



University of Michigan
Health System & Medical School

**UNIVERSITY OF MICHIGAN
DEPARTMENT OF UROLOGY
RESIDENT HANDBOOK**

2008-2009 Academic Year

Mission Statement, Department of Urology

Why we exist:

The mission of the Department of Urology at the University of Michigan is to advance and achieve excellence in the clinical practice, education, and science of urology.

We do this by:

Training the next generations of clinicians and scientists in urology;
providing excellent patient care & outcomes;
participating in an excellent multi-specialty health care delivery team;
educating with innovation;
advancing the knowledge of genitourinary function, disease, and therapy;
translating philanthropic generosity into activities meaningful to benefactors and to society;
providing job satisfaction for all members of our Department ;
serving as exemplary role models for our students, trainees, & colleagues;
serving as a role model for other departments in our institution.

The University of Michigan, Department of Urology is strongly committed to the goal of being one of the premier Urology residency training programs in the nation. Our training program has historically trained more department/division chairs than any other training program in the country. In addition, our program has also trained outstanding clinicians/surgeons who have established excellent careers in private practice. Ours is a program which has been extremely successful in providing the basic framework by which a graduating resident can feel extremely confident in pursuing either a successful career in academics or practice urology in the private practice setting. Optimal training of a urologist is dependent upon motivated and talented residents, a truly committed faculty with the necessary expertise, and an institutional environment conducive to learning. Our residents are clearly some of the most talented and committed individuals. Historically, residents who have matched in our program are in the top 5th-10th percentile in their graduating medical school class, score on average in the 90th percentile on the Step 1 of the SMLE, and exhibit the maturity, teamwork, eagerness, and enthusiasm for life-long learning that creates the optimal learning and teaching environment that exists here. The faculty at the University of Michigan are recognized as some of the pre-eminent leaders in the field of urology with several being recognized by the AUA with some of the highest awards granted by this organization. Rotations are based on the mentorship method of teaching which provides the resident in training an in-depth, intense but focused manner in which to master the different domains of the field of Urology. Our program by virtue of the wide-ranging interests of our faculty, offers the residents a depth and breadth of exposure to various urologic conditions that is virtually unrivaled by other training programs. Our resident's operative experience is consistently above the 50th percentile when compared to their peers from other training programs in the country. In addition to the outstanding clinical exposure our program provides, the Department of Urology is dedicated to exposure of the residents to research, whether it be in the clinical or basic science realm. To ensure that our residents receive research experience, residents are required to complete a full year of research without clinical responsibilities. Not only in this dedicated research year but throughout their residency training, residents are exposed to basic principles medical research and its application to clinical disease, principles of study design, and data analysis and interpretation. This departmental emphasis on the importance of research has resulted in our residents becoming academically very highly productive. For example, our residents to date have authored 25 peer-reviewed manuscripts, 33 abstracts, 6 chapters, and have given over 23 presentations at scientific meetings. Our residents are expected to learn how to become clinically proficient, exhibit integrity and responsibility, further develop sensitivity to patient's and family member's concerns, and learn how to work as a member of the medical "team". Residents are expected to master the general competencies of patient care, medical knowledge, interpersonal skills and communication, professionalism, practice-based and systems-based knowledge. The Department has developed patient care satisfaction surveys which are now included as a means of evaluating resident professionalism and interpersonal skills. Finally, we hope that our residents can look fondly on their residency educational experience as a time of hard but worthwhile work, a time of learning the technical skills necessary to be an outstanding surgeon but still have the drive to learn yet newer yet to be discovered procedures, and a time of developing friendships with their fellow residents and faculty mentors which will last their professional lives.

Residents are actively involved in educational meetings and are encouraged to not only attend, but present, at outside scientific meetings.

Residents regularly attend the Michigan Urologic Society meeting. This society consists of all the urologists in the state of Michigan. The society's scientific meetings, which are quarterly, are arranged by the major urologic academic institutions in the state: University of Michigan, Detroit Medical Center, William Beaumont Hospital, and Henry Ford Health System. Faculty from the sponsoring institution, as well as a nationally-renowned visiting professor, give didactic lectures. On the day of these meetings, residents are excused from clinical activity and are free to attend these meetings. Every may the Society sets aside the meeting for resident presentations. UM residents annually present their scientific work at the Michigan Urologic Society meeting and have won numerous prizes for both basic science as well as clinical research.

Residents during their 3rd year attend the Basic Urologic Sciences Course in Charlottesville. This AUA-sponsored one week course covers basic topics such as applied anatomy, embryology, inflammation, and wound healing.

As chief residents, they are excused from clinical duty and attend the 3 day AUA Annual Review Course to prepare them for the upcoming Part one of their American Board of Urology Qualifying Exam.

Chief Residents are also allowed to attend during their final year either the annual AUA meeting or the AUA North Central Section meeting. Attending this meeting provides them both an opportunity for educational improvement but also future employment opportunities.

Our program places a significant emphasis on research, whether it be basic science, or clinical. Given this emphasis, residents are encouraged and expected to become involved in some research endeavors. As a measure of the Department's commitment to research, residents are given a year free of clinical responsibilities to pursue an area of research. Given that, our residents are encouraged to present their research findings at various scientific meetings, including the AUA North Central Section, the national annual AUA meeting, the American Academy of Pediatrics, the International Endourological Society meeting, the Society of Reproductive Medicine, and American College of Surgeons meetings. Of our current residents, their Academic Productivity to date includes:

- 25 Peer-reviewed manuscripts
- 6 Chapters
- 33 Abstracts
- 23 Presentations

Our residents are also exposed to a number of well-respected and well-known academic urologists through the University of Michigan . Several departmental venues which provide this opportunity include invited visiting professors via Urology Grand Rounds, Annual Visiting Professor/Nesbit meeting, John Duckett Pediatric Visiting Professorship. The University of Michigan Medical School and Health System also have numerous lectures given by UM faculty as well as outside faculty which are available to Urology faculty and residents if they wish to attend.

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GME Institutional Policies are available online at
www.med.umich.edu/i/medschool/gme/policies.htm

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I. Educational Philosophy

The University of Michigan, 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 a 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 based on level of training, an organized didactic education, an evaluation of their performance, instruction to develop skills for life-long learning, an exposure to basic principles of medical research and its application to clinical disease. Residents must develop a general competence in patient care, clinical science, practice-based learning, interpersonal skills and communication, professionalism, and understanding of system-based practice.

Included are three articles relevant to professional competencies and the value of a dedicated year of research. (Appendix 1)

II. Resident Selection

The University of Michigan Urology Training Program aims to provide the highest quality resident training in the nation. Resident selection is the ultimate responsibility of the Chairman, Dr. Bloom and the Program Director, Dr. Faerber. 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 with input from the Urology residents who have had an opportunity to meet prospective resident candidates.

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 Michigan is a non-discriminatory Affirmative Action Employer and strongly encourages minorities and females to apply. Urology adheres to U of M GME policy on House Officer Selection.

III. Program Components

A. Sponsoring Institution:

University of Michigan Health System, including University Hospital and Mott Children's Hospital

B. Participating Institutions:

Veterans Hospital, Ann Arbor
St. Joseph Mercy Hospital, Ypsilanti

C. Format:

1 year of General Surgery; 4 years of Clinical Urology; 1 year of dedicated Urologic Research. Four residents per year are accepted.

IV. Educational Goals and Objectives

A. Program

1. Goal

The goal of the University of Michigan Urology Residency Program is to train outstanding urologic surgeons which provide 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 clinical science, practice-based learning, interpersonal skills and communication, professionalism, and system-based practices.

2. Objectives - Each resident will, by the end of the residency:

- a) Attain sufficient knowledge of etiology and management of urologic disease in the following domains: andrology, infertility, impotence, sexuality, calculus disease, neurourology, obstructive diseases, oncology, pediatric urology, endourology, ESWL, female urology, infectious diseases, renovascular 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 patient-care settings including an academic university, a VA medical center, an ambulatory surgery center, and a private hospital.
- e) Demonstrate competency as defined by faculty review in patient care, teaching, leadership, organization, and administration.
- f) Evaluate patient care practices in light of new scientific evidence.
- g) Develop productive and ethically appropriate relationships with patients and patient 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.

Throughout the training program, there are well-established lines of supervision ranging from junior to senior to chief resident and finally to the attending faculty. All patients in the University of Michigan Health System are considered private patients and all aspects of patients' care are ultimately the faculty's responsibility. A faculty member is present in each outpatient clinic and shall be present for the key portions of each major operative procedure and for entire endoscopic and minor procedures in compliance with HCFA Guidelines for Teaching Hospitals.

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 2) depicts assignments of residents by year. In 1995, the U of M urology program added a dedicated year of research and thus recruited residents to a six year program. In 1996, the format was changed from two years of General Surgery and three years of Clinical Urology to one year of General Surgery, four years of Clinical Urology, and one year of dedicated research. 1999-2000 marked the inaugural year of redesign of resident assignments to a preceptor format with individuals assigned to subspecialty units, such as endourology, male/general urology, pediatric urology, female urology, and an adult service that is primarily oncology. Evaluation and refinement of the new format will be a continuing process.

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 PGY-1 year. Monitoring of logs is required and this is done at the six month biannual evaluation with the Program Director. Failure to consistently comply with maintenance of surgical logs can result in probation. 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 (Appendix 3).

At the completion of residency, there is an exit interview with Dr. Faerber and an updated CV should be provided at that time.

EDUCATIONAL GOALS AND OBJECTIVES BY YEAR

PGY-1

1. Educational Goals
 - a) Expand knowledge base of perioperative surgical care, critical care, and fluid and electrolyte management.
 - b) Learn basic principles of general, vascular, and transplant surgery.
 - c) Gain preliminary skills in surgical techniques.
 - d) Refine interpersonal skills with support personnel.

2. Educational Objectives - By the end of the PGY-1 year, the resident will be able to:
 - a) Conduct proficient preoperative evaluations of general surgical patients.
 - b) Provide postoperative care for general, vascular, transplant and trauma patients, including fluid and electrolyte management.
 - c) Master techniques of insertion and evaluation of invasive monitoring of postoperative or critically ill patients.
 - d) Assist or perform surgical procedures in general, vascular, transplant, trauma; develop surgical skills in minor procedures, and opening and closing surgical wounds.
 - e) Evaluate knowledge base in surgery based on in-service exam.
 - f) Initiate personal surgical log of cases.
 - g) Will work effectively with support personnel in pre-operative, operative, and post-operative settings.

PGY-2 (UM 2, Urology 1)

1. Educational Goals
 - a) Obtain foundation of knowledge in urologic disease, including basics of renal physiology, adrenal physiology, neurourology and urodynamics, infertility, embryology, and oncology.
 - b) Learn basic skills of endoscopy of the lower urinary tract.
 - c) Understand the role and techniques of transrectal ultrasonography of the prostate and prostate biopsy.
 - d) Develop teaching skills to assist in the education of medical students and junior residents.
 - e) Initiate study of clinical research principles.
 - f) Refine interpersonal skills with support personnel.

2. Educational Objectives – By the end of the Urology 1 year, the resident will be able to:
 - a) Demonstrate knowledge of fundamental principles of urologic disease and pathophysiology through didactic lectures and urology curriculum for study.

- b) Perform cystoscopy, bladder biopsies, and ureteral catheter insertion with supervision of attending staff and senior residents.
- c) Perform direct vision urethrotomies
- d) Perform balloon dilation of ureteral strictures.
- e) Perform both diagnostic and therapeutic ureteroscopy including laser lithotripsy, upper tract biopsy and fulguration.
- f) Perform transrectal ultrasonography and prostate biopsies under the supervision of attending staff and senior residents.
- g) Provide pre- and postoperative care for urology patients with emphasis on oncologic surgery.
- h) Care for inpatients and outpatients at the VA Medical Center under supervision of senior residents and attending staff.
- i) Obtain skill in urologic and general trauma care by the trauma service rotation for experience in evaluation, monitoring, surgical care, and postoperative care of acute trauma.
- j) Increase surgical technical expertise in scrotal surgery, minor urologic surgery, abdominal wound opening and closing, and first assisting in abdominal and flank surgery. (See Section VI)
- k) Evaluate fund of basic urologic knowledge through the in-service exam with expected performance above 50th percentile national average.
- l) Identify a clinical research project.
- m) Continue to work effectively with support personnel.

PGY-3 (UM 3, Urology 2)

1. Educational Goals

- a) Continue to increase knowledge of fundamentals of urologic disease and perioperative care.
- b) Expand surgical experience in abdominal, flank, and endoscopic cases.
- c) Gain experience in percutaneous endourologic procedures.
- d) Gain experience in pediatric urology disease evaluation and management.
- e) Initiate training in clinical urologic research.
- f) Develop basic skills in laparoscopic and open urologic surgery.
- g) Refine interpersonal skills with support personnel.

2. Educational Objectives – By the end of the Urology 2 year, the resident will be able to:

- a) Complete rotation as junior resident on VA inpatient and outpatient services.
- b) Residents will also perform surgeries and provide patient care at an ambulatory clinic and/or surgery center.
- c) Perform more complex lower tract endoscopic procedures, such as TUR biopsies of the bladder and prostate.
- d) Provide primary resident care on endourology service and gain experience with ureteroscopy, percutaneous nephrolithotomy, endopyelotomy, and laser lithotripsy. (See Section VI)

- e) Develop basic laparoscopic surgical skills.
- f) Provide junior resident care on pediatric urology service with particular emphasis on procedures such as orchiopexy.
- g) Present a research paper at Michigan Urologic Society Meeting.
- h) Perform surgeries in an ambulatory setting; such surgery include: SWL, cysto, bladder biopsy, TURBT, ureteroscopy, vasectomy, TRUS/ BX.
- i) Develop skills in performance of and interpretation of simple and complex urodynamic evaluations.
- j) Expand clinical research to result in peer-reviewed publication or chapter.
- k) Plan research project for Urology 3 year.
- l) Evaluate progress of urologic knowledge through in-service examination with expected performance above 50th percentile nationally.
- m) Attend basic science course in Charlottesville, Virginia.
- n) Present and discuss cases at Urology Grand Rounds.
- o) Work effectively with support personnel, including administrative aspects.

PGY-4 (UM 4, Urology 3)

1. Educational Goals

- a) Interpret, initiate, and complete basic urologic research.
- b) Expand depth and scope of knowledge of urologic diseases.
- c) Develop basic expertise in microsurgery.
- d) Develop problem solving skills for diagnosis of urologic conditions.
- e) Expand understanding of clinical research, including trial design, biostatistics, epidemiology, and outcomes research.
- f) Obtain exposure to clinical medical oncology and radiation oncology of urologic cancers and genitourinary pathology.
- g) Refine interpersonal skills with support personnel.

2. Educational Objectives – By the end of the Urology 3 year, the resident will be able to:

- a) Interpret, initiate, and complete a basic research project in urology, either based on laboratory research or health-related outcomes research with a scientific mentor in urology or other University of Michigan researcher with special expertise.
- b) Learn basic principles of study design and biostatistics through initiation of basic and/or clinical research.
- c) Obtain greater in-depth knowledge of urologic diseases with study of multiple texts, journals, and articles, such as Campbell's and Gillenwater Textbooks, Journal of Urology, Urology, Urologic Clinics of North America, Seminars in Urologic Oncology.
- d) Learn fundamentals of genitourinary pathology through participation in GU pathology. Sign-out one day per week.
- e) Submit abstract to national meeting (example, AUA or AACR).

- f) Submit manuscripts for publication on at least one clinical research topic and basic research topic.
- g) Present research paper at Michigan Urologic Meeting.
- h) Evaluate knowledge base by in-service exam with expected performance above 50th percentile nationally.
- i) Obtain microsurgery expertise at microsurgery course provided by Department of Urology.
- j) Present and discuss cases at Urology Grand Rounds.
- k) Work effectively with research graduate and post graduate students, laboratory technicians, managers and research colleagues.

PGY-5 (UM 5, Urology 4)

1. Educational Goals

- a) Continued expansion of knowledge base of urologic disease.
- b) Refine expertise in pediatric urology with a leadership and primary surgical role.
- c) Gain expertise in female urology patient management and surgery.
- d) Gain additional experience in general male urology and infertility.
- e) Expand surgical experience in oncology as senior resident.
- f) Refine interpersonal skills with support personnel.
- g) Gain experience in complex reconstructive surgery.
- h) Become familiar with and able to perform video urodynamics.

2. Educational Objectives – By the end of the Urology 4 year, the resident will be able to:

- a) Use didactic conferences to expand depth of knowledge of urologic disease.
- b) Be primary resident on female urology service (inpatient and outpatient) with an emphasis on history taking, examination, and evaluation and treatment of women with urologic diseases, including incontinence, pelvic floor strengthening exercises, biofeedback, endometriosis, interstitial cystitis, neurogenic problems, recurrent UTIs, management of urethral diverticula and fistulas, pelvic pain, estrogen replacement therapy, osteoporosis, and urodynamics.
- c) Be primary resident on male general urology service with emphasis on BPH and andrology, including infertility and impotence.
- d) Present research paper at Michigan Urologic Meeting.
- e) Submit at least one abstract to national meeting.
- f) Submit at least one clinical or research manuscript or chapter for publication.
- g) Present and discuss cases at Urology Grand Rounds.
- h) Work effectively in clinical care and administration with support personnel, colleagues and students.
- i) Evaluate knowledge base by In-service exam with expected performance above 50th percentile nationally.

PGY-6 (UM 6, Urology 5)

1. Educational Goals

- a) Obtain proficiency in entire spectrum of pathophysiology of urologic disease.
- b) Mature in surgical expertise as primary surgeon.
- c) Demonstrate administrative skills and responsibility in organization of the service.
- d) Refine interpersonal skills with support personnel.
- e) Supervision of entire resident team.
- f) Refine speaking skills as medical lecturer.
- g) Learn issues related to private practice of urology and managed care.
- h) Gain additional surgical expertise in a private practice setting in both inpatient and outpatient care at St. Joseph's Hospital.

2. Educational Objectives – By the end of the Urology 5 year, the resident will be able to:

- a) Master sophisticated aspects of urologic disease physiology, diagnosis, and decision making in preparation for the qualifying exam (Part I) of the Urology Boards.
- b) Organize teaching conferences within the Department, including Urology Grand Rounds, Uropathology Conference, and Monday Didactic Conferences.
- c) Develop resident call schedule.
- d) Supervise medical student teaching on urology service.
- e) Supervise inpatient care as chief of service with delegation of responsibilities to junior residents as appropriate.
- f) Present paper at Michigan Urologic Society.
- g) Submit at least one abstract for a national meeting.
- h) Expand knowledge of evolving knowledge and procedures in Urology by attendance at American Urologic Association Meeting.
- i) Present one lecture at Urologic Oncology Conference.
- j) Submit at least one manuscript or chapter for publication on a clinical or basic research topic.
- k) Refine surgical skills in most complex cases with a particular emphasis on oncology and pediatrics (including radical prostatectomy, cystectomy with cutaneous and continent diversion, partial nephrectomy, IVC thrombectomy, reconstructive pediatrics, hypospadias repair, pyeloplasty). (See Section VI)
- l) Refine surgical skills in transurethral resection of prostate.
- m) Manage VA outpatient and inpatient service as chief resident under faculty supervision.
- n) Learn comparative aspects of academic, private practice, and system-based practice career opportunities.
- o) Present and discuss cases at Urology Grand Rounds.
- p) In-service score greater than 50th percentile.

UMHS JOB DESCRIPTION CHECKLIST
MAJOR JOB RESPONSIBILITIES FOR UNIVERSITY OF MICHIGAN HOUSE STAFF
(Clinical Program Trainees)

Department Urology

Program

Residency/Fellowship Director Gary Faerber, MD

The following apply to all housestaff:

House officer maintains harmonious and effective relations with peers and staff.

House officer effectively manages interpersonal relations with patients and families

House officer's behavior and appearance are consistently professionally appropriate.

House officer accurately maintains medical records at appropriate intervals.

The following apply as indicated by PGY level(s) checked:

	PGY 1	PGY 2	PGY 3	PGY 4	PGY 5	PGY 6
Supervises clinical care and education of third year medical students.	x	x	x	x	x	x
Supervises clinical care and education of acting interns.					x	x
Supervises clinical care and education of junior house officers.					x	x
Supervises clinical care and education of senior house officers.						
Performs simple procedures or manages simple medical conditions with physical presence/direct contact with attending.	x	x	x	x	x	x
Performs simple procedures or manages simple medical conditions without physical presence/direct contact with attending.		x	x	x	x	x
Performs complex procedures or manages complex medical conditions with physical presence/direct contact with attending.					x	x
Manages complex medical conditions without physical present/direct contact with attending.					x	x

EDUCATIONAL GOALS AND OBJECTIVES BY LOCATION, AND SERVICE ROTATION

C. Rotation

The urology training program assigns residents using a preceptor format primarily based on subspecialty orientation. In addition, the two off-site rotations (VA Hospital and St. Joseph's Hospital) have specific teaching value.

U of M Adult Oncology

1. Goals

- a) Gain knowledge in pre- and postoperative care, intraoperative technical skills with an emphasis on urologic oncology patients.

2. Objectives – By the end of the rotation, the resident will be able to:

- a) Completely manage postoperative care after large urologic oncologic procedures, such as radical nephrectomy with or without IVC thrombectomy, radical cystectomy with various types of urinary diversions, radical prostatectomy, and retroperitoneal lymph node dissection for testis cancer [junior residents (PGY-1 and PGY-2)].
- b) Use U of M care pathways for each of these procedures.
- c) Recognize post-operative complications and initiate prompt and proper intervention.
- d) Increase knowledge of urologic cancer therapies and decision making process regarding relative treatments.
- e) Demonstrate surgical competency for senior residents in oncologic procedures, such as radical nephrectomy, radical cystectomy, radical prostatectomy, and retroperitoneal lymph node dissection. (See Section VI)

3. Primary Faculty

- a) Supervisory faculty are Drs. Hollenbeck, Lee, Miller, Montie, Wood & Weizer.

Ambulatory Surgery Rotation

1. Goals

- a) Develop knowledge base of general urologic diseases such as BPH, localized bladder cancer, sterilization, evaluation of hematuria, UTI, urinary incontinence, erectile dysfunction.
- b) Gain outpatient experience with the medical management of erectile dysfunction, BPH, urinary incontinence.

- c) Gain knowledge with the diagnostic evaluation of patients with urinary incontinence.
 - d) Gain technical experience in outpatient surgery.
2. Objectives – By the end of the rotation, the resident will be able to:
- a) Evaluate and treat patients with general urologic conditions including, BPH, UTI, urinary incontinence, elevated PSA, ED, fertility, localized bladder cancer, urinary stone disease
 - b) Demonstrate competency in ambulatory surgical procedures such as TRUS/BX, SWL, vasectomy, cysto, cystoscopy with BX, TURBT
 - c) Demonstrate competency in performing and interpreting simple and complex urodynamic testing including uroflowmetry CMG & fluoro-urodynamics
3. Primary Faculty
- a) Supervisory faculty are Drs. Atiemo, Faerber, Latini, Ohl, Roberts, Wei, Wolf.

U of M Adult Endourology/ Minimally Invasive Surgery

1. Goals
- a) Develop a knowledge base for decision making regarding use of endourologic surgical therapies for stone disease, urologic malignancies and obstruction.
 - b) Learn basic principles of access to the kidney, percutaneous endourologic procedures, ureteroscopic and cystoscopic endourologic procedures.
 - c) Learn basic principles of urologic laparoscopic surgery.
2. Objectives – By the end of the rotation, the resident will be able to:
- a) Evaluate patients at the time of initial presentation to the institution for possible endourologic therapies.
 - b) Demonstrate competency in access to the upper urinary tract via the bladder.
 - c) Demonstrate competency in ureteroscopy, including stone manipulation, laser treatment of stones, treatment of ureteral strictures, and treatment of ureteral and renal pelvic neoplasms. (See Section VI)
 - d) Demonstrate competency with ureteroscopic treatment of ureteral pelvic junction obstruction and ureteral strictures. (See Section VI)
 - e) Increase knowledge of percutaneous treatment for stone disease, obstruction, and urothelial neoplasms. (See Section VI)
 - f) Identify potential postoperative complications and management thereof.

- g) Follow patients postoperatively in the outpatient setting with the attending physician.
3. Primary Faculty
- b) Supervisory faculty for the endourologic service are Drs. Faerber, Roberts and Wolf.

U of M Male/General Urology

1. Goals
- a) Develop knowledge base of general urologic diseases, such as BPH, erectile dysfunction, evaluation of hematuria, urinary tract infection.
 - b) Gain outpatient experience with the medical management of common urologic diseases.
 - c) Gain surgical skills, including microsurgery, associated with treatment of general urologic diseases as described above.
 - d) Gain experience in the spectrum of postoperative care and long-term follow-up of patients after surgical procedures.
 - e) Gain experience in the entire spectrum of management of infertility.
2. Objectives – By the end of the rotation, the resident will be able to:
- a) Evaluate and treat patients in the outpatient setting who present with general urologic problems, as well as patients with problems with erectile dysfunction and/or infertility.
 - b) Demonstrate competency in the surgical treatment of BPH, including transurethral resection of the prostate and open prostatectomy. (See Section VI)
 - c) Demonstrate competency in the surgical treatment of impotence, including outpatient medical management, as well as penile prosthesis, including pre- and postoperative care. (See Section VI)
 - d) Demonstrate competency in the medical evaluation and surgical treatment of infertility. (See Section VI)
3. Primary Faculty
- a) Supervisory faculty are Drs. Ohl & Wei.

U of M Female Urology/Neurourology

1. Goals
- a) Expand knowledge of the preoperative evaluation of female urologic incontinence and neurourology.
 - b) Develop surgical skills in the management of female urologic problems and incontinence.

- c) Learn about postoperative management and long-term care of patients with female urologic, incontinence, and neurourologic problems.
 - d) Develop knowledge base of the management of patients with neurogenic bladders resulting from a spinal cord injury.
2. Objectives – By the end of the rotation, the resident will be able to:
- a) Evaluate patients at the time of initial presentation to the institution with emphasis on history taking, examination, and evaluation of women with urologic diseases, including incontinence, pelvic floor strengthening exercises, biofeedback, endometriosis, interstitial cystitis, neurogenic problems, recurrent UTIs, management of urethral diverticula and fistulas, pelvic pain, estrogen replacement therapy, osteoporosis, and urodynamics.
 - b) Demonstrate competency in the surgical treatment of all aspects of female incontinence.
 - c) Demonstrate competency in the surgical treatment of neuropathic bladders, including complex lower tract reconstructions.
 - d) Follow patients in the outpatient area postoperatively and in long-term follow-up after treatment of the above conditions.
 - e) Evaluate acute spinal cord injury patients and initiate management.
 - f) Evaluate and manage urologic aspects of patients with long-standing lower urinary tract dysfunction secondary to spinal cord injury.
3. Primary Faculty
- a) Supervisory faculty are Drs. Atiemo, Clemens, Latini, McGuire and Oldendorf.

U of M Pediatrics

1. Goals
- a) Expand knowledge base in the medical and surgical evaluation and treatment of pediatric diseases.
 - b) Learn surgical skills associated with pediatric urologic surgeries.
2. Objectives – By the end of the rotation, the resident will be able to:
- a) Evaluate patients at C.S. Mott Children's Hospital with pediatric diseases at the time of initial presentation to the University of Michigan.

- b) Demonstrate competency in the surgical treatment of common pediatric surgical problems, such as vesicoureteral reflux and cryptorchidism.
 - c) Obtain surgical skills in the treatment of complex pediatric problems, such as hypospadias, congenital anomalies, and major urinary tract reconstruction.
3. Primary Faculty
- a) Supervisory faculty are Drs. Bloom, Park and Wan.

VA Medical Center - Ann Arbor

1. Goals
- a) Gain experience with a more autonomous role in the management of the entire spectrum of urologic patients in the VA setting.
 - b) Develop administrative skills in patient care management in a more independent fashion.
 - c) Expand surgical experience with a broad spectrum of urologic diseases.
2. Objectives – By the end of the rotation, the resident will be able to:
- a) Organize and staff the VA outpatient clinics with faculty supervision on site for each clinic.
 - b) Perform a broad spectrum of urologic surgical procedures ranging from oncology, percutaneous procedures, and general urologic procedures.
 - c) Manage the inpatient and postoperative care after common urologic procedures.
3. Primary Faculty
- a) Supervisory faculty are Drs. Hafez & Montgomery.

St. Joseph's Mercy Hospital

1. Goals
- a) Expand expertise in surgical management of BPH.
 - b) Obtain an understanding of the practice of urology in a private practice setting.
 - c) Increase surgical skills in a broad spectrum of urologic diseases.
2. Objectives – By the end of the rotation, the resident will be able to:

- a) Demonstrate competency in transurethral resection of the prostate and a broad spectrum of urologic surgery, robotic prostatectomy, laparoscopy.
- b) Participate in outpatient care in the private office of one of two private practice specialty groups.
- c) Understand the advantages, disadvantages, and challenges facing urologists in the private practice setting.

3. Primary Faculty

- a) Supervisory faculty are urologists in the Solomon Group and Moyad Group at St. Joseph Mercy Hospital.

D. Research Year

The UM 4th year level will be dedicated full time to research commitment with no fixed clinical responsibilities. During the PGY-3 year, the residents will meet with the Program Director and the Associate Chair for Research to discuss research opportunities. They are expected to meet with the other urologic research faculty to discuss specific research plans, including Drs. Roberts, McGuire, Ohl, Park, Wei, Day, Macoska, Pienta, Cooney, and Chinnaiyan.

By March of the PGY-3 year, the resident is expected to identify a research mentor and decide upon a research lab experience. This allows a three month period to plan a research project. Prior to the completion of the PGY-3 year, the residents are expected to provide in writing to Dr. Bloom an outline of their research plan for the entire year. The plan will be developed in conjunction with their research mentor.

In addition to a research mentor, the resident is expected to choose a clinical research mentor. The clinical research mentor and the research mentor may be the same person, if that person has expertise in both areas. During the research year, the resident will participate in multiple clinical projects, such as clinical reviews, ongoing clinical research studies, or writing chapters.

Rotation away from UM is not encouraged, but may be allowed if a particularly noteworthy research mentor is identified elsewhere with expertise not available at the UM Medical Center.

Residents will be expected to provide quarterly written reports regarding their progress in the research year and will meet as a group with Dr. Bloom.

At the end of the year, the resident will provide a written summary of their entire research experience, including main research projects studied, manuscripts published, submitted, or in development, abstracts presented, awards won, funding obtained, and updated CV.

During the research year, the resident will also attend a microsurgery course to develop surgical skills.

During the research year, the resident will attend once a week GU pathology sign-session with Dr. Shah to develop understanding of GU pathology.

During the research year, the residents are expected to attend all teaching conferences. Patient care is not required.

E. Davinci Robot Training

While not a dedicated rotation, robotic training has been identified as an important facet of resident urologic surgical training. To supplement their robotic training a formal course has been developed to ensure resident familiarity with robotic surgery.

CURRICULUM FOR DAVINCI ROBOT TRAINING

1. GOALS OF TRAINING: This course should teach the resident or faculty member how to do the following:
 - a. Set up of the Davinci Robot
 - b. Use the Robot from the console
 - c. Troubleshoot the Robot during the case
 - d. Be a first assistant

3. METHODS
 - a. Participate in the set-up, sterile draping, and activation of the robot for three Davinci cases.
 - (1) This will be accomplished by having the resident and or faculty member assist the nursing staff in the set-up prior to the Davinci case.
 - b. Review the written material and CD ROM regarding the Davinci Robot provided by Intuitive Inc.
 - c. Be a second assistant for two Davinci cases observing the first assistant and learning the laparoscopic techniques necessary from the first assistant.
 - (1) As a second assistant the resident/faculty member will learn docking of the robot arms, insertion of instruments, and manipulation of the robot arms.
 - d. Have progressive time at the console with a Davinci-accredited faculty member developing graded responsibility and performing various parts of the operation.
 - e. Learn how to disassemble the Robot
 - (1) Three cases of facilitating the nurses disassembling the robot with subsequent storage of the robot.

3. COMPETENCY EVALUATION:

- a. Under the supervision of the Davinci trained nurses the resident or faculty member will set-up the robot and perform lens application.
- b. The resident or faculty member will attach the robot to the Davinci arms, insert the working arms and assist in a Davinci case as a first assistant with a previously trained physician observing as second assistant.
- c. The resident or faculty member will disassemble the robot and store it after the Davinci case.

Supervisory faculty are Drs. Hollenbeck, Weizer and Wood

CURRICULUM FOR UROLOGY RESIDENCY **UNIVERSITY OF MICHIGAN DEPARTMENT OF UROLOGY**

The following is a listing of the educational categories which will be reviewed during the tenure of each resident. Each of these categories will be covered through didactic teaching such as formal urology and non-urology faculty lectures, topics discussed during Visiting Professorships, Department of Urology Grand Rounds, Morbidity and Mortality conference, UM Oncology conference, Pediatric uro-radiology conference, VAH case conference, monthly journal club, and Resident Review conferences.

General Categories

OFFICE UROLOGY
PRE AND POST OPERATIVE CARE OF THE UROLOGIC PATIENT
RADIOLOGIC IMAGING OF THE GENITO-URINARY TRACT
ACUTE RENAL FAILURE
CHRONIC RENAL FAILURE
EPEIDEMIOLOGY AND STATISTICS
MEDICAL OUTCOMES AND PRACTICE GUIDELINES

Anatomy and Physiology

DEVELOPMENT, ANATOMY AND FUNCTION
ADRENAL GLAND
KIDNEY
URETER
BLADDER
FEMALE URETHRA
MALE URETHRA
PENIS
PROSTATE GLAND, SEMINAL VESICLES
SCROTUM AND ITS CONTENTS
MALE REPRODUCTIVE PHYSICOLOGY
MOLECULAR BIOLOGY

ADULT UROLOGY
UROLITHIASIS

OBSTRUCTIVE UROPATHY
BENIGN, MALIGNANT ADRENAL TUMORS
RENAL TUMORS
TRANSITIONAL CELL CANCER OF THE KIDNEY AND URETERS
BLADDER CANCER
PROSTATE CANCER
TESTIS CANCER
PENILE CANCER
SCROTAL CANCER
BPH
NGB
URINARY INCONTINENCE MALE
URINARY INCONTINENCE FEMALE
UTI FEMALE
UTI MALE
PROSTATITIS, URETHRITIS, STD'S
ERECTILE DYSFUNCTION
TRAUMA
INFERTILITY
URETHRAL STRICTURE
INTERSTITIAL CYSTITIS
PSYCHOSOMATIC DISORDERS

Pediatric Urology

UPJ OBSTRUCTION
HORSEHOE KIDNEY
WILM'S TUMOR AND OTHER PEDIATRIC NEOPLASMS
NGB, URINARY INCONTINENCE
OBSTRUCTIVE UROPATHY
URETHRAL VALVE DISEASE
VUR
EPISPADIAS, EXTROPHY
HYPOSPADIAS
ACUTE SCROTUM
CHRYPTORCHIDISM
UTI
LITHIASIS

Techniques and Procedures

URODYNAMIC EVALUATION
TRUS/BX OF PROSTATE
ENDOSCOPY
ENDOUROLOGY UPPER TRACTS
ENDOUROLOGY LOWER TRACTS
LAPAROSCOPY
SWL, OTHER LITHOTRIPSY TECHNIQUES
RRP

CYSTECTOMY
 ANTI-INCONTINENCE PROCEDURES
 PLASTIC PROCEDURES
 URINARY DIVERSION
 PROSTHETICS
 MICROSURGICAL TECHNIQUES

GENERAL OBJECTIVES FOR UROLOGY RESIDENCY EDUCATION
TABLE OF CONTENTS:

	<u>Formats where covered</u>
1. ANATOMY OF THE GU TRACT	
Retroperitoneum, Kidney, Ureter	Basic Science course PGY-3
Lower Urinary Tract: Male and Female Genitalia	Resident Review, GR
Urologic Incisions	
2. GENERAL PRINCIPLES: METHODS OF EVALUATION	
Wound Repair: Suture Material in Urology	Basic Science course PGY-3
Principles of Immunobiology: Immunology of GU Malignancies	UM Summer Basic Science Course
Principles of Molecular Biology and Genetics in Urology	
Biostatistics and Epidemiology	UM Basic Science Course,
Medical Outcomes in Urology	Grand Rounds
Socioeconomic Issues in Urology/ Private Practice: The Basics	Grand Rounds
Office Urology: Essentials of History, PE Coding, Documentation	Grand Rounds
Lower and Upper Urinary Tract Endoscopy: Introduction to Instrumentation	Grand Rounds, Thurs. conference, Journal club
Laparoscopy/Laparoscopic Approaches, Physiology, and Complications	Grand Rounds, Thurs. conference, Journal club
Geriatric Urology	Grand Rounds, Visiting Professor
3. RADIOLOGIC EVALUATION AND TREATMENT	
Excretory Urography Including Plain Film, RPG Voiding, Cystourethrography RUG	Peds-Uroradiology, Grand Rounds
Angiography, Diagnosis and Treatment USN of the GU Tract	Peds-uroradiology, Grand Rounds, Thurs. conference

CT, CT Urography
MRI
Nuclear Medicine for Bladder and Renal Disorders

4. RENAL AND URETERAL PHYSIOLOGY, PATHOPHYSIOLOGY, OBSTRUCTION, ARTERIAL DISEASE TRANSPLANTATION

Renal Physiology, Renal Failure, Acute and Chronic: Etiology, Presentation, Evaluation, and Management

Visiting Professor, Grand Rounds

Extrinsic Obstruction of the Ureter: Etiology, Pathophysiology, Presentation, Evaluation, and Management

Grand Rounds, Thurs. conference, Journal club

Renal Vascular Hypertension, Renovascular Surgery

Grand Rounds, Thurs. conference, Journal club

Medical Aspects of Renal Transplantation

Grand Rounds, Thurs. conference, Journal club

Renal Transplantation: Surgical Approaches

5. INFECTION, INFLAMMATION OF THE GU TRACT

Prostatitis and Related Disorders

Grand Rounds, Thurs. Conference

IC

STDS, AIDS and related Conditions

Grand Rounds, Resident presentation

Parasitic Infections, Fungal Infections, and GU TB

6. VOIDING FUNCTION AND DYSFUNCTION

Bladder and Urethral Physiology and Pharmacology, Pathophysiology and Categorization of Voiding Dysfunction

Grand Rounds, Thurs. conference

Neuromuscular Dysfunction of the Lower Urinary Tract. Urinary Incontinence: Pathophysiology, Evaluation, Treatment

Grand Rounds, Monday conference
Journal club

Urologic GYN 1: Anatomy, Physiology, and Injury

Urologic GYN2: Pelvic Reconstruction and Surgery for UI and Prolapse
Periurethral Injections, AUS for UI

Grand Rounds, Journal club

Retropubic Surgery for SUI, PVS for SUI	Grand Rounds, Thurs. conference
Vesicovaginal Fistula, Urethrovaginal and Ureterovaginal Fistula, Urethral Diverticulum	
7. BENIGN PROSTATIC HYPERPLASIA Molecular Biology, Endocrinology, and Physiology of the Prostate and Seminal Vesicles	Grand Rounds, Thurs. conference
BPH: Epidemiology, Etiology, Pathophysiology, and Diagnosis. Medical Therapy	Grand Rounds. Thurs. conference
Transurethral and Open Surgical Treatments of BPH	Grand Rounds, Thurs. conference
8. SEXUAL FUNCTION AND DYSFUNCTION	
Erectile Physiology and Pharmacology, Pathophysiology of ED, Evaluation and Management of ED	Grand Rounds
Priapism and Peyronies Disease	Grand rounds
Female Sexual Dysfunction and Dysfunction , Pathophysiology, Evaluation, and Treatment	
9. REPRODUCTIVE FUNCTION AND DYSFUNCTION	
Physiology of Male Reproduction	
Male Infertility: Evaluation, Medical and Surgical Treatment	
10. UROLOGIC ONCOLOGY	
Cancer Biology	Grand Rounds, Thurs. conference,
Renal Parenchymal Tumors: Benign and Malignant	GU oncology (all below)
Bladder Tumors	
Testis Tumors	
Penile Tumors	
Urethral Tumors	
Systematic Chemotherapy and Immunotherapy of Urologic Malignancy	

11. PROSTATE CANCER

Etiology, Epidemiology, Prevention of Prostate Cancer

Diagnosis, Natural History of Prostate Cancer

RRP, Perineal Prostatectomy

Radiation Therapy for Prostate Cancer

Alternative Surgical Treatments for CAP

Endocrine Therapy and Chemotherapy for CAP

Alternative Medicine for Benign and
Malignant GU Diseases

12. UROLITHIASIS

Etiology, Evaluation, Medical Management

Grand Rounds, Thurs. conference
Journal club

SWL

Endourologic Management: PCNL, URS

13. OTHER SURGICAL PROCEDURES AND PRINCIPLES

Adrenal Disease and Surgery

Grand Rounds, Thurs. conference
Journal club

GU Trauma

Urologic Problems in Pregnancy

Uses of Intestinal Segments in Urology: Principles
of Continent Urinary Reconstruction

Augmentation Cystoplasty, Urinary Undiversion

Open Surgery of the Kidney

Open Surgery of the Ureter

Surgery of the Bladder

Surgery for Penile and Urethral Cancer

Surgery for Testis Cancer

Uses of Lasers in Urologic Surgery

14. PEDIATRIC UROLOGY

Embryology of the GU Tract: Normal and Abnormal Grand Rounds, Peds Uro-radiologi
Renal Function in the Fetus, Neonate and Child. (all below)
Perinatal Urology

Neonatal Urologic Emergencies, Evaluation of the
Pediatric Patient

Renal Disease in Childhood, UTI in infants and Children

UPJ, Dysplasia and Cystic Disease of the Kidney

Anomalies of the Ureter, VUR and Megaureter

Prune Belly Syndrome, Extrophy, Epispadias

Development of Urinary Control: Enuresis
Neurogenic and Functional Urinary Tract
Dysfunction, Posterior Urethral Valves

Hypospadias

Sexual Differentiation: Normal and Abnormal,
Surgical Management of Intersex

Congenital Anomalies of the Testis and Scrotum, Surgery
of the Testis and Scrotum

V. 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 academic secretary, Lora Allen. Conferences include:

- Grand Rounds, First & Second Thursdays, 7-8 am and Third, Fourth & Fifth Thursdays 5:30-6:30 pm: This conference is used to provide residents an opportunity to present patient cases followed by discussion of salient points regarding the disease process emphasized in the patient presentation. Residents present these cases to other residents in a format similar to that they will see when they come up for their oral board examination. In addition, "Interesting Cases", moderated by Dr. Faerber, involves faculty presenting cases of particular interest to the audience for discussion. In some instances, residents may be called upon to discuss either the radiologic findings, differential diagnosis, or treatment algorithm for the diagnosis or condition. A urologist and uropathologist are present to aid discussion. Medical students completing their rotations also present on a topic of interest with guidance either from senior residents or faculty. Also, Grand Rounds is the venue in which invited outside speakers are asked to present to the faculty and residents. Topics include basic science related to urologic disease states, bioethics, quality assurance, malpractice, billing and compliance, etc. This conference is open to practicing urologists outside of UM. UM or visiting faculty provide didactic lectures.
- Oncology Conference, Tuesday 5:00-6:00 pm: This is a multidisciplinary conference attended by Urology, Medical Oncology, Radiation Oncology, and Pathology. Case presentation is done by residents with discussion from the entire audience. Didactic lectures are also presented, alternating with case conferences.
- Thursday Resident Conference: This conference presents either a didactic lecture by urologic or other faculty (i.e. radiology) or a review session for in-service/Board preparation. Either the Urology faculty on call that day is in attendance or the faculty presenting didactic lectures. The different domains of urology are covered systematically in these conferences based on a two-year schedule.
- Morbidity and Mortality Conference: Monthly complications from surgery at UM, the VA, or St. Joseph's Hospital selected cases are reviewed by residents and faculty.
- Pediatric Urology, Fridays, 7:30-9:00 am: This conference is a combination of case presentations and didactic lectures and is multidisciplinary with attendance by Pediatric Radiology and Pediatric Nephrology attending staff.
- Uropathology: This conference is held monthly on Thursday evening and cases are presented by our GU Pathologist, Dr. Rajal Shah.
- Journal Club: Held monthly, the conference is supervised by one faculty member and covers selected articles published in Journal of Urology or other appropriate journals. On occasion, journal clubs are held at faculty members homes.

- Special Research and Education Seminar: a special research education seminar is held at this conference, designed to provide focus of biostatistics, epidemiology, molecular biology and genetics, clinical trial design, and other research topics.
- Visiting Professors
 - Nesbit /Department of Urology Scientific Meeting: Visiting Professor and UM and invited speakers present at a 2 day scientific meeting. Topics include all aspects of urology. This includes case presentations by residents, resident didactic presentations based on clinical or basic science research projects.
 - Pediatric: July each year, invited speaker. Morning with residents to discuss interesting cases and give the John Duckett Lecture later in the day.
 - Urologic Oncology: ½ day with residents 3-4 x year. During the course of the year, frequent visiting speakers address the Department at regular conferences.
 - Visiting Professor at Home: The UM faculty are often visiting professors at other institutions and we have decided to take advantage of those skills for the residents here. Four times a year (February, May, August, and November), one of the faculty will review cases with the residents for ½ day, give a lecture, and then have dinner with the residents and their guests.
- Special Topics
 - HCFA Compliance: Yearly in July, a Grand Rounds is devoted to discussion of HCFA regulations and how they apply to teaching physicians and practitioners. The discussion is lead by Marquita Kiss of the University of Michigan Compliance Office.
 - Practice Management: A bi-yearly conference is devoted to instruction in private practice management and managed care issues.
 - Medico-legal: A Grand Rounds quarterly conference is devoted to medico-legal issues that relate to general principles and to urology. This discussion is under the supervision of Mr. Rick Boothman, J.D., Legal Counsel of the University of Michigan Hospital.
 - Business Management of Health Systems: Yearly, a course is provided by the UM School of Business Administration on various aspects of fiscal issues for various types of health care systems.
 - Ethics Lecture: Susan Dorr Gould lectures for ethics at Grand Rounds.
 - Resident well-being: sleep management, life balancing, public speaking.

**Representative Conference Schedule
2008-2009**

July 2008

1	GU Oncology	David Smith
3	Grand Rounds	Gary Faerber
3	Urology Review	On Call Faculty
8	GU Oncology	David Smith
10	Grand Rounds	Gary Faerber
10	Urology Review	On Call Faculty
15	GU Oncology	David Smith
17	Urology Review	On Call Faculty
17	Grand Rounds	Gary Faerber
22	GU Oncology	David Smith
24	Urology Review	On Call Faculty
24	Grand Rounds	Gary Faerber
29	GU Oncology	David Smith
31	Urology Review	On Call Faculty
31	Grand Rounds	Gary Faerber

August 2008

5	GU Oncology	David Smith
7	Grand Rounds	Gary Faerber
7	Urology Review	On Call Faculty
12	GU Oncology	David Smith
14	Grand Rounds	Gary Faerber
14	Urology Review	On Call Faculty
19	GU Oncology	David Smith
21	Urology Review	On Call Faculty
21	Grand Rounds	Gary Faerber
26	GU Oncology	David Smith
28	Urology Review	On Call Faculty
28	Grand Rounds	Gary Faerber

September 2008

2	GU Oncology	David Smith
4	Grand Rounds	Gary Faerber
4	Urology Review	On Call Faculty
9	GU Oncology	David Smith
11	Grand Rounds	Gary Faerber
11	Urology Review	On Call Faculty
16	GU Oncology	David Smith
18	Urology Review	On Call Faculty
18	Grand Rounds	Gary Faerber
23	GU Oncology	David Smith
25	Urology Review	On Call Faculty
25	Grand Rounds	Gary Faerber
30	GU Oncology	David Smith

October 2008

2	Grand Rounds	Gary Faerber
2	Urology Review	On Call Faculty
7	GU Oncology	David Smith
9	Grand Rounds	Gary Faerber
9	Urology Review	On Call Faculty
14	GU Oncology	David Smith
16	Urology Review	On Call Faculty
16	Grand Rounds	Gary Faerber
21	GU Oncology	David Smith
23	Urology Review	On Call Faculty
23	Grand Rounds	Gary Faerber
28	GU Oncology	David Smith
30	Urology Review	On Call Faculty
30	Grand Rounds	Gary Faerber

November 2008

4	GU Oncology	David Smith
6	Grand Rounds	Gary Faerber
6	Urology Review	On Call Faculty
11	GU Oncology	David Smith
13	Grand Rounds	Gary Faerber
13	Urology Review	On Call Faculty
18	GU Oncology	David Smith
20	Urology Review	On Call Faculty
20	Grand Rounds	Gary Faerber
25	GU Oncology	David Smith

December 2008

2	GU Oncology	David Smith
4	Grand Rounds	Gary Faerber
4	Urology Review	On Call Faculty
9	GU Oncology	David Smith
11	Grand Rounds	Gary Faerber
11	Urology Review	On Call Faculty
16	GU Oncology	David Smith
18	Urology Review	On Call Faculty
18	Grand Rounds	Gary Faerber
23	GU Oncology	David Smith

January 2009

6	GU Oncology	David Smith
8	Grand Rounds	Gary Faerber
8	Urology Review	On Call Faculty
13	GU Oncology	David Smith
15	Urology Review	On Call Faculty
15	Grand Rounds	Gary Faerber
20	GU Oncology	David Smith
22	Urology Review	On Call Faculty
22	Grand Rounds	Gary Faerber
27	GU Oncology	David Smith
29	Urology Review	On Call Faculty
29	Grand Rounds	Gary Faerber

February 2009

3	GU Oncology	David Smith
5	Grand Rounds	Gary Faerber
5	Urology Review	On Call Faculty
10	GU Oncology	David Smith
12	Urology Review	On Call Faculty
12	Grand Rounds	Gary Faerber
17	GU Oncology	David Smith
19	Urology Review	On Call Faculty
19	Grand Rounds	Gary Faerber
24	GU Oncology	David Smith
26	Urology Review	On Call Faculty
26	Grand Rounds	Gary Faerber

March 2009

3	GU Oncology	David Smith
5	Grand Rounds	Gary Faerber
5	Urology Review	On Call Faculty
10	GU Oncology	David Smith
12	Grand Rounds	Gary Faerber
12	Urology Review	On Call Faculty
17	GU Oncology	David Smith
19	Urology Review	On Call Faculty
19	Grand Rounds	Gary Faerber
24	GU Oncology	David Smith
26	Urology Review	On Call Faculty
26	Grand Rounds	Gary Faerber

April 2009

2	Grand Rounds	Gary Faerber
2	Urology Review	On Call Faculty
7	GU Oncology	David Smith
9	Grand Rounds	Gary Faerber
9	Urology Review	On Call Faculty
14	GU Oncology	David Smith
16	Urology Review	On Call Faculty
16	Grand Rounds	Gary Faerber
21	GU Oncology	David Smith
23	Urology Review	On Call Faculty
23	Grand Rounds	Gary Faerber
28	GU Oncology	David Smith
30	Urology Review	On Call Faculty
30	Grand Rounds	Gary Faerber

May 2009

5	GU Oncology	David Smith
7	Grand Rounds	Gary Faerber
7	Urology Review	On Call Faculty
12	GU Oncology	David Smith
14	Grand Rounds	Gary Faerber
14	Urology Review	On Call Faculty
19	GU Oncology	David Smith
21	Urology Review	On Call Faculty
21	Grand Rounds	Gary Faerber
26	GU Oncology	David Smith
28	Urology Review	On Call Faculty
28	Grand Rounds	Gary Faerber

June 2009

2	GU Oncology	David Smith
4	Grand Rounds	Gary Faerber
4	Urology Review	On Call Faculty
9	GU Oncology	David Smith
11	Grand Rounds	Gary Faerber
11	Urology Review	On Call Faculty
16	GU Oncology	David Smith
18	Urology Review	On Call Faculty
18	Grand Rounds	Gary Faerber
23	GU Oncology	David Smith
25	Urology Review	On Call Faculty
25	Grand Rounds	Gary Faerber
30	GU Oncology	David Smith

VI. Competencies and Evaluation of Outcomes

U of M Urology has integrated the ACGME –mandated competency into the residency. (See Article in appendix 5) Methods to measure such competencies have been developed and are used to assess individual resident competency in the training program. Each resident is evaluated in the 6 competencies which are:

A. General Competencies and Example Components

1. 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 by:
 - Demonstrating effective and appropriate clinical problem-solving skills
 - Understanding the limits of one's knowledge and expertise
 - Appropriate use of consultants and referrals
 - Develop and carry out patient care management plans
 - Prescribe and perform competently all medical procedures (invasive and non-invasive) considered essential for the scope of practice
- Counsel patients and families:
 - to take measures needed to enhance or maintain health and function and prevent disease and injury
 - by encouraging them to participate actively in their care and by providing information that will contribute to their care
 - by providing information necessary to understand illness and treatment, share decisions and give informed consent
 - Provide care that is sensitive to each patient's cultural, economic and social circumstances
 - Use information technology to optimize patient care

2. Medical Knowledge

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

3. Practice-Based Learning and Improvement

- Demonstrate continuous practice improvement by:
 - engaging in lifelong learning to improve knowledge, skills and practice performance
 - analyzing 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.

4. Interpersonal and 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.

* For an excellent example of resident-staff email communication regarding patient care issues see below.

5. 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.

6. 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

B. General Competencies

Competency

- Patient care

Outcome Measure

- Faculty evaluations
- Patient satisfaction
- M & M conference (morbidity & mortality)
- Grand Rounds

- Medical knowledge
 - Faculty evaluations
 - Journal Club
 - In-service exam scores
 - Qualifying Exam performance
 - Board Certification

- Practice-based learning and improvement
 - Journal Club performance with faculty evaluation
 - M & M Conference
 - Grand Rounds presentations

- Interpersonal and communication skills
 - Faculty evaluations
 - Verbal communication from support staff and colleagues
 - Grand Rounds presentations
 - Presentations at local and national meetings
 - Patient satisfaction
 - PGOA (Postgraduate Orientation and Assessment) see section D

- Professionalism
 - Faculty evaluations
 - Verbal communication from support staff and colleagues
 - Patient satisfaction
 - PGOA

- System-based practice
 - Faculty evaluation
 - Grand Rounds
 - Journal Club
 - M & M Conference
 - PGOA

C. Specific Urologic Competencies

- Procedural skills
 - Faculty evaluations
 - Operative logs
 - M & M Conference

- Research Skills
 - Mentor evaluations
 - Papers submitted/published
 - Presentations at local and national meetings
 - Awards

Core Competencies “PIMPPS”

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

Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals

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

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 of health care and the ability to effectively call on system resources to provide care that is of optimal value

*Dr Wood,

I received a call from _____ today.

PT NAME

PT CPI

She was running a fever over 102. She had her foley removed last week from her neobladder and said she was doing well otherwise. Because she lives far away, I told her to go to her local ER for cultures and a catheter placement.

She understood that the catheter would need to be replaced and her bladder flushed.

She denied any other problems: back/abdominal pain, nausea, vomiting. I told her that if they needed to admit her there, they could contact your office tomorrow with an update on her findings.

Thanks,

_____, MD

Department of Urology
University of Michigan
1500 E. Medical Center Drive
Taubman Center, 3875
Ann Arbor, MI 48109-0330

D. Post-Graduate Orientation Assessment

<p style="text-align: center;">Station 1 Informed Consent 20 minutes Standardized Patient</p> <p>Clinical Cases GI bleed</p> <p>Lumbar puncture</p> <p>Objectives: Discussed the current clinical situation Discussed the indications for the proposed procedure Discussed the actual mechanism of the proposed procedure Indicated the alternative options</p> <p>Listed the benefits Informed the patient of the risk and/or harms and their likelihood Asked me for consent to perform the procedure Basics of Consent: Purpose of the test Interpretation of results Risk Benefits and alternative Rx Procedural aspects of the test</p> <p>Remediation #1 UMHHC Policy 62-10-001 Informed Consent Issued: 9/82; Last Reviewed: 10/01; Last Revised 10/01 #2 Meisel A. Kuczewski M. Legal and ethical myths about informed consent. Archives of Internal Medicine. 156(22):2521-6, 1996 Dec 9-23.</p> <p>ACGME CORE COMPETENCIES This station assessed the following competencies: Interpersonal and Communication Skills Professionalism Patient Care</p>	<p style="text-align: center;">Station 2 Imaging 20 minutes</p> <p>Imaging station List of Ideas: Pneumothorax-? After line placement pediatric and adult case Pneumonia-pediatric and adult case Swan-Gantz or CVP placement -in ventricle</p> <p>Pulmonary edema</p> <p>Epidural hematoma Dobhoff tube in lung-pediatric case Normal chest study pediatric and adult case Normal abdominal study pediatric and adult case Small bowel obstruction pediatric and adult case Lung metastasis Pneumoperitoneum ET tube placement-- in the right main NG tube placement Stroke, head CT</p> <p>Remediation</p> <p>We will provide you with a CD of the cases</p> <p>ACGME CORE COMPETENCIES This station assessed the following competencies: Patient Care Medical Knowledge</p>
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Station 3
Critical Values
20 minutes

Critical Values:

UTI

Rx: hypercalcemia, hyperkalemia, hypernatremia, hypomagnesemia, hyponatremia

Post-ictal lactic acidosis adult or child

DKA-child with Type 1 DM

Non-anion gap acidosis
Impending respiratory failure CO2 retention-child with asthma

Hyponatremia
Acute Coronary Syndromes (AMI) -
Use of Bblockers

Remediation

A description of the critical value and its treatment was handed to the resident

ACGME CORE COMPETENCIES

This station assessed the following competencies:

Patient Care
Medical Knowledge

Station 4
EBM
20 minutes

Evidence Based Medicine

Treatment of Asthma- EBM/Peds & Adult

Goals

Generate clinical questions

Acquire more Evidence

Apply the evidence to a clinical case

Appraise the evidence--would it change your practice

Station Improvements:

Additional cases in the future

Remediation

Every Resident Received:

JAMA's Users Guides: Manual for Evidence-Based Clinical Practice

ACGME CORE COMPETENCIES

This station assessed the following competencies:

Practice-Based Learning and Improvement
Medical Knowledge

Station 5

Station 6

<p style="text-align: center;">Sterile Technique 20 minutes</p>	<p style="text-align: center;">Pain Assessment 20 minutes</p>
<p>Sterile Technique RN staff as observers</p> <p>Sterile procedure</p> <p>CHECKLIST: Informed consent has been obtained Patient/family informed as procedure advances Place pad under patient in appropriate location Assemble supplies Put on protective eyewear</p> <p>Wash hands Open supplies/create sterile field Open and don sterile gloves Prep area Apply sterile drapes Perform procedure</p> <p>Remediation Initiate feedback, 3 handouts on aseptic technique Information from UMHS Infection Control</p> <p>ACGME CORE COMPETENCIES This station assessed the following competencies: Patient Care Medical Knowledge Systems-Based Practice</p>	<p>This is an educational station Test - pen & paper Dokumentation was provided on the UMHS Pain policies The use of pain medications in the hospital Workbook of questions</p> <p>Information embedded in question</p> <p>Remediation Laminated pain card</p> <p>ACGME CORE COMPETENCIES This station assessed the following competencies: Patient Care Medical Knowledge Systems-Based Practice</p>

Station 7

Station 8

<p style="text-align: center;">Cultural Comm 20 minutes Standardized Patient</p> <p>Patient/Observer Feedback Task:</p> <ol style="list-style-type: none"> 1) Assess the patient's personal understanding and self-management of his disease. 2) Based on the patient's health beliefs and current lifestyle, make practical treatment recommendations. 3) Mr. Chan emigrated from Mainland China 3 years ago. Mr. Chan has DM and on an oral agent. His A1C is 8.2 (normal 3.8 - 6.4). Mr. Chan's daughter called the office to say that her father is not taking the medications prescribed for his diabetes. Mr. Chan is waiting to see you (an interpreter is not necessary). <p>Remediation Handout: Enhancing Your Cultural Communication Cultural Competency Card in Health Care</p> <p>ACGME CORE COMPETENCIES This station assessed the following competencies: Interpersonal and Communication Skills Professionalism Patient Care Practice-Based Learning and Improvement</p>	<p style="text-align: center;">System Compliance 20 minutes</p> <p>System Compliance Practical-fire safety</p> <p>Use of a fire extinguisher</p> <p>Remediation Baby blue Book - "Partnering for Excellence"</p> <p>UMHS Restraint Policy</p> <p>ACGME CORE COMPETENCIES This station assessed the following competencies:</p> <p>Systems-Based Practice</p> <p>Patient Care</p>
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VII. Duty Hours

Urology resident duty hours are set with the goal of providing optimal patient care 24 hours a day, seven 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, (ie. 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 monthly monitor duty hours and adjustments will be made accordingly to address excessive service demands and/or resident fatigue. Further information regarding duty hours policy can be found in the Urology House Officers handbook and the GME website at <http://www.med.umich.edu/medschool/gme/information/index.html> (also see Appendix 6)

In compliance with the duty hour requirements set forth by the ACGME Board of Directors and the University of Michigan Medical Center, as of July 1, 2003:

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

Daily Schedule

Residents on each service (U-M Adult, Pediatrics, VA) round as a team each weekday. Rounds begin between 6 am and 7 am, depending on the patient census and whether there is a 7 am conference scheduled on a particular day. When not on call, residents are free of clinical responsibility after they have finished in the operating room or clinic; have seen the inpatients on their subspecialty service with the appropriate attending on afternoon rounds; have seen or followed-up on consultations with appropriate staff; and have completed dictation of their operative and clinic notes. On weekends, the on-call, post-call, and chief residents make rounds on the inpatient services, and complete the necessary work.

Free Time

University of Michigan hospital policy states that each surgical resident is entitled to one complete weekend per month and one day in seven free of clinical responsibility. In reality, there are enough residents on the urology service to ensure that most residents have at least two weekends off per month. The only exception to this rule is the chief resident, who by the nature of his or her responsibilities, may only have one weekend off.

Call Schedule

All urology call is taken from home. There is no required in-hospital call either on weeknights or weekends. Research year residents do not take any call. Residents take call no more than one night in three.

The call schedule varies based on the resident's level and the time of year.

A. July-December:

PGY-1 (Urology Prelim) and PGY-2 (Urology -1) residents share responsibility for the inpatients on the general care floor and intensive care unit. They alternate answering calls regarding inpatient care during the day. They cross cover with the PGY-2 at the VA for night call. They do not take calls from outpatients. In-hospital call may be required at times, such as when a patient is critically ill or unstable.

Junior and senior residents (Urology-2 and Urology-4) are responsible for emergency room (ER) consults and consults from other inpatient services on an every third or fourth night basis. They are also responsible for answering outside patient calls to the hospital.

Chief residents are on backup call for their inpatient service every night. This means that they are available by pager to answer questions from the Uro-Prelim or Uro-1 covering the inpatients on their service, or to assist with an emergency involving an inpatient from their service. Chief residents also rotate on "Chief Call" every third night, backing-up the junior and senior residents who are on ER and consult calls.

B. January - June:

During the second half of the year, the PGY-2 residents continue to share responsibility for the inpatients on the general care floor and intensive care unit. They alternate answering calls regarding inpatient care during the day. They cross cover with the PGY-2 at the VA for night call. They do not take calls from outpatients. In-hospital call may be required at times, such as when a patient is critically ill or unstable.

Chief call is unchanged, as is PGY-1 (Urology Prelim) call.

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.

Vacation

Each resident is allotted 4 weeks of vacation time per year. This is split into two two-week blocks. Vacations may be taken when the resident is on the U-M Adult service or at St. Joseph's Hospital or at the VA Hospital. Vacation may not be taken on the Pediatric rotation. The research residents are not pulled from the lab to cover vacations. Vacation times are organized by chief residents with final approval by the Program Director, Dr. Faerber.

Moonlighting

Moonlighting is not specifically prohibited but is strongly discouraged by all the Urology faculty and specific standards for performance are in the House Officer Association (HOA) contract.

VIII. Surgical 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 quarterly to ensure accurate and complete figures. Residents completing the program must provide to the Program Director 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.

In 2000, the Urology RRC implements direct entering of resident log data via the Internet. This system will be a substantial improvement over previous manual systems.

The importance of accuracy and completeness of the surgery log cannot be overemphasized. Individual resident teaching and variety and volume of experience provided to residents is an important benchmark by which our program is evaluated. At least yearly, Dr. Faerber will review the surgical logs with each resident individually to ensure appropriate progress.

Index cases are defined as important procedures necessary for surgical competency for a urologist. For reference purposes only, national averages for the number of procedures done by a resident during the training program for selected procedures are listed below. It is important for a resident to understand these figures. A training program with case numbers below of 20-30th percentile may not be providing sufficient cases to establish competency. On the other extreme, programs with many index cases above the 90th percentile may be providing insufficient time for academic or outpatient activities by the resident. Our philosophy is that we strive to have the procedure volume at or slightly above the 50th percentile to provide an ideal balance of surgical, medical, and scholarly activities.

For information, a copy of 2006-2007 National Data is provided along with specific logs of residents graduating in June 2008 (Appendix 3 & 4).

Adult Urology Index Procedures, Approximate National Average

Pelvic Lymphadenectomy	50	Uteroscopy	113
Percutaneous Nephrolithotomy	30	Radical Cystectomy	17
Nephrectomy, All Categories	78	Radical Prostatectomy	66
ESWL	34	Urethropexy, All Types	50
Cystoscopy	739	Penile Prosthesis	32
TURP, TUIP, etc.	59	TURBT	63
Laparoscopy	56	Urinary Diversion	16

Pediatric Index Procedures, Approximate National Average

Hydrolectomy	27
Hypospadias	19
Orchiopexy	37
Pyleoplasty	4
Renal Surgery	3
Urinary Diversion	3

IX. Fellowships

As the size of the Urology faculty has increased clinical and research volume has increased to allow consideration of fellowships in specific areas. It is however an absolute priority of our Department that the resident experience is not diminished by the presence of a fellow. The Department has two NIH Training Grants for fellowships. The first is a two year program in Clinical Research in Urology providing one year of didactic work in the University of Michigan School of Public Health leading to a MPH followed by a year of clinical research combined with clinical activity. A University of Michigan resident is eligible to compete for this to do the didactic year of studies during the research year of residency, Urology 4.

The second NIH-sponsored fellowship provides two years of basic science research with or without one year of clinical activity in one of the following domains of urology: Female Urology/Incontinence, Oncology, Laparoscopy/Endourology, or Infertility. Two positions per year are available.

Dr. McGuire has had a clinical fellow in Female Urology/Incontinence for approximately 15 years and this will be continued. Because of Dr. McGuire's extensive experience, interactions between the fellow and residents have been exceptionally positive.

There is an "Endourology/Laparoscopy Fellow" and a "Laparoscopy/Oncology Fellow". These fellowships alternate such that only one clinical fellow is operating in an academic year. Exposure to date is that the fellow has favorably impacted the resident experience (by increasing number of cases).

To ensure that resident surgical experience remains the highest priority, the chief residents will always have first choice of performing the operation or being first assistant with the faculty.

X. Evaluation Process

Periodic evaluation of the program, faculty, and residents is an important part of maintaining high quality training. The evaluation process at the University of Michigan is as follows:

A. Program

A formal program evaluation is done twice yearly, once at the Department Retreat in the Fall and once at the Research Retreat in the Spring. Faculty and residents discuss specific concerns and opportunities for improvement and minutes are kept. In addition, residents anonymously evaluate the program yearly in a written survey.

Outcome assessment of the program includes review of qualifying and certifying exam results of the American Board of Urology.

At least every five years, an internal review of the program is done by the Institutional GME Office. The next review is in May, 2009.

A grievance protocol is available through the Department of Urology Education Office and is available to residents as needed.

B. Faculty

Yearly written, anonymous evaluations of the faculty are done by each resident and collated by the Training Program Administrator. Each faculty is given an overall summary of their evaluations to ensure resident anonymity. The Program Director and Department Chair are also given a summary of all faculty evaluations.

Yearly, the residents give two awards to faculty. The Silver Cystoscope Award is given to a person who has contributed most to teaching. The Distinguished Service Award is given in recognition of scholarly accomplishments.

C. Residents

Resident progress is discussed at each faculty meeting. Overall resident evaluation is done twice yearly at a faculty meeting using a written evaluation form. Twice yearly, the Program Director, with or without the Program Coordinator, meets individually with each resident to evaluate clinical progress, academic progress, including In-Service Exam scores, surgical experience based on review of surgical logs, scholarly activity based on review of updated CV, career plans, and any interpersonal, ethical, or family issues. Residents are formally evaluated by faculty after completion of each rotation block via Med Hub.

D. Resident Evaluation

Individual resident review is completed by the faculty and the administrative chief resident twice yearly at a faculty meeting. Standardized review forms are used. Twice yearly, the Program Director, with the Program Coordinator if feasible, meet with each resident individually to discuss progress in medical knowledge, in-service scores, procedural skills, general competencies, operative logs, academic productivity, career goals, and personal issues. A written summary is provided to each resident. At the completion of the residency, a final evaluation is performed and signed by the completing resident, the Department Chairman, and the Program Director.

E. Resident Promotion

Residents are promoted yearly based on a consensus evaluation of the resident by the faculty with the final decision the responsibility of the Program Director. Each resident will co-sign along with the Program Director/Chairman a yearly contract.

F. Resident Dismissal and Disciplinary Hearings

1. Disciplinary hearings may be conducted by one or more persons, appointed by the Chairman of the Department. The hearing officer or committee may have an advisor, who may be an attorney.
2. A resident accused of misconduct shall be given notice of the specific allegations, copies of all documents provided to the hearing officer or committee, a copy of these procedures, and notice of the date, time, and location of the hearing.
3. At the hearing, the resident will be given an opportunity to appear and present his or her case. The resident shall be permitted to review all documents and written statements considered by the hearing officer or committee and may question any witnesses who testify. The resident also may present evidence and witnesses on his or her behalf. Each witness will be asked to affirm that his or her testimony will be truthful.
4. If the resident fails or refuses to appear, the hearing officer or hearing committee may either deem the absence to be an admission that the resident committed the acts alleged or may proceed to hear the case and make findings and recommendations without the resident's participation.
5. The resident may be accompanied at the hearing by a personal advisor, who may be an attorney; however, the advisor may not participate directly in the proceedings, but may only advise the resident. For example, the advisor may not question witnesses or make presentations. Except in extraordinary circumstances, the personal advisor may not appear in lieu of the resident's appearance.

6. The Chairman may appoint an individual to represent the position adverse to the resident. This individual shall have the same rights as the resident, including rights to be present and review evidence, call and question witnesses, and have an advisor.
7. The hearing shall be closed to the public and may be tape-recorded. The resident shall be provided with a copy of the tape. Witnesses may only be present during the time of their testimony.
8. The hearing officer or hearing committee shall deliberate in private. Decisions shall be made based on a preponderance of the evidence.
9. After reviewing the case, the hearing officer or hearing committee shall submit a report to the Chairman. The report shall include a brief summary of the factual findings and recommendations for sanctions or other actions, if any. The resident shall be provided with a copy of the report.
10. The Chairman shall review the report and decide what action to take. The decision shall be communicated to the resident.
11. The resident may appeal the decision of the Chairman in accord with Department of Urology appeals process for house officers. Further, appeal, beyond the Department, may be available in accord with the GME Program grievance procedures.

G. Program Evaluation

Our program recently underwent site review by the ACGME and Residency Review Committee. Our program received commendation with no citations and is approved for the maximum time allowed of 5 years. We will undergo our next review in 2012.

H. Faculty Evaluation

The teaching ability, commitment, clinical knowledge, and scholarly activities of faculty require review and confidential evaluation at least annually. A summary of the review must be communicated directly to each faculty member by the program director. Confidential resident evaluation must be a part of this review.

July 17, 2007



**Accreditation Council for
Graduate Medical Education**

515 North State Street
Suite 2000
Chicago, Illinois 60610

Phone 312.755.5000
Fax 312.755.7498
www.acgme.org

Gary J. Faerber, MD
Department of Urology
University of Michigan Hospitals
1500 East Medical Center Drive
TC 3875 Box 0330
Ann Arbor, MI 48109

Dear Dr. Faerber,

The Residency Review Committee for Urology, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Urology

University of Michigan Program
University of Michigan Hospitals and Health Centers
Ann Arbor, MI

Program 4802521066

Based on all of the information available to it at the time of its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation
Length of Training: 4
Maximum Number of Residents: 12
Residents Per Level: 3.00 - 3.00 - 3.00 - 3.00
Effective Date: 06/07/2007
Approximate Date of Next Survey: 06/2012 FS
Cycle Length: 5.0 Year(s)
Approximate Date For Internal Review: 12/2009

AREAS NOT IN SUBSTANTIAL COMPLIANCE (CITATIONS)

The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Requirements for Graduate Medical Education without citations.

PROGRAM STRENGTHS

The Review Committee noted the following strengths or areas of substantial improvement since the last review:

The Program Director and Chair should be commended for supervision and support of an excellent and improving training program.

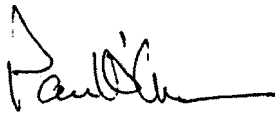
The Committee was unable to find the impact statement and log submissions for the 3 fellowships (Urooncology, Endourology & Female Urology.)

Gary J Faerber, MD
Page 2

The Committee will resurvey the program in 5 years.

It is the policy of the ACGME and of the Review Committee that each time an action is taken regarding the accreditation status of a program, the residents and applicants (those invited for interviews) must be notified. This office must be notified of any major changes in the organization of the program. When corresponding with this office, please identify the program by name and number as indicated above. Changes in participating institutions and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.

Sincerely yours,



Paul OConnor
Executive Director
Residency Review Committee for Urology
(312)755-5039
poc@acgme.org

CC: Lisa M. Colletti, MD

Participating Institution(s):
St Joseph Mercy Hospital
Veterans Affairs Medical Center (Ann Arbor)

XI. Board Certification

Residents who plan to seek certification by the American Board of Urology should communicate with the Executive Secretary of the Board to be certain of the requirements for acceptance as a candidate for certification.

XII. Department of Urology Faculty and Residents

Clinical Faculty:

Humphrey Atiemo, M.D. (Sherry)	Female Urology
Quentin Clemens, M.D. (Rachel)	Female Urology
David A. Bloom, M.D. (Martha)	Pediatric Urology, Chairman, Department of Urology
Gary Faerber, M.D. (Kathleen Cooney, M.D.)	Endourology, Urology Program Director
Khaled Hafez, M.D. (Marylee)	General Urology
Brent Hollenbeck, M.D. (Ann)	Urologic Oncology
Maha Hussain, M.D. (Sal Jafar, M.D.)	Medical Oncology
John Konnak, M.D. (Betty)	Professor Emeritus
Jerilyn Latini, M.D. (Soheil Najibi, MD, PhD)	Female & Reconstructive Urology
Cheryl Lee, M.D. (Joseph)	Urologic Oncology
Stephanie Meyers (Bruno)	General Urology
Edward McGuire, M.D. (Susan)	Female Urology, Urinary Incontinence, Neurourology
David Miller, MD (Inge)	Assistant Professor
James E. Montie, M.D. (Jeanne)	Urologic Oncology
Dana Ohl, M.D.	Infertility & Impotence, General Urology
Ann Oldendorf, MD (Douglas M. Portz, MD)	Female Urology & General Urology
John Park, M.D. (Helen)	Pediatric Urology
Will Roberts, M.D. (Wendy)	Endourology & Laparoscopy

Rajal B. Shah, M.D. (Ami R. Shah, M.D.)	Urologic Pathology
David Smith, M.D.	Medical Oncology
Julian Wan, M.D.	Pediatric Urology
John Wei, M.D (May)	General Urology
Alon Weizer, M.D. (Jennifer)	Urologic Oncology
J. Stuart Wolf, Jr., M.D (Jennifer)	Endourology, Laparoscopy; Associate Head for Informatics
David P. Wood, M.D. (Sharon)	Urologic Oncology

Research Faculty:

Arul Chinnaiyan, M.D., Ph.D. (Kavitha)	Research - Urologic Pathology
Kathleen Cooney, M.D. (Gary Faerber, M.D.)	Research - Urologic Oncology
Mark Day, Ph.D. (Kathy)	Research – Urologic Oncology
Evan Keller, D.V.M	Research –Urologic Oncology
Monica Liebert, Ph.D.	Research - Bladder Function
Jill Macoska, Ph.D. (David Sigmon)	Research - Urologic Oncology
Kenneth Pienta, M.D. (Michelle)	Research - Urologic Oncology
Aruna Sarma, Ph.D. (Naresh Gunaratnam)	Epidemiology
Gary Smith, Ph.D.	Reproductive Medicine

XIII. Departmental Policies

Department of Urology Day Off Policy

This policy is to define the procedure required of residents who request an urgent/emergent day off. Days off are to be reserved for only urgent or emergent circumstances (eg. family emergencies) and may not result in more than 3 consecutive days off of work or 5 days/academic year.

Procedure for junior HO's:

Junior level HO's (II, III): Must contact the senior level resident on the service regarding the circumstances of the request for day off. The senior level resident then may contact the administrative senior level resident (adult urology resident) to inform them of the request. Notification must be made before the HO is scheduled for that day's work schedule. Timely notification is required to allow the chief resident to modify the resident coverage schedule for that day.

Procedure for upper level HO's (IV, V, VI): Must contact the faculty on that service regarding the circumstances of the request for the day off. Notification must be made before the HO is scheduled for that day's work schedule.

Procedure for research HO: Must contact the research mentor regarding the circumstances of the request for the day off.

Questions should be directed to the Program Director.

Department of Urology Duty Hours Policy

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- 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.
- 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.

NOTIFICATION OF EXTRACURRICULAR (External & Internal) MEDICAL PRACTICE

- ALL CPT'S ENGAGED IN MOONLIGHTING ARE REQUIRED TO COMPLETE THIS FORM.
- THIS FORM MUST BE ON FILE IN YOUR PROGRAM'S OFFICE FOR EACH MOONLIGHTING EXPERIENCE AND SITE.
- THE FORM MUST BE SUBMITTED TO AND APPROVED BY THE PROGRAM DIRECTOR PRIOR TO THE START OF ANY SUCH ACTIVITY.
- A COPY OF THIS COMPLETED FORM MUST BE SENT TO THE GME OFFICE AND KEPT ON FILE WITH THE RECIPIENT OF YOUR SERVICES.

For the Period / / to / /

I AM MOONLIGHTING AS DETAILED BELOW OR I AM NOT MOONLIGHTING DURING THE PERIOD ABOVE

Name Printed: _____ PGY 1 2 3 4 5 6 7 8

Training Program: _____

RECIPIENT OF MOONLIGHTING EXPERIENCE:

EXTERNAL MOONLIGHTING

External Moonlighting – Please list institution(s) or practice name(s): _____
Address: _____

Do you have a full Michigan Medical License ? Yes / No Your own personal DEA Number? Yes / No

INTERNAL MOONLIGHTING

- Internal Medicine / Pediatric Hospitalist Service: (circle one) IM PEDS
- VA – Medical Officer of the Day (MOD)
- University Health Service
- Other Surgical Specialty service (please be specific) _____
- Other please list _____

FOR ALL MOONLIGHTING, THE FOLLOWING MUST BE ADDRESSED:

1. Anticipated Hours Per Week: _____
- 2a. Dates of Moonlighting: _____ 2b. Times: Begin _____ End _____
3. How many hours did you Moonlight last month? _____
- 4a. On which rotation will you be on while moonlighting? _____
- 4b. How many hours per week do you work on that rotation? _____

CERTIFICATION

RESIDENT/CLINICAL PROGRAM TRAINEE (CPT)

I certify the above, and will file a revised form if circumstances or hours change. (must be checked by all)

RESIDENT/CPT THAT IS INTERNAL MOONLIGHTING

- I certify that I will report my moonlighting hours in the MedHub database.
- I certify that I will remain in compliance with the 80 hour per week duty hour rule.
- I assert that if I am sleepy and/or fatigued I will inform my program director and not put any patients at UMHS at risk.
- I understand that I will not submit a bill in my name to CMS for professional activities while moonlighting on the INPATIENT SERVICE.
- I understand that I will be paid for my services; however my compensation as a CPT will not be affected by these activities (e.g. the contracted lump sum will be as dictated by the contract salary).
- I certify that I am voluntarily accepting this moonlighting position.
- I certify that I am currently eligible to moonlight. (e.g. Licensing, Immigration Status, etc.)

Resident/CPT Signature _____ Print Name _____ Date _____

PGY 1 2 3 4 5 6 7 8

PROGRAM DIRECTOR

- I certify that this individual is meeting educational requirements based on evaluation reports and is eligible to moonlight.
- I certify I know about this resident's moonlighting activity or lack thereof.
- I certify the above, and will file a revised form if circumstances or hours change.
- I certify that I will monitor compliance with the 80 hour per week duty hour rule if the resident is internally moonlighting.
- I certify that I will deny internal moonlighting privileges to any CPT who I am concerned about regarding stress and fatigue.
- I certify that I will report the CPT's/resident's duty hours, when internally moonlighting, to the GME Office.
- I certify that there is a copy of the NOTIFICATION TO MOONLIGHTING in the CPT's/resident's permanent file.

Program Director Signature _____ Program Director Name Printed _____ Date _____

**Department of Urology
Leave of Absence Policy**

Introduction:

Leaves of absence (with or without pay) are covered by Article XVI of the UM HO Agreement.

The Department of Urology has defined the following additional provisions as part of the institutional Leave of Absence Policy for residents:

1. Leaves of Absence requests will be submitted to the Department Chair (Dr. Montie) or the Program Director (Dr. Faerber). The request will be evaluated to assure compliance with the Urology RRC criteria to ensure that the leave will not put the resident in non-compliance with the requirements for completion of the training program. The request must also be in compliance with the House Officers Association Agreement, the Family Medical Leave Act, the GME Institutional Leave of Absence policy.
2. It will be the responsibility of the resident requesting the leave to submit the request with in a timely fashion to minimize the effect of their leave on the other residents.
3. It is the responsibility of the resident requesting the leave to meet with the Program Director and the Department Chair to ascertain the effect the time off will have on the completion of the Urology training program requirements.
4. Leaves for purposes of professional development or skill enhancement outside of the training program shall be considered as "Personal Leaves".
5. Leaves for purposes of remediation of academic deficiencies outside of the training program will be considered as "Personal Leaves".
6. A resident who believes that his/her request for leave of absence has been unfairly denied may appeal the decision of the Department Chair/Program Director through the grievance process provided in the Article XXII of the HO Agreement or through the procedures for Appeal of Academic Decisions, whichever is applicable.

Questions regarding this policy can be directed to the GME Leave of Absence Policy

Residents are promoted yearly based on a consensus evaluation of the resident by the faculty with the final decision the responsibility of the Program Director. Each resident will co-sign along with the Program Director/Chairman a yearly contract.

Department of Urology Resident Dismissal & Grievance Policy

Disciplinary hearings may be conducted by one or more persons, appointed by the Chairman of the Department. The hearing officer or committee may have an advisor, who may be an attorney.

A resident accused of misconduct shall be given notice of the specific allegations, copies of all documents provided to the hearing officer or committee, a copy of these procedures, and notice of the date, time, and location of the hearing.

At the hearing, the resident will be given an opportunity to appear and present his or her case. The resident shall be permitted to review all documents and written statements considered by the hearing officer or committee and may question any witnesses who testify. The resident also may present evidence and witnesses on his or her behalf. Each witness will be asked to affirm that his or her testimony will be truthful.

If the resident fails or refuses to appear, the hearing officer or hearing committee may either deem the absence to be an admission that the resident committed the acts alleged or may proceed to hear the case and make findings and recommendations without the resident's participation.

The resident may be accompanied at the hearing by a personal advisor, who may be an attorney; however, the advisor may not participate directly in the proceedings, but may only advise the resident. For example, the advisor may not question witnesses or make presentations. Except in extraordinary circumstances, the personal advisor may not appear in lieu of the resident's appearance.

The Chairman may appoint an individual to represent the position adverse to the resident. This individual shall have the same rights as the resident, including rights to be present and review evidence, call and question witnesses, and have an advisor.

The hearing shall be closed to the public and may be tape-recorded. The resident shall be provided with a copy of the tape. Witnesses may only be present during the time of their testimony.

The hearing officer or hearing committee shall deliberate in private. Decisions shall be made based on a preponderance of the evidence.

After reviewing the case, the hearing officer or hearing committee shall submit a report to the Chairman. The report shall include a brief summary of the factual findings and recommendations for sanctions or other actions, if any. The resident shall be provided with a copy of the report.

The Chairman shall review the report and decide what action to take. The decision shall be communicated to the resident.

The resident may appeal the decision of the Chairman in accord with Department of Urology appeals process for house officers. Further, appeal, beyond the Department, may be available in accord with the GME Program grievance procedures.

**UNIVERSITY OF MICHIGAN
DEPARTMENT OF UROLOGY**

Resident Supervision Policy

It is the department's general policy that all surgical procedures will be supervised by the physical presence (direct supervision) of a faculty. Exceptions to this policy can only be made as described below after consultation with and approval by the supervising faculty. **The resident must contact the supervising faculty for this approval prior to each procedure.** Given the progression of learning and experience during the sequential years of training, the following table provides the progressive level of procedures which may be conducted under the faculty's supervision, but do not require physical presence (without direct supervision) in all situations. At all times the faculty is fully responsible for all aspects of patient care.

PGY-II:
A-Lines Emergency Intubations* Central lines for CVP or TPN Lumbar puncture Chest tubes Difficult urethral catheter placement
PGY-III :
All PGY-II procedures plus, Emergency cystoscopy and catheter placement Incision and drainage of abcess Abdominal wound opening and closure Scrotal wound opening and closure
PGY-V:
All PGY-III procedures plus, Performance of fluoroscopic video urodynamic procedures Opening and closure of complex abdominal operative cases
PGY-VI:
All PGY V procedures

* In life threatening situations the resident should proceed and contact the supervising faculty as soon as possible.

** See Urology Delineation of Privileges, Office of Clinical Affairs, UMHS

It is not the intent of this policy to have any of these procedures conducted without the physical presence of a faculty for it is only in that situation where the resident can obtain more instruction. It is the intent of this policy to allow residents to proceed if they are experienced and the faculty is in agreement for the purposes of improving the overall management of the anesthetic care. Under no circumstances should a resident proceed with any procedure unless they have been well-trained and are experienced in performing that procedure and they have received approval by the supervising faculty member.

RESIDENCY PROGRAM

RESIDENT TRAVEL GUIDELINES

Attendance at national meetings by residents in the Department of Urology is encouraged. The purpose of these guidelines is to help ensure that residents actively participate in research and demonstrate the Department's commitment to those residents who present their research at local, regional and national meetings.

The department will cover the cost of up to two (2) such presentations annually. The meetings that qualify are: AUA and NCS. Other meetings may be approved from time to time on an individual basis. In order to be reimbursed, these exceptions need to be approved in advance. Reimbursement will include the following: airfare, registration, lodging (to include the day before, day of and day after), food, and ground transportation to and from the airport. Any additional days must be covered by the resident. The exact sums of allowances change from time to time, per IRS and University guidelines. It is the responsibility of the resident to adhere to current limits.