform when appropriate, the technical aspects of all pediatric urologic procedures. It is expected that several of these procedures will ultimately require fellowship training if the resident wishes to perform them in routine clinical practice.

6. The resident will develop an understanding of common molecular biologic techniques and the implications of this science to clinical practice.

7. The resident demonstrates basic science and clinical knowledge by being able to identify and discuss pathophysiology of urologic disease processes, intelligently discussing diagnosis, evaluating and treating common urologic disorders, applying knowledge to solve clinical dilemmas, and understanding rationale for varied approaches to clinical problems.

8. The resident demonstrates up-to-date knowledge by seeking new information by searching the literature and asking questions, citing recent literature when appropriate, asking knowledgeable and well-informed questions.
9. The resident uses knowledge and analytical thinking to address clinical questions by using effective problem solving techniques, demonstrating sound clinical judgment, applying an analytical approach to clinical situations, and critically assessing diagnostic information and selecting appropriate diagnostic testing.

**Practice Based Learning and Improvement:**

1. The resident will attend all urology conferences and regularly provide current urologic literature for group review.

2. The resident will demonstrate a working understanding of basic biostatistics and apply that knowledge to the analysis of medical literature during Journal Club and routine discussions.

3. The resident, with active involvement of the faculty, will prepare and submit a case report, poster presentation, or scientific paper to an AOA/ACOS approved conference. Also, submit a Program Director approved scholarly project as in accordance to the ACOS guidelines.

4. The resident will attend at least one (1) national or international meeting and present the results of an ongoing research project.

5. The resident will demonstrate the ability to conduct effective quality improvement and scientific research while maintaining an active clinical practice.

6. The resident will attend all scheduled core competency sessions throughout the year including the lectures scheduled through the Office of Graduate Medical Education and GME/OPTI through WVSOM and any additional sessions considered necessary by the faculty mentor or Program Director.

7. The resident will conduct routine self-evaluations regarding all manners of clinical and interpersonal experiences and expect to review such evaluations with their faculty mentor.

8. The resident tracks and analyzes practice to identify areas for improvement by using a systematic approach such as chart or case analysis, or surgical log review to track his/her own practice, comparing own outcomes to accepted guidelines and national or peer data, reflecting on critical incidents to identify strengths and weaknesses, and monitoring effects of practice changes and improvements.

9. The resident engages in ongoing learning by determining how learning deficits or weaknesses can be addressed, seeking feedback, doing extra reading and surgical practice when needed, seeking information from the literature, critically appraising research evidence for applicability to patient care, and using information technology (IT) resources to aid learning.
10. The resident implements improvement activities by changing practice patterns and other behaviors in response to feedback, applying new skills or knowledge to patient care, tailoring research evidence to care of individual patients, and using information technology (IT) to improve patient care.

11. The resident facilitates the learning of others by explaining clinical reasoning and procedures to junior colleagues and medical students, providing clinically useful information in response to learner questions, directing learners to useful resources, and providing coaching.

**Interpersonal and Communication Skills:**

1. The resident will demonstrate active utilization of the medical and urologic literature with appropriate search engines. It is expected that this level resident will provide current literature to other residents and faculty as appropriate to routine clinical patient circumstances (at least one (1) patient case per week).

2. The resident will communicate effectively and professionally with the supervising Chief Resident or (most commonly) directly with faculty about the treatment plan for each patient encountered.

3. The resident will communicate the findings of evaluations of hospitalized patients to the supervising faculty.

4. The resident will work closely with the Chief Resident in regards to the consults and emergency services of the Department.

5. The resident will develop skills for directing more junior residents in the performance of low to moderate complexity procedures.

6. The resident will demonstrate the interpersonal skills and communication skills that facilitate his/her role as consultant and team member.

7. The resident will interact in a professional manner with nursing and other support staff.

8. The resident will assist more junior residents in the self-evaluation process, as well as demonstrate an understanding to those residents about the evaluation process in general.

9. The resident will demonstrate care and concern for patients and their families by responding appropriately to patient and family emotions, establishing rapport, providing reassurance, being respectful and considerate, and does not rush the patient or the family of the patient.

10. The resident communicates effectively with patients and their families by allowing the patient to tell his/her own story, listening attentively, using non-technical language when explaining and counseling,
involving the patient and/or family in decision-making (treatment options), and encouraging questions and checking for understanding.

11. The resident communicates effectively with other healthcare professionals by maintaining complete and legible medical records, writing clear and concise consultation reports and referral letters, making organized and concise presentations of patient information, giving clear and well-prepared presentations at conferences, providing clear understanding about who is responsible for continuing care.

12. The resident works effectively with other members of the healthcare team by demonstrating courtesy to and consideration of consultants, therapists, and other team members, inviting others to share their knowledge and opinions, making requests not demands, negotiating and compromising when disagreements occur, handling conflict constructively, and handling emergency situations effectively.

Professionalism:
1. The resident will function effectively and professionally as a consultant to the Emergency Room and direct Department of Urology resources in this regard.

2. The resident accepts responsibility and follows through on tasks by willingly accepting responsibilities, being industrious and dependable, completing tasks carefully and thoroughly, responding to requests in a helpful and prompt manner.

3. The resident practices within the scope of his/her abilities by recognizing the limits of his/her abilities, asking for help when needed, referring patients when appropriate, and exercising authority accorded by position and/or experience.

4. The resident responds to each patient’s unique characteristics and needs by being sensitive to issues related to each patient’s culture, age, gender and disabilities, and providing equitable care regardless of patient culture or socioeconomic status.

5. The resident demonstrates integrity and ethical behavior by taking responsibility for his/her actions, admitting mistakes, putting patient needs above his/her own interests, recognizing and addressing ethical dilemmas and conflicts of interest, and maintaining patient confidentiality.

Systems Based Practice:
1. The resident will demonstrate an understanding of documentation guidelines and requirements such that this resident can mentor more junior residents in their daily documentation activities.
2. The resident will develop an understanding of coding and billing functions of the Department and the interaction between these activities and medical documentation.

3. The resident will demonstrate acceptable attention to maintenance of medical records including thorough consultative notes, direct patient communications and operative notes (when appropriate).

4. The resident will regularly attend the scheduled activities in the outpatient clinic and faculty office sessions.

5. The resident provides cost-conscious medical care by considering costs and benefits of tests and treatments, adhering to established patient care pathways, not ordering unnecessary tests, and; using appropriate billing codes for outpatient visits and surgical procedures.

6. The resident works to promote patient safety by identifying system causes of medical error, anticipating and responding to patient care problems, adhering to surgical protocols that ensure patient safety, and accepting input from the patient care team.

7. The resident coordinates care with other healthcare providers by obtaining consultation when needed, communicating with other providers, resolving differences in treatment plans, and reconciling contradictory advice.

8. The resident facilitates patient care in the larger healthcare community by showing an understanding of different healthcare delivery systems and medical practices, assuring patient awareness of available care options, making appropriate referrals, and assisting with arrangements and follow-up to ensure appropriate care.

Osteopathic Principles and Practices:

1. The resident will demonstrate an awareness of the basic tenets of osteopathic philosophy and ability in basic manipulative medicine.

2. The resident will understand the interdependence of the musculoskeletal/lymphatic system and other organ systems as they relate to the urology patient.

3. The resident will understand that the mind, body and spirit all interact in the promotion of health and well being and demonstrate the ability to utilize osteopathic manipulative medicine as a part of their patient care regimen.

4. The resident will attend all required OPTI functions throughout the year.
Evaluations:
1. The resident will expect to receive formative feedback on a prompt and ongoing basis from their assigned faculty, other faculty, and the Program Director.
2. The resident will receive summative feedback for each rotation and on a quarterly basis from the Program Director.
3. The resident will demonstrate the ability to solicit feedback from faculty and other support staff.
4. The resident will demonstrate an understanding of the established supervisory and grievance policy as defined in the House Staff Handbook.
5. The resident will demonstrate an understanding of the policy regarding promotions and probation as defined in the House Staff Handbook.
6. The resident will communicate suggestions for program change or improvement to the Program Director at both scheduled residency discussion sessions and in private conference.
7. The resident will mentor more junior residents in the process of providing formative feedback to the program and Program Director.
Charleston Area Medical Center (CAMC)
Urology Residency Program

Continuity of Care in Pelvic Floor (OGME-4)

Goals
The fourth year of resident training is designed to formalize the transition of an individual from supervisor directed and task oriented residency training to independent clinical judgment and evidence based clinical practice.

During this year, the resident will acquire and demonstrate the complete set of clinical skills required to provide medical and surgical care for low, moderate and highly complex pelvic disorders.

The primary clinical focus of the fourth urology resident year is inpatient consultative and surgical care during which the individual will acquire increasing levels of autonomy and independence. Concomitantly, the educational curriculum is designed to provide opportunities to mature in an understanding of the role of evidence based medicine, familiarity with current urologic scientific literature, healthcare resource consumption and management while continuing the process of dialogue about medical ethics, professionalism and interpersonal skills.

Objectives

Patient Care:

1. The resident will begin each evaluation by informing each patient and/or family members of their trainee status and the name of the supervising licensed independent practitioner physician.

2. It is assumed that this level resident can perform a thorough and appropriately expeditious patient evaluation such that this information is now incorporated into an accurate assessment and treatment plan.

3. The resident will effectively evaluate hospitalized patients in need of consultation in a timely fashion and communicate the findings of that evaluation to the consulting service and supervising attending.

4. The resident will determine the time line for hospital discharge depending on the specific pelvic floor disorders and the specific surgical intervention and manifest an understanding of the expected outcomes following each specific pelvic floor intervention.

5. The resident will demonstrate the ability to function as surgeon on all low to moderate complexity pelvic floor reconstructions with facility under the direction of the attending.
6. The resident will function as surgeon or as first assistant on all moderate to highly complex pelvic floor reconstruction with facility under the direction of the attending.

7. The resident will demonstrate the interviewing skills needed to effectively interact with patients with complex pelvic floor conditions and the empathy to manage the unique social circumstances.

8. The resident will demonstrate the ability to educate patients and obtain informed consent for all types of pelvic floor procedures.

9. The resident demonstrates outpatient assessment and management by obtaining complete and accurate patient histories, performing thorough and appropriate physical exams, ordering appropriate laboratory and radiological tests, integrating information meaningfully and coherently, and generating appropriate differential diagnosis.

10. The resident manages hospital inpatients by developing appropriate evaluation and treatment plans for preoperative and postoperative patients, anticipating patient needs in the hospital setting, effectively identifying and managing postoperative clinical problems, writing clear and appropriate orders, and planning outpatient follow-up visits as needed.

11. The resident demonstrates a preparedness for surgical cases by being able to discuss rationale and risks of commonly performed pelvic floor surgical cases, reading about surgical procedures in advance, demonstrating knowledge of important steps and instruments in specific surgical cases.

12. The resident demonstrates surgical skill in performing endoscopic procedures by demonstrating surgical proficiency and technical ability during endoscopic procedures such as cystoscopy, ureteroscopy and percutaneous interstim placement.

13. The resident demonstrates surgical skill in performing open surgical cases by demonstrating surgical proficiency and technical ability during commonly performed open surgical procedures, including but not limited to complex genitourinary fistulas.

14. The resident demonstrates surgical skill in performing laparoscopic pelvic floor and anti-incontinence procedures by demonstrating surgical proficiency and technical ability during laparoscopic procedures.

**Medical Knowledge:**

1. The fourth year urology resident will demonstrate a working knowledge of the standard textbooks in female urology, pelvic floor disorders, neurogenic bladder, and interstitial cystitis and actively review the AUA Updates. This will be manifest, in part, by achieving at or above the median on the Urology In-Service Examination.
2. The resident will demonstrate a complete understanding of pelvic floor surgical anatomy and operative planning for all levels of pelvic floor procedures.

3. The resident will demonstrate a thorough understanding of operative equipment names and function.

4. The resident will understand, and perform when appropriate, the technical aspects of all pelvic floor urologic procedures.

5. The resident demonstrates basic science and clinical knowledge by being able to identify and discuss pathophysiology of specific pelvic floor disorders and voiding dysfunction processes, intelligently discussing diagnosis, evaluating and treating these disorders, applying knowledge to sole clinical dilemmas, and understanding rationale for varied approaches to clinical problems.

6. The resident demonstrates up-to-date knowledge by seeking new information by searching the literature and asking questions, citing recent literature when appropriate, asking knowledgeable and well-informed questions.

7. The resident uses knowledge and analytical thinking to address clinical questions by using effective problem solving techniques, demonstrating sound clinical judgment, applying an analytical approach to clinical situations, and critically assessing diagnostic information and selecting appropriate diagnostic testing.

**Practice Based Learning and Improvement:**

1. The resident will continue to manage a prospective quality improvement clinical database but will more directly manage support personnel.

2. The resident will demonstrate a working understanding of basic biostatistics and apply that knowledge to the analysis of medical literature during Journal Club and routine discussions.

3. The resident will develop at least one (1) case report, poster presentation, or scientific paper for an AOA/ACOS approved meeting or publication.

4. The resident will demonstrate the ability to conduct effective quality improvement and scientific research while maintaining an active clinical practice.

5. The resident will attend all schedule core competency sessions throughout the year including the monthly Department of Urology sessions, the lectures scheduled through GME/OPTI through WVSOM and any additional sessions considered necessary by the faculty or Program Director.
6. The resident will conduct routine self-evaluations regarding all manners of clinical and interpersonal experiences and expect to review such quarterly evaluations with the Program Director.

7. The resident tracks and analyzes practice to identify areas for improvement by using a systematic approach such as chart or case analysis, or surgical log review to track his/her own practice, comparing own outcomes to accepted guidelines and national or peer data, reflecting on critical incidents to identify strengths and weaknesses, and monitoring effects of practice changes and improvements.

8. The resident engages in ongoing learning by determining how learning deficits or weaknesses can be addressed, seeking feedback, doing extra reading and surgical practice when needed, seeking information from the literature, critically appraising research evidence for applicability to patient care, and using information technology (IT) resources to aid learning.

9. The resident implements improvement activities by changing practice patterns and other behaviors in response to feedback, applying new skills or knowledge to patient care, tailoring research evidence to care of individual patients, and using information technology (IT) to improve patient care.

10. The resident facilitates the learning of others by explaining clinical reasoning and procedures to junior colleagues and medical students, providing clinically useful information in response to learner questions, directing learners to useful resources, and providing coaching.

Interpersonal and Communication Skills:

1. The resident will demonstrate active utilization of the medical and urologic literature. It is expected that this level resident will provide current literature to other residents and faculty as appropriate to routine clinical patient circumstances.

2. The resident will communicate effectively and professionally with the attending about the treatment plan for each patient encountered.

3. The resident will communicate the findings of evaluations of hospitalized patients to the consulting service and Attending.

4. The resident will work closely with the Chief Resident in regards to the consult and emergency services of the Urology Service.

5. The resident will develop skills for directing more junior residents in the performance of low to moderate complexity procedures.

6. The resident will demonstrate the interpersonal skills and communication skills that facilitate his/her role as consultant and team member.
7. The resident will interact in a professional manner with nursing and other support staff.

8. The resident will assist more junior residents in the self-evaluation process, as well as demonstrate an understanding to those residents about the evaluation process in general.

9. The resident will demonstrate care and concern for patients and their families by responding appropriately to patient and family emotions, establishing rapport, providing reassurance, being respectful and considerate, and does not rush the family of the patient.

10. The resident communicates effectively with patients and their families by allowing the patient to tell his/her own story, listening attentively, using non-technical language when explaining and counseling, involving the patient and/or family in decision-making (treatment options), and encouraging questions and checking for understanding.

11. The resident communicates effectively with other healthcare professionals by maintaining complete and legible medical records, writing clear and concise consultation reports and referral letters, making organized and concise presentations of patient information, giving clear and well-prepared presentations at conferences, providing clear understanding about who is responsible for continuing care.

12. The resident works effectively with other members of the healthcare team by demonstrating courtesy to and consideration of consultants, therapists, and other team members, inviting others to share their knowledge and opinions, making requests not demands, negotiating and compromising when disagreements occur, handling conflict constructively, and handling emergency situations effectively.

**Professionalism:**
1. The resident accepts responsibility and follows through on tasks by willingly accepting responsibilities, being industrious and dependable, completing tasks carefully and thoroughly, responding to requests in a helpful and prompt manner.

2. The resident practices within the scope of his/her abilities by recognizing the limits of his/her abilities, asking for help when needed, referring patients when appropriate, and exercising authority accorded by position and/or experience.

3. The resident responds to each patient’s unique characteristics and needs by being sensitive to issues related to each patient’s culture, age, gender and disabilities, and providing equitable care regardless of patients culture or socioeconomic status.
4. The resident demonstrates integrity and ethical behavior by taking responsibility for his/her actions, admitting mistakes, putting patients needs above his/her own interests, recognizing and addressing ethical dilemmas and conflicts of interest, and maintaining patient confidentiality.

Systems Based Practice:
1. The resident will demonstrate facility with the medical record and an understanding of documentation guidelines and requirements such that this resident can mentor more junior residents in their daily documentation activities.

2. The resident will develop an understanding of coding and billing functions of the department and the intersection between these activities and medical documentation.

3. The resident will demonstrate acceptable attention to maintenance of medical records including thorough consultative notes, direct patient communications and operative notes (when appropriate).

4. The resident provides cost-conscious medical care by considering cost and benefits of tests and treatments, adhering to established patient care pathways, not ordering unnecessary tests, and using appropriate billing codes for outpatient visits and surgical procedures.

5. The resident works to promote patient safety by identifying system cause of medical error, anticipating and responding to patient care problems, adhering to surgical protocols that ensure patient safety, and accepting input from the patient care team.

6. The resident coordinates care with other health care providers by obtaining consultation when needed, communicating with other providers, resolving differences in treatment plans, and reconciling contradictory advice.

7. The resident facilitates patient care in the larger healthcare community by showing an understanding of different healthcare delivery systems and medical practices, assuring patient awareness of available care options, making appropriate referrals, and assisting with arrangements and follow-up to ensure appropriate care.

Osteopathic Principles and Practices:
1. The resident will demonstrate an awareness of the basic tenets of osteopathic philosophy and ability in basic manipulative medicine.

2. The resident will understand the interdependence of the musculoskeletal/lymphatic system and other organ systems as they relate to the urology patient.
3. The resident will understand that the mind, body and spirit all interact in the promotion of health and well being and demonstrate the ability to utilize osteopathic manipulative medicine as a part of their patient care regimen.

4. The resident will attend all required OPTI functions throughout the year.

Evaluations:
1. The resident will expect to receive formative feedback on a prompt and ongoing basis from his/her attending and the Program Director.

2. The resident will receive summative feedback quarterly from the Program Director.

3. The resident will demonstrate the ability to solicit feedback from faculty and other support staff.

4. The resident will demonstrate an understanding of the established supervisory and grievance policy.

5. The resident will demonstrate an understanding of the policy regarding promotions and probation.

6. The resident will communicate suggestions for program change or improvement to the Program Director at both scheduled residency discussion sessions and in private conference.

7. The resident will mentor more junior residents in the process of providing formative feedback to the program and Program Director.
Charleston Area Medical Center (CAMC)
Urology Residency Program

Pediatrics (OGME-4)

Goals

The goal of the Pediatric Ambulatory rotation during the fourth year Urology Residency is to develop a basic knowledge in the Medical and Surgical end of the treatment of children with urologic disorders. Additionally, the resident will acquire fundamental surgical skills and assist in pediatric urological surgical procedures. The rotating resident will develop and further expand on research principles as related to children’s urologic disease.

Objectives

Patient Care:

1. The resident will begin each evaluation by informing each patient and/or family members of their trainee status and the name of the supervising licensed independent practitioner physician.

2. Resident will develop the ability to perform pediatric evaluation/management in an outpatient setting.

3. Rotating resident will assist in evaluation/management of pediatric inpatient consults.

4. Resident will further assist in the care of pediatric inpatients.

5. Resident will develop basic knowledge of the pediatric urodynamic evaluation and assist in the performance of those procedures.

6. Resident will be able to evaluate and manage patients with neuropathic bladder.

7. Resident will develop the ability to evaluate and manage children with voiding disorders.

8. The resident will demonstrate the ability to interview patients and/or their families in an empathetic and respectful manner using open-ended to directed questions which results in the acquisition of an accurate and complete history of their urologic disorder.

9. The resident will perform a thorough physical examination with appropriate focus on the urologic system and be able to communicate these findings effectively to supervising faculty and residents, as well as in the medical record.
10. The resident will develop an understanding for the differences between adult and pediatric urology patients.

11. The resident will learn patient specific pediatric urology medications and dosing regimens.

12. The resident will learn specific aspects of acute neonatal ICU care.

13. The resident will learn management of acute care pediatric urology patients in the ER.

14. The resident will be able to discharge all patients safely and efficiently.

15. The resident will complete documentation and dictations in a timely fashion.

16. The resident will participate in post-operative management and follow-up.

17. **SKILL SETS:**
   a. Outpatient pediatric surgery procedures - able to demonstrate the ability to complete:
      - Newborn clamp circumcision
      - Meatomomy
      - Separation of fixed labia
      - Foreskin manipulation to include division of skin bridges
      - Office sedation

   b. Demonstrate the ability to perform complex video urodynamics to include:
      - Fluoroscopy
      - Complex CMG
      - Abdominal pressure recording
      - Pelvic EM

   c. Surgical Skills - demonstrate the ability to assist in complex GU procedures as well as minor surgical procedures to include:
      - Pediatric Circumcision
      - Hydrocele repair
      - Orchiopexy
      - Cystoscopy, including retrograde pyelogram
      - Ureteroscopy, including lithotripsy
      - Cystolithotripsy
      - Subcutaneous deflux injections
      - TUCI
Medical Knowledge:

1. Resident will begin to amass basic fundamentals of pediatric urology by reading specific literature, such as Campbell's, Kelalis/King, AUA updates and Pediatric Urology Dialogues.

2. During the pediatric rotation the resident will demonstrate independent reading skills and interact in a professional and organized manner with the pediatric urologist such that the resident acquires the required understanding of pediatric urology.

3. The resident will demonstrate the ability to accurately interpret urologic US, CT and MRI scans. Additionally the resident will acquire a working knowledge base about the physics of each of the imaging modalities and therefore successfully apply that knowledge to the use of these modalities in the diagnosis and treatment of patients.

4. The resident will demonstrate a complete knowledge regarding the technique of pediatric procedures, and understanding of the technology and be capable of determining the risks and benefits of all approaches.

5. The resident will attend all scheduled conferences throughout the year including the monthly Department of Urology sessions, the lectures scheduled through the GME/OPTI through the WV SOM and any other additional sessions considered necessary by the faculty or Program Director.

6. The resident will become educated about common pediatric urologic disorders.

7. The resident will learn and demonstrate skills in OR training with respect to congenital reconstruction.

8. The resident will develop accurate knowledge of neonatal urologic problems.

9. The resident will develop differential diagnoses during rounds and conferences.

10. The resident will develop effective management skills of the following pediatric disease entities:
    - Cryptorchidism
    - Hernias
    - Complications of circumcisions
    - Ureteral reflux
    - Hypospadias
    - Hydroceles
    - Posterior urethral valves
11. The resident will develop skills in open, laparoscopic and robotic on genital pediatric disease processes including orchopexy/orchiectomy, vesicoureteral reflex and pyeloplasty.

12. 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.

13. The resident will understand the neuroanatomy and the europhysiology of normal micturition and differentiate that from the pathophysiology of voiding dysfunction.

Interpersonal and Communication Skills:
1. The fourth year resident will function successfully as a member of the house staff in the role of collecting accurate information regarding the status of pediatric inpatients, ETR patient, and in-patient consults and communicates such information in a timely and professional manner to more senior residents and faculty.

2. The resident will interact in a professional manner with all nursing and other support staff.

3. The resident will demonstrate the ability to obtain informed consent for any pediatric urologic procedure.

Practice Based Learning and Improvement:
1. The resident will be expected to research and present a pediatric urology topic for the resident lecture series.

2. The rotating resident will begin to develop a pediatric topic for clinical research that will be expanded on during the rest of their residency.

3. The resident will attend Pediatric conferences and help in their completeness.

4. The resident will demonstrate the ability to acquire basic knowledge about urologic disorders and physiology by regular attendance at conferences and through independent reading of standard textbooks, including Campbell’s Textbook of Urology and other such books as determined in conjunction with the faculty.

5. The resident will acquire the ability to abstract medical records and to collect appropriate information into clinical databases.

6. The resident will regularly attend research conferences and interact successfully with both basic science and clinical investigators.
7. The resident will broaden knowledge about improving healthcare for pediatric urologic patients and their families.

**Professionalism:**
The resident will conduct routine self-evaluation regarding all manners of clinical and interpersonal experiences and expect to review such evaluations with his/her faculty.

**Systems Based Practice:**
1. The resident will perform a thorough physical examination with appropriate focus on the urologic system and be able to communicate these findings effectively to supervising faculty and residents, as well as in the medical record.

2. The resident will demonstrate the ability to promptly and accurately document all interactions with patients and their surrogates in the medical record including an understanding of all documentation guidelines for billing and compliance.

3. The resident will demonstrate an understanding of the economic consequences of each treatment modality, as well as the patients experience during the recovery from each of these procedures.

4. The resident will complete HIPAA and IRB training courses and demonstrate an understanding of the ethical and professional considerations for conducting human subjects research.

**Osteopathic Principles and Practices:**
1. The resident will demonstrate an awareness of the basic tenets of osteopathic philosophy and ability in basic manipulative medicine.

2. The resident will understand the interdependence of the musculoskeletal/lymphatic system and other organ systems as they relate to the urology patient.

3. The resident will understand that the mind, body and spirit all interact in the promotion of health and well being and demonstrate the ability to utilize osteopathic manipulative medicine as a part of their patient care regimen.

4. The resident will attend all required OPTI functions throughout the year.
Evaluations:

1. The resident will expect to receive formative feedback on a prompt and ongoing basis from the pediatric urologist, other faculty, and the Program Director.

2. The resident will receive summative feedback quarterly by the Program Director.
Charleston Area Medical Center (CAMC)
Urology Residency Program

Renal Transplant

Goals

A rotation on the Transplant Service has been developed for a urology resident and is designed to expose the individual urology resident to all aspects of the care of patients with renal failure treated with a renal transplant. The rotation is designed to develop the surgical and medical management skills necessary for the treatment of transplant patients.

Objectives

Patient Care:

1. The resident will begin each evaluation by informing each patient and/or family members of their trainee status and the name of the supervising licensed independent practitioner physician.

2. The resident should be able to explain the indications for renal transplant.

3. The resident will be able to interpret the results of the pre-transplant urologic and surgical evaluation of a potential recipient.

4. The resident will manage the pre-transplant evaluation of transplant recipients and potential living related donor.

5. The resident will design a surgical approach for a living related donor nephrectomy including the options of robotic, laparoscopic and open nephrectomy approaches.

6. The resident will participate in organ procurement procedures and understand the surgical anatomy as it relates to successful transplantation.

7. The resident will describe the surgical approaches to ureteral implantation, vascular reconstruction, pancreas to bladder anastomosis.

8. The resident will understand the renal parenchymal and vascular anatomy.

9. The resident will understand and discuss the options for post-transport immunotherapy.
**Medical Knowledge:**
1. The resident will identify and integrate information regarding the etiology of renal failure.
2. The resident will describe the risks and benefits of transplant as a treatment for renal failure.
3. The resident will identify and integrate information regarding the etiology of renal failure.

**Interpersonal and Communication Skills:**
1. The resident will demonstrate the ability to communicate with other members of the transplant team in a professional and accurate manner.
2. The resident will demonstrate the ability to communicate the risks and benefits of the transplant procedure to the recipient and the family members.
3. The resident should communicate the outcome of all medical interventions, such as intensive care unit management, to the transplant physicians and patient family.

**Professionalism:**
1. The resident will demonstrate the ability to interact with other members of the transplant team, including all consultants and nursing staff in a professional manner.
2. The resident should demonstrate the ability to treat patient concerns with empathy, compassion and respect.
3. The resident should demonstrate a commitment to ethical principles of confidentiality of patient information, informed consent and business practices.

**Practice Based Learning and Improvement:**
1. The resident should actively pursue published literature regarding immunosuppression and its toxicity, surgical anatomy and the complications of transplant.
2. The resident should demonstrate the ability to employ information technology (IT) to document the patient’s medical information and to obtain information about therapy.

**Systems Based Practice:**
1. The resident should debate the various aspects of the health care industry that influence the care of a transplant recipient.
2. The resident should describe the economic aspects and costs of a successful transplant program, as well as the cost relative to other treatments for renal dysfunction.

**Osteopathic Principles and Practices:**

1. The resident will demonstrate an awareness of the basic tenets of osteopathic philosophy and ability in basic manipulative medicine.

2. The resident will understand the interdependence of the musculoskeletal/lymphatic system and other organ systems as they relate to the urology patient.

3. The resident will understand that the mind, body and spirit all interact in the promotion of health and well being and demonstrate the ability to utilize osteopathic manipulative medicine as a part of their patient care regimen.

4. The resident will attend all required OPTI functions throughout the year.

**Evaluation:**

The resident will expect to receive formative feedback on a prompt and ongoing basis from his/her attending and the Program Director.
All goals and objectives from previous urology years of training will carry over to the fifth year (OGME-5) of training. The resident will add to those goals and objectives the following:

**Goals**

The fifth year in the CAMC Urology Training Program is designed to complete the transition of an individual from supervisor directed and task oriented residency training to independent clinical judgment and evidence based clinical practice. The year is designed to provide the resident in training with formal experience in medical resource management, leadership within a medical team, professional communication, complex surgical skill development and independent delivery of high quality clinical care. The successful resident will be capable of functioning in an independent manner with excellent clinical judgment and communication skills that will facilitate their performance as physicians.

**Objectives**

**Patient Care:**

1. The chief resident will begin each evaluation by informing each patient and/or family members of their trainee status and the name of the supervising licensed independent practitioner physician.

2. The chief resident will exhibit good clinical judgment and professional communication skills during each individual patient related encounter.

3. The chief resident will demonstrate the ability to determine and then direct the flow of all urologic surgical procedures.

4. The chief resident will demonstrate an understanding of the severity of illness in the most complex urologic patients and direct the care of these patients in a timely and effective manner. This includes prompt communication with faculty, direction of more junior residents, and organization of pertinent consultations with other physicians and demonstrates evidence of prospective treatment planning.
5. The chief resident will describe advanced surgical skills and demonstrate the ability to perform and complete highly technical urologic surgical procedures in the fields of both adult and pediatric urology. The Chief Resident is expected to demonstrate mastery of all urologic endoscopic procedures and provide a rationale for the choice of one procedure relative to another.

6. The chief resident will exhibit advanced open surgical skill sets that allow the completion of all such urologic procedures in a timely manner.

7. The chief resident demonstrates outpatient assessment and management by obtaining complete and accurate patient histories, performing thorough and appropriate physical exams, ordering appropriate laboratory and radiological tests, integrating information meaningfully and coherently, and generating appropriate differential diagnosis.

8. The chief resident manages hospital inpatients by developing appropriate evaluation and treatment plans for preoperative and postoperative patients, anticipating patient needs in the hospital setting, effectively identifying and managing post operative clinical problems, writing clear and appropriate orders, and planning outpatient follow-up visits as needed.

9. The chief resident demonstrates preparedness for surgical cases by being able to discuss rationale and risks of commonly performed surgical cases, reading about surgical procedures in advance, demonstrating knowledge of important steps and instruments in specific surgical cases.

10. The chief resident demonstrates surgical skill in performing endoscopic procedures by demonstrating surgical proficiency and technical ability during endoscopic procedures such as cystoscopy, ureteroscopy and percutaneous renal surgery.

11. The chief resident demonstrates surgical skill in performing open surgical cases by demonstrating surgical proficiency and technical ability during commonly performed open surgical procedures.

12. The chief resident demonstrates surgical skill in performing laparoscopic procedures by demonstrating surgical proficiency and technical ability during laparoscopic procedures.

13. The chief resident demonstrates a beginning proficiency in urologic robotic surgery.
Medical Knowledge:

1. The chief resident will demonstrate a substantive body of knowledge of urologic medicine and surgery. The individual will develop independent learning skills as evidenced by the ability to access and comprehend the current literature on each clinical disease state.

2. The chief resident will describe the information in the standard textbooks of Urology, as well as routine updates to such books. However, it is expected that the resident will move beyond these textbooks to an active consultation of the current literature.

3. The chief resident will choose articles for the monthly Journal Club, in consultation with the Program Director, and demonstrate the ability to present the pertinent findings and potential clinical impact of each article.

4. The chief resident will demonstrate mastery of the current literature by providing pertinent articles to other residents and faculty on a regular basis throughout the year.

5. The chief resident will achieve at or above the median on the Urology In-Service Examination during this year.

6. The chief resident will exhibit good clinical judgment in developing an independent clinical care plan. The resident should exhibit this judgment during discussion with pertinent clinical faculty and the Program Director.

7. The chief resident is expected to demonstrate mastery of all urologic endoscopic procedures and provide a rationale for the choice of one procedure relative to another.

8. The chief resident will demonstrate the ability to guide urologic surgical procedures from initiation to completion without direct instruction from the faculty. It is expected that a faculty member will be present at each surgical procedure such that the resident’s independent skill set will be manifest through dialogue and targeted evaluation.

9. The chief resident should demonstrate an understanding of the difference between evidence-based medicine, and the mechanisms for developing that evidence and the practice of anecdotal medicine.

10. The chief resident demonstrates basic science and clinical knowledge by being able to identify and discuss pathophysiology of urologic disease processes, intelligently discussing diagnosis, evaluating and treating common urologic disorders, applying knowledge to solve clinical dilemmas, and understanding rationale for varied approaches to clinical problems.
11. The chief resident demonstrates up-to-date knowledge by seeking new information by searching the literature and asking questions, citing recent literature when appropriate, asking knowledgeable and well-informed questions.

12. The chief resident uses knowledge and analytical thinking to address clinical questions by using effective problem solving techniques, demonstrating sound clinical judgment, applying an analytical approach to clinical situations, and critically assessing diagnostic information and selecting appropriate diagnostic testing.

Practice Based Learning and Improvement:

1. The chief resident will acquire basic and advanced laparoscopic skills through the use of laparoscopic simulators and participation in live cases.

2. The chief resident will demonstrate an understanding of all new urologic technical developments and detail how each new technology may impact on patient surgical care and costs.

3. The chief resident will mature in an understanding of the importance of scientific inquiry and demonstrate skills with data collection, data base development, biostatistical analysis and communication of research findings.

4. The chief resident will demonstrate an understanding of the role of data collection in the continuous quality improvement process within the Department of Urology. This includes the communication of de-identified clinical outcome data to faculty and patients in an ongoing effort to obtain a fully informed consent.

5. The chief resident, with active involvement of the faculty, will show evidence of original research and data collection, and a progress report prepared in the format of a scientific paper by completion of OGME-5, approved by the Program Director, on an original research topic.

6. The chief resident tracks and analyzes practice to identify areas for improvement by using a systematic approach such as chart or case analysis, or surgical log review to track his/her own practice, comparing own outcomes to accepted guidelines and national or peer data, reflecting on critical incidents to identify strengths and weaknesses, and monitoring effects of practice changes and improvements.

7. The chief resident engages in ongoing learning by determining how learning deficits or weaknesses can be addressed, seeking feedback, doing extra reading and surgical practice when needed, seeking information from the literature, critically appraising research evidence for applicability to patient care, and using information technology (IT) resources to aid learning.
8. The chief resident implements improvement activities by changing practice patterns and other behaviors in response to feedback, applying new skills or knowledge to patient care, tailoring research evidence to care of individual patients, and using information technology (IT) to improve patient care.

9. The chief resident facilitates the learning of others by explaining clinical reasoning and procedures to junior colleagues and medical students, providing clinically useful information in response to learner questions, directing learners to useful resources, and providing coaching.

Interpersonal and Communication Skills:

1. The chief resident will demonstrate an understanding of related current literature during discussions regarding individual patient clinical situations.

2. The chief resident will demonstrate the ability to direct more junior residents in the daily care for hospitalized patients and serve as the initial contact for those residents when dealing with consults and emergency room evaluations. The confidence of the other residents in the resident is an important and central component of the successful resident rotation.

3. The chief resident will interact with mid-level care providers to insure the prompt and accurate attention to each hospitalized patients medical and surgical issues.

4. The chief resident’s ability to determine and then direct the flow of all surgical procedures independently should be communicated to the pertinent faculty member.

5. The chief resident will demonstrate good communication skills while interviewing patients, providing complete informed consent, describing clinical care plans and discussing such matters with other physicians and staff.

6. The chief resident will demonstrate an understanding of the severity of illness in the most complex urologic patients and direct the care of these patients in a timely and effective manner. This includes prompt communication with faculty, direction of more junior residents, and organization of pertinent consultations with other physicians and demonstrates evidence of prospective treatment planning.

7. The chief resident will demonstrate mature patient interviewing skills during role-playing and structured interviews with standardized patients at the CHERI Simulation Lab.
8. The chief resident will demonstrate care and concern for patients and their families by responding appropriately to patient and family emotions, establishing rapport, providing reassurance, being respectful and considerate, and does not rush the patient or the family of the patient.

9. The chief resident communicates effectively with patients and their families by allowing the patient to tell his/her own story, listening attentively, using non-technical language when explaining and counseling, involving the patient and/or family in decision-making (treatment options), and encouraging questions and checking for understanding.

10. The chief resident communicates effectively with other healthcare professionals by maintaining complete and legible medical records, writing clear and concise consultation reports and referral letters, making organized and concise presentations of patient information, giving clear and well-prepared presentations at conferences, providing clear understanding about who is responsible for continuing care.

11. The chief resident works effectively with other members of the healthcare team by demonstrating courtesy to and consideration of consultants, therapists, and other team members, inviting others to share their knowledge and opinions, making requests not demands, negotiating and compromising when disagreements occur, handling conflict constructively, and handling emergency situations effectively.

Professionalism:

1. The chief resident will manage the residency related resources to facilitate appropriate educational experiences for other residents during operative cases and outpatient continuity of care activities.

2. The chief resident will demonstrate the ability to educate medical students, residents and faculty with participation and direction during scheduled and spontaneous educational rounds. The resident will ensure that regular review of textbooks and updates take place.

3. The chief resident will represent the house staff at all scheduled meetings with faculty designed to evaluate and modify the training program in the process of continual program improvement.

4. The chief resident accepts responsibility and follows through on tasks by willingly accepting responsibilities, being industrious and dependable, completing tasks carefully and thoroughly, responding to requests in a helpful and prompt manner.

5. The chief resident practices within the scope of his/her abilities by recognizing the limits of his/her abilities, asking for help when needed, referring patients when appropriate, and exercising authority accorded by position and/or experience.
6. The chief resident responds to each patient’s unique characteristics and needs by being sensitive to issues related to each patient’s culture, age, gender and disabilities, and providing equitable care regardless of patient culture or socioeconomic status.

7. The chief resident demonstrates integrity and ethical behavior by taking responsibility for his/her actions, admitting mistakes, putting patient needs above his/her own interests, recognizing and addressing ethical dilemmas and conflicts of interest, and maintaining patient confidentiality.

**Systems Based Practice:**

1. The chief resident will demonstrate mastery of computer based search tools.

2. The chief resident will organize the other residents-in-training to insure prompt response to clinical situations, attendance at educational events, and participation in professional dialogue with faculty and staff.

3. The chief resident will coordinate resident night call schedules and speak with attending physicians regarding any organizational matters in a prompt fashion.

4. The chief resident will demonstrate an understanding of the administrative structure of the hospital and of the Department of Urology and work within that structure to effectively meet the individual needs of the patients and house staff.

5. The chief resident will understand the economic implications of each clinical decision relative to the consumption of hospital resources, creating a financial burden for patients and the specific approach to the third party payers.

6. The chief resident will demonstrate an understanding of the HIPAA and IRB regulations involving human subjects research and data collection.

7. The chief resident provides cost-conscious medical care by considering costs and benefits of tests and treatments, adhering to established patient care pathways, not ordering unnecessary tests, and; using appropriate billing codes for outpatient visits and surgical procedures.

8. The chief resident works to promote patient safety by identifying system causes of medical error, anticipating and responding to patient care problems, adhering to surgical protocols that ensure patient safety, and accepting input from the patient care team.

9. The chief resident coordinates care with other healthcare providers by obtaining consultation when needed, communicating with other providers, resolving differences in treatment plans, and reconciling contradictory advice.
10. The chief resident facilitates patient care in the larger healthcare community by showing an understanding of different healthcare delivery systems and medical practices, assuring patient awareness of available care options, making appropriate referrals, and assisting with arrangements and follow-up to ensure appropriate care.

**Osteopathic Principles and Practices:**
1. The chief resident will demonstrate an awareness of the basic tenets of osteopathic philosophy and ability in basic manipulative medicine.
2. The chief resident will understand the interdependence of the musculoskeletal/lymphatic system and other organ systems as they relate to the urology patient.
3. The chief resident will understand that the mind, body and spirit all interact in the promotion of health and well being and demonstrate the ability to utilize osteopathic manipulative medicine as a part of their patient care regimen.
4. The chief resident will attend all required OPTI functions throughout the year.

**Evaluations:**
1. The chief resident will expect to receive formative feedback on a prompt and ongoing basis from their assigned faculty member, other faculty and the Program Director.
2. The chief resident will receive summative feedback quarterly by the Program Director.
3. The chief resident will demonstrate the ability to solicit feedback from faculty and other support staff.
4. The chief resident will demonstrate an understanding of the established supervisory and grievance policy as defined in the House Staff Handbook.
5. The chief resident will demonstrate an understanding of the policy regarding promotions and probation as defined in the House Staff Handbook.
6. The chief resident will communicate suggestions for program change or improvement to the Program Director at both scheduled residency discussion sessions and in private conference.
7. The chief resident will mentor more junior residents in the process of providing formative feedback to the program and Program Director.
Charleston Area Medical Center (CAMC)
Urology Residency Program
MIS/Robotics (OGME-5)

Goals

Technologic advances over the past decade have fundamentally altered the treatment options for patients with urologic disorders. This change has been most apparent in the field of laparoscopy and robotics. The Department of Urology at CAMC actively provides the urology residents with exposure to these minimally invasive and robotic procedures. To facilitate the development of an advanced understanding of the engineering principles involved in minimally invasive and robotic surgery as well as the opportunity to acquire advanced technical skills, the resident is afforded a more in-depth experience.

Objectives

Patient Care:

1. After completion of Davinci Robotics Online course, 6 hours of dry lab work and receiving sign off by the charge nurse the OGME-5 resident may begin their robotic surgery exposure as follows:
   a. Assist with 5 prostate and 5 kidney cases at bed side. To include port placement and docking instrument insertion.
   b. Graduate to low risk portion of consol work under direct active faculty supervision.
   c. The goal is exposure to robotic surgery not competence (see CAMC Credentialing - Criteria for Robotic Privileges.)

2. The resident will participate as first assistant, patient side assistant on robotic procedures performed by teaching faculty.

3. The resident will provide the preoperative evaluation, intraoperative surgical care and postoperative care to patients treated with MIS approaches.

4. The resident will determine optimal port configurations for MIS/robotic procedures.

5. The resident will identify and treat all complications of the MIS procedures.
Medical Knowledge:
1. The resident will understand the specific indications for a laparoscopic or robotic surgical approach for urologic disorders.
2. The resident will contrast the risks and benefits of the MIS/robotic approaches relative to the other treatment options.
3. The resident will identify the anatomic and medical aspects of a patient’s condition that may complicate an MIS/robotic procedure.

Interpersonal and Communication Skills:
1. The resident will explain the indications, risks and benefits of MIS/robotic procedures to patients.
2. The resident will obtain informed consent in an accurate, compassionate and respectful manner.
3. The resident will participate on the MIS surgical team in an effective manner to facilitate the completion of the procedures.

Professionalism:
1. The resident will interact with all involved health care providers in a professional manner.
2. The resident will put patient needs above own interests in the process of determining the optimal treatment approach.

Practice Based Learning and Improvement:
1. The resident will organize the pertinent literature regarding the outcomes of open, laparoscopic and robotic surgical procedures.
2. The resident will develop and maintain a QI database so that surgical outcomes can be improved through analysis of current treatment technique and results.

Systems Based Practice:
1. The resident will utilize the medical record to thoroughly document information about the healthcare of an individual patient such that this information can be employed for quality improvement efforts.
2. The resident will contrast the costs of the open, laparoscopic and robotic approaches for the treatment of prostate cancer, renal disorders and pediatric urologic reconstruction procedures.
3. The resident will analyze the challenges of the incorporation of advanced technology into the surgical operating room environment.
Osteopathic Principles and Practices:
1. The resident will demonstrate an awareness of the basic tenets of osteopathic philosophy and ability in basic manipulative medicine.

2. The resident will understand the interdependence of the musculoskeletal/lymphatic system and other organ systems as they relate to the urology patient.

3. The resident will understand that the mind, body and spirit all interact in the promotion of health and well being and demonstrate the ability to utilize osteopathic manipulative medicine as a part of their patient care regimen.

4. The resident will attend all required OPTI functions throughout the year.

Evaluations:
The resident will receive summative feedback quarterly by the Program Director.
Charleston Area Medical Center (CAMC)
Urology Residency Program

Research (OGME-2)(OGME-3)(OGME-4)(OGME-5)

**Goals**

To actively involve the urology residents in a research project focusing on Basic Science and Translation Research and to generate peer reviewed publications.

The ACOS Residency Evaluation and Standards Committee (RESC) requires all residents to demonstrate the ability to synthesize and apply medical research data by writing an original scientific paper. Through this process, the resident should improve cognitive skills, and learn to manage and communicate medical information.

OGME 3 - Submission of a literature review or a poster presentation or a scientific paper

OGME 4 - Submission of a case report or a poster presentation or a Scientific paper

OGME 5 - Evidence of original research and data collection, and a progress report prepared in the format of a scientific paper by completion of OGME-5, approved by the Program Director, on an original research topic

**Objectives**

**Knowledge Base:**

1. The resident exhibits knowledge that is current and cites literature appropriately.

2. The resident prepares and investigates topics needed for research endeavors.

3. The resident gains knowledge and applies that knowledge toward experimental design.

4. The resident exhibits an understanding of principles underlying an experimental procedure and demonstrates an ability to perform it independently.

5. The resident clearly demonstrates analytical thinking.

6. The resident expresses overall basic science knowledge.
Practice-Based Learning and Improvement:
1. The resident demonstrates knowledge of study designs and statistical methods necessary to evaluate scientific studies.
2. The resident understands and develops hypotheses.
3. The resident regularly improves own practice based on appropriately gathered data and feedback.
4. The resident teaches students, staff, and colleagues effectively and adequately.
5. The resident consistently uses available information technology (IT) to obtain and manage information.

Interpersonal and Communication Skills:
1. The resident interacts well with staff, faculty, and colleagues.
2. The resident documents information accurately and completely.
3. The resident presents patients effectively and succinctly.

Professionalism:
1. The resident is overtly altruistic.
2. The resident behaves respectfully.
3. The resident presents data honestly.
4. The resident respects other members of the research team.
5. The resident is accountable for own actions.
6. The resident is punctual.
7. The resident is committed to excellence.

Systems Based Practice:
1. The resident consistently practices cost-effective behavior.
2. The resident consistently acts as a contributing member of the research team.
3. The resident appropriately and adequately refers work in collaboration with others.
4. The resident is motivated and interested in sharing knowledge with investigators outside the primary research team.
5. The resident consistently obtains appropriate assistance and advice from more experienced researchers.
Osteopathic Principles and Practices:
1. The resident will demonstrate an awareness of the basic tenets of osteopathic philosophy and ability in basic manipulative medicine.

2. The resident will understand the interdependence of the musculoskeletal/lymphatic system and other organ systems as they relate to the urology patient.

3. The resident will understand that the mind, body and spirit all interact in the promotion of health and well being and demonstrate the ability to utilize osteopathic manipulative medicine as a part of their patient care regimen.

4. The resident will attend all required OPTI functions throughout the year.
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For additional detail of General Surgery Rotation, see Surgery Schedule; see IM schedule; for Emergency Medicine (EM), see Emergency Medicine Schedule.

**POS - Partial off Site**

*OGME - 1 R residents have a ½ day per week urology outpatient clinic*
Charleston Area Medical Center (CAMC)
Urology Residency Program
Conferences

Core Lecture Series (6-8 hours per month)
The Core Lecture Series consists of 1-hour sessions organized in cohorts around specific urologic domains. The session is structured as a lecture/discussion by an assigned teaching faculty member and/or resident with the active involvement of all residents. Specific textbook and other literature is assigned for each session. The residents’ knowledge of the assigned material is assessed following each session. This conference is structured to provide the residents with an in-depth fund of knowledge of established urologic information in order to prepare them for their in-service and written board examinations.

Quality Improvement (1 hour per month)
This M&M conference is designed as a Quality Improvement/Quality Assurance activity. The structure is case oriented with each resident presenting the pertinent clinical information. The residents and faculty of the Department collect and report information on every adverse event/medical error that occurs on the clinical service. The residents are responsible for identifying the adverse events on the inpatient service while faculty reports such events from the outpatient setting. The focus of this effort and conference is to collect data regarding adverse events associated with all urologic interventions and to develop improvement programs to reduce these events.

Journal Club (2 hours per month)
A monthly Journal Club is held where faculty and residents analyze a series of current publications from all journals that pertain to clinical urology. The Chief Resident and/or Program Director choose the articles for analysis with advice from the faculty. Individual residents are assigned an article for presentation. The resident is expected to review the scientific design, research hypothesis, study population, study data, statistical analysis and appropriateness of conclusions. The faculty contributes to this analysis and stimulates an active discussion about each publication. The residents’ performance during Journal Club is assessed by the faculty using a specific evaluation form.

General Competency Conference (1.5-3 hours per month)
The Program Director, and other teaching faculty, meets with the residents regularly as part of the ongoing focus on the seven general competencies. This conference is directed towards the development of interpersonal skills, communication, professionalism, medical ethics, practice-based and system-based learning and osteopathic manipulative therapy. The conference is designed to be flexible in order to maximize the opportunity for exploring these more fluid topics.
Topics for these sessions have included role-playing exercises to examine approaches for interactions with difficult patients, challenging families and consulting physicians. Additionally, role-playing exercises have been employed to discuss medical ethics questions surrounding end-of-life care. Other sessions have focused on the medical chart documentation, challenging resident-to-resident interactions, costs of medical resources, and structured patient interview. The general competencies are typically also addressed throughout the other described conferences. Performance is evaluated and reported to the program director when the Sim-Center is involved.

**Pathology Conference (1 hour per month)**
The resident’s exposure to the pathology conference is incorporated as part of the routine use of urology pathology programs, i.e., case specific and organ specific review of pathologic specimens, including gross and microscopic review of representative tissue slides as well as a broad review of disease specific pathology.

**Multi-disciplinary Cancer Conference (MDC) (1 hour per month)**
The MDC Conference is a multi-disciplinary uro-oncology conference directed by the faculty leadership in Urologic Oncology. The conference is case based and serves as a working conference designed to determine the course of treatment for patients with urologic cancers. Additionally, the conference is designed to discuss the development of oncology protocols for both routine clinical care and investigational directions. Pertinent x-rays and pathology slides are reviewed. This conference is generally attended by representatives from the departments of urology, oncology, radiation oncology and clinical trials nurse coordinator. All the urology residents attend this conference and provide relevant patient presentations.

**Transplant Conference (1 hour per quarter)**
This conference is designed to expose the residents to evaluation and management of renal transplant patients, including surgical aspects of donor organ harvesting, urologic issues of the transplant procedure, the evaluation of the potential donor and recipient, and immunosuppression. This conference is typically patient or case oriented and will on occasion have a more structured didactic lecture for 15-30 minutes of the hour block.

**Radiology (1 hour per quarter)**
The resident’s exposure to the radiology conference is incorporated as part of the routine use of urology radiological programs, i.e., various radiologic modalities are explored, rationale behind utilizing various radiologic modalities is explored, specific patients are discussed, and the cost impact on the patient is reviewed.
Basic Science (1.5 hours per week)
The residents attend a weekly basic science conference. There is a required power point presentation by the leader (resident and/or faculty) of this conference. Residents are expected to have read and researched the topic being discussed and be capable of intelligently discussing it. The focus of this conference is molecular biology, research techniques, and statistical analysis.
Evaluation Process

We believe that if you know ahead of time how you will be evaluated, it will help you achieve your goals and be successful in the completion of the residency. We believe the entire evaluation process should be a learning experience for both the learner and the evaluator.

Feedback

There are three ideal times for feedback. “Brief” feedback is spontaneous and occurs at the point of contact. A faculty member may give you brief feedback when observing a physical examination of a patient, performance of a procedure, or when monitoring a presentation of a patient’s medical history and examination in the clinical or didactic venue.

“Formal” feedback is provided when a period, (usually 5- to 10 minutes), is set aside to deliver feedback. Formal feedback may relate to the management of a particularly difficult or confusing case, to a medical mistake, or to a behavioral issue. Formal feedback is best given at the end of a shift. You are encouraged to ask for specific comments on your performance and areas to improve at the end of each shift.

“Major” feedback consists of planned evaluation sessions scheduled quarterly. These sessions, held in private, typically last for 30-60 minutes. You will be advised ahead of time when your quarterly feedback session will occur. This session is critical so that you can be given areas to work on, and immediately remediate, instead of discovering at the end of a residency level that there were deficiencies. This is also an excellent time for you to address issues you may be having in obtaining the goals set forth for you, especially any difficulty in attainment of an appropriate number of clinical procedures and skills.

Evaluation Tools/Processes:

Summative and Formative Evaluation

Evaluations are structured, and contain summative and formative evaluation processes. Summative evaluation involves making judgments about your concrete achievements during the rotation; it is the mechanism by which you are “accountable” for what you have learned during the rotation. Summative evaluation is primarily a retrospective process in which learners’ accomplishments and habits are documented. This may include weekly testing, and standardized written exams or end of rotation exams.

Formative evaluation focuses on identifying your strengths (for subsequent amplification) and weaknesses (for remediation). Formative evaluation is primarily a
prospective process in which the intern or resident’s strong and weak points are assessed with an eye toward improvement in future evaluations. Optimally applied, formative evaluation helps you develop good habits. Many types of formative evaluation can also be used as aids for summative evaluation, and vice versa. For example, testing can be used, at least in part, for both types of evaluation.

**Rotation Evaluation** (completed by faculty/preceptor)

An evaluation in the clinical setting will be completed during and after each rotation. Rotation duration may vary from one month to two month rotations but rotation evaluations will be completed monthly. Evaluation of each resident will be provided by faculty utilizing the New Innovations tracking system. Evaluations will emphasize the core competencies and include evaluation of your history and physical and presentation techniques during any oral report presentation. With direct questioning, additional information on your investigative thinking ability, application of basic science knowledge, and the use of evidence-based medicine to solve clinical problems may be evaluated. You may also be evaluated on your ability to define differential diagnoses and develop treatment and evaluation plans. Professionalism and the ability to communicate during interactions with family, consultants, and coworkers can all be assessed during this time. Evaluation tools are developed utilizing goals and objectives appropriate for each rotation at each program level. Completed evaluations are available for discussion at monthly faculty training meetings and quarterly resident evaluations.

**Resident Rotation Evaluation** (completed by the resident)

An evaluation in the clinical setting will be completed during and after each rotation. Rotation duration may vary from one month to two month rotations but rotation evaluations will be completed monthly. Evaluation of month of a rotation will be provided by the resident utilizing the New Innovations tracking system. Evaluations will emphasize the core competencies and include evaluation of other components of the rotation. Evaluation tools are developed utilizing goals and objectives appropriate for each rotation at each program level. Completed evaluations are available for discussion at monthly faculty training meetings and quarterly resident evaluations.

**Resident Presentation Evaluation** (completed by faculty and residents)

This evaluation is conducted each time a resident presents a formal presentation at a morning conference. Faculty and residents will be provided the opportunity to evaluate resident performance based upon purpose, design, discussion and presentation skills. This evaluation will be completed by faculty and residents utilizing the New Innovations system.
**Self Evaluation** (completed by each resident)

A self evaluation will be completed by each resident quarterly. At the time each resident is scheduled for their quarterly evaluation, they will be asked to complete a self-evaluation. The self-evaluation is to be returned to the Urology Program Director prior to the quarterly evaluation session. The self-evaluation also requires the resident to attach a copy of their current procedure log and a completed Research Status Form. All of this information is reviewed in the quarterly evaluation session.

**Quarterly Evaluation** (completed by program director)

The Urology Program Director will complete a quarterly evaluation on each resident. The program director may review the faculty rotation evaluations, resident’s self-evaluation, chief resident evaluation, procedure log, research report in completing the quarterly evaluation. The quarterly evaluation is planned as a 30-60 minute session that allows for the sharing of feedback related to the resident’s performance.

**Annual Evaluation** (completed by program director)

At the conclusion of each research level the Urology Program Director will complete an annual evaluation of the resident utilizing the required ACOS evaluation instrument. The program director will review quarterly evaluations, procedure logs and research reports to complete the annual evaluation. An annual evaluation session will be conducted with each resident each academic year. The annual evaluation report will be reviewed with the resident prior to submitting to ACOS. This instrument must be submitted to ACOS by the last day of July each year.

**Annual Program Evaluation** (completed by faculty)

All program faculty will participate in an annual program evaluation. This evaluation will be conducted at the conclusion of each academic year. Results may be useful for individual resident and faculty development and for identification of institutional problems, and to provide evidence for resource allocation. This evaluation process will be conducted utilizing the New Innovations tracking system.

Again, this will provide an opportunity to provide an overall evaluation of the residency program and will be conducted utilizing the New Innovations tracking system. This information will also be utilized by the program in conducting its’ annual program effectiveness review.
Annual Resident Satisfaction Survey (completed by residents)

In addition, during the fall of each academic year, all residents in CAMC programs complete an annual resident satisfaction survey that evaluates resident training from an institutional and program level. This evaluation process is conducted by the CAMC Institute Outcomes and Research Department. Summary information is formally provided to each program director and the GMEC. This information provides individual program details, institutional details and comparative information from program to program and year to year.

Annual Program Effectiveness Report (completed by a representative committee)

During the last quarter of each program year, the program will conduct an annual Program Effectiveness Review. This formal meeting will be chaired by the program director and will consist of faculty representatives from the Urology and Surgery residency programs as well as a resident from each level of the program. Annual program evaluations, faculty evaluations, examination data, graduate board/certification data, recruitment, graduation data and program requirements will be reviewed in this process. A formal report will be completed utilizing the institution’s Annual Effectiveness Report template. An action plan for program improvements and enhancements will be outlined in the report. In addition, each year the previous year’s report and action plans will be reviewed as well as any data from institutional internal reviews or accreditation survey reports.
Charleston Area Medical Center

Evaluation of Urology Resident Performance

YEAR ONE

Evaluator: ______________________________________

Resident Name: ___________________________ Subject: ___________________________
Rotation: ___________________________ Employer: ___________________________

WHEN EVALUATING THE RESIDENT WITH A BELOW OR AN EXCEEDS STANDARDS YOU MUST PROVIDE A JUSTIFYING COMMENT.

PATIENT CARE:

1. The resident will demonstrate the ability to interview patients in an empathetic and respectful manner using open ended to directed questions which results in the acquisition of an accurate and complete history of their medical/surgical disorder.

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2. The resident will perform a thorough physical examination and be able to communicate these findings effectively to supervising faculty and residents, as well as in medical records.

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3. The resident will provide timely and appropriate medical care (including successful performance of phlebotomy, placement of peripheral and central IV lines, placement of urethral and SP catheters and other invasive modalities) required for the treatment of patients in the hospital under the supervision of the Chief Resident and faculty.

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4. The resident will participate in a wide variety of medical/surgical procedures and demonstrate an understanding about the equipment and the ability to interpret the results of tests ordered by the Chief Resident or faculty.

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5. The resident manages hospital inpatients by developing appropriate evaluation and treatment plans for preoperative and postoperative patients, anticipating patient needs in the hospital setting, effectively identifying and managing postoperative clinical problems, writing clear and appropriate orders, and planning outpatient follow-up visits as needed. Residents will obtain appropriate supervision for all of the above.

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6. The resident demonstrates preparedness for surgical cases by being able to discuss rationale and risks of commonly performed surgical cases, reading about surgical procedures in advance, demonstrating knowledge of important steps and instruments in specific surgical cases.

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7. The resident demonstrates surgical skill in performing biopsy and endoscopic procedures by demonstrating surgical proficiency and technical ability during such procedures.

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**MEDICAL KNOWLEDGE:**


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9. The resident will be able to describe the expected appearance of a wound at different time intervals.

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10. The resident will demonstrate independent reading skills and interact in a professional and organized manner with the supervising faculty member such that the resident acquires the required understanding of the pathophysiology, evaluation and treatment of ambulatory disorders.

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11. The resident will demonstrate the ability to accurately interpret CT and MRI scans. Additionally the resident will acquire a working knowledge base about the physics of each of the imaging modalities and therefore successfully apply that knowledge to the use of these modalities in the diagnosis and treatment of patients.

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12. The resident will attend all scheduled core competency sessions and didactic conferences throughout the year including the lectures scheduled through the GME/OPTI through WVSOM and any additional sessions considered necessary by the faculty or Program Director.

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13. The resident demonstrates up-to-date knowledge by seeking new information by searching the literature and asking questions, citing recent literature when appropriate, asking knowledgeable and well-informed questions.

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INTERPERSONAL & COMMUNICATION SKILLS:

14. The resident will interact in a professional manner with all nursing and other support staff.

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15. The resident communicates effectively with patients and their families by allowing the patient to tell his/her own story, listening attentively, using non-technical language when explaining and counseling, involving the patient and/or family in decision-making (treatment options), and encouraging questions and checking for understanding.

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PROFESSIONALISM:

16. The resident practices within the scope of his/her abilities by recognizing the limits of his/her abilities, asking for help when needed, referring patients when appropriate, and exercising authority accorded by position and/or experience.

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17. The resident demonstrates integrity and ethical behavior by taking responsibility for his/her actions, admitting mistakes, putting patient needs above his/her own interests, recognizing and addressing ethical dilemmas and conflicts of interest, and maintaining patient confidentiality.

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PRACTICE BASED LEARNING & IMPROVEMENT:

18. The resident facilitates the learning of others by explaining clinical reasoning and procedures to colleagues and medical students, providing clinically useful information in response to learner questions, directing learners to useful resources, and providing coaching.

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**SYSTEMS BASED PRACTICE:**

19. The resident will complete HIPAA and IRB training courses and demonstrate an understanding of the ethical and professional considerations for conducting human subjects research.

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20. The resident coordinates care with other healthcare providers by obtaining consultation when needed, communicating with other providers, resolving differences in treatment plans, and reconciling contradictory advice.

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**ADDITIONAL COMMENTS:**

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Revised: 2/25/11
Charleston Area Medical Center

Evaluation of Urology Resident Performance

YEAR TWO

Evaluator: _________________________________

Resident Name: ______________________
Subject: ____________________________
Rotation: ___________________________
Employer: __________________________

WHEN EVALUATING THE RESIDENT WITH A BELOW OR AN EXCEEDS STANDARDS YOU MUST PROVIDE A JUSTIFYING COMMENT.

PATIENT CARE:

1. The resident will demonstrate the ability to interview patients in an empathetic and respectful manner using open ended to directed questions which results in the acquisition of an accurate and complete history of their urologic disorder.

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2. The resident will perform a thorough physical examination with appropriate focus on the urologic system and be able to communicate these findings effectively to supervising faculty and residents, as well as in medical records.

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3. The resident will provide timely and appropriate medical care (including successful performance of phlebotomy, placement of peripheral and central IV lines, placement of urethral and SP catheters and other invasive modalities) required for the treatment of urologic patients in the hospital under the supervision of the Chief Resident and faculty.

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4. The second year resident will routinely second assist in the performance of moderate to high complexity urologic surgical procedures and demonstrate a knowledge of equipment names and function, as well as the pertinent surgical anatomy. The resident will communicate the understanding of risks and benefits, as well as the expected patient experiences during the recovery period.

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5. The resident will demonstrate the ability to interview the patients with respect and empathy, as well as the ability to employ interview skills such as the use of open ended questions, the ability to listen to a patient as they tell their story and the professionalism to deal with challenging social and medical situations. The resident will expect to be evaluated during role-playing exercises, interview sessions with standardized patients during quality improvement conferences and simulated experiences in the CHERI Patient Simulation Center.

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6. The resident demonstrates preparedness for surgical cases by being able to discuss rationale and risks of commonly performed surgical cases, reading about surgical procedures in advance, demonstrating knowledge of important steps and instruments in specific surgical cases.

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7. The resident demonstrates surgical skill in performing procedures by demonstrating surgical proficiency and technical ability during procedures comparable with OGLE-2 level of training.

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MEDICAL KNOWLEDGE:

8. The resident will provide timely and appropriate medical care including successful performance (checked-off on by faculty member) of core competencies such as phlebotomy, placement of peripheral and ventral IV lines, placement of urethral and SP catheters and other invasive modalities required for the treatment of urologic patients in the hospital under the supervision of the Chief Resident and faculty.

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9. The resident will demonstrate independent reading skills and interact in a professional and organized manner with the supervising faculty member such that the resident acquires the required understanding of the pathophysiology, evaluation and treatment of ambulatory disorders such as pelvic floor disorders and basic pediatric urology.

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10. The resident will attend all scheduled core competency and didactic sessions throughout the year including the lectures scheduled through the GME/OPTI through WVSOM and any additional sessions considered necessary by the faculty urologist or Program Director.

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11. The resident demonstrates basic science and clinical knowledge by being able to identify and discuss pathophysiology of urologic disease processes, intelligently discussing diagnosis, evaluating and treating common urologic disorders, applying knowledge to solve clinical dilemmas, and understanding rationale for varied approaches to clinical problems.

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12. The resident demonstrates up-to-date knowledge by seeking new information by searching the literature and asking questions, citing recent literature when appropriate, asking knowledgeable and well-informed questions.

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INTERPERSONAL & COMMUNICATION SKILLS:

13. The resident will interact in a professional manner with all nursing and other support staff.

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14. The resident will demonstrate care and concern for patients and their families by responding appropriately to patients and family emotions, establishing rapport, providing reassurance, being respectful and considerate.

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PRACTICE BASED LEARNING & IMPROVEMENT:

17. The resident will demonstrate the ability to acquire basic knowledge about urologic disorders and physiology by regular attendance at conferences and through independent reading of standard textbooks, including Campbell’s Textbook of Urology and other such books as determined in conjunction with the faculty.

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SYSTEMS BASED PRACTICE:

18. The resident will demonstrate the ability to promptly and accurately document all interactions with patients in the medical record, including an understanding of all documentation guidelines for billing and compliance.

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ADDITIONAL COMMENTS:

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Charleston Area Medical Center
Evaluation of Urology Resident Performance
YEAR THREE

Evaluator: _________________________________

Resident Name: ______________________
Subject: ______________________________
Rotation: ____________________________
Employer: ____________________________

WHEN EVALUATING THE RESIDENT WITH A BELOW OR AN EXCEEDS STANDARDS YOU MUST PROVIDE A JUSTIFYING COMMENT.

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2. The resident will perform a thorough physical examination with appropriate focus on the urologic system and be able to communicate these findings effectively to supervising faculty and residents, as well as in the EMR.

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4. The resident will participate in, and demonstrate that participation in, the performance of all types of low to moderate complexity ambulatory procedures including (but not limited to) flexible and rigid cystoscopy, TRUIS and prostate biopsy, vasectomy, Transrectal Ultrasound (TRUS), Transurethral Microwave Treatment (TUMT), Electroshock Wave Lithotripsy (ESWL), endoscopic implantations for incontinence and chemodenervation, placement of urethral catheters and suprapubic catheters, endoscopic bladder biopsy and retrograde pyelograms, urethral and stent placement and removal, minor scrotal and penile procedures.

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6. The resident demonstrates preparedness for surgical cases by being able to discuss rationale and risks of commonly performed surgical cases, reading about surgical procedures in advance, demonstrating knowledge of important steps and instruments in specific surgical cases.

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7. The Resident demonstrates surgical skill in performing endoscopic procedures by demonstrating surgical proficiency and technicalability during endoscopic procedures such as cystoscopy, ureteroscopy and percutaneous renal surgery.

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8. The resident demonstrates surgical skill in performing open surgical cases by demonstrating surgical proficiency and technical ability during commonly performed open surgical procedures.

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9. The resident will demonstrate independent reading skills and interact in a professional and organized manner with the supervising faculty member such that the resident acquires the required understanding of the pathophysiology, evaluation and treatment of ambulatory disorders such as pelvic floor disorders and pediatric urology.

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13. The resident communicates effectively with other healthcare professionals by maintaining complete and legible medical records, writing clear and concise consultation reports and referral letters, making organized and concise presentations of patient information, giving clear and well-prepared presentations at conferences, providing clear understanding about who is responsible for continuing care.

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PRACTICE BASED LEARNING & IMPROVEMENT:

16. The resident engages in ongoing learning by determining how learning deficits or weaknesses can be addressed, seeking feedback, doing extra reading and surgical practice when needed, seeking information from the literature, critically appraising research evidence for applicability to patient are, and using information technology (IT) resources to aid learning.

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SYSTEMS BASED PRACTICE:

17. The resident will complete HIPAA and IRB training courses and demonstrate an understanding of the ethical and professional considerations for conducting human subjects research.

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ADDITIONAL COMMENTS:

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**Charleston Area Medical Center**

**Evaluation of Urology Resident Performance**

**YEAR FOUR**

Evaluator: _________________________________

Resident Name: _________________________    Subject: ______________________________

Rotation: _______________________________    Employer: __________________________

**WHEN EVALUATING THE RESIDENT WITH A BELOW OR AN EXCEEDS STANDARDS YOU MUST PROVIDE A JUSTIFYING COMMENT.**

**PATIENT CARE:**

1. The resident will demonstrate the ability to acquire clinically pertinent information during the history and physical examination of all urologic patients in a timely fashion.

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2. The resident will acquire a complete understanding of the role of and performance of simple and complex urodynamic evaluations of both adult and pediatric urologic patients.

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3. The resident will demonstrate mastery of all low to moderate complexity urologic procedures which include (but are not limited to) flexible and rigid endoscopy, ureteroscopy, Transrectal Ultrasound (TRUS), Transurethral Microwave Treatment (TUMT), Electroshock Wave Lithotripsy (ESWL), endoscopic injections and implantations, dilation of the urinary tract, placement or urethral, bladder and urethral catheters, bladder biopsy, retrograde pyelograms, laser lithotripsy, penile and scrotal cases.

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4. The resident will participate in the performance of moderate to highly complex urologic procedures including (but not limited to) Transurethral Resection Prostate (TURP), green light laser prostatectomy, Percutaneous Nephrolithotomy (PCNL), placement of urologic prosthetics, pelvic floor procedures such as med OPurethral slings and anterior/posterior repairs, pediatric urologic reconstructive and extirpative procedures, urologic laparoscopy and patient side robotics, reconstructive and oncologic procedures of all forms.

5. The resident will demonstrate the ability to evaluate and manage patients in a timely empathetic and organized fashion with attention to full patient education and confidentiality.

6. The resident demonstrates preparedness for surgical cases by being able to discuss the rationale and risks of commonly performed surgical cases, reading about surgical procedures in advance, demonstrating knowledge of important steps and instruments in specific surgical cases.

7. The resident demonstrates surgical skill in performing endoscopic and open procedures by demonstrating surgical proficiency and technical ability during endoscopic procedures such as cystoscopy, ureterscopy and percutaneous renal surgery.

MEDICAL KNOWLEDGE:

8. The resident will demonstrate a working knowledge of Campbell’s Textbook of Urology which will be augmented through independent study of the AUA updates and other textbooks as deemed necessary.
9. The resident, with the active involvement of research mentor, will conduct a statistically accurate analysis of clinical data and prepare and present at least one (1) project. It is expected that this project will be successfully submitted for publication.

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10. The resident demonstrates basic science and clinical knowledge by being able to identify and discuss pathophysiology of urologic disease processes, intelligently discussing diagnosis, evaluating and treating common urologic disorders, applying knowledge to solve clinical dilemmas, and understanding rationale for varied approaches to clinical problems.

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11. The resident demonstrates up-to-date knowledge by seeking new information by searching the literature and asking questions, citing recent literature when appropriate, and asking knowledgeable and well-informed questions.

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**INTERPERSONAL & COMMUNICATION SKILLS:**

12. The resident exhibits interviewing skills including the use of open-ended questions, focusing listening, and targeted questioning when necessary, empathy and attention to patient confidentiality.

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13. The resident will interact in a professional manner and demonstrate the ability to function as a team member with nurses, PA-C’s and other medical professionals.

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14. The resident will demonstrate care and concern for patients and their families by responding appropriately to patient and family emotions, establishing rapport, providing reassurance, being respectful and considerate, and does not rush the patient or the family of the patient.

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PROFESSIONALISM:

15. The resident practices within the scope of his/her abilities by recognizing the limits of his/her abilities, asking for help when needed, referring patients when appropriate, and exercising authority accorded by position and/or experience.

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16. The resident responds to each patient’s unique characteristics and needs by being sensitive to issues related to each patient’s culture, age, gender and disabilities, and providing equitable care regardless patient culture or socioeconomic status.

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17. The resident demonstrates integrity and ethical behavior by taking responsibility for his/her actions, admitting mistakes, putting patient needs above his/her own interests, recognizing and addressing ethical dilemmas and conflicts of interest, and maintaining patient confidentiality.

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PRACTICE BASED LEARNING & IMPROVEMENT:

18. The resident will attend all scheduled outpatient clinics on time and appropriately attired. The resident will demonstrate the ability to evaluate a patient and determine the appropriate course of diagnostic and therapeutic interventions. The supervising faculty member on specific ambulatory rotations will assess the fund of knowledge of the resident.

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19. The resident will demonstrate the ability to read, review and statistically evaluate urologic literature during the monthly Journal Club.

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**SYSTEMS BASED PRACTICE:**

20. The resident will demonstrate accurate and timely documentation of all medical encounters in the EMR. The resident should master the necessary documentation skills for inpatient EMR and paper charts, dictation of consultations and discharge summaries.

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21. The resident will complete all regulatory courses for patient safety, HIPAA and IRB.

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22. The resident will demonstrate the ability to apply for IRB exemption or full review for clinical research involving one or more of the clinical databases kept in the Department of Urology.

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23. The resident will attend all didactics sessions throughout the year including Department of Urology sessions, the OPTI lectures scheduled through the Office of Graduate Medical Education and all additional sessions considered necessary by the faculty mentor and Program Director.

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24. The resident will demonstrate the organizational skills and professionalism to manage time away (such as vacation and CME related travel) and coordinate the call responsibilities with the order residents and faculty.

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**ADDITIONAL COMMENTS:**

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CHARLESTON AREA MEDICAL CENTER

EVALUATION OF UROLOGY RESIDENT PERFORMANCE

YEAR FIVE

Evaluator: _________________________________

Resident Name: ____________________________

Subject: _________________________________

Rotation: ________________________________

Employer: ________________________________

WHEN EVALUATING THE RESIDENT WITH A BELOW OR AN EXCEEDS STANDARDS YOU MUST PROVIDE A JUSTIFYING COMMENT.

PATIENT CARE:

1. The Chief Resident will exhibit good clinical judgment and professional communication skills during each individual patient related encounter.

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2. The Chief Resident will demonstrate the ability to determine and then direct the flow of all surgical procedures.

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3. The Chief Resident will demonstrate an understanding of the severity of illness in the most complex urologic patients and direct the care of these patients in a timely and effective manner. This includes prompt communication with faculty, direction of more junior residents, and organization of pertinent consultations with other physicians and demonstrates evidence of prospective treatment planning.

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4. The Chief Resident will exhibit advanced open surgical skill sets that allow the completion of all such urologic procedures in a timely fashion.

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5. The Chief Resident will demonstrate preparedness for surgical cases by being able to discuss rationale and risks of commonly performed surgical cases, reading about surgical procedures in advance, demonstrating knowledge of important steps and instruments in specific surgical cases.

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6. The Chief Resident will demonstrate surgical skill in performing endoscopic and open procedures by demonstrating surgical proficiency and technical ability.

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MEDICAL KNOWLEDGE:

7. The Chief Resident will demonstrate a substantive fund of knowledge of urologic medicine and surgery. The individual will develop independent learning skills as evidenced by the ability to access and comprehend the current literature on each clinical disease state.

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8. The Chief Resident will choose articles for the monthly Journal Club, in consultation with the faculty mentor, and demonstrate the ability to present the pertinent findings and potential clinical impact of each article.

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9. The Chief Resident, will demonstrate mastery of the current literature by providing pertinent articles to other residents and faculty on a regular basis throughout the year.

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10. The Chief Resident will demonstrate the ability to guide urologic surgical procedures from initiation to completion without direct instruction from the faculty. It is expected that a faculty member will be present at each surgical procedure such that the Chief Resident’s independent skill set will be manifest through dialogue and targeted evaluation.

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11. The Chief Resident should demonstrate an understanding of the difference between evidence-based medicine, and the mechanisms for developing that evidence and the practice of anecdotal medicine.

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**INTERPERSONAL & COMMUNICATION SKILLS:**

12. The Chief Resident will demonstrate the ability to direct more junior residents in the daily care for hospitalized patients and serve as the initial contact for those residents when dealing with consults and emergency room evaluations. The confidence of the other residents in the Chief Resident is an important and central component of the successful Chief Resident rotation.

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**PROFESSIONALISM:**

13. The Chief Resident will manage the residency related resources to facilitate appropriate educational experiences for other residents during operative cases and outpatient continuity of care activities.

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14. The Chief Resident will demonstrate the ability to educate the other students, residents and faculty with participation and direction during scheduled and spontaneous educational rounds. The Chief Resident will ensure that regular review of textbooks and updates take place.

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15. The Chief Resident practices within the scope of his/her abilities by recognizing the limits of his/her abilities, asking for help when needed, referring patients when appropriate, and exercising authority accorded by position and/or experience.

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16. The Chief Resident demonstrates integrity and ethical behavior by taking responsibility for his/her actions, admitting mistakes, putting patient needs above his/her own interests, recognizing and addressing ethical dilemmas and conflicts of interest, and maintaining patient confidentiality.

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**PRACTICE BASED LEARNING & IMPROVEMENT:**

17. The Chief Resident will demonstrate an understanding of all new urologic technical developments and detail how each new technology may impact on patient surgical care and costs.

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18. The Chief Resident will mature in an understanding of the importance of scientific inquiry and demonstrate skills with data collection, data base development, biostatistical analysis and communication of research findings.

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19. The Chief Resident will engage in ongoing learning by determining how learning deficits or weaknesses can be addressed, seeking feedback, doing extra reading and surgical practice when needed, seeking information from the literature, critically appraising research evidence for applicability to patient care, and using information technology (IT) resources to aid learning.

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20. The Chief Resident will facilitate the learning of others by explaining clinical reasoning and procedures to junior colleagues and medical students, providing clinically useful information in response to learner questions, directing learners to useful resources, and providing coaching.

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**SYSTEMS BASED PRACTICE:**

21. The Chief Resident will organize the other residents-in training to insure prompt response to clinical situations, attendance at educational events and participation in professional dialogue with faculty and staff.

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22. The Chief Resident will coordinate resident night call schedules and speak with attending physicians regarding any organizational matters in a prompt fashion.

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23. The Chief Resident will demonstrate an understanding of the administrative structure of the hospital and of the Department of Urology and work within that structure to effectively meet the individual needs of the patients and house staff.

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24. The Chief Resident will demonstrate an understanding of the HIPAA and IRB regulations involving human subjects research and data collection.

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**ADDITIONAL COMMENTS:**

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______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Charleston Area Medical Center

Urology Resident Evaluation of Rotation

Resident Name: ______________________ Subject: ______________________
Rotation: ____________________________ Employer: ______________________

PLEASE NOTE THAT WHEN COMPLETING THE EVALUATION AND ANSWERING “No” TO ANY QUESTION - YOU MUST PROVIDE A JUSTIFYING COMMENT. ALSO, FACULTY APPRECIATES ALL FEEDBACK; PLEASE PROVIDE POSITIVE COMMENTS IF APPROPRIATE.

1. Did you receive written goals and objectives of the rotation at the beginning of the rotation by the physician in charge of the rotation? (See written description of rotation in residency handbook for goals and objectives.)

   Yes  No  Not Applicable
   0    0     0
   (Comment Required)

   Comments:
   ____________________________________________________________________
   ____________________________________________________________________

2. At the beginning of the rotation, did the supervisory physician identify and discuss individualized performance goals and objectives?

   Yes  No  Not Applicable
   0    0     0
   (Comment Required)

   Comments:
   ____________________________________________________________________
   ____________________________________________________________________

3. Were rounds conducted on a regular basis?

   Yes  No  Not Applicable
   0    0     0
   (Comment Required)

   Comments:
   ____________________________________________________________________
   ____________________________________________________________________
4. Were you assigned significant patient-care responsibilities?

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<th>Yes</th>
<th>No (Comment Required)</th>
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5. Did the attending physician on this rotation contribute by giving direction and organization to your education?

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<th>Yes</th>
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6. Did the supervising resident on this rotation contribute by giving direction and organization to your education?

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<th>Yes</th>
<th>No (Comment Required)</th>
<th>Not Applicable</th>
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7. Were you given feedback on your skills and knowledge by the evaluating physician on this rotation, either by oral discussion or through direct observation and comment?

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<th>Yes</th>
<th>No (Comment Required)</th>
<th>Not Applicable</th>
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8. Were you given feedback on your skills and knowledge by the senior resident on this rotation, either by oral discussion or through direct observation and comment?

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<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
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Comments:
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9. Were relevant reading assignments given to you?

<table>
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<tr>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
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Comments:
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10. At the end of the rotation, did your supervising physician provide oral or written feedback regarding your performance on the rotation? (See rotation evaluation from attending physician.)

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
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Comments:
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11. Were you given any input and/or critical review of your orders in regards to cost effectiveness?

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<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
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Comments:
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12. Was your attending available to you while you were on the rotation, both in the hospital and on call?

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<th></th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
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Comments:
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13. Did your attending or consultant physician provide feedback about your consults, either oral or written?

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<th>Yes</th>
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Comments:
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14. Did you have problems obtaining timely consults from other physicians on your patients on this rotation?

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<th></th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
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Comments:
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15. Did the rotation and teaching physicians (attending/residents) allow you to comply with the 80 hour Duty Policies?

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<th></th>
<th>Yes</th>
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Comments:
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What is your **OVERALL EVALUATION** of the **INSTRUCTIONAL ORGANIZATION** on this rotation?

<table>
<thead>
<tr>
<th>Outstanding</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
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Comments (required):

______________________________________________________________________________
______________________________________________________________________________

**Strengths of this rotation:**

Comments (required):

______________________________________________________________________________
______________________________________________________________________________

**Areas in which this rotation could be enhanced:**

Comments (required):

______________________________________________________________________________
______________________________________________________________________________

I participated in the following educational activities during this rotation: (please check all that apply and list)

- [ ] Research
- [ ] Lectures
- [ ] Case reports
- [ ] Journal Club
- [ ] Presentations
- [ ] Mortality-Morbidity conference/Peer Review/Quality Safety
- [ ] Other

**ADDITIONAL COMMENTS:**

______________________________________________________________________________
______________________________________________________________________________

Charleston Area Medical Center
Department of Urology
Didactics Evaluation Form

Session Date: _____________________________

Session Title: _____________________________

Presenter: _________________________________

Please rate the following:

<table>
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<tr>
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<th>3 – Exceeds Standards</th>
<th>2 – Meets Standards</th>
<th>1 – Below Standards</th>
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<tbody>
<tr>
<td>1. Relevance</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>2. Clarity of Presentation</td>
<td>3</td>
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<tr>
<td>3. Content of Presentation</td>
<td>3</td>
<td>2</td>
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<tr>
<td>4. Appropriate use of audiovisual aids</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>5. Adequate time for questions and discussion</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>6. Effectiveness of Presenter</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>7. Overall quality of session</td>
<td>3</td>
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Strengths:
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Weaknesses:
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________________________________________________________________________
________________________________________________________________________

Comments:
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Thank you. Please return form to Peggy Pettry, Residency Program Coordinator.

Revised: 7/2010
RESIDENT SELF-ASSESSMENT

Please complete this self-assessment for the preceding six-month time period.

It is designed to help you identify your strengths and weaknesses and subsequently establish goals on how to improve your learning and patient care. The self-assessment will be discussed with the Program Director at your upcoming semi-annual review. Negative self-assessments will not reflect poorly upon your formal evaluation, and for this reason, your honest answers are expected.

Name: __________________________________________

Year in Training: _________________________________

Date: ____________________________________________

For each of the following AOA core competencies, please rate yourself using the following scale:

1 = Area where I know that I need improvement

2 = Area where I think that I need improvement

3 = Area where I think that I perform adequately

4 = Area where I think that I am above average

5 = Area where I think that I am very skilled

Please attach the following items to this evaluation:

1) Update to date copy of procedure log.

2) Completed Research Status Form.

PATIENT CARE – Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

“I always…”

______ Obtain a complete medical database via history and physical examination

______ Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences

______ Make informed decisions about diagnostic and therapeutic interventions based on up-to-date scientific evidence
Work with other healthcare professionals, including those from other disciplines, to provide patient-focused care.

Involve the patient and patient’s family in decisions regarding care.

Communicate clearly with the patient and the patient’s family.

Teach the patient and their family about their diagnosis, treatment, and discharge plans.

Demonstrate empathetic and caring behavior to the patient and patient’s family.

Triage patient effectively and efficiently.

Respond responsibly and appropriately to emergencies.

Reassess and evaluate ongoing treatment.

MEDICAL KNOWLEDGE – Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

“I am comfortable with...”

My knowledge about relevant medical illnesses.

My ability to generate a complete differential diagnosis.

My understanding of basic epidemiologic principles and their application to clinical medicine.

“I recognize...”

My own limitations in medical knowledge, and I seek consultation when appropriate.

My own limitations in procedural skills, and I seek consultation when appropriate.

Are there specific disease states or syndromes (breast cancer, CHF, asthma, etc.) where you are less comfortable with diagnosis and treatment?

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________
PRACTICE-BASED LEARNING AND IMPROVEMENT – Residents must be able to investigate and evaluate their patient care practices and appraise and assimilate scientific evidence to improve their patient care practices.

“I am able to, and frequently do…”

____ Analyze feedback and my patient care experiences to make improvements in patient care

____ Use evidence-based medicine as it relates to my patients condition and diagnosis

____ Consult the medical literature (web-based resources and reference materials) to support my education and improve patient care

____ Assist in the education of medical students

____ Assist in the education of my physician colleagues

____ Assist in the education of other healthcare professionals (nursing, ancillary staff, etc.)

____ Apply knowledge of study designs and statistical methods when reviewing scientific studies

INTERPERSONAL AND COMMUNICATION SKILLS – Residents must be able to demonstrate interpersonal and communication skills that result in the effective exchange of information between patients, their families, and professional associates.

“I make a concerted effort to…”

____ Create a personal relationship with every patient

____ Communicate the diagnosis, treatment outcomes, and expected course at each patient encounter

____ Use effective non-verbal and listening skills in every patient encounter

____ Communicate with patients and their families in a timely manner

____ Communicate in a respectful manner to all professional colleagues, ancillary staff, and hospital/clinic personnel

____ Complete written and electronic communication that is comprehensive, timely, legible, and easy to follow
PROFESSIONALISM – Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population while maintaining a professional relationship with all members of the patient care team.

“At all times, I demonstrate…”

- Respect, compassion, and integrity for my patients
- Commitment to ethical principles
- Responsiveness to the needs of my patients and their families
- Commitment to maintaining confidentiality and obtaining informed consent
- Sensitivity and responsiveness to patients’ culture, age, gender, and disabilities
- Accountability to the needs of society
- Accountability to the needs of the profession
- Commitment to excellence

“At all times, I…”

- Identify myself to patients and their families
- Am well-groomed and wear professional attire (including name badge)
- Respond to pages and inquiries in a timely manner
- Complete duties necessary to my training and patient care (evaluations, time sheets, dictations, signatures, medical records, etc.) in an honest and timely manner

SYSTEMS-BASED PRACTICE – Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare and the ability to effectively call on system resources to provide care that is of optimal value.

“At every opportunity, I…”

- Consider how my practices affect other healthcare professionals and the hospital system
- Consider how my practices affect the society as a whole
- Practice cost-effective care and resource allocation (including my own time) that does not compromise quality of care
Assist patients in managing the complexities of the healthcare system
Look for ways to improve our system of healthcare

IDENTIFICATION OF STRENGTHS
After having completed the self-assessment, what would you identify as your strengths?

1.

2.

3.

IDENTIFICATION OF AREAS FOR IMPROVEMENT
What would you identify as your areas for improvement?

1.

2.

3.

IDENTIFICATION OF LEARNING OBJECTIVES
Please list three specific learning objectives and goals to work over the next six months:

1.

2.

3.

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature:_____________________________
RESEARCH STATUS FORM

Project Title: ______________________________________________
Faculty Mentor: ______________________________________________
Resident: ________________________________________________
Other Investigators: __________________________________________
IRB Status: __________________________________________________

Project Description: __________________________________________
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________________________________________________________________
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Current Status:
________________________________________________________________
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________________________________________________________________

Signatures: Date:

________________________________________  ____________
Resident Investigator

________________________________________  ____________
Faculty Mentor

________________________________________  ____________
Research Associate.
QUARTERLY RESIDENT EVALUATION

Resident:______________________________

Year in Training:________________________

Date:__________________________________

For each of the following AOA core competencies, please rate yourself using the following scale:

1 = Area where resident needs extensive improvement
2 = Area where resident needs improvement
3 = Area where resident performs adequately
4 = Area where resident is above average
5 = Area where resident is very skilled

PATIENT CARE – Resident must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

“Resident always…”

_____Obtains a complete medical database via history and physical examination

_____Makes informed decisions about diagnostic and therapeutic interventions based on patient information and preferences

_____Makes informed decisions about diagnostic and therapeutic interventions based on up-to-date scientific evidence

_____Works with other healthcare professionals, including those from other disciplines, to provide patient-focused care

_____Involves the patient and patient’s family in decisions regarding care

_____Communicates clearly with the patient and the patient’s family

_____Teaches the patient and their family about their diagnosis, treatment, and discharge plans

_____Demonstrates empathetic and caring behavior to the patient and patient’s family

_____Triage benefits patient effectively and efficiently

_____Responds responsibly and appropriately to emergencies

_____Reassesses and evaluates ongoing treatment
MEDICAL KNOWLEDGE – Resident must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

“Resident is comfortable with…”

_____ Knowledge about relevant medical illnesses
_____ Ability to generate a complete differential diagnosis
_____ Understanding of basic epidemiologic principles and their application to clinical medicine

“Resident recognizes…”

_____ Their own limitations in medical knowledge, and seeks consultation when appropriate
_____ Their own limitations in procedural skills, and seeks consultation when appropriate

Are there specific disease states or syndromes (breast cancer, CHF, asthma, etc.) that the resident appears to be less comfortable with diagnosis and treatment?

PRACTICE-BASED LEARNING AND IMPROVEMENT – Resident must be able to investigate and evaluate their patient care practices and appraise and assimilate scientific evidence to improve their patient care practices.

“Resident is able to, and frequently does…”

_____ Analyzes feedback and patient care experiences to make improvements in patient care
_____ Uses evidence-based medicine as it relates to patients condition and diagnosis
_____ Consults the medical literature (web-based resources and reference materials) to support education and improve patient care
_____ Assists in the education of medical students
_____ Assists in the education of physician colleagues
_____ Assists in the education of other healthcare professionals (nursing, ancillary staff, etc.)
Applies knowledge of study designs and statistical methods when reviewing scientific studies

INTERPERSONAL AND COMMUNICATION SKILLS – Resident must be able to demonstrate interpersonal and communication skills that result in the effective exchange of information between patients, their families, and professional associates.

“Resident makes a concerted effort to…”

- Create a personal relationship with every patient
- Communicate the diagnosis, treatment outcomes, and expected course at each patient encounter
- Use effective non-verbal and listening skills in every patient encounter
- Communicate with patients and their families in a timely manner
- Communicate in a respectful manner to all professional colleagues, ancillary staff, and hospital/clinic personnel
- Complete written and electronic communication that is comprehensive, timely, legible, and easy to follow

PROFESSIONALISM – Resident must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population while maintaining a professional relationship with all members of the patient care team.

“At all times, Resident demonstrates…”

- Respect, compassion, and integrity for patients
- Commitment to ethical principles
- Responsiveness to the needs of patients and their families
- Commitment to maintaining confidentially and obtaining informed consent
- Sensitivity and responsiveness to patients’ culture, age, gender, and disabilities
- Accountability to the needs of society
- Accountability to the needs of the profession
- Commitment to excellence
“At all times, resident…”

_____ Identifies themselves to patients and their families
_____ Is well-groomed and wearing professional attire (including name badge)
_____ Responds to pages and inquiries in a timely manner
_____ Completes duties necessary to their training and patient care (evaluations, time sheets, dictations, signatures, medical records, etc.) in an honest and timely manner

SYSTEMS-BASED PRACTICE – Resident must demonstrate an awareness of and responsiveness to the larger context and system of healthcare and the ability to effectively call on system resources to provide care that is of optimal value.

“At every opportunity, Resident…”

_____ Considers how their practices affect other healthcare professionals and the hospital system
_____ Considers how their practices affect the society as a whole
_____ Practices cost-effective care and resource allocation (including their own time) that does not compromise quality of care
_____ Assists patients in managing the complexities of the healthcare system
_____ Looks for ways to improve our system of healthcare

IDENTIFICATION OF STRENGTHS
What would you identify as the residents strengths?

1.
2.
3.

IDENTIFICATION OF AREAS FOR IMPROVEMENT
What would you identify as the residents areas for improvement?

1.
2.
3.
IDENTIFICATION OF LEARNING OBJECTIVES

Please list three specific learning objectives and goals for resident to work on over the next six months:

1.

2.

3.

Comments:

________________________________________________________________________

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Resident Signature

________________________________________________________________________

James P. Tierney, DO
ANNUAL EVALUATION OF PROGRAM EFFECTIVENESS
TEMPLATE FOR MEETING WRITTEN REPORT REQUIREMENTS

Common Program Requirements IV.A.1.; V.B.1; V.C.1; V.C.2 ---Required evaluation of program effectiveness

I. PROGRAM MEETING INFORMATION

1. Program:

2. Date of annual meeting:

3. Date of last year’s annual meeting:

4. List attendees and title/PG-level: (Required attendees include: Program Director, representative faculty and at least one resident representative) (Note faculty representation should reflect major program requirement areas)

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<tr>
<th>ATTENDEE</th>
<th>POSITION</th>
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<tbody>
<tr>
<td>1.</td>
<td>Program Director (Required)</td>
</tr>
<tr>
<td>2.</td>
<td>Co-Director/Associate Director (Required)</td>
</tr>
<tr>
<td>3.</td>
<td>Faculty Attendees (Required) and Core Sub-specialty</td>
</tr>
<tr>
<td>4.</td>
<td>Resident Attendees and PG Level (Required)</td>
</tr>
<tr>
<td>5.</td>
<td>Representative(s) of Inter-Professional Team Involved in Program</td>
</tr>
<tr>
<td>6.</td>
<td>Guest/Other (Key Administrator/leaders/educators/related program faculty, etc)</td>
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<tr>
<td>7.</td>
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5. Please check/verify the following information used in the evaluation process (required items) and list additional information utilized.

- Previous program effectiveness report and action plan
- Written program assessment/comments by faculty
- Written report from site coordinator at each participating site location
- Program goals and objectives
- Program Curricula and Activities
- Program Rotation Descriptions
- Most recent site visit report
- Most recent internal review report
- Most recent progress report to the GMEC (within past 12 months)
• In-training exam results (past 3 years)  
• Certifying exam results (past three years)  
• Resident Survey results: ACGME/AOA-OPTI survey (including national Normative data for specialty, if available)  
• Resident Survey Results: CAMC Survey (including institutional Comparative data)  
• Resident evaluation system Data:  
  o Resident and Faculty Completion Rate data  
  o Resident evaluation of faculty and educational experience  
  o Faculty evaluation of residents  
  o Other (specify) ______________________
• Duty Hours Reporting  
  o Duty Hours Monitoring Reports (last 12 months)  
  o Duty Hours Audit Reports/Responses to GMEC  
• Clinical and Patient Information:  
  o Procedure Log Information  
  o Resident Competency Data  
  o Patient Satisfaction  
  o Clinical Performance Indicators  
  o Quality and Patient Safety (QIPS)Data  
  o Other (specify) ______________________________________

6. Other (specify)

II. PROGRAM REVIEW  
Program may use attachments, when necessary.

1. Review/list areas of concern and progress on action steps from previous annual evaluation meeting/process.  
   (Option: attach previous action plan/minutes and provide brief progress update)

2. Describe process for obtaining additional information utilized in the evaluation process:  
   a) written comments from faculty  
   b) additional information collected from residents  
   c) information obtained regarding resident performance at participating sites  
   d) Other

3. Describe how resident performance and program level outcomes data/information was utilized to review overall program performance and effectiveness.  
   a) What information was utilized to evaluate curriculum effectiveness?  
   b) How was information analyzed/utilized to evaluate overall program performance?  
   c) Describe other use of aggregate program and institutional data?
4. Describe how the program evaluated the program’s impact on clinical effectiveness, patient safety and quality of patient care?
   a) What information was obtained/utilized?
   b) How was information utilized to evaluate program performance and effectiveness?

5. Describe how the program evaluated overall performance at participating site location(s)?

III. PROGRAM EFFECTIVENESS REPORT and ACTION PLANNING

1. Describe the overall effectiveness results of the program in meeting program goals, objectives and requirements. Outline areas of concern or performance improvement opportunities that have been discussed in the evaluation meeting and note the action plans that the program will affect in the coming academic year to address each item, including the following areas:
   (Optional Performance Improvement Action Plan Form is attached for use and for monitoring):
   1) Resident Clinical/Educational Performance
   2) Resident work environment and well-being
   3) Quality and Patient Safety
   4) Program Curriculum Modification/Re-design
   5) Sustaining a culture of professionalism, personal responsibility and patient safety
   6) Resident education at participating sites (if applicable).

2. Describe the program’s process for using the assessment results and for monitoring action plans for improvement.

SIGNATURES REQUIRED:

______________________________________________________________________________
Program Director                                Date  Program Chair                                Date

Copies Requires: Copies of the report should be provided by July 1st to the following:

DIO:  Sharon Hall
Co-Chairs GMEC:  Clark Hansbarger, M.D.
          Art Rubin, D.O.
GME Office:  Jennifer Weiss

Note: The DIO will provide a summary report of findings and action plans at the first available agenda of the GMEC after July 1st.

Revised: 4/2011
# 3.2 Performance Improvement Action Plan

<table>
<thead>
<tr>
<th>Performance Improvement Concern/Goal to be Addressed</th>
<th>Action Plan (activities/plans for addressing concerns – include assignments – who/how/when and helpful comments)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident Clinical/Educational Performance</td>
<td></td>
</tr>
<tr>
<td>Resident Education at Participating Sites</td>
<td></td>
</tr>
<tr>
<td>Resident work environment and well-being</td>
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<td>Sustaining a culture of professionalism, personal responsibility and patient safety</td>
<td></td>
</tr>
</tbody>
</table>
Charleston Area Medical Center (CAMC)
Urology Residency Program

Resident Encounter

Resident Name: ________________________________

Date: ______________________

Faculty Name: ________________________________

Issue: ______________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Meeting date scheduled for: ____________________________

Resident Signature: ________________________________

Faculty Signature: ________________________________

Follow-Up Meeting

Date: ______________________

Comments: ______________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

____________________________________________________________________________________________