UNIVERSITY OF WISCONSIN - MADISON

DEPARTMENT OF UROLOGY

RESIDENCY TRAINING MANUAL
Welcome to the University of Wisconsin Urology Residency Program! The UW Department of Urology is a nationally recognized program committed to providing the highest caliber of patient care and education. One of our greatest missions is to train the next generation of urologists. As part of the University of Wisconsin Urology family, you are part of a legacy of great tradition, pride and excellence.

One of our greatest assets is a long line of fantastic residents that are committed to providing the best possible patient care with a personal drive to achieve excellence in clinical skills and scholarly activity. A strong work ethic and commitment to the program help us to achieve greater levels of accomplishment each year. Our program is founded by a diverse faculty with commitment to education. Each faculty member has achieved national levels of recognition within their field of expertise. All facets of Urology are covered with areas of excellence in Pediatric Urology, Endourology, Urologic Oncology, Female Urology, Neurourology, Infertility and Sexual Dysfunction. The faculty is on the forefront of minimally invasive approaches to surgical management, including laparoscopy and robotic surgery, laser technologies in the management of BPH and stone disease, and alternative therapies to the ablation of small tumors such as radio frequency ablation and cryotherapy.

The University of Wisconsin is a leader in the newest fiber-optic equipment in Endourology. This offers the resident a strong clinical exposure and skill set in the fundamentals of urologic management along with new technologies and innovations. Hopefully our residents are inspired to further advance the forefront of Urology, both in their clinical practice and scholarly activities.

After graduation, our residents choose careers in private practice as well as fellowships in sub-specialties of Urology. Our training program is diversified by multiple healthcare systems that include both a nationally recognized academic medical center at UW Hospital & Clinics and American Family Children's Hospital along with excellent training in a private practice system at St. Mary's Hospital and Meriter Hospital. Diversity and autonomy is further achieved with training at the William S. Middleton VA Hospital.

As you read this manual, I hope you get a feel for the strong commitment to excellence in residency education. Our goal is to provide an excellent learning environment through strong clinical and operative experience, a comprehensive didactic teaching program and resident involvement in research and new surgical techniques. It is with great anticipation that we welcome our new incoming residents. It is with a great sense of accomplishment that we congratulate our graduating residents who have contributed so greatly to the success and progress of our program. Let’s all pull together to make this another exciting year!

Sincerely,

John V. Kryger, M.D.
Associate Professor of Urology
Residency Program Director
Department of Urology
University of Wisconsin School of Medicine and Public Health
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Educational Philosophy

The University of Wisconsin Department of Urology is committed to the highest caliber program preparing residents for a career in either academic medicine or the private practice of urology. Clinical proficiency, integrity, and sensitivity to patient satisfaction are paramount. Optimal training of an urologist is dependent upon motivated and talented residents, committed faculty with necessary expertise, and an institutional environment conducive to learning. To learn the craft of urology, residents must receive graded and increasing responsibility in patient care by level of training, organized didactic education, receive evaluation of performance, instruction to develop skills of life-long learning, and exposure to basic principles of medical research and its application to clinical disease. Residents must develop a general competence in patient care, medical knowledge, practice-based learning, interpersonal skills and communication, professionalism, and understanding of system-based practice.

I. Resident Selection

The University of Wisconsin Urology Training Program aims to provide the highest quality training in the nation. Resident selection is the ultimate responsibility of the Chairman, Dr. Stephen Nakada and the Program Director, Dr. John Kryger. However, selection is based clearly on a consensus of all faculty members and the actual ranking of applicants is done at a special meeting of the entire faculty.

Resident selection is based on evaluation of:

1. Academic performance in Medical School, including Dean's Letter, grades, awards, AOA membership, class rank if available, and score from Part I of the Boards
2. Personal recommendation letters
3. Personal Statement
4. Interview and interpersonal skills
5. Extracurricular activities and accomplishments

The University of Wisconsin is a non-discriminatory Affirmative Action Employer and strongly encourages minorities and females to apply. Urology adheres to the University of Wisconsin GME policy on House Officer Selection.

II. Responsibilities of the Resident

Residents are expected to:

- Participate in safe, compassionate and cost-effective patient care under a level of supervision commensurate with their achieved cognitive and procedural skills
- Participate fully in the educational activities of their program and, as required, assume responsibility for teaching and supervising other Residents and students
- Fulfill the educational requirements of the training program established for their specialty and demonstrate the specific knowledge, skills and attitudes to demonstrate the following:

Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

• Participate in institutional programs and activities involving physicians, and adhere to applicable laws, regulations, rules, policies, procedures and established practices of the sponsoring institution and all other institutions to which they are assigned.

• Participate in institutional committees and councils, especially those related to patient care review activities and residency education.

• Learn and apply reasonable cost containment measures in the provision of patient care.

• All alleged infractions of this policy will be reviewed initially by the Program Director, then by the Senior VP of Medical Affairs. Appeals of any decisions may be submitted to the House Staff Committee.

III. Program Components

A. Sponsoring Institution

University of Wisconsin Hospital & Clinics, including American Family Children’s Hospital

B. Participating Institutions

Veterans Hospital, Madison
Meriter Hospital, Madison
St. Mary’s Hospital, Madison

C. Format

1 year of General Surgery; 4 years of Clinical Urology. Two residents per year are accepted.

1. A supervising urologist is responsible for every urology patient. The supervising urologist will either see the patient or discuss the case with the resident, and write or countersign all notes.

2. Urology residents are provided with rapid, reliable systems for communicating with supervising residents and faculty. Supervising physicians or supervising residents with appropriate experience for the severity and complexity of the patient’s condition are available at all times on site or by phone.

3. The responsibility or independence given to urology residents in patient care depends on each resident’s knowledge, manual skill, experience, the complexity of the patient’s illness, and the risk of the operation.
IV. Educational Goals & Objectives

A. Program

Goal
The goal of the University of Wisconsin Urology Residency Program is to train outstanding urologic surgeons, providing flexibility to pursue a variety of career options. Pursuit of excellence in clinical care, innovation in research, and integrity of character is stressed. The resident will be competent in patient care, medical knowledge, practice-based learning, interpersonal skills and communication, professionalism, and system-based practices.

Objectives
Each resident will, by the end of the residency:

a. Attain superior knowledge of etiology and management of urologic disease in the following domains: andrology, infertility, impotence, sexuality, calculus disease, neuourology, obstructive diseases, oncology, pediatric urology, endourology, ESWL, female urology, infectious diseases, Renal vascular diseases, surgery of the adrenal gland, renal transplantation, trauma, and urodynamics.

b. Provide total care to the patient with graded responsibility by level of training, including initial evaluation, diagnosis, use of information technology, selection of appropriate therapy, performance of high-caliber surgical technique, management of any adverse events, delivery of service aimed at preventive urologic care, and collaboration with all health care professionals for patient-focused care.

c. Learn principles of basic and clinical urologic research.

d. Gain experiences in different settings including an academic university, a VA medical center, and a private hospital.

e. Demonstrate competency as defined by faculty review in patient care, teaching, leadership, organization, and administration.

f. Evaluate their patient care practices in light of new scientific evidence.

g. Develop productive and ethically appropriate relationships with patients and families.

h. Work effectively as a member of entire health care team.

i. Be sensitive to patients’ culture, age, gender, and disabilities.

j. Demonstrate integrity and responsibility in professional activities.

k. Understand multiple methods of health delivery systems and to strive to optimize these for patient care benefit.

B. Program by Year

Urologic surgical training progresses with increasing patient care responsibility over the five years of clinical training. The program block diagram (see Appendix A) depicts assignments of residents by year. In 2001, the format was changed from two years of General Surgery and three years of Clinical Urology to one year of General Surgery and four years of Clinical Urology.

Surgical logs are an essential part of the evaluation of a training program and provide an objective measure of experience. Accurate logs are critical, beginning from the first day of the PGY1-Intern year. Monitoring of logs is required and this is done every 2 weeks and at the six month evaluation with the Program Director and Chairman. Failure to consistently comply with maintenance of surgical logs can result in probation. The surgical logs must be signed by the PD and the resident at the end of each year of residency. The certificate of completion of the residency will not be delivered until a signed, checked copy of the surgical log is provided to the Program Director at the completion of training. A copy of the surgical log for the residents completing training in June, 2008, is provided (see Appendix B).

At the completion of residency, there is an exit interview with Dr. Kryger.
V. Goals & Objectives

The Department of Urology is integrating an objective assignment of outcomes to better evaluate the success of the training program and the competence of an individual resident. Methods to measure such competencies are under development at a national level and will undoubtedly evolve greatly.

B. General Competencies & Example Components

Patient Care

Gather essential and accurate information about the patient using the following clinical skills:

- Medical interviewing
- Physical examination
- Diagnostic studies

Make informed diagnostic and therapeutic decisions based on patient information, current scientific evidence and clinical judgment:

- Demonstrating effective and appropriate clinical problem-solving skills
- Understanding the limits of one’s knowledge and expertise
- Appropriate use of consultants and referrals

Medical Knowledge

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

Practice-Based Learning & Improvement

Demonstrate continuous practice improvement by:

- Engaging in lifelong learning to improve knowledge, skills and practice performance
- Analyze one’s practice experience to recognize one’s strengths, deficiencies and limits in knowledge and expertise
- Using evaluations of performance provided by peers, patients, superiors and subordinates to improve practice
- Seeking ways to improve patient care quality
- Use information technology to optimize lifelong learning
- Facilitate education of patients, families, students, residents and other health professionals

Interpersonal & Communication Skills

- Communicate effectively with patients and families to create and sustain a professional and therapeutic relationship
- Communicate effectively with physicians, other health professionals and health related agencies
• Work effectively as a member or leader of a health care team or organization
• Be able to act in a consultative role to other physicians and health professionals
• Maintain comprehensive, timely and legible medical records

Professionalism

Consistently demonstrate high standards of ethical behavior. Respect the dignity of patients and colleagues as persons including their age, culture, disabilities, ethnicity, gender and sexual orientation. Demonstrate respect for and a responsiveness to the needs of patients and society by:
• accepting responsibility for patient care including continuity of care
• demonstrating integrity, honesty, compassion and empathy in one’s role as a physician
• respecting the patient’s privacy and autonomy
• demonstrating dependability and commitment

Systems-Based Practice

• Advocate in the interest of one’s patients
• Work effectively in various health care delivery settings and systems
• Provide optimal value for the patient by incorporating the considerations of cost-awareness and risk-benefit analysis
• Advocate for quality patient care and optimal patient care systems
• Promote health and function and prevent disease and injury in populations
• Possess basic economic and business knowledge to function effectively in one’s practice system

C. General Competencies

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<tr>
<th>Competency</th>
<th>Outcome Measure</th>
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<td>Patient care</td>
<td>-Faculty evaluations</td>
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<td>-M &amp; M conference</td>
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<td>-Grand Rounds</td>
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<td>-Observed patient encounter</td>
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<td>-360° evaluation</td>
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<td>-Index case evaluation</td>
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<td>Medical knowledge</td>
<td>-Faculty evaluations</td>
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<td>-360° evaluation</td>
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<td>-Journal Club</td>
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<td>-Qualifying Exam performance</td>
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<td>-Board Certification</td>
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<td>Practice-based learning</td>
<td>-Journal Club</td>
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<td>-Grand Rounds</td>
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<td>-360° evaluation</td>
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<td>Interpersonal &amp; communication skills</td>
<td>-Faculty evaluations</td>
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<td>-Verbal communication from support staff and colleagues</td>
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<td>-Grand Rounds presentations</td>
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<td>-Presentations at local and national meetings</td>
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<td>-Patient satisfaction</td>
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VI. Educational Goals & Objectives by Year

PGY-2 (URO-1)

As a URO-1, the resident begins the first year of the Urology program by becoming a member of a 5 resident team on the UWHC rotation for 10 months. Two months at the end of this year is spent in a General Surgery rotation at Meriter Hospital. The resident will spend 2 days per week in clinic focusing on the fundamentals of general Urology, stone disease, urologic oncology, pediatric urology and male infertility. Over the course of 10 months the residents will spend time with 7 different faculty members in these subspecialty areas. According to a dedicated rotation the resident will see both new and follow-up patients in these clinics and each patient interaction is supervised by the attending faculty.

During these clinic experiences, the residents are expected to focus on problem identification, interpersonal and communication skills and professionalism. The resident will learn by interactive discussions with the faculty and role-modeling the assigned faculty member for that clinic. As the year progresses, the residents are expected to advance from problem identification to understanding the various treatment options, understanding the benefits and side effects of each approach, and achieving skills in the proper communication of these issues to the patient and their family.

The residents will spend 3 full days per week in the Operating Room. The focus for surgery during this year is on simple pediatric urology procedures, simple adult outpatient procedures and, on occasion, assisting on more complex surgeries. Each surgical experience is completely supervised by an attending faculty. The attention is on learning proper surgical skills, instrument identification and handling, and the proper steps to simple surgical procedures. By the completion of the URO-1 year, the resident is expected to be able to perform all steps of simple surgical procedures with minimal guidance but always under careful supervision.

During this year, the residents rotate on the consult service. Each of 4 junior residents on the UW rotation will spend 1 month at a time on this rotation. During this month, the resident is excused from clinic and Operating Room assignments. The resident will conduct all of the inpatient consultations received during the day for Urology. In addition, they will manage all in-patient care issues appropriate for their level of training with the supervision of the Chief Resident and the attending faculty on call. In this manner, the other residents will not be distracted during their clinic or Operating Room time by consultation requests or calls from the floor. This allows more dedicated focus to their given assignment. The resident will take home call every 4th night during this year. During call they will receive back-up call by the Chief Resident of the UW rotation as well as an attending faculty. Their clinic assignments are chosen to allow the best possible follow-up care for patients upon whom they are most likely to operate.

Two months of the URO-1 year are spent in General Surgery at Meriter Hospital with focus on achieving more advanced skills in laparoscopic surgery and abdominal surgery as well as post-operative in-patient care and management of complications.

PGY-3 (URO-2)

As a URO-2 the resident will again be a member of the 5-resident team at UW for the entire 12 months. During this time, clinic assignments are changed to a degree. Again, they will participate in clinics focused on pediatric urology, general urology, urologic oncology and stone disease with the addition of clinics in female urology/urodynamics. Again, their clinic rotations will be distributed among 7 faculty for a total of 2 full days per week in clinic. The URO-2 is expected to demonstrate clinical skills beyond problem identification and be able to demonstrate a thorough discussion of treatment options, benefits, risks and side effects of each approach, and support for their answers from appropriate medical literature. They are also expected to have more advanced skills in communicating a discussion of disease and treatment to the patient and their family.
The Operating Room assignments will include more advanced surgical procedures in pediatric urology and stone disease along with more advanced cases in urologic oncology. The URO-2 is expected to know and be able to independently perform all steps of simple procedures and to learn the steps of the more advanced procedures. As appropriate surgical skills develop, the residents are given increased opportunities to conduct certain steps of the operation. The clinic assignments of the URO-2 year coincide with follow-up of the patients in each of these surgical disciplines and thus more time is spent in urologic oncology, pediatric urology and female urology/urodynamics and relatively less time in male infertility.

During this year, the resident will continue to rotate home call every 4th night with the direct supervision of the Chief Resident and the attending on call. They will also participate in the 1 month rotation on the consult service along with the other 3 junior residents on the rotation.

PGY-4 (URO-3)

The URO-3 resident will spend 6 months at the VA Hospital and 6 months at Meriter Hospital. During this year there is a significant level of increased autonomy. At the VA Hospital the residents are expected to independently see patients in clinic and conduct the entire history, physical exam, assessment and plan. They will convey all aspects of the clinic visit to the patient. An attending is present in clinic to supervise each patient. Three days per week are spent in clinic. Also, the VA clinic experience will include greater focus on transrectal ultrasound and prostate biopsy along with independent performance of simple clinic procedures such as cystoscopy. The VA clinic also includes training in the proper identification of patients for urodynamics along with proper technique in performing and assessing the urodynamic study. The resident will identify the treatment plan for each patient and schedule them for the appropriate surgery after final approval by the attending faculty. The VA clinic program is primarily supervised by Dr. Tim Moon, Dr. Jason Gee and Dr. Sarah McAchran but all adult faculty of the UWHC may participate in patient care at the VA Hospital as well.

In the Operating Room residents will develop surgical skills to conduct an entire procedure independently but under direct supervision of the faculty who will be scrubbed into surgery with the resident. Autonomy is given in the Operating Room based on the individual resident’s skill set. There is immediate feedback and remediation of any deficiencies. During this program, there is regular laparoscopic skills training with Dr. Moon and simulation tools. During the VA rotation, the URO-3 will take home call during each night of the week, Monday through Thursday. The weekend call will alternate with cross coverage from the UWHC service. Note, UWHC and the VA Hospital are connected and in adjacent buildings.

The other 6 months of this year are spent at Meriter Hospital. This rotation emphasizes a private practice experience along with additional specialty care in male infertility and sexual dysfunction along with female urology. In the clinic experience, the resident will observe the faculty conduct clinic in a private practice healthcare model and will largely observe by role-model. As they advance through this year, they will be given increased levels of responsibility in patient care. During this year, the clinic experience emphasizes advanced skills in the identification and management of male infertility and sexual dysfunction with Drs. Williams and Paolone. In addition, they receive additional training in female urology by Dr. McAchran and a general urology experience with Drs. Graf and Wegenke. The residents will spend time with each faculty member in clinic for 1 day per week with 4 days per week spent in the Operating Room. In the Operating Room the residents are exposed to microsurgical procedures in male infertility (including microscopic surgery experience) and the approach to perineal prostatectomy. This experience will transition from observation and assistance to performance of select steps of the surgical procedure by the end of the URO-3 year. They are also expected to demonstrate the ability to independently perform certain general urologic surgeries such as lithotripsy and ureteroscopy. The residents are expected to manage all in-patient care and decisions with the supervision of the attending faculty. They will see each patient on a daily basis and write a progress note. They will take call 2 days per week between Monday and Thursday and the Physician’s Assistant will provide call coverage the other 2 days per week. Weekend call is shared by cross coverage with the Urology resident at St. Mary’s Hospital. The resident will alternate weekend call from home Friday, Saturday and Sunday every other week. Duty hour requirements are carefully observed and enforced and there is an attending on call to provide direct supervision or support if the resident feels excessive fatigue or meets duty hour limitations. The residents will also conduct in-patient consultations under supervision of the attending physician on call.
PGY-5 (URO-4)

The URO-4 resident will spend 6 months as the Chief Resident of the UWMC rotation and 6 months as the Chief Resident of the St. Mary’s Hospital rotation. While at UWMC the Chief Resident is in charge of managing the 5 resident Urology team. This rotation is heavily centered on surgical experience and the Chief Resident will be expected to perform advanced urologic surgeries with primary focus on urologic oncology, endourology and laparoscopy. They will spend 4 full days per week in the Operating Room and 1 full day per week in clinic. By the completion of the URO-4 year, the resident is expected to be able to perform all steps of major urologic surgeries. The clinic experience 1 day per week is focused on ½ day with Dr. Gee during which the comprehensive management of urologic oncology is learned. The residents are expected to see new patients and help to identify the appropriate evaluation and management of urologic malignancies as well as discuss treatment options, benefits and risks of each approach and formulate the best plan of action in conjunction with Dr. Gee. They will also achieve advanced skills in recognizing complications and formulating the proper management. The other ½ day per week is spent with Dr. Bushman in clinic focusing on neurourology and urodynamics along with reconstructive surgery for incontinence and urethral stricture disease.

The Chief Resident will be available on back-up call to the junior resident each night Monday through Thursday. The weekend call alternates in cross coverage with the VA resident on Friday, Saturday and Sunday. The Chief Resident at the UW is expected to learn appropriate leadership skills to organize the team of residents along with administrative skills necessary to organize the service and junior resident assignments. They also play a much greater role in teaching of the junior residents and medical students. They will supervise the care of all in-patients on the Urology service at UWMC in close communication with the attending faculty on call or the appropriate attending faculty assigned to each in-patient. They will be a resource for junior residents on the consultation service if any questions arise.

Six months are also spent at St. Mary’s Hospital. This provides the resident with experience in a private practice healthcare system. The residents achieve a significant level of autonomy in performing the basic surgical procedures most common to a private practice urologist along with a strong learning experience in laparoscopic surgery provided by Dr. Brooke Johnson who is fellowship trained in laparoscopy and endourology. They will spend ½ day per week in clinic rotating with various faculty members. This exposes them to practice management skills in managing a private practice clinic along with advanced experience with coding and compliance. The Chief Resident is responsible for management of all in-patients on the Urology service at St. Mary’s Hospital under careful supervision of the attending faculty on call or the appropriate attending faculty assigned to each patient. The resident will round each day and write a progress note with the management plan for that patient. Each patient is seen by the attending faculty as well.

The residents will take 1st call from home on 3 week nights between Monday and Thursday with the 4th night covered by the Physician Assistant. Weekend call is alternated in cross coverage with the Meriter resident on Friday, Saturday and Sunday. Duty hour restrictions are carefully enforced and any necessary call coverage due to duty hour limitations or resident fatigue will be covered by the attending physician on call.
VII. Educational Goals and Objectives by Rotation

URO-1 (UWHC)

**Rotation:** University of Wisconsin Hospital & Clinics  
**Track Level:** URO-1  
**Attendings:** Stephen Nakada, MD, Wade Bushman, MD, Reg Bruskewitz, MD, Jason Gee, MD, Sean Hedican, MD, Dave Jarrard, MD, John Kryger, MD, Tim Moon, MD, Bruce Slaughenhoupt, MD, Dan Williams, MD, Sarah Mcachran, MD

**Duration:** 100% for 10 months

**Description:** During the URO-1 year, each urology resident will be provided with an introduction and orientation to basic urology education and practice to include the knowledge and skills required to function in the urology clinics, the emergency department, and performing minor urologic and general procedures. Residents will be directly supervised by urology faculty and work in a small team environment during each week while assigned to two half-days in the urology clinics, 3 days in the operating room, and consultation in the ED at the UWHC. Residents will be required to attend all didactic lectures and conferences and attend all city-wide grand rounds presentations. Call will consist of home call every 4th night. Daytime call and inpatient questions are managed by the resident on consult rotation.

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

- Demonstrate increased fund of knowledge based upon conference attendance and independent study of assigned urology texts and journals
- Demonstrate the ability to work in a urology team as team member and to interact with other members of the patient care team.
- Interact, teach, and communicate with patients & family.
- Gain progressive experience in teaching medical students.
- Prepare and present one grand rounds on an assigned urology topic.
- Select and begin development of a clinical or basic research project with faculty mentor.
- Demonstrate progressive attainment of skills in the diagnosis and treatment of patients.
- Demonstrate attainment of entry-level technical skills by first-assisting and performing minor urology and general procedures.

**The specific resident objectives include**

The resident will observe, participate and have mentored experience with chief resident or faculty in emergency room urology, including the following:

- Perform basic urethral catheterization
- Assist complex urethral catheterization
- Post-operative evaluation of complications
- Evaluation of hematuria
- Evaluation of acute stone disease and use of medical expulsive therapy
- Assist evaluation of pediatric and adult urologic trauma
- Assist evaluation/management of adult urologic emergencies
- Assist evaluation of pediatric acute scrotal pain

The resident will observe and learn fundamentals of clinic-based urology, including the following:

- Evaluation of urologic cancers
- Evaluation of stone disease, surgical and medical evaluation
- Evaluation of pediatric urology disease
- Evaluation of voiding dysfunction
- Evaluation of male infertility
- Evaluation and management of GU infections

The resident will observe, and perform minor urology procedures, including the following:

- Perform basic endourology including Cystoscopy with or without stent removal
- ESWL
- Perform basic pediatric urology including circumcision, orchiopexy.
- Hydrocele repair
- Basic urodynamics interpretation
- Scrotal surgery

The resident will observe and assist in major urology cases, including the following:

- Endourology, including ureteroscopy, laser lithotripsy and stent placement and exchange
- Laparoscopic and robotic urology cases
- Pediatric urology including hypospadias, reimplantation, pyeloplasty
- Urologic oncology cases including nephrectomy, prostatectomy, cystectomy
Patient Care

Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients with urologic disease

Gather essential and accurate information about urologic patients

Understand considerations necessary to make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment of urology faculty

Develop and carry out patient management plans for select common urologic disorders in the pediatric, infertility, uro-oncology and stone clinic at UWHC

Counsel and educate patients and their families on urologic diseases

Use information technology (on-line journals, CD-rom educational programs, lectures) to support patient care decisions and patient education

Perform and assist competently medical and invasive procedures considered essential in outpatient urology

Provide health care services aimed at preventing health problems or maintaining health, particularly prostate cancer, bladder cancer, stone disease, voiding dysfunction, UTIs

Work with health care professionals, including those from other disciplines

Interpersonal & Communication Skills

Create and sustain a therapeutic and ethically sound relationship with patients, particularly ward patients

Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills

Work effectively with others as a team member on the UWHC urology service

Monitor colleagues for excessive stress and fatigue as taught in lecture series

Professionalism

Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development

Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices at all times

 Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities

Medical Knowledge

Demonstrate an investigatory and analytic thinking approach to clinical situations

Know and apply the basic (molecular biology) and clinically supportive sciences (nephrology, human oncology, transplantation) in urology

Practice-Based Learning & Improvement

Analyze practice experience and perform practice-based improvement activities via chart reviews and personal feedback with the rotation director and faculty

Locate, appraise, and assimilate evidence from scientific studies related to patients’ health problems

Obtain and use information about UWHC patients in clinical studies

Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, particularly when presenting at state and national meetings

Use information technology to manage information, access on-line medical information

Facilitate the learning of medical students and other health care professionals including mid-level providers, RNS, MAs

Systems-Based Practice

Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and society and how these elements of the system affect your own practice

Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources

Practice cost-effective health care and resource allocation that does not compromise quality of care

Advocate for quality patient care and assist patients in dealing with system complexities

Know how to interact with health care providers to coordinate health care and know how these activities can affect system performance

Evaluation Methods

- E-Value global assessment by faculty, peers, patients and support staff
- Urology In-Service Exam
- Surgery index case evaluations
- Resident index case logs
URO-1 (Meriter)

Rotation: Meriter Hospital General Surgery
Track Level: URO-1
Attendings: David Melnick, MD, Roland Vega, MD, Susan Toth, MD, Michael Sloan, MD, Catherine Beckman, MD, Jacquelynn Arbuckle, MD, Michael Garren, MD
Duration: 100% for 2 months

Description: During the final quarter of the URO-1 year each urology resident will spend 2 months on rotation in General Surgery as a mid-level resident at Meriter Hospital. This is their second rotation in General Surgery at Meriter Hospital and is designed to further advance their skills in basic laparoscopic surgery along with the pre-op and post-operative assessment of candidates for laparoscopy as well as management of post-surgical complications. Secondly, emphasis is placed on acquiring advanced skills in bowel surgery along with the appropriate post-surgical management and recognition and management of complications. The residents will be directly supervised by General Surgery faculty and work as a member of the General Surgery resident team. They will take call from home in rotation with the other Surgery residents. They will be required to attend all didactic lectures and conferences of the General Surgery residents.

Goals for this period include the resident to:

• Demonstrate the ability to perform surgical skills in bowel surgery and basic laparoscopy.
• Understand post-operative management of patients after bowel surgery and intra-abdominal laparoscopic surgery.
• Recognize the signs of post-operative complications and appropriate management for bowel and laparoscopic surgery.
• Perform emergency room care and ICU management for complex General Surgery patients.

Specific objectives, URO-1:

The resident will observe, participate, and have mentored experience in:

_______ Emergency room management of acute abdomen, postoperative surgical complications
_______ Clinic management of surgical complications
_______ Basic trauma management
_______ ICU management of complex postsurgical patients

_______ Surgical experience with open or laparoscopic abdominal procedures including:
_______ Hernia repair
_______ Colonic resection
_______ Cholecystectomy
_______ Adrenalectomy
_______ Small bowel procedures
_______ Complex wound closures
_______ Laparoscopic patient positioning and access
_______ Trocar placement and planning
_______ Exiting the abdomen following laparoscopy
_______ Laparoscopic patient positioning
_______ Post-operative care of laparoscopic patients

Evaluation Methods:

• E-Value global assessment by faculty, peers, patients and support staff
• Urology In-Service Exam
• Surgery index case evaluations
• Resident index case logs

URO-2 (UWHC)

Rotation: University of Wisconsin Hospital & Clinics
Track Level: URO-2
Attendings: Stephen Nakada, MD, Wade Bushman, MD, Reg Bruskewitz, MD, Jason Gee, MD, Sean Hedican, MD, Dave Jarrard, MD, John Kryger, MD, Tim Moon, MD, Bruce Slaughenhoupit, MD, Dan Williams, MD, Sarah McAchran, MD
Duration: 100% for 12 months

Description: During the URO-2 year the Urology resident is expected to demonstrate more advanced knowledge and comprehensive evaluation for patients with particular emphasis on Pediatric Urology, Endourology and Urologic Oncology. The resident will also have initial exposure to clinical Female Urology. They will continue to work as a team member of the UWHC resident team and participate in home call in rotation with the other Junior residents. In clinic, they will be expected to not only understand the diagnosis and evaluation of urologic diseases but demonstrate in-depth understanding of the treatment options, benefits, risks and side effects. They will be given greater opportunity to demonstrate the ability to communicate these issues with patients and their families. The resident will continue to be directly supervised on a one-to-one basis with Urology faculty while assigned to
clinic for 2 days per week and the operating room for 3 days per week. They will rotate on the consultation service on a 1 month schedule with the other Junior residents of the Urology team. Residents will be required to attend all didactic lectures and conferences at UWHC.

Goals for this period include the resident to:

- Demonstrate progressive experience in Pediatric Urology, Endourology and Urologic Oncology rotations.
- Demonstrate ability to perform minor urologic surgery in Pediatrics and Endourology independently.
- Demonstrate completion of a clinical research project to be presented at the Wisconsin Urologic Society meeting with possible submission for publication and presentation at regional and national level meetings.
- Prepare case presentations and monthly Indications Conference for UWHC surgical cases.
- Demonstrate the ability to teach medical students.
- Attend all required conferences at UWHC.

Specific objectives, URO-2

The resident will observe, participate and have mentored experience in emergency room urology, including the following:

- Perform complex urethral catheterization
- Manage and evaluate hematuria, and perform simple endoscopic management
- Evaluate and treat stone disease
- Assist in evaluation of pediatric and adult urologic trauma
- Evaluate and assist in management of adult urologic emergencies
- Recognize and manage post-operative urologic complications

The resident will observe, participate and have mentored experience in clinic-based urology, including the following:

- Understand the diagnosis, evaluation and treatment options of urologic cancer along with benefits, risks and side effects
- Evaluation of stone disease with surgical and medical treatment options, benefits, risks and side effects
- Evaluation and management of common pediatric urologic disorders
- Evaluation and management of female urologic disorders, including incontinence and voiding dysfunction
- Evaluation and management of erectile dysfunction and BPH

The resident will observe and perform minor urology procedures, including the following:

- Basic Endourology, including cystoscopy and stent removal, stent placement and stent exchange
- Transurethral bladder biopsy
- Prostate ultrasound with biopsy
- Shock wave lithotripsy
- Technique and interpretation of video urodynamic studies
- Varicocele repair
- Scrotal surgery
- Orchietomy
- Pediatric Urology including hernia, hydrocoele, orchiopexy and circumcision

The resident will assist and perform select portions of major urology cases, including the following:

Completed / Date

- Radical prostatectomy
- Radical cystectomy
- Continent diversion
- Surgery for urinary incontinence
- Radical nephrectomy
- Donor nephrectomy
- Percutaneous renal surgery
- Endourology, including ureteroscopy, laser lithotripsy, incisions of the urinary tract
- Endourology, including ureteroscopy, for stones, tumors, essential hematuria
- Transurethral surgery, including TURBT & TURP
- Laparoscopic urology
- RPLND
- Hydrospadia, pyeloplasty, pediatric reconstructive procedures, Ureteral reimplantation

Patient Care

- Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients with urologic disease
- Gather essential and accurate information about urologic patients
- Make informed decisions about diagnostic and therapeutic interventions in urology based on patient information and preferences, up-to-date scientific evidence, and clinical judgment of urology faculty
Develop and carry out patient management plans for select urologic disorders

Counsel and educate patients and their families on urologic diseases

Use information technology (on-line journals, CD-ROM educational programs, lectures) to support patient care decisions and patient education

Perform and assist competently medical and invasive procedures considered essential in outpatient urology

Provide healthcare services aimed at preventing health problems or maintaining health, particularly prostate cancer, bladder cancer, stone disease, impotence, voiding dysfunction

Work with healthcare professionals, including those from other disciplines

Provide patient-focused care in the uro-oncology clinic and stone clinic while at UWHC

Medical Knowledge

Demonstrate an investigatory and analytic thinking approach to clinical situations

Know and apply the basic (molecular biology) and clinically supportive sciences (nephrology, human oncology, transplantation) in urology

Practice-Based Learning & Improvement

Analyze practice experience and perform practice-based improvement activities via chart reviews and personal feedback by rotation director

Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems

Obtain and use information about UWHC patients and the larger population from where their patients are drawn in clinical studies

Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, particularly when presenting at state and national meetings

Use information technology to manage information, access on-line medical information

Facilitate the learning of medical students and other healthcare professionals including mid-level providers, RNS, MAs

Interpersonal & Communication Skills

Create and sustain a therapeutic and ethically sound relationship with patients, particularly ward patients

Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills

Work effectively with others as a team member or leader of a health care team (urology service)

Monitor colleagues for excessive stress and fatigue as taught in lecture series

Professionalism

Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and ongoing professional development

Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices at all times.

Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

Systems-Based Practice

Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and society and how these elements of the system affect their own practice (chart reviews with rotation director)

Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources (part of clinical lecture series)

Practice cost-effective health care and resource allocation that does not compromise quality of care (chart reviews with rotation director)

Advocate for quality patient care and assist patients in dealing with system complexities

Know how to partner with health care managers and health care providers to coordinate and improve health care and know how these activities can affect system performance

Evaluation Methods:

- E-Value global assessment by faculty, peers, patients and support staff
- Urology In-Service Exam
- Surgery index case evaluations
- Resident index case logs
URO-3 (Meriter)

**Rotation:** Meriter Hospital  
**Track Level:** URO-3  
**Attendings:** David Paolone, MD, John Wegenke, MD, Andrew Graf, MD, Dan Williams, MD, Sarah McAchran, MD  
**Duration:** 100% for 6 months

**Description:** The URO-3 resident will spend 6 months in a private practice setting divided into two 3 month rotations. This experience will provide unique exposure to practice management in a private, urologic practice. Training will focus on urologic domains of infertility, sexual dysfunction and female urology. The clinic experience associated with the Meriter Hospital rotation is based at 1 South Park clinic which is home to the UW Men’s Sexual Health Center. Fellowship trained University faculty in Female Urology and Infertility are based at 1 South Park Street Clinic. Surgical emphasis is based on learning micro-surgical techniques in infertility and advanced options for surgical management of female urinary incontinence. Strong exposure to endoscopic urology and unique experience in peritoneal prostatectomy is provided. The resident will take home call on 2 weekday nights per week and alternate weekend call in cross coverage with the resident at St. Mary’s Hospital. During this rotation, the residents are taught to perform and interpret microscopic urinalysis in clinic.

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

- Gain strong endoscopic and microsurgical skills as well as exposure to multiple surgical treatment options for female urinary incontinence and radical peritoneal prostatectomy.
- Independently manage the Urology in-patient service at Meriter Hospital and coordinate care with the Urology Physician’s Assistants under supervision of faculty.
- Attend all required conferences at UWHC.
- Present Meriter monthly report at City-Wide M&M Conference.
- Prepare monthly Indications Conference for Meriter surgical cases.
- Independently perform and interpret microscopic urinalysis.

**Specific objectives, URO-3:**

The resident will observe, participate, and have mentored experience in **emergency room urology** including the following:

- Complex urethral catheterization
- Evaluation of hematuria and endoscopic management
- Surgical and medical management of stone disease
- NICU consultations for neo-natal urologic disorders
- Evaluation and management of adult urologic emergencies
- Evaluation of obstetrical urologic emergencies and complications

The resident will observe, participate, and have mentored experience in **clinic-based urology**, including the following:

- Evaluation of urologic cancers
- Evaluation and management of stone disease with medical and surgical treatment options
- Evaluation and management of incontinence with particular emphasis on decision for appropriate urethral sling treatment options
- Evaluation and management of voiding dysfunction
- Comprehensive evaluation of male infertility and andrology
- Comprehensive evaluation of erectile dysfunction
- Perform and interpret microscopic urinalyses

The resident will observe and perform **minor urology procedures**, including the following:

- Prostate ultrasound with biopsy
- Shock wave lithotripsy
- Basic urodynamics
- Periurethral bulking agent injection for incontinence
- Vasectomy
- Scrotal surgery

The resident will assist and perform **major urology cases**, including the following:

- Microsurgical Vasovasostomy
- Microsurgical Epididymovasostomy
- Microsurgical Testicular Sperm Extraction (TESE)
- Microsurgical Epididymal Sperm Aspiration (MESA)
- Microsurgical Varicocelectomy
- Radical perineal prostatectomy
- Open radical nephrectomy and partial nephrectomy
- Procedures for urinary incontinence including pubovaginal slings and mid-urethral sling
Ureteroscopy and management of stone disease and upper tract tumors
Implantation of inflatable penile prosthesis
Implantation of artificial urinary sphincter
Male urethral sling
Transurethral surgery, including TURBT, TURP and photo selective laser vaporization of the prostate

Patient Care
Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients with urologic disease
Gather essential and accurate information about urologic patients
Make informed decisions about diagnostic and therapeutic interventions in urology based on patient information and preferences, up-to-date scientific evidence, and clinical judgment of urology faculty
Develop and carry out patient management plans for select urologic disorders
Counsel and educate patients and their families on urologic diseases
Use information technology (on-line journals, CD-rom educational programs, lectures) to support patient care decisions and patient education
Perform and assist competently medical and invasive procedures considered essential in outpatient urology
Provide health care services aimed at preventing health problems or maintaining health, particularly prostate cancer, bladder cancer, stone disease, impotence, voiding dysfunction
Work with health care professionals, including those from other disciplines
Provide patient-focused care in the uro-oncology clinic and stone clinic while at UWHC

Medical Knowledge
Demonstrate an investigatory and analytic thinking approach to clinical situations
Know and apply the basic and clinically supportive sciences in urology

Practice-Based Learning & Improvement
Analyze practice experience and perform practice-based improvement activities via chart reviews and personal feedback with the rotation director
Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems
Obtain and use information about UWHC patients and the larger population from where their patients are drawn in clinical studies

Interpersonal & Communication Skills
Create and sustain a therapeutic and ethically sound relationship with patients, particularly ward patients
Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
Work effectively with others as a team member or leader of a health care team (urology service)
Monitor colleagues for excessive stress and fatigue as taught in lecture series

Professionalism
Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices at all times
Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

Systems-Based Practice
Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources (part of clinical lecture series)
Practice cost-effective health care and resource allocation that does not compromise quality of care
Advocate for quality patient care and assist patients in dealing with system complexities
Know how to partner with health care managers and health care providers to coordinate, and improve health care and know how these activities can affect system performance
Evaluation Methods:
- E-Value global assessment by faculty, peers, patients and support staff
- Urology In-Service Exam
- Surgery index case evaluations
- Resident index case logs

URO-3 (VA)

Rotation: Veteran’s Administration Hospital
Track Level: URO-3
Attendings: Tim Moon, MD, Jason Gee, MD, Sarah McAchran, MD
Duration: 100% for 6 months

Description: The URO-3 resident will spend 6 months on rotation at the VA Hospital. This will consist of two separate 3 month rotations. During this experience, the resident will gain experience in the unique healthcare system of the Veteran’s Administration with care of a highly select population of elderly men with multiple co-morbidities. The resident will gain autonomy to develop skills for total practice management of their patient from initial clinical evaluation, diagnosis and workup through appropriate surgical and medical management to completion of follow-up post-operative care with long-term management. In this process, the resident will independently counsel patients and their families to achieve full understanding of their urologic disorder, the treatment options, benefits, side effects and risks of each treatment option and the anticipated long-term course. They will be appropriately supervised for each patient by the urologic faculty assigned to clinic. They will independently perform minor procedures in clinic under direct supervision and observation by the urologic faculty. They will develop advanced administrative skills in coordinating care of the patient and staff. The resident will spend 3 days in clinic and 2 days in the operating room and minor procedure area and will provide home call for weekday nights and alternate home call each weekend with the UWHC Chief Resident. The VA resident will personally practice laparoscopic simulation skills on a lap trainer with Dr. Moon. The resident will also prepare and conduct monthly Unknown Case Conference under supervision of Dr. Moon.

Goals for this period include the resident to:
- Demonstrate the ability to evaluate, diagnose and treat the full spectrum of general urologic disorders common to patients in the VA healthcare system.
- Gain experience in organization of urologic practice management, including care of urgent care clinic in the VA system.
- Coordinate clinic schedules with the Nurse Practitioner and clinic staff.
- Contact patients with lab test and pathologic results with the help of the Nurse Practitioner and VA staff.
- Attend all required conferences at UWHC.
- Prepare monthly Indications Conference for VA surgical cases.
- Prepare and present Unknown Case Conference on a monthly basis.
- Prepare monthly VA report for presentation at M&M Conference.
- Practice laparoscopic simulation under supervision of attending staff on laparoscopic trainer.

Specific objectives, URO-3:

The resident will independently perform urgent care urology, including the following:

- Complex urethral catheterization
- Evaluation of hematuria and endoscopic management
- Evaluation and management of stone disease
- Evaluation and management of adult urologic emergencies
- Evaluation and management of surgical complications

The resident will independently perform clinic-based urology in the VA healthcare system under faculty supervision, including the following:

- Evaluation of urologic cancers with discussion of treatment options, benefits, risks and side effects
- Evaluation and management of stone disease with discussion of medical and surgical treatment options, benefits, risks and side effects
- Evaluation of incontinence with discussion of medical surgical treatment options, benefits, risks and side effects
- Evaluation and treatment of voiding dysfunction
- Recognize and discuss surgical complications and management options

The resident will independently perform the following:

- Prostate ultrasound with biopsy
- Cystoscopy and stent removal, stent placement and stent exchange
Vasectomy
Scrotal surgery
Demonstrate technique and interpretation of videourodynamic

The resident will perform as surgeon in major urology cases, including the following:
Radical prostatectomy
Radical cystectomy
Continent urinary diversion
Surgical management of urinary incontinence
Radical nephrectomy
Percutaneous renal surgery
Endourology, including ureteroscopy for stone disease and upper tract tumors
Transurethral surgery, including TURBT and TURP
Laparoscopic nephrectomy and partial nephrectomy

Patient Care
Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients with urologic disease
Gather essential and accurate information about urologic patients
Make informed decisions about diagnostic and therapeutic interventions in urology based on patient information and preferences, up-to-date scientific evidence, and clinical judgment of urology faculty
Develop and carry out patient management plans for select urologic disorders
Counsel and educate patients and their families on urologic diseases
Use information technology (on-line journals, CD-rom educational programs, lectures) to support patient care decisions and patient education
Perform and assist competently medical and invasive procedures considered essential in outpatient urology
Provide health care services aimed at preventing health problems or maintaining health, particularly prostate cancer, bladder cancer, stone disease, impotence, voiding dysfunction
Work with health care professionals, including those from other disciplines

Medical Knowledge
Demonstrate an investigatory and analytic thinking approach to clinical situations
Know and apply the basic (molecular biology) and clinically supportive sciences (nephrology, human oncology, transplantation) in urology

Practice-Based Learning & Improvement
Analyze practice experience and perform practice-based improvement activities via chart reviews and personal feedback with the rotation director
Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems
Obtain and use information about UWHC patients and the larger population from where their patients are drawn in clinical studies
Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, particularly when presenting at state and national meetings
Use information technology to manage information, access on-line medical information
Facilitate the learning of medical students and other health care professionals including mid-level providers, RNs, MAs

Interpersonal & Communication Skills
Create and sustain a therapeutic and ethically sound relationship with patients, particularly ward patients
Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
Work effectively with others as a team member or leader of a health care team (urology service)
Monitor colleagues for excessive stress and fatigue as taught in lecture series

Professionalism
Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices at all times
Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

Systems-Based Practice
Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and society and how these elements of the system affect their own practice (chart reviews with rotation director)
Know how types of medical practice and delivery
systems differ from one another, including methods of controlling health care costs and allocating resources (part of clinical lecture series)

Practice cost-effective health care and resource allocation that does not compromise quality of care (chart reviews with rotation director)

Advocate for quality patient care and assist patients in dealing with system complexities

Know how to partner with health care managers and health care providers to coordinate, and improve health care and know how these activities can affect system performance

**Evaluation Methods:**

- E-Value global assessment by faculty, peers, patients and support staff
- Urology In-Service Exam
- Surgery index case evaluations
- Resident index case logs

**URO-4 (UWHC)**

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

**Track Level:** URO-4

**Attendings:** Stephen Nakada, MD, Wade Bushman, MD, Reg Bruskewitz, MD, Jason Gee, MD, Sean Hedican, MD, Dave Jarrard, MD, John Kryger, MD, Tim Moon, MD, Bruce Slaughenhoup, MD, Dan Williams, MD, Sarah McAchran, MD

**Duration:** 100% for 6 months

**Description:** During the URO-4 year, the resident will spend 6 months as Chief Resident at UWHC in two separate 3 month rotations. During this rotation, the Chief Resident will serve as team leader of the Urology Resident Team. They will spend one week in clinic, with emphasis on neurology and management of advanced urologic cancer. The Chief Resident will supervise the teaching of the Junior residents and medical students with supervision of minor urologic procedures. The Chief Resident will provide backup call from home to the Junior residents on first call and mentorship of the inpatient Urology consults. The Chief Resident will spend 1 day in UWHC Urology Clinic and 4 days in surgery. They will attend all required conferences at UWHC.

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

- Demonstrate surgical skills and understanding of complete operation for treatment of advanced urologic cancer.
- Understand and perform all steps in laparoscopic and robotic urologic surgery.
- Demonstrate understanding of post-operative management for all urologic surgeries for both laparoscopic and open surgery.
- Demonstrate understanding of the signs and symptoms of post-surgical complications and the appropriate evaluation and management of them.
- Demonstrate teaching of Junior residents and medical students on the UWHC Urology team
- Identify and demonstrate advanced decision-making for complex urologic consultations and inpatient management, including ICU care.
- Perform all major urologic procedures independently but supervised.
- Demonstrate mentorship of Junior residents in minor urologic procedures, inpatient consultations and inpatient care.
- Present Urology Grand Rounds once this year.
- Prepare monthly report of UWHC surgical cases for City-Wide M&M Conference.
- Demonstrate completion of a clinical research project for submission for publication.

**Specific objectives URO-4:**

The Chief Resident will observe, manage and mentor Junior residents in emergency room urology, including the following:

- Independently perform complex urethral catheterization and suprapubic tube placement
- Evaluation of hematuria and endoscopic management
- Medical and surgical management of stone disease
- Evaluation of pediatric and adult urologic emergencies
- Evaluation and management of pediatric and adult urologic trauma
- Evaluation and management of post-operative urologic complications

The Chief Resident will observe, participate and mentor Junior residents in clinic-based urology, including the following:

- Evaluation and management of complex urologic cancer
- Comprehensive medical evaluation and surgical management of stone disease
Comprehensive medical evaluation of incontinence with particular emphasis on neurologic disorders and interpretation of video urodynamic studies

The Chief Resident will perform and teach **minor urology procedures**, including the following:

- Cystoscopy and fluoroscopic stent placement and stent exchange
- Scrotal surgery
- Technique and interpretation of video urodynamics
- Sacral nerve neuromodulation therapy

The Chief Resident will perform and teach **major urology cases**, including the following:

- Radical prostatectomy
- Radical cystectomy
- Continent urinary diversion
- Radical nephrectomy
- Donor nephrectomy
- Percutaneous renal surgery
- Endourology, including ureteroscopy, for stone disease and upper tract tumors
- Transurethral surgery, including TURBT and TURP
- Laparoscopic and robotic urology, including nephrectomy, partial nephrectomy, prostatectomy, pyeloplasty and cystectomy
- Advanced surgery for male and female incontinence
- Surgical management of urethral stricture disease
- Artificial urinary sphincter placement

**Patient Care**

- Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients with urologic disease
- Gather essential and accurate information about urologic patients
- Make informed decisions about diagnostic and therapeutic interventions in urology based on patient information and preferences, up-to-date scientific evidence, and clinical judgment of urology faculty
- Develop and carry out patient management plans for select urologic disorders
- Counsel and educate patients and their families on urologic diseases
- Use information technology (on-line journals, CD-rom educational programs, lectures) to support patient care decisions and patient education
- Perform and assist competently medical and invasive procedures considered essential in outpatient urology

- Provide health care services aimed at preventing health problems or maintaining health, particularly prostate cancer, bladder cancer, stone disease, impotence, voiding dysfunction
- Work with health care professionals, including those from other disciplines
- To provide patient-focused care in the uro-oncology clinic and stone clinic while at UWHC

**Medical Knowledge**

- Demonstrate an investigatory and analytic thinking approach to clinical situations
- Know and apply the basic (molecular biology) and clinically supportive sciences (nephrology, human oncology, transplantation) in urology

**Practice-Based Learning & Improvement**

- Analyze practice experience and perform practice-based improvement activities via chart reviews and personal feedback by rotation director
- Locate, appraise, and assimilate evidence from scientific studies related to patients’ health problems
- Obtain and use information about UWHC patients and the larger population from where their patients are drawn in clinical studies
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, particularly when presenting at state and national meetings
- Use information technology to manage information, access on-line medical information
- Facilitate the learning of medical students and other health care professionals including mid-level providers, RNS, MAs

**Interpersonal & Communication Skills**

- Create and sustain a therapeutic and ethically sound relationship with patients, particularly ward patients
- Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- Work effectively with others as a team member or leader of a health care team (urology service)
- Monitor colleagues for excessive stress and fatigue as taught in lecture series

**Professionalism**

- Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices at all times.

Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

**Systems-Based Practice**

Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and society and how these elements of the system affect their own practice (chart reviews with rotation director)

Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources (part of clinical lecture series)

Practice cost-effective health care and resource allocation that does not compromise quality of care (chart reviews with rotation director)

Advocate for quality patient care and assist patients in dealing with system complexities

Know how to partner with health care managers and health care providers to coordinate, and improve health care and know how these activities can affect system performance

**Evaluation Methods:**

- E-Value global assessment by faculty, peers, patients and support staff
- Urology In-Service Exam
- Surgery index case evaluations
- Resident index case logs

**URO-4 (St. Mary's)**

**Rotation:** St. Mary's Hospital

**Track Level:** URO-4

**Attendings:** Jennifer Maskel, MD, Adam Tierney, MD, Norman (Bud) Richards, MD, Lynn Hahnfeld, MD, David Caropreso, MD, Brooke Johnson, MD

**Duration:** 100% for 6 months

**Description:** The URO-4 Chief Resident will spend 6 months in a private practice experience in the St. Mary's/Dean Healthcare system. This rotation is divided into two 3 month rotations. Clinical emphasis is placed on practice management in a private practice healthcare system with focus on fundamental laparoscopic and robotic urology skills, open urologic surgery and transurethral prostatectomy. The Chief Resident will spend 1 day per week in clinic and 4 days per week in surgery. They will attend all required conferences at UWHC. They will take home call on 2-3 weekday nights per week and alternate weekend call with cross coverage from the Meriter resident.

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

- Demonstrate understanding of practice management in a private practice healthcare system.
- Demonstrate laparoscopic and robotic skills in all phases of fundamental urologic surgeries for prostatectomy, nephrectomy and partial nephrectomy.
- Attend all required conferences at UWHC.
- Present monthly report for St. Mary's at City-Wide M&M Conference.
- Prepare monthly Indications Conference for St. Mary's surgical cases.

**Specific objectives, URO-4:**

The Chief Resident will gain experience to independently manage emergency room urology under direct faculty supervision, including the following:

- Complex urethral catheterization
- Post-operative evaluation of surgical complications
- Evaluation of hematuria and endoscopic management
- Medical and surgical management of stone disease
- Evaluation of adult urologic emergencies
- NICU consultations for neo-natal urologic disorders
- Obstetrical urologic emergencies and complications

The Chief Resident will perform minor urology procedures independently, including the following:

- Cystoscopy with stent placement, stent removal and stent exchange under fluoroscopic guidance
- Varicocelectomy
- Scrotal surgery

The Chief Resident will perform major urology cases, including the following:

- Radical prostatectomy
- Radical cystectomy
- Continent urinary diversion
- Surgical management of male and female urinary incontinence, including artificial sphincter and slings
- Endourology, including ureteroscopy for stone disease and upper tract tumors
- Transurethral surgery, including TURBT and TURP
Laparoscopic and robotic surgery for prostatectomy, nephrectomy, partial nephrectomy and pyeloplasty

**Patient Care**

- Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients with urologic disease
- Gather essential and accurate information about urologic patients
- Make informed decisions about diagnostic and therapeutic interventions in urology based on patient information and preferences, up-to-date scientific evidence, and clinical judgment of urology faculty
- Develop and carry out patient management plans for select urologic disorders
- Counsel and educate patients and their families on urologic diseases
- Use information technology (on-line journals, CD-rom educational programs, lectures) to support patient care decisions and patient education
- Perform and assist competently medical and invasive procedures considered essential in outpatient urology
- Provide health care services aimed at preventing health problems or maintaining health, particularly prostate cancer, bladder cancer, stone disease, impotence, voiding dysfunction
- Work with health care professionals, including those from other disciplines
- Provide patient-focused care in the uro-oncology clinic and stone clinic while at UWHC

**Medical Knowledge**

- Demonstrate an investigatory and analytic thinking approach to clinical situations
- Know and apply the basic and clinically supportive sciences in urology

**Practice-Based Learning & Improvement**

- Analyze practice experience and perform practice-based improvement activities via chart reviews and personal feedback with the rotation director
- Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems
- Obtain and use information about UWHC patients and the larger population from where their patients are drawn in clinical studies
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness, particularly when presenting at state and national meetings
- Use information technology to manage information, access on-line medical information

- Facilitate the learning of medical students and other health care professionals including mid-level providers, RNs, MAs

**Interpersonal & Communication Skills**

- Create and sustain a therapeutic and ethically sound relationship with patients, particularly ward patients
- Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- Work effectively with others as a team member or leader of a health care team (urology service)
- Monitor colleagues for excessive stress and fatigue as taught in lecture series

**Professionalism**

- Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices at all times
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

**Systems-Based Practice**

- Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and society and how these elements of the system affect their own practice
- Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources (part of clinical lecture series)
- Practice cost-effective health care and resource allocation that does not compromise quality of care
- Advocate for quality patient care and assist patients in dealing with system complexities
- Know how to partner with health care managers and health care providers to coordinate, and improve health care and know how these activities can affect system performance

**Evaluation Methods:**

- E-Value global assessment by faculty, peers, patients and support staff
- Urology In-Service Exam
- Surgery index case evaluations
- Resident index case logs
VIII. Residency Guidelines

These guidelines are in addition to, but not in lieu of, the existing housestaff guidelines.

1. Progression

   a. Progression in the residency is reviewed at regular intervals by the entire Urology faculty. Patient care, surgical skills, conference presentations, knowledge acquisition, self-assessment exam scores, attitude, and publications are evaluated, as are all six resident competencies, including patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice. Faculty evaluations are completed at the end of each rotation and are in the resident's file and should be reviewed by the resident. Each resident's progress is reviewed with the Program Director and Chairman. This meeting is documented in the resident's file. This meeting reflects the view of the entire faculty. Promotion from one year to the next is based on proven competence in all areas. The residents formally and anonymously evaluate the faculty and the residency program at this time.

   b. Disciplinary Action: If a resident fails to progress or fails to adequately perform their duties, or performs below standard on the in-service examination, the Program Director may place the resident on probation. If non-renewal or dismissal is necessary, the procedures outlined in the Appointment Information for House Officers document will be followed. The Program Director can take the resident off probation at any time. Any period of probation becomes part of the resident's record.

2. Presentations and Publications

   Citywide Weekly Conference – PGY-2 (URO-1) or higher residents will be asked to give at least one Grand Rounds per year. Minimum of one presentation at the Wisconsin Urologic Meeting, North Central Section Meeting, or Annual AUA Meeting. Submission of one manuscript for publication is a requirement for graduation. The Department will support one AUA Annual meeting during the Residency during the PGY-3 (URO-2) year. The Department will support travel and maximum 5 day stay at any AUA sponsored meeting in which the resident is on the program with a presentation associated with a full-time faculty member. Meeting travel is at the discretion of the Chairman and Program Director. Residents should not submit the same abstract to more than one meeting. The Department will cover mean hotel expenses, coach air travel, and meals under the regulations of the University. All abstracts submitted to any meeting requesting department travel support must be cleared through the Chairman's office at the time of abstract submission. The residents are allowed 30 days to complete expense reports and deliver them to the residency coordinator.

3. Expenses

   Please check with the Residency Coordinator before incurring any costs that you are expecting the department/university to pay for. We have very strict regulations to which we must adhere for purchases and/or reimbursements. ALL EXPENSES MUST BE AUTHORIZED IN ADVANCE.

4. Meetings

   Five working days per year are available for meetings in the URO 1-4 years. These five days do not carry over and are not for job interviews or vacation. Prior to scheduling, coverage must be arranged through the senior resident. Time at meeting must be approved by the residency director prior to attending meeting. Travel time for career development is available for up to 1 week during the residency program.

5. Academic Stipend

   $400/year. PGY 1 through 5. Academic stipend may be used for books, journals, and urology meetings in North America, operating loupes, and AUA dues. Phones, entertaining, auto, and computer hardware are examples of expenses which are not allowed. Balance of stipend may be carried over to other years. Any balance at end
6. VAH Orientation

Residents will receive 2 days off from clinical duties to receive VAH orientation. The 2 days will come from near the end of the rotation immediately preceding the start of the VAH rotation.

7. Progress Notes

Daily progress notes must be written, signed, dated and timed on each patient’s chart. Notes made by medical students need co-signing by the resident on the same day. Notes should state, if true, the patients were seen by staff M.D., who concurred with management plans. All verbal orders must be signed within 24 hours.

8. Call

The PGY-2 (URO-1) and PGY-3 (URO-2) residents have rotating call. The PGY-3 (URO-2’s) organize the monthly call schedule and submit it by the 15th of the preceding month to the Chairman’s Assistant. The chief resident is on call and available for emergency consultations and surgery at all times except when signed out to the covering staff or the PGY-4 (URO-3) at the VA. Urgent consultations at night and on weekends should be discussed with the covering staff and arrangements made to handle the problem. Call on UW rotations will be covered by mid-level providers on Tuesday from 7:30 am to 5:00 pm. Strict duty hour regulations always apply. In cases where delays in patient evaluation occur, the chart will be reviewed and assessed by the Program Director and appropriate action taken. It is the responsibility of the resident to maintain duty hours calculations, and to contact the Program Director if he/she is exceeding duty hours regulations.

9. Meal Cards

Any resident/residency program averaging 65-88 hours will receive a $7.50 extended meal card for home call.

10. Beepers

If you get a page with "99" before a phone number, THIS IS A STAT PAGE! This must be answered IMMEDIATELY.

There are certain areas in the hospital in which your beeper may not pick up pages due to lead walls, etc. If you seem to be missing more than an occasional page, we can call the paging company and have your unit replaced (usually the same day). Residents are responsible for the replacement or repair costs of any lost or damaged units.

All pages must be answered by telephone within 5 minutes. If the call resident does not respond, then the chief resident will be paged. If there is no response, the faculty on call will be paged, and if there is still no response, the Chairman of Urology will be contacted. All pages will be answered in a timely manner.

11. Emergency Room

ER patients must be seen by the responsible urology resident (at the URO-1, 2, 3 or 4 levels) promptly. The staff on call can be called if no resident is available. All E.D. visits should be reviewed by the chief resident and/or discussed with an attending.

12. Moonlighting

Moonlighting is prohibited. The Urology residency is a full-time commitment and outside time commitments as a moonlighting physician cannot be made.

Unavailability for duties including AM and PM rounds, call, conferences, weekend surgery, etc., due to moonlighting will be cause for immediate, unconditional dismissal.

13. Dictations

Operative Notes - should be dictated on the day of surgery. The resident dictates each case unless:

a) No resident was present, or

b) The attending specifically states that he will do the dictation.

Discharge Summaries - must be dictated on all discharges within 72 hours of discharge. Compliance will be determined by comparison of discharge and dictation dates. The resident will dictate the cases in which he was surgeon or first assistant. Residents who are behind on Discharge Summaries are expected to excuse themselves from clinical duties to get caught up.
14. Operating Room

The resident participating in each operation is due in the O.R. prior to the induction of anesthesia. Ward-rounds should be completed and the resident should be in the main O.R. by 7:30am and in ambulatory O.R. by 7:15am. Residents should also be present in advance of all "to-follow" cases. Where no resident will be present for the case, the faculty should be notified so he can do the same.

The resident should be familiar with the case history and the lab results for the patient. Pertinent x-rays should be reviewed prior to the case and be available in the O.R. by the resident. This is the resident's responsibility. The resident should formulate an operative approach and management plan.

15. Clinic

The clinic assignment is critical to the RRC requirement for outpatient and continuing care experience. Clinic assignments are listed in the clinic area. Digression from clinic assignments requires clearance of the Program Director. Residents should see patients promptly and seek staff consultation. All clinics have assigned faculty. The chart should be kept so the faculty can complete their portion of the documentation. The faculty is responsible for all care given.

16. Teaching of Medical Students

Resident teaching of medical students is part of the resident’s duties and reflective of resident competence. Medical students regularly evaluate residents teaching and these evaluations become a part of the resident's file.

17. Resident Dress Code

The Department dress code is shirt, tie, and white coat for men and the appropriate equivalent for women. Scrubs cannot be worn without a white coat. Casual dress is not appropriate for the hospital (Reference Page 11, House Officers Handbook). White coats are provided (3 per year with embroidery) and should be kept clean. The Department of Urology provides a laundry service for lab coats. Please have the Department Residency Coordinator handle the laundry procedures.

18. Vacations

Vacations should be cleared with the appropriate chief of service and Urology Department Program Director at least 3 months in advance. A vacation request must be submitted for approval. Surgical logs and chart dictations must be caught up before leaving on vacation. Fifteen business days are allowed per year; if more are taken they will be subtracted from the next academic year or be sufficient reason for not obtaining credit for that residency year. During the PGY-4 (URO-3) year, Meriter/VA residents must be balanced (or coordinate) 3 weeks at each hospital.

Vacations are intended to be 7 days. Switching weekends to make them longer may affect duty hour requirements. Vacations should not overlap from one service to another. Vacation does not carry over from one year to the next. There will be no vacation taken during the last 2 weeks of June and first 2 weeks of July.

NO MORE THAN ONE PERSON ON A SERVICE OR CROSS-COVERING SERVICE WILL BE OFF AT ONE TIME.

19. Surgery Logs

A critical component of resident training is careful monitoring of operative experience. The evaluation of a training program requires confirmation of sufficient volume and variety of surgical cases done by the resident. Accurate record keeping by the institution for number and types of cases is essential; similarly the resident must document personal experience in all cases done (including all cystoscopic and minor outpatient cases, TRUS, and biopsy). The resident record keeping will be monitored weekly to ensure accurate and complete figures. Residents completing the program must provide the Program Director with a complete listing of cases which must be signed by the resident and Program Director and sent to the Residency Review Committee (RRC). Documentation of completion of residency will not be available until final signed OR Logs are submitted to the Program Director.

New ACGME guidelines adopted in July of 2000 state that each resident (URO-1 through URO-4) is responsible for logging their own cases on the ACGME website. Residents can log cases onto the website on a daily or weekly basis. The Program Director, Residency Administrator and Residency Coordinator have access to all resident surgery logs. At the end of the PGY-5 (URO-4) year, a print-out of the 4 year surgery log is sent to ACGME. ACGME then archives this data from the system and uses it to generate the national reports used by the Residency Review Committee. The PGY-2 (URO-1’s) should log cases on the website under “Urol-Year 1”. User ID and Password are given to you by the Residency Coordinator at the beginning of your PGY-2 (URO-1) year. RESIDENTS ARE REQUIRED TO UPDATE ACGME SURGERY LOGS EVERY WEEK. The
importance of accuracy and completeness of the surgery log cannot be overemphasized. Individual resident teaching, variety and volume of experience provided to residents is an important benchmark by which our program is evaluated. At least semi-annually, the Chairman and Program Director review the surgical logs with each resident individually to ensure appropriate progress.

20. Self-assessment Examination

The American Urological Association gives a yearly self-assessment examination in November. The questions and content of this examination are similar to that offered by the American Board of Urology. Security of the exams is important. Taking the urology self-assessment exam is required of all URO-1 through URO-4 residents. Satisfactory performance is considered along with other factors in promotion to the following year. Review of exam results is discussed with each resident following receipt of the grades. Subpar performances will be reviewed, and guidance plans will be developed as necessary. Residents with scores below the 30th percentile are automatically placed in guidance programs and are assigned a mentor. Such scores 2 years in sequence can be grounds for academic probational status. Review of UW urology resident exam scores overall are used for structuring of upcoming educational conferences.

21. Consultations

Consults are assigned to a faculty member and seen first by the residents. The PG4-5 (URO-4) is responsible for consults being seen promptly. The resident is expected to see the consult the day it is received. The resident must write a note, and develop a management plan with the faculty. Close daily follow-up is to be performed until the problem has resolved.

22. Mail Boxes

Each resident has a mail box in the Department. Please make sure you check/clean out your mailbox at least once a week. You also have a mailbox in the Surgery Library (G5/316) where the librarian will distribute notices and other materials. You may also temporarily store operative notes, etc. here. Residents are also assigned email accounts, and 200 MB storage on the university system. The Program Director and Residency Coordinator send information regarding Department and House Staff issues via e-mail on a regular basis. Residents are expected to check emails every day.

23. The Department requires ACLS

Completion of both the ACLS and CPR courses. Please see the Department Residency Coordinator for information on future course dates and registration. The Department pays for these courses.

24. Library

The Department of Surgery library is located at G5/316. The librarian, Barbara Silosak (3-7309), will be able to answer questions you may have with regard to contents of the library and services available to you. Please note: all materials, books, journals, audio equipment, etc. are for use in the library only. Your cooperation in adhering to this policy ensures items will be available for others use as well. Suggestions for book or journal purchase (either for G5/316 or G6/6) are welcome.

25. Conferences

Conferences are designed to be interactive with input from faculty and residents. Attendance at conferences is documented for faculty and residents and maintained by the Chairman’s Assistant, Tricia Maier.

Conferences include:
- Surgical Indications – Monthly
- Uroradiology – 6 times per year
- Unknown Conference – Monthly
- Journal Club – Monthly
- Uropathology – 6 times per year
- Research – 4 times per year
- Multidisciplinary Metabolic Stone Conf – Weekly
- Multidisciplinary Cancer Conf – Weekly
- Urology Grand Rounds – Weekly
- Professor’s Rounds – Weekly
- Program Director’s Rounds - Monthly
- Chapter Review Conference – Weekly
- Uehling Lecture Series – Yearly
- Visiting Professor Grand Rounds – Quarterly

The primary didactic curriculum is organized through conferences on Monday AM and Thursday PM Grand Rounds. Every Wednesday AM there is a conference that utilizes a variety of formats to cover topics that adjunct the well rounded urology training. These greatly enhance training in the ACGME competencies.
Conference Detail

1. Monday Morning Urology Topics Conference (MMUTC): This is a 1 hour conference at 6:15 am on Monday morning. The conference is led by a faculty member and focuses on specific domains in Urology mirroring the curriculum. MMUTC is provocative in that it employs a number of teaching formats at the discretion of the faculty member. The program encourages a problem-based learning format in which a problem is assigned to the resident or faculty and several articles are provided for the residents to review and utilize in their management or solution to the clinical scenario. This will simulate a problem encountered in the typical course of the day for a practicing urologist and helps residents formulate rapid problem-solving skills that will be required of a practicing urologist. Other faculty members may choose a style of “Jeopardy” or “Family Feud”. This style and variety helps to encourage spontaneous and lively discussion. It also encourages resident interaction with a single faculty member in their area of expertise or research interest. MMUTC serves as an effective format for teaching research principles. This conference is organized and supervised by Dr. Bushman, who is the Vice-Chairman of Research for the Department of Urology. We are planning to move the conference to Wednesday am or Thursday pm to enrich educational time.

2. Wednesday Morning Conference: This is a required conference of all residents and faculty members which includes research staff, nurse practitioners and physician’s assistants in addition to the medical students. The conference alternates among several topics:

   A. Indications: Surgical Indications Conference is conducted on Wednesday morning each month. The indications for upcoming surgical cases for the week are presented by the residents from each of the 4 hospital rotations (UW, VA, Meriter and St. Mary’s). The residents are responsible for review the upcoming cases for the week along with a review of the medical record for each patient, any pertinent X-rays and laboratory tests. The resident will also review any pertinent literature that pertains to the upcoming surgery. The residents will present this case to the entire conference and this often stimulates a robust discussion of treatment options and potential benefits and risks of each approach. The outcome of these discussions may often culminate in a potential change or revision in the upcoming surgical plan. In this fashion it is an excellent opportunity for the residents to stimulate communication with the faculty to achieve practice-based learning opportunities that will impact their patient care and to enhance medical knowledge. This conference is an especially good review of the potential complications of a given surgery and teaches the residents the tenets of good informed consent. Systems practice, medical knowledge and professionalism are also learned here.

   B. Unknown Conference: This is a monthly conference on Wednesday morning run by Dr. Tim Moon, the Head of the VA. The senior resident at the VA Hospital is responsible for identifying a specific case for review. This case is presented to another resident who is unfamiliar with the case. This format is meant to simulate a mock oral boards experience. The resident is expected to elicit a complete history and physical exam and properly identify a differential diagnosis for the patient’s condition, and then formulate an appropriate plan to evaluate the patient to confirm the diagnosis and to discuss the various treatment options, benefits and risks of each approach. Unknown conference teaches the residents to manage a patient from the initial office presentation to problem-identification, medical decision-making, and management of potential post-operative complications. We also discuss the potential of necessary consultations in the course of the patient management and will often directly ask the resident how they might present the treatment options and risks to the patient, thus assessing their communication skills. This conference might be directed by faculty other than Dr. Moon in areas such as Pediatric Urology. The presenting resident also has the opportunity to review the case and reflect on the management of that patient, possible alternative treatment options and enhance his practice-based learning. They also develop skills in conference leadership and directed teaching of their peers. At the completion of the unknown case, the presenting senior resident will provide the entire conference audience a review of the current medical literature regarding that case. The review is a comprehensive discussion of the ideology of the disease, management options, radiologic aspects and any pertinent pathology. All competencies are addressed in this session.

   C. Uro-Radiology: Uro-Radiology Conference is conducted on a Wednesday morning on a quarterly basis. This is led by Dr. Andrew Taylor in the Department of Radiology. All residents at the UW collect interesting cases and subsequently submit them to Dr. Taylor for review. Dr. Taylor will often call upon residents of different levels to interpret the X-ray and teach skills in radiologic evaluation of the most common studies performed in Urology. The outcome of the case is discussed with the Urology faculty. This will include CT Scan, Ultrasound,
Professor's rounds: The discussion often evolves into best practice management and cost effective patient care. Systems practice plays a large role in this conference.

D. Journal Club: Journal Club is held monthly on Wednesday morning and occasionally on Thursday night. Dr. Slughenhoup is the faculty member responsible for choosing articles for this conference. Residents and other attendings may submit articles for review. Most often they will represent landmark articles from that month's Journal of Urology as well as topics pertaining to healthcare systems, graduate medical education or certain landmark review articles. Several times during the year this conference will occur on a Thursday evening. This conference teaches the residents the critical review of urologic articles and biostatistics along with emphasis on systems-based practice. It also enhances interactive discussions with the faculty.

E. Uro-Pathology: This conference occurs monthly and is led by a Pathology faculty member and Dr. Nakada. Select cases from the previous month are collected by the Chief Resident in Urology at the UW who presents the case list to the Pathology team. The Pathology team will then lead a lively discussion calling upon residents in the audience to interpret the pertinent pathologic findings of the case under the Chairman's direction. Skills in histological interpretation, pathologic process and disease management are taught. It also enhances healthy rapport between the Pathology and Urology service in a multi-disciplinary approach to patient care. Uro Pathology is a required part of the qualifying board examination and these cases add to practice-based learning.

F. Core Competency Series: In July and August of each year a 1 hour conference is held on Wednesday mornings prior to the main Urology conference. This is a joint conference between the Department of Surgery and Urology. Each week a core curriculum topic from the 6 ACME competency areas is addressed by a variety of faculty from the Department of Surgery and other services within the University of Wisconsin system. The conference has a well organized curriculum and the residents are split into two groups with a conference curriculum directed at interns and a separate curriculum directed at mid and senior level residents.

G. Professor's Rounds: Professor's Rounds is Wednesday morning at 7 am except during the months of July and August when it is replaced by the core competency series. Dr. Nakada, Chairman of the Department of Urology, meets with the residents for a discussion of case based topics of interest to the resident. Typically, they discuss the management of a certain patient presently on the hospital service. Dr. Nakada will often assess the residents in their understanding of the disease, treatment options, best practice methods and insights into potential complications of which to be aware. This topic may also be utilized to discuss research projects or potential program concerns raised by the residents. It often focuses on patient care, systems-based practice and aspects of professionalism in medicine. Once a month, Dr. Nakada denotes one set of rounds on resident issues. The week prior, Nancy Hawkins develops a list of concerns from the residents and the list is the agenda for that conference.

H. Program Director Rounds: On one Wednesday morning each month the Program Director will meet with the residents in place of Professor Rounds. At this conference focus is directed at the ACME competencies and especially topics concerning communication, interpersonal skills and professionalism. Often an article from the monthly ACME bulletin is chosen to stimulate discussion or alternatively topics in leadership skills and communication skills are chosen.

I. Grand Rounds: On Thursday evening each week city-wide Grand Rounds are conducted from 5:30-6:30 pm. All faculty from each hospital rotation are expected and generally attend. The topics presented at Grand Rounds are part of an organized curriculum chosen by the Curriculum Committee mirroring the urologic domains required by RRC program requirements and the American Board of Urology. Each faculty member conducts one or two Grand Rounds lectures during the year and only senior residents (URO-4) give one Grand Rounds lecture during the year. In addition, faculty from other programs are invited to present lectures in their area of specialty, such as Nephrology, Medical Oncology, Infectious Disease, Transplantation, Trauma, Geriatrics and Professionalism. During the year, two conferences are conducted by the Risk Management Service, specifically addressing aspects in practice management such as legal issues, coding and compliance. One Thursday evening of each month is directed to morbidity and mortality conference. Residents attendance is required and they are excused from all clinical duties at each hospital to ensure attendance. Careful documentation of the conference topic, faculty mentor and attendance is kept.

J. Morbidity and Mortality: Once each month the morbidity and mortality reports from each hospital are presented at a city-wide conference. The senior resident from each hospital rotation will present the total number of surgical cases, hospital admissions and the specific inventory of each type of surgical procedure conducted
at that hospital during the previous month. Any complications are presented by the senior resident. This involves an entire review of the hospital course for that patient along with a review of medical literature pertaining to the complication. A written abstract is collected for each patient’s complication and kept on file by the Department of Urology QA Officer. The written abstract also includes a discussion of potential practice-based learning or systems-based practice opportunities that arise from this case. Cases from out patient safety network are also presented. As such, this is one of the more valuable tools that the Chief Resident utilizes in self-reflection of their patient care and contemplating opportunities for their own practice-based learning or opportunities for systems-based practice. It also enhances resident/faculty interaction and professionalism in presenting potentially sensitive topics.

K. Multidisciplinary Metabolic Stone Conference: This is conducted 26 weeks/year every Tuesday afternoon from 12-1 pm for participants in the metabolic stone clinic. The conference is directed by Dr. Nakada and is attended by Urology fellow, residents, medical students, Nephrology faculty and the urologic dietician, Dr. Kris Penniston. A curriculum of topics is scheduled annually and these topics are assigned for presentation to Urology fellows, residents, Nephrology faculty and the nutritionist. In this conference there is a lively multidisciplinary discussion of the approach to stone disease. It enhances interpersonal and communication skills, professionalism, patient care and medical knowledge. In discussing long-term care for the patient, it may involve systems-based practice in understanding how patient care must be coordinated differently in different healthcare systems.

L. Multidisciplinary Oncology Conference (MOC): On Thursday from 12-1 pm MOC is led by Drs. Dave Jarrard and Jason Gee in a “tumor board” fashion. This is attended by Urology faculty, residents, medical students, medical Oncology faculty, Pathology, Radiology, mid-level providers and research specialists. In this multidisciplinary conference specific patient cases are discussed. It allows a multidisciplinary discussion of the ideology, diagnosis, treatment options, benefits and risks for individual patient care. It clearly focuses on systems-based practices in coordinating the care of the patient within different healthcare departments and systems.

M. Multidisciplinary Fertility Conference: Every Wednesday from 12-1 pm for participants in the Couple’s Fertility Clinic. The conference is directed by Dr. Williams and Dr. Dan Lebovic (Director of Reproductive Endourology & Infertility) and is attended by OB/GYN residents, the URO-1 Urology resident, medical students, infertility nurses, IVF Lab Director, Dr. Borman, and the clinical Psychiatrist, Dr. Awiefel. The evaluation and management of infertile couples from clinic that day/week are discussed. It provides a forum for education and understanding of the comprehensive approach to treating couples infertility.

Additional Conferences

A. Annual Education Retreat: Every year, the Departments of Urology, Surgery and Orthopedics coordinate an annual education retreat for all faculty and residents from the 3 departments. This is mandatory for all urology attendings and residents, and focuses on current educational topics, teaching methodology and faculty/resident development in medical student education. A national expert with expertise in education is invited as the Visiting Professor and he or she leads the retreat which often stimulates discussion from many of the faculty and residents in attendance. The retreat is an opportunity for faculty and residents to gain tools for better education and feedback; moreover, participation in the retreat demonstrates a strong commitment by the urology faculty to improve education. The retreat begins on Tuesday evening over the dinner hour and lasts several hours. At this meeting, top resident educators of the year are honored. In fact, Dr. Manakas was recognized as the top medical student educator in 2008. The following morning a didactic lecture is given by the national expert which is also mandatory for residents and faculty. This year, the speaker was Dr. Mary Klingensmith, who focused on fatigue recognition and management.

B. Visiting Professors: Every quarter, a Visiting Professor is invited by the Department of Urology to Madison for a 2 day visit. Visiting Professors are chosen from their national expertise and areas of interest and are rotated to ensure resident exposure to all of the domains of Urology over the course of 3 years, with 12 speakers in 12 domains. The departmental faculty member with the same sub-specialty expertise as the Visiting Professor is invited to coordinate the experience. All faculty city-wide typically attend the professorship, which includes a Thursday evening didactic conference followed by a social event at a restaurant where informal time is given to the residents, faculty and the Visiting Professor. On Friday morning, the Visiting Professor will spend 2 hours with the residents doing case presentations along with an informal brunch discussion, specifically without departmental faculty present.
C. Annual Uehling Lecture Series: This is an annual weekend lecture conference coordinated by the Department of Urology with naming recognition of former Chairman, Dr. David Uehling; this represents one of the 4 Visiting Professors annually. This is a regional conference involving all faculty from the Madison area as well as regional urologists and alumni of the program. A high profile Visiting Professor with national expertise and recognition is invited as the keynote speaker and that individual will provide several lectures in his area of expertise. This conference also involves panel discussions incorporating regional urologic faculty of similar expertise to participate along with presentations by the UW urologic faculty. Residents are excused from all clinical duties to attend this 2-day conference. There is a conference banquet on Friday evening. In addition to the opportunities for competency teaching of the residents, it is also a good opportunity to network with regional urologists and to observe interaction among the urology faculty with their colleagues, both regionally and nationally, in discussions of practice management and research. In many cases, key contacts are made for senior resident job searches at this conference.

D. Sleep Alertness and Fatigue Education in Residency: This is an annual required lecture to address recognizing signs and symptoms of stress and fatigue among medical care providers. It is conducted by Dr. Kryger or, alternatively, a faculty member in the Department of Surgery on an annual basis. The information is also available on line for residents who cannot attend the lecture.

Visiting Professorships
Held 2-4 times during the academic year. Dates are announced in the monthly Urology calendar.

URO-1 through 4 residents are expected to attend all required conferences. Attendance will be taken and reviewed. Their clinical duties will be covered by the faculty during required conferences.

<table>
<thead>
<tr>
<th>Conferences</th>
<th>Name of Site</th>
<th>R or O</th>
<th>Frequency</th>
<th>Conference Leader</th>
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<tbody>
<tr>
<td>Monday AM Topics</td>
<td>UWHC</td>
<td>R</td>
<td>1 x/week</td>
<td>Bushman (Prof Vice Chair of Research)</td>
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<tr>
<td>Multidis Metabolic Stone Conf</td>
<td>Urology Clinic Conf Rm</td>
<td>O</td>
<td>1 x/week</td>
<td>Nakada (Prof Chairman)/Steele/</td>
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<td>Journal Club</td>
<td>UWHC</td>
<td>R</td>
<td>1 x/month</td>
<td>Slaughenhoupt (Asst Prof)</td>
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<td>UWHC</td>
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<tr>
<td>M&amp;M</td>
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<td>1 x/week</td>
<td>Jarrard (Prof)/Gee (Asst Prof)</td>
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<td>Grand Rounds</td>
<td>UWHC</td>
<td>R</td>
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<tr>
<td>Radiology Conf</td>
<td>UWHC</td>
<td>R</td>
<td>1 x/quarter</td>
<td>Taylor/Nakada (Prof Chairman)</td>
</tr>
<tr>
<td>Core Competency</td>
<td>UWHC</td>
<td>R</td>
<td>1 x/week (July-August)</td>
<td>Kryger (Assoc Prof Prog Dir)</td>
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<td>R</td>
<td>Quarterly</td>
<td>Nakada (Prof Chairman)</td>
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<tr>
<td>Education Retreat</td>
<td>UWHC</td>
<td>R</td>
<td>Annual</td>
<td>Visiting Professor</td>
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<tr>
<td>Sleep Fatigue</td>
<td>UWHC</td>
<td>R</td>
<td>Annually</td>
<td>Kryger (Assoc Prof Prog Dir)</td>
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IX. Duty Hours

Urology resident duty hours are set with the goal of providing optimal patient care 24 hours a day, 7 days a week, while still allowing residents an appropriate amount of time free of clinical responsibility. Duty hours are defined as all clinical and academic activities related to the Urology residency program, (i.e. Patient care; both inpatient and ambulatory), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences, presentations, etc.

The Department of Urology will monitor duty hours monthly and adjustments will be made accordingly to address excessive service demands and/or resident fatigue. In compliance with the duty hour requirements set forth by the ACGME Board of Directors as of July 1, 2003:

1) Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

2) Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

3) Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

Duty Hour Shifts

The 10-hour rule states that a resident must be provided “adequate time for rest and personal activities. This should consist of a 10-hour time period between all daily duty periods and after in-house call.”

During this 10 hour period residents may take home call. If a resident is called into the hospital while on home call, s/he reports the time spent in the hospital as “called-from-home” or “unplanned.” “Called-from-home” hours count only toward the 80 hour rule. (i.e., being called from home doesn’t start a new shift.)

As a guideline, we advise residents:
- To consider shift end by 8pm
- To consider shift start at 6am

If a resident:
- Stays in house past 8 pm, then the resident will not return in-house for 10 hours of rest period
- If resident spends more than 3 hours in-house during home call, then the resident will take the following day off clinical duties as though it were a continuous 24 hour shift. S/he may round at 6 am and complete any remaining duties, but must leave early enough and not take on new patients (so as not to violate the 30-hour rule)

Examples using these guidelines:
- If a resident leaves hospital at 9:30 pm and then takes call from home all night, s/he should not start the next day’s shift until 7:30.
- If a resident leaves hospital at 8:00 pm and is called back into hospital from 12 am – 3 am, s/he can start the next day’s shift at 6 am.
- If a resident leaves hospital at 8:00 pm and is called back into hospital from 9 pm – 3 am, then s/he should consider this a continuous shift and leave the hospital early enough the next day so as not to violate the 30-hour rule.
- If a resident leaves the hospital at 11:30 pm, then s/he should consider this a continuous shift and leave the hospital early enough the next day so as not to violate the 30-hour rule.

1 The ACGME’s Glossary defines SHOULD as: A term used to designate requirements so important that their absence must be justified. A program or institution may be cited for failing to comply with a requirement that includes the term ‘should.’
On-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

- In-house call must occur no more frequently than every third night, averaged over a four-week period.
- Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.
- At-home call (pager call) is defined as call taken from outside the assigned institution. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
- When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
- The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
- All residents must take joint responsibility with their program for abiding by the duty hours requirements of the ACGME and their program.

Common Requirements
Section V.F.3.b: (Six hour post call period)
Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

Common Requirements
Section IV.F.3.c: (Definition of new patient)
No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the resident has not previously provided care.

Home Call Frequency

As a Guideline, we advise residents:
- Vacation will consist of 7 consecutive days
- Residents will not take consecutive weekend home-call on Fri, Sat, Sun on the UW rotation

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<thead>
<tr>
<th></th>
<th>UW</th>
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<tr>
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<td>Home call</td>
<td>Mon-Fri</td>
<td>q3-4 nights</td>
</tr>
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<td></td>
<td></td>
<td>Sat, Sun</td>
<td>q3-4 weekends</td>
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<tr>
<td>URO-4</td>
<td>Backup</td>
<td>Mon-Thurs</td>
<td>qnight</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fri-Sun</td>
<td>alternate crossover with VA res</td>
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<tr>
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<td>URO-3</td>
<td>Home call</td>
<td>Mon-Thurs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Back up</td>
<td>Fri-Sun</td>
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<td></td>
<td></td>
<td></td>
<td>4 nights</td>
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<td></td>
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<td>alternate crossover with UW URO-4</td>
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<tr>
<td>Meriter</td>
<td>PA</td>
<td>Home call</td>
<td>Mon-Thurs</td>
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<td></td>
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<td></td>
<td>3 nights</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>divided among 2 PA's</td>
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<tr>
<td>URO-3</td>
<td>Home call</td>
<td>Mon-Thurs</td>
<td>1 night</td>
</tr>
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<td></td>
<td>Back up</td>
<td>Mon-Thurs</td>
<td>1 night</td>
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<tr>
<td></td>
<td>Home call</td>
<td>Fri-Sun</td>
<td>alternate crossover with St Marys</td>
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<td>PA</td>
<td>Home call</td>
<td>Mon-Thurs</td>
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<td></td>
<td>1-2 nights</td>
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<td>Mon-Thurs</td>
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<td>2-3 nights</td>
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<td></td>
<td></td>
<td></td>
<td>alternate crossover with Meriter</td>
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</table>

Vacation Policy for Home Call

**UW**

**PGY-2&3 (URO-1&2)** Residents will continue per usual call schedule. No more than one resident will take vacation per week

**PGY-5 (URO-4)** Faculty will assume back up call for junior residents
VA
The VA resident will take home call during the weekdays M-Th. The VA will cross-cover alternating weekend call with the UW Chief Resident.
UW residents will cover call for VA according to their usual schedule.

Meriter
Scenario 1: The usual -- resident and PA are both here:
PA takes call 4 times per week, no weekends. On the nights PA is taking call, the resident can take back up call 2 nights per week, and turn his/her pager off completely at the end of the day the other 2 nights. If a case comes in that can’t be handled by one staff and a PA, a second staff will be called in; not the resident. This will give the resident two nights off during the week.
Scenario 2: PA is on vacation: The resident will cover first call on those 1-2 nights instead of back up call. It should not need exceed 2 nights between Mon-Thurs since the other PA’s will continue to take first call on their usual night.
Scenario 3: Meriter resident on vacation: The PA will cover 4 nights during the week (Monday thru Thursday). A resident will be available on all weekends (Friday thru Sunday).

St Mary’s
Scenario 1: The usual -- resident and PA are both here: PA takes call 1-2 times per week, no weekends. On the nights PA is taking call, the resident can turn his/her pager off completely at the end of the day. If a case comes in that can’t be handled by one staff and a PA, a second staff will be called in; not the resident. This will give the resident two nights off during Mon-Thurs when they have upcoming weekend call duty. The alternating week, the resident will have one night off during Mon-Thurs, and then off the upcoming weekend.
Scenario 2: PA is on vacation: The staff will take first call one time during the work week allowing the resident to turn his or her pager off completely.
Scenario 3: St. Mary’s resident on vacation: The PA will cover 2-3 nights during the week (Monday thru Thursday). One or two nights will be covered by the faculty. A resident will be available on all weekends (Friday thru Sunday).

Frequently Asked Questions

What activities are included in “duty hours”?
Duty hours are defined as all clinical and academic activities related to the residency program. This includes clinical cases (both inpatient and outpatient care), administrative duties related to clinical cases, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences, journal club, and grand rounds. Also included in duty hours are all hours spent on activities required by the accreditation standards such as memberships on hospital committees, or any activities that are an accepted practice in residency programs, such as participating in interviewing residency candidates.

Duty hours do not include reading, studying, and preparation time spent away from the hospital or ambulatory site. For call from home, only the hours spent in the hospital after being called in count toward duty hours.

What does “averaged over a 4-week period” mean?
This means that the average should be working hours within, and not across, rotations. It is not appropriate to combine rotations having in-house call with those that do not include call to obtain a lower average. Similarly, it is inappropriate to average a vacation week (with 0 hours worked) with regular duty weeks to obtain a lower average.

Does the “1 day in 7 free” mean that I must have 1 day per week off?
It is common in smaller surgical residency programs to have residents on duty one weekend (Friday and Sunday for instance), so they can be off the next weekend. As long as duty hours requirements are met within the specified averages, this type of every other weekend schedule is acceptable.

Note that for in-house call, adequate rest (generally 10 hours) must be provided between weekend duty periods. There are no exceptions to this rule and it is not averaged across 4 weeks. Thus, in-house call on two consecutive nights (e.g., Friday and Saturday) is not permitted, unless the residents are given a rest period of about 10 hours between the two shifts.

How does the ACGME define “adequate time for rest” between duty shifts?
This is generally defined as 10 hours, however programs may provide somewhat shorter rest periods when appropriately educationally justified. Allowing added
time for didactic lectures of high importance, or for surgical experience in rare cases or cases with particular educational value, are examples most Review Committees would consider appropriate.

What is the definition of “on-call” duty?
On-call duty is defined as a continuous duty period between the evening hours of the prior day and the next morning, generally scheduled in conjunction with a day of patient care duties prior to the call period. Call may be taken in-house or from home. Call from home is appropriate if the service intensity and frequency of being called is low.

On-call duty excludes regular duty shifts worked during night hours, as is done in Emergency Medicine. On-call duty also excludes night float assignment used in many programs to replace on-call shifts.

If I’m on call from home, but I have to go to the hospital, is that in-house call?
For call taken from home, any time spent in the hospital after being called in is counted toward duty hours. Call from home that does not result in travel to the hospital or clinical site is NOT to be included in duty hours.

If call from home isn’t included in duty hours, is it permissible for me to take call from home or night float for extended periods, such as a month?
No. The requirement that 1 day in 7 be free of patient care responsibilities would prohibit being assigned home call for an entire month. Assignment of a partial month (more than six days but less than 24 days) is possible. However, keep in mind that call from home is appropriate if the service intensity and frequency of being called is low. The ACGME requires that programs monitor the intensity and workload resulting from home call, through periodic assessment of work load and intensity of the in-house activities.

What is the definition of a “new patient”?
The definition of “new patient” varies by specialty, but generally includes any patient you have not seen previously. You may wish to check this with your program director or see the specialty-specific language at: http://www.acgme.org/acWebsite/dutyHours/dhSpecificDutyHours.pdf.

Do I include my research project in duty hours worked?
Research time is included if it is a program-required activity. If the research is pursued on the resident or fellow’s own time (without program requirement), it is not include din on-duty time.

What is “internal moonlighting”?
This includes any and all time spent moonlighting within the residency program, the program’s sponsoring institution, or the sponsor’s clinical site(s). These hours must be included in the total duty hours worked per week.

What is a “service outside my specialty”?
These are rotations or clinical assignments other than those in your residency or fellowship program. For example, if you are a Family Medicine resident and you have a 2-month OB/GYN rotation, followed by a 1-month surgery rotation, followed by a rural family medicine rotation outside your home clinic or FMC, the first two rotations are “services outside your specialty”.

What does “didactics” mean?
The word didactic refers to systematic instruction by means of planned learning experiences such as class room lectures, conferences, and grand rounds. It is often used in contrast with “clinical” education.

X. Fellowships
Duties related to the Endourology Fellowship training program.

1. Working primarily with Drs. Nakada, Hedican and Moon in gaining further clinical expertise in advanced endoscopic and laparoscopic techniques.
2. Working primarily with Drs. Hedican and Jarrard in gaining further clinical expertise in robotic-assisted laparoscopic techniques.
3. Working with Dr. John McDermott in gaining expertise in training and placement of percutaneous renal access.
4. Working with our nephrologists and metabolic stone clinic in gaining expertise in the metabolic assessment and medical treatment of stone disease.
5. Participating, preparing lectures for, and providing presentations when appropriate at urologic divisional conferences.
6. Actively participating in clinical as well as basic science research endeavors and minimally invasive surgery.
Independent clinical activity

1. The fellow will be assigned a status of clinical instructor.

2. The fellow will be inserted into our call schedule at some point during the academic year. He will be taking independent call, operating and following up on his own patients. Most typically this occurs in the second half of the year.

3. The fellow will also assist in attending staff coverage of our Friday afternoon clinics and potentially at the VAMC clinics.

XI. Evaluation Process

A. Program

We have a bi-annual program evaluation form that all the residents are asked to fill out. We hold an annual meeting with faculty and a resident representative to discuss the program. We conduct a semi-annual program evaluation with mandatory attendance by the faculty to specifically discuss the residents progress and the overall program. We also have a resident “hot line” where residents can call and anonymously disclose concerns, including those of duty hours.

B. Faculty

Each resident is given an evaluation form through E-Value in which they are asked to confidentially evaluate all the faculty at UWHC, VAH, and the private hospitals in terms of their availability, collegiality, role modeling and didactic and operating room teaching annually. E-Value assures confidentiality by collecting a minimum of four evaluations for a given faculty member before the faculty member is able to view them. The PD reviews all evaluations; substandard evaluations are discussed with the noted faculty. Additionally, since 2001, there has been an annual Wear Teaching Award voted on by the residents.

C. Resident Evaluations

The residents are evaluated using a competency-based evaluation form by the faculty after every rotation. When at UWHC and VAH the full time faculty does this and when at St. Mary’s or Meriter Hospital this is done by all the urologists there. Semi-annual evaluations are carried out by the program director. Performance measures include work habits, patient care, medical knowledge, professionalism, dictations and practice-based skills. Residents are required to bring updated surgical logs to this meeting. Trends of improvement are considered optimal. Poor ratings require remediation or poor in-service scores necessitate remediation. Prior to the semi-annual evaluation, the faculty meet as a group and discuss the resident’s performance and this information is summarized by the PD at this time for the resident. The discussion between the PD and resident is dictated, reviewed and signed by the resident on E-Value.

D. Index Case Evaluations

Residents are required to be evaluated on ten index surgical cases per year. The evaluation process is initiated by the resident using E-Value. The resident will receive candid and timely feedback from the supervising physician regarding surgical technique and overall competence. Evaluations will be available on E-Value and reviewed by the program director.

E. 360° Evaluations

Multi-service assessment of resident performance will be conducted bi-annually. Sources of assessment will include evaluations completed by residents on personal performance, peer evaluations, patient, and allied health professional evaluations. Results will be available on E-Value and be reviewed by the Program Director.

F. Resident Promotion

Progression at each level is carefully evaluated by the PD and faculty, and entry into the next rotation is dependent on satisfactory and improving performance. If concerns are raised, probation (under rules of the institute) or follow-up 3-month evaluation is scheduled. Mentoring faculty and action plans are created if necessary.
XII. Faculty & Residents

Clinical Faculty

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Andre King, M.D.
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(Pager: 7885 E-mail: aking2@uwhealth.org)

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Lauren Wagner, M.D.
University of Cincinnati
(Pager: 3882 E-mail: LWagner2@uwhealth.org)

Endourology Fellow:

Dan Kaplon
Medical School: Pennsylvania State College of Medicine
Residency: Brown University, Providence, R.I.
(Pager: 5366 E-mail: kaplon@urology.wisc.edu)
Research

Dr. Stephen Nakada

Dr. Nakada's research focuses on endourologic and laparoscopic approaches to urologic tumors, pathophysiology of the ureter and all aspects of urinary stone disease. Dr. Nakada collaborates with Dr. Kristina Penniston whose research interests include clinical nutrition research in kidney stones and prostate cancer. Specifically, she is interested in the efficacy of nutrition therapy in the prevention, management, and treatment of disease and on indicators of quality of life.

Dr. Wade Bushman

Research synopsis: Previous studies in our laboratory have provided evidence for paracrine Hh signaling in normal prostate development and human prostate cancer and shown that Hh signaling can accelerate xenograft tumor growth by a paracrine mechanism. We are now characterizing the target genes of paracrine activation and examining how the stromal phenotype determines the cassette of target genes expressed and the overall effect on epithelial proliferation and tumor growth. Complementary studies are examining the role of autocrine signaling in normal development and cancer.

We have developed anchorage-independent culture of mouse prostate-derived epithelial cells that exhibit the capacity to regenerate fully differentiated prostate epithelium when combined with rat urogenital sinus mesenchyme and grafted under the renal capsule of nude mice. Preliminary studies show robust Hh signaling and abundant progenitor cell marker expression in the prostaspheres, both of which are greatly diminished when cells are placed into monolayer culture. Ongoing studies are examining the role of Hh and Notch signaling in stem cell maintenance and proliferation.

Chronic inflammation has recently been implicated as a principle etiologic factor in the development of human prostate cancer. Our laboratory has recently developed a mouse model of chronic prostatic inflammation that results in hyperplasia and dysplasia. We are currently characterizing the inflammatory mediators that participate in the inflammatory response and their effect on prostate epithelial proliferation. A startling finding is that several of these inflammatory mediators are expressed during normal prostate development - suggesting that so-called “inflammatory cytokines” may actually play roles in regulating growth during development and their putative action in eliciting repair processes in response to tissue injury may actually be a recapitulation of their activities during development. Ongoing efforts are aimed at exploring the role of inflammatory mediators in normal development and their role in recruiting tissue-specific stem cells into the repair process and re-activating the canonical growth pathways involved in tissue regeneration and repair.

In collaboration with Dr. Dale Bjorling, we are examining the behavior response to bladder inflammation and the mechanisms mediating afferent sensitization of bladder afferents.

Dr. Dan Williams

Dr. Williams' research interests include urologic oncology, specifically bladder and prostate cancer, and chemoprevention. His most recent work has focused on describing methylation and imprinting alterations. His past laboratory studies in our laboratory have studied the impact of ablation in the treatment of advanced renal cancer using a murine model system he developed.

Dr. Jason Gee

Dr. Gee's research interests include urologic oncology, specifically bladder and prostate cancer, and chemoprevention. His most recent grant is to develop a new way of determining genetic susceptibility to the effects of a cancer agent that blocks the epidermal growth factor signal known to promote cancer growth. This would allow development of a tool to identify patients with bladder cancer who are at higher risk for developing recurrence or progression to more invasive or metastatic disease.

Dr. David Jarrard

Dr. Jarrard's research interests encompass both clinical and basic research programs. His laboratory currently studies 2 areas: one is the induction of senescence as a novel therapy for cancer. The second is studying the basis for why men develop prostate cancer so commonly with aging. These studies encompass epigenetic mechanisms such as changes in DNA methylation and imprinting alterations. Clinically his research involves the analysis of outcomes of prostate cancer specifically relating to newer therapeutic approaches including robotics.

Dr. Sean Hedican

Dr. Hedican's research interests include the physiologic changes and efficacy of minimally invasive treatment approaches to urologic cancers. His most recent work has focused on describing and augmenting the immunologic effects of ablation in the treatment of advanced renal cancer using a murine model system he developed.

Dr. Bruce Slaughenhoupt

Dr. Slaughenhoupt’s research interests focus on kidney stone development and treatment in the pediatric population. As the Department of Urology Director of Student Education, he is also interested in student education and learning skills.

Dr. John Kryger

Dr. Kryger conducts clinical research. Research interests include neurogenic bladder management in children; surgical management of ambiguous genitalia; outcomes research in hypospadias. His past laboratory research studied the impact of environmental toxins on male reproductive tract development.
## Univ. of Wisc. Urology Residency Program - June 24, 2008 thru June 23, 2009

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### Footnotes:
- **UWHC** - Un Wis Hos/Clin - Urology
- **Meriter UR** - Meriter - Urology
- **Meriter GS** - Meriter - Gen. Surg
- **VA** - Veterans Admin. Hospital
- **UW XX** - UW XX
- **St Marys - SM** - St Marys - SM

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Department of Urology - University of Wisconsin School of Medicine and Public Health
### Resident Operative Experience Report - Archived Data

**Program ID:** 4805621158  **Program Name:** University of Wisconsin Program

#### For All Attendings at All Institutes

For All Resident Years  For All Roles  For All Patients

Done Between 06/24/2004 And 06/23/2008

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**Total Procedure Totals**

- **Adult**: 765 procedures
- **Pediatric**: 146 procedures
- **Miscellaneous**: 170 procedures

*5/28/2009  8:38:26AM*