VCU Division of Urology

2020 RESIDENT MANUAL

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SUMMARY OF EDUCATIONAL OBJECTIVES & CURRICULUM REQUIREMENTS

The philosophy of the VCU Division of Urology is to train skilled urological surgeons who will achieve professional excellence through a rigorous educational program designed to maintain high ethical standards, compassion, and respect. Therefore, the goals of the program are to provide urology residents with (1) broad clinical and basic scientific foundations for acquiring skills in the diagnosis, management, and surgical care of urological diseases and (2) sociocultural, economic, ethical, and risk management strategies important in the successful practice of urology.

The program is designed to ensure that each resident (a) possesses special expertise in different urological disciplines as required by the ACGME including: calculus disease, female pelvic medicine, geriatric urology, infertility and sexual dysfunction, pediatric urology, reconstruction, urologic trauma, urologic oncology, and voiding dysfunction, (b) acquires the greatest depth of knowledge in these disciplines through a process of graded and progressive responsibility during his/her years of training, (c) understands the impact of sociocultural and economic factors on medical practice, (d) gains exposure to issues of ethics, quality assurance, risk management, evidence-based medicine and critical pathways in the practice of modern urology, (e) has the flexibility to pursue subspecialty fellowship leading to a career in either clinical or academic urology, (f) ultimately becomes Board Certified, and, (g) remains engaged in continuing medical education. It is the responsibility of the urology faculty to ensure each resident is offered this robust educational experience.

DESCRIPTIONS AND EXPECTATIONS OF THE RESIDENT ROTATIONS

The VCU Urology residency is an integrated five-year program.

SITE DIRECTORS:

1) VCU: Dr. Hampton
2) VAMC: Dr. Sarah Krzastek
3) Pediatric Urology: Dr. Eric Nelson
4) Research: Dr. Adam Klausner
5) Urogynecology: Dr. Lauren Siff
6) Plastics: Dr. Ivette Klumb
7) Surgical Rotations: Dr. Rahul Anand

General Resident Responsibilities:

- Maintaining professional behavior at all times with respect to issues of race, religion, gender, ethnicity, sexual orientation, and patient privacy
- On-time attendance and participation during didactics, indications conferences, journal clubs, oral board reviews, grand rounds, and multidisciplinary conferences
- Participation/Presentation in Strive-for-Five Core Curriculum Didactic schedule
- Compliance with duty hours and on-time (weekly) electronic logging of duty hours
- On-time completion of clinic notes, in-patient notes, and operative dictations
- On-time (weekly) completion of required electronic surgical case logs
- Participation in formal and informal teaching of residents and rotating students
- Yearly completion of the Urology In-Service examination

RESIDENT LEVEL-SPECIFIC GOALS AND EXPECTIONS

PGY-1:
The goals of the PGY-1 year of training are for the resident to (a) gain broad knowledge of surgical principles, (b) learn skills of pre-operative evaluation, peri-operative care, and management of surgical patients, (c) learn basic surgical techniques including suture tying, wound care, and acute and emergency resuscitation of surgical patients. ***Residents are required to complete USMLE Step 3 prior to starting PGY-2, and the test fee is not covered by the Division of Urology.*** The rotations will incorporate 13 separate four-week blocks and will include 7 urology rotations, 4 core general surgery rotations (Acute General Surgery, Surgical Oncology, Surgical Intensive Care Unit, and Surgical Night Float), and 2 non-general surgery rotations (plastics and urogynecology).

Urology Rotations (7 blocks): (at least 3 months required by ACGME)
During these rotations, there will be flexible scheduling between VCU and the VA with primary assignment to the VA to promote acquisition of clinic skills as well as office-based cystoscopy with interventions, prostate biopsy, vasectomy, circumcision, percutaneous suprapubic catheter placement, and minor operative procedures in the OR. The PGY-1 resident may assist as a consult "triage" in coordination with the senior Consult Supervising Resident. The PGY-1 will also present during didactics, indication conferences, and journal clubs and will assist in the completion of weekly pre-operative lists and daily sign-out/transition lists.

Non-Urology Surgical Rotations: (at least 3 months general surgery* required by ACGME)

- Surgical Oncology* (1 month)
- Acute General Surgery* (1 month)
- Night Float* (1 month)
- Surgical/Trauma ICU* (1 month)
- Plastic Surgery (1 month)
- Urogynecology (1 month)

Non-Surgical Rotations: (no more than 3 months allowed per ACGME)

- NA

PGY-2:
The goal of the PGY-2 year is to begin the experiential process in the diagnosis, treatment, and surgical management of urological diseases. This critical and formative year consists of twelve months of clinical urology experience under direct supervision of the Urology faculty. During this year, residents complete alternating two-month rotation blocks at the VCU Medical Center and the Hunter Holmes McGuire VA Medical Center. The purpose of this two-month rotation block is to provide exposure to different senior and chief residents who may have diverse teaching, leadership, and administrative styles. However, there will, by necessity, be some imbalance in resident-to-resident exposure. In addition, PGY-2 residents are trained in endoscopy, basic surgical techniques, and outpatient diagnostic procedures. Specific roles and responsibilities of the PGY-2 resident include:

Responsibilities at both VCU/VAMC:

- Management of floor patients with responsibility to write daily progress notes

- Double scrubbing with senior residents on endoscopic, intro, and advanced cases
- First call for floor coverage (supervised)
- Management of daily and weekend sign-outs
- Providing assistance in completion of weekly pre-operative case lists
- Providing assistance in preoperative patient preparation

Responsibilities at VCU only:

- Attending afternoon clinic coverage

Responsibilities at VAMC only:

- Primary management of clinic procedures including cystoscopy, prostate biopsy, bladder Botox, bladder biopsy, SP tubes, and SCI clinic procedures with expectation to perform at least 50% of scheduled procedures.

VCUHS and Clinics Rotations: This PGY-2 rotation involves in-patient and out-patient services as a part of a urology resident team under the supervision of the chief resident and urology faculty. The daily structure of the rotation is designed to allow the resident to spend A.M. hours double scrubbing on cases with senior residents, managing floor patients, or triaging consults for presentation and review with the senior Consult Supervising Resident. The resident will then spend P.M. hours working under the direct supervision of urology faculty in the Nelson Urology out-patient clinic. He/she gradually learns and masters outpatient patient evaluations including thorough history and physical examination and preoperative assessments. He/she is also introduced to outpatient procedures and minor and endoscopic cases in the operating room. The resident is expected to gradually gain experience in cystoscopy with interventions, urodynamics, transrectal needle biopsy of prostate, diagnostic imaging studies, and minor open surgeries. The large volume of new and returning patients in the clinic provides ample resources for the resident to learn urologic data collection, history and physical examination skills, interpretation of diagnostic tests including imaging and laboratory studies, synthesis/analysis of patient data, and decision making in the diagnosis and management of patients under the guidance of the supervising faculty. He/she also acquires skills in peri-operative evaluation and clinical communication.

McGuire VA Medical Center: The expectations and approach are the same for this rotation. At the McGuire VA rotation, the resident is a part of the urology team which covers both the outpatient and inpatient services, as well as the consult service. Therefore, the PGY-2 resident acquires knowledge and skills in peri-operative evaluation and management as well as care of urologic in-patients. The resident is expected to learn clinic procedures including cystoscopy with interventions (stent removal, bladder biopsy, Botox injection, prostate biopsy, and suprapubic tube placement) early in the rotation and will also participate in O.R. procedures.

PGY-3:

The major emphasis of the PGY-3 year is academic achievement as well as refinement of clinical decision-making, endoscopic, and surgical skills. During this year, residents complete a six-month rotation in Pediatric Urology at VCU Medical Center. An additional six-months is devoted to scholarly basic science and clinical resident research. (see details under "research rotation" – pages 10-11). One of the PGY-3 residents will be responsible for organizing the urology resident call schedule.

Research Rotation: (see separate section for additional details). Each resident is required to be academically and scholarly productive during his/her residency training at VCU. Therefore, in preparation for these six months of research, the resident is required to meet with Dr. Klausner (director of research rotation) to discuss topics at least 3 months prior to the start of the rotation. During the research rotation, the resident will be guided and supervised by Dr. Klausner or other designated faculty research mentors with the expectation that he/she will produce or contribute to a publishable manuscript(s) during his/her training. In addition, he/she is expected to submit at least one abstract every year. The research resident (a) participates in the call schedule; (b) may need to cover for the vacationing resident; and (c) will help in organizing research conferences. The research resident is expected to present progress of his/her research at didactic conference or grand rounds. The resident is also expected to attend the mandatory AUA's Fundamentals in Urology course in June of each year. During the research rotation, the resident is expected to work in the lab approximately 4 days/week with approximately 1 day/week assigned to clinical duties. Due to the need for significant coordination with collaborators, co-investigators, and outside resources, the research resident is expected to arrange clinical duties as far in advance as possible. "Pulling" for non-emergent clinical situations with minimal notice will not be permitted. All requests to cover clinical duties should be approved directly by the program director.

Pediatric Rotation: The pediatric resident is expected to continue experiential learning and application of data collection, data analysis/interpretation of imaging studies, laboratory tests, and consultative recommendations in the management of pediatric urologic patients. Surgical experience and autonomy will advance at an individualized pace as directed by the pediatric faculty. The resident remains, always, under the supervision of both the urology faculty and the chief resident. The pediatric resident is considered a sub-unit of the larger VCU urology team and is therefore expected to contribute to the adult service when pediatric clinical work is completed. The pediatric resident must report daily to the chief resident for this purpose. To help with coordination between the pediatric and adult VCU services, the pediatric resident must complete a pediatric pre-operative case list with pertinent details for the upcoming week which will be reviewed with the chief resident and distributed to the faculty. Specific roles and responsibilities of the pediatrics rotation include:

- Monthly submission of resident call schedule, excluding chief call
- Maintaining resident vacation schedule in conjunction with residency coordinator
- Attend GU Tumor Board Conference and Pediatric cconferences
- Completion of weekly pediatric pre-operative case list
- Contributing to the VCU adult service on completion of pediatric clinical work

PGY4:

During this year, residents complete alternating 3-month rotation blocks at the VCU Medical Center and the Hunter Holmes McGuire VA Medical Center.

VCU and VA Rotations: During this rotation, the resident (a) assists the chief resident in overseeing the care of in-patients and all major adult operations, (b) teaches junior level residents and medical students, and (c) is responsible for in-patient consults under the supervision of the designated attending urologist. He/she must present complicated consults to the chief resident.

Specific responsibilities include:

- Preoperative case preparation including documentation of history and physical exam, informed consent, and required orders for antibiotics, blood products, etc.
- Serving as the Consult Supervising Resident and managing the consult service
- Reviewing consults with the consult "triage" junior residents with the responsibility to directly examine and document all consults (other than simple catheter placements/changes)
- Double scrubbing with junior residents to provide instruction on the performance of introductory and endoscopic cases
- Assumption of the role of "acting Chief" during vacations, conferences, travel, etc
- Assisting the chief resident in overseeing the care of in-patients and in the OR
- Teaching, supervision, and oversight of junior residents and rotating students

PGY-5 – CHIEF RESIDENT IN UROLOGY

The major emphasis of the PGY-5 chief resident year of urologic training is mastery of surgical skills and clinical decision-making through operative experience and teaching. During this year, residents spend alternating six-month rotations as the chief resident at VCU Medical Center and the Hunter Holmes McGuire VA Medical Center. He/she is expected to demonstrate strong administrative and leadership abilities, productivity in scholarship/research, serve as a role-model in teaching of junior residents and medical student, and demonstrate excellent clinical skills. He/she supervises the consult service run by the senior residents. The chief resident is expected to teach junior level residents and the medical students and help to enrich the medical student's experience during his/her rotation on Urology.

Specific Responsibilities include:

- Patient Management: Direct management of in-patients and oversight of the Consult and Pediatric services with ultimate responsibility for all services
- Supervision: Direct supervision and oversight of residents and rotating students in the clinics, wards, and operating rooms
- Faculty Liaison: Function as an advisory mediator and faculty liaison for any junior resident concerns, critiques, or comments regarding any aspect of the program
- Teaching: Engage in on-going education both formally and informally of residents and rotating students during rounds, cases, and other teaching opportunities
- Feedback: Provide informal feedback to junior residents and rotating students and serve as a liaison to the PD regarding required duties as well as expected skills and functions
- Administration:
    - Arrangement of weekly calendar listing expected cases with assignment of residents (at least 1 week in advance) with written notification to the faculty and surgical scheduler
    - Provide written notification to program director, residency coordinator, site directors, and surgical scheduling coordinator regarding leave and **foreseen** resident staffing issues
    - Presentation/management of monthly Q&A, pathology, and radiology conferences

- Assignment and oversight of administrative responsibilities including preop list creation and presentations for indications conference
- Organization of chief call schedule and management/oversight of overall schedules with notification of all elective leave (by juniors) at least 1 month in advance, if possible

ROBOTICS CURRICULUM:

Under the direction of Dr. Riccardo Autorino, PGY2-5 residents are required to participate in a structured robotic surgical training curriculum (see separate attachment). Year-specific checklists are provided to track progress and will be used for evaluations and milestones as follows:

Checklist for Completion of PGY2 Requirements**:**

- Complete Intuitive Surgical online "modules for residents/fellows"
- Complete daVinci System In-Service Training
- Complete AUA University online module "Fundamentals of Robotic Surgery and Pediatric surgery"
- Attend all monthly robotic lectures and video analysis sessions – sessions will be recorded for post-review if residents cannot attend in-person
- Attend a minimum of two robotic surgery bootcamps
- Attend one cadaver wet lab if available
- Serve as bedside assistant for a significant portion or assistant with opening/closing of at least 10 robotics cases

Checklist for Completion of PGY3 Requirements**:**

- Complete AUA University online modules: Transperitoneal prostate, Partial Nephrectomy, Pyeloplasty, Sacrocolpopexy, Radical cystectomy
- Attend all monthly robotic lectures and video analysis sessions – sessions will be recorded for post-review if residents cannot attend in-person
- Complete the "VCU Urology curriculum" on the da Vinci® Skills Simulator (dVSS) at VCU with a minimum required score of 80%
- Attend a minimum of two robotic surgery bootcamps
- Attend one cadaver wet lab if available
- Serve as bedside assistant for a significant portion of at least 15 robotics cases

Checklist for Completion of PGY4 Requirements**:**

- Complete Intuitive Surgical online "modules for surgeon",
- Complete da Vinci System In-Service Training (Tashana/Yolanda/IS rep to assist)
- Attend all monthly robotic lectures and video analysis sessions – sessions will be recorded for post-review if residents cannot attend in-person
- Attend a minimum of two robotic surgery bootcamps
- Attend one cadaver wet lab if available
- Serve as bedside assistant or assistant with opening/closing at least 15 robotic cases
- Serve as console surgeon for portions of at least 10 robotic index cases

Checklist for Completion of PGY5 Requirements**:**

- Attend all monthly robotic lectures and video analysis sessions – sessions will be recorded for post-review if residents cannot attend in-person
- Attend a minimum of two robotic surgery bootcamps
- Attend one cadaver wet lab if available
- Serve as bedside assistant when required
- Serve as console surgeon for significant portions of at least 50 robotic cases

VCU RESIDENT RESEARCH ROTATION

Residents in their PGY-3 year are required to complete six months of basic and translational research. The purpose of this rotation is to:

1) Learn to formulate clinical questions as testable hypotheses
2) Provide exposure and training to basic and translational research methodologies
3) Develop an understanding of data analysis and statistical techniques
4) Acquire skills in scientific writing and presentation at scientific meetings
5) Demonstrate scholarly productivity through publication of abstracts and papers
6) Complete an individualized research project

Choosing a research mentor

In January of the **PGY2** year, **residents are required to meet with Dr. Klausner to discuss their interests and goals for the upcoming research year**. Dr. Klausner will serve as the research mentor for the research rotation. Based on previous research experience and clinical interests, the research resident may have additional research-active mentors assigned either within or external to the division of urology. Current research-active mentors within the division include Dr. Autorino (outcomes research in oncology and minimally invasive surgery), Dr. Guruli (prostate oncology and immunology), and Dr. Herndon (pediatric and perinatal urology). Due to limitations in space, faculty leave, and changes in personnel, the PGY-3 resident may not always be able to work with additional mentors of their choosing; however, all possible steps will be taken to ensure a proper resident-mentor "fit." In cases where residents have very specific research interests that do not match with the mentors listed above, alternative placement will be considered but cannot be guaranteed. In addition, independent resident-designed research projects or proposals will be considered based on their scientific merit, feasibility, cost, and pre-rotation preparation and initiative. Research in laboratory sites outside of VCU/VAMC is not permitted.

Choosing a research project

After an initial meeting with Dr. Klausner and additional research mentors, residents will meet regularly (approximately monthly) to plan specific projects. **Meetings should occur monthly from April to June of the PGY-2 year for the summer research resident (July – December) and from October – December of the PGY-3 year for the Winter research resident (January – June)**. Ideally, the resident should be able to help in the design, experimental protocol, data analysis, and publication of results related to their project. Residents must be aware that laboratory goals often change and must anticipate these occurrences and be prepared to adapt accordingly. Keys to success will be early reading of background literature.

Final rotation schedules will be determined by Dr. Klausner in discussion with assigned research mentors based on the overall needs of the program. Residents are required to be physically present in their assigned laboratory during working hours (typically 9am to 5pm). Residents will be assigned to clinical duties an average of **ONE** day weekly in order to enrich their clinical experience. These "clinical" days **SHOULD** be scheduled with mentors and reviewed by the Program Director at the beginning of the rotation. Laboratory time is considered "protected." Residents cannot be "pulled" for cases, clinic, or other activities except in emergency situations and with direct approval of Dr. Klausner. The laboratory may "close" during certain periods including the final 10 days of the calendar year and holidays. In these instances, residents will be

required to return to full clinical duties. In addition, the second-half Lab resident will return to full clinical duties during Chief Resident terminal leave.

Research rotation - expectations and evaluations

Lab residents are expected to keep a detailed laboratory journal and notebook both on paper an in an electronic share drive. The journal will log day to day activities, lab meetings, discussions, etc. The lab notebook will detail each experimental protocol and will include copies of all results (including electronic results). **Success in the lab is directly related to meticulous attention to detail in the keeping of this lab notebook**. Lab residents will be formally evaluated at the conclusion of the laboratory rotation and informally in monthly meetings with the research mentor/PD. Evaluations will be completed by research mentors and may be completed by key laboratory personnel. Specific areas that will be evaluated include: attendance, preparedness, professionalism, motivation, laboratory skill, and adaptability.

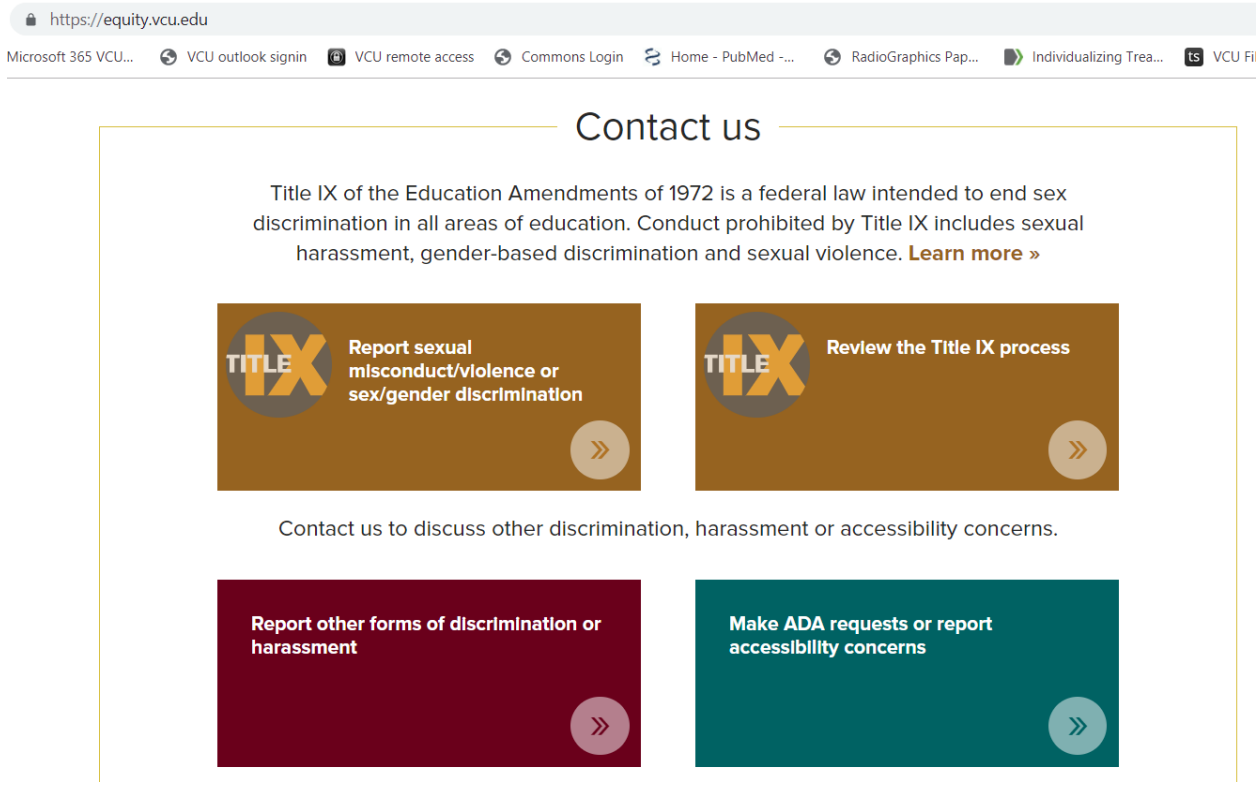
Residents must maintain an average of approximately one day/week of clinical experience during their lab rotation. Residents will take call during their lab rotation. Residents are required to participate in the annual Resident Research Days (both GME and Department of Surgery), typically in May and June. As part of the 6-month research rotation, the PGY-3 residents will be responsible for a 30-minute grand rounds presentation highlighting the findings of their research work. This will be in a standard 30-minute PowerPoint format to be given during Thursday AM ground rounds or other designated times. Please work with your research mentor(s) to prepare your talk. The talks will typically be scheduled in July and January. Also, each lab resident is expected to submit their research to appropriate meetings including the MA-AUA, AUA, and appropriate specialty societies. Research residents are also required to submit at least one full-length first-authored, peer-reviewed manuscript for publication based on their research findings.

HARRASSMENT, GRIEVENCES, AND COMPLAINTS

The VCU division of urology and the urology residency program aims to provide a robust training environment while maintaining the highest standards of professionalism. We strictly adhere to VCU policies and procedures in this area. However, we recognize that conflicts and breeches can occur. In this regard, it is our clear policy that any and all grievances or complaints about **any** aspect of the program including, but not limited to, incidents of harassment, misconduct, inappropriate behavior, ethics, burnout, fatigue, and fairness will be taken seriously and treated with strict confidentiality and respect. We pledge that any reported issues will be thoroughly investigated and will ***NOT*** result in any retribution or retaliation. In this regard, we provide a list of resources for residents to report issues:

1) Reporting to Chief Residents on Service
2) Reporting to Faculty Members, Program Director, or Division Chair
3) Reporting to Doris Farquhar, Director of Surgical Education Programs: email: doris.farquhar@vcuhealth.org, office: 804-827-1030, cell: 361-235-0551
4) Reporting to Brian Aboff, ACGME Designated Institution Official (DIO), Senior Associate Dean & Director of Graduate Medical Education: email: brian.aboff@vcuhealth.org, office: 804-828-3050, cell: 302-540-7212

VCU also provides mechanisms for easy and confidential reporting through the following site: https://equity.vcu.edu/ or by calling: (804) 828-1347. A screenshot of the website with online reporting is below:



EXAMINATION REQUIREMENTS

THE UNITED STATES MEDICAL LICENSING EXAMINATION (USMLE)
USMLE Step 1 CK and CS must be completed and passed prior to application to the program. Steps 2 and 3 are expected to be taken and passed in the first year of residency (PGY-1). It is an institutional policy that all USMLE examinations must be passed before ***starting*** PGY-3.

UROLOGY IN-SERVICE EXAM:
All VCU Urology residents must take the annual in-service examination offered in November of each year. The exam is held on a Saturday AM and mentored by at least one urology faculty member. Alternate times can be coordinated with the PD due to religious observations. Residents are expected to consistently score at or above the national mean on the In-Service Urology Examination. The PEC considers the minimum passing grade achieving greater than or equal to 15% on the resident's peer-group percentile score. If a resident achieves a score below 15% of their peer-group percentile, a **warning letter** will be placed in their file. The resident will then be required to meet with the PD and faculty mentor and provide a written plan for remediation which will also be placed in their file. Consistent failure to score at this program's expected level may lead to being placed on PROBATION and may also result in not being recommended for the certifying Part I examination of the American Board of Urology.

The expectation and goals for all VCU Urology residents are to consistently score at or above the national mean on the In-service examination. The following are expected RAW SCORES for each level of training:

- PGY 5 — 75% or above
- PGY 4 — 70% or above
- PGY 3 — 65% or above
- PGY 2 — 60% or above
- PGY 1 — 55% or above

RESIDENT EVALUATIONS & MILESTONES

Resident Evaluations: Resident evaluations by faculty, staff, and peers are completed at the end of each rotation (formative evaluations) and every six months (summative evaluations). In addition, residents are required to complete written self-evaluations and to participate in operative evaluations and feedback sessions as well as review of written clinical notes and operative reports. Residents are also required to complete compositive, anonymous faculty evaluations, participate in class meetings with the Program Director and to evaluate the program through the yearly ACGME program survey. The following is a break-down of individual evaluation requirements:

End-of-Rotation Evaluations: These evaluations will be **formative** and assigned to the Clinical Competency Committee (CCC) members (Nelson – Peds, Krzastek – VA, Klausner/Roseman – VCU). These CCC members will reach out to additional faculty, residents, and staff for written and/or verbal comments that will be used to create a summary statement for each resident.

Self-Evaluations: Every 6-months, residents will be asked to complete a written, open-ended self-evaluation. There is no specific structure or template for this evaluation, and it is meant to be used as a tool for resident self-reflection and growth.

Operative Evaluations: In an effort to provide regular feedback regarding surgical skills and pre-operative preparation, residents will be required to engage faculty after as many cases as possible to perform a "**post-operative debriefing**." In this regard, residents are empowered to ask the faculty surgical attending for a brief (3-5 minute) period of reflection after each case following Pendleton's rules. During the debriefing, the resident first performs self-assessment: "Here's what I think went well in the case? and "Here's what I would have done differently?" The resident then asks the faculty surgical attending for their answers to the same questions. In addition, starting July 1, 2020, residents will Starting July 1, 2020, we will go live with a new App called "**SIMPL**" which stands for "**System for Improving and Measuring Procedural Learning**." The metrics used in the App have been extensively tested and validated in general surgery, and we are one of the first urology programs to join the educational consortium. Dr. Eric Nelson will lead this effort and will work with individual faculty and residents on training and proper usage. However, it is our expectation that evaluations be completed for **ALL** surgical cases.

Clinical Documentation Evaluations: An important aspect of surgical training is the ability to create clinical notes that accurately reflect a patient's condition as well as an understanding of the work-up, treatment, and follow-up. In this regard, clinic and consult residents (PGY-2 and PGY-4) will be asked to submit three notes per rotation for review by the PD, PEC, or designated faculty/residents. Residents will be asked to select notes that cover different areas of clinical urology and were staffed by different urology faculty. The work-up will be compared to published guidelines from the American Urological Association (AUA) website. Written feedback will be provided and also placed in the resident's file. Depending on the success of this initiative, we will attempt to expand the review/feedback to operative dictations.

Class Meetings: Class Meetings: The Program Director will hold rotating "class meetings" with each PGY residency class (PGY1-PGY5) every week for 30-min sessions prior to the scheduled Thursday grand rounds (630am – 700am). Thus, each class will meet directly with Dr. Klausner

every 5 weeks. In these meetings, up-to-date rotation evaluations will be reviewed along with duty hours, case logs, record completion, and operative evaluations. Expectations for upcoming rotations will be discussed and any challenges/concerns will be addressed. These meetings will provide a mechanism for more consistent and frequent feedback. They will also allow residents within a specific urology class to compare notes and progress. However, specific concerns about resident performance will continue to be addressed individually and confidentially.

Six-Month Evaluations: Every 6-months, urology faculty will get an email from the program coordinator reminding them to login to "New Innovations" to complete evaluations for **ALL** residents with whom there have been any work-related interactions. These will be **summative** evaluations in which the faculty make an overall assessment of each resident in multiple categories. The questions have been revised and now mirror the ACGME "milestones" questions. Starting July 1, 2020, "Milestones 2.0" will be used for these evaluations and can be found at https://www.acgme.org/Portals/0/PDFs/Milestones/UrologyMilestones2.0.pdf?ver=2020-04-16-122313-673

Clinical Competency Committee In-Person Evaluations: Monitoring competence in the six ACGME designated areas occurs daily. However, formal documentation of resident clinical competency will occur semi-annually as determined by the Clinical Competency Committee (CCC). These assessments will be directly reviewed with the residents at their semi-annual in-person evaluation meetings. The CCC resident meetings will review all evaluations listed above as well as compliance with case logs, duty hours, clinical documentation, participation in research/QI projects, and in-service scores.

Faculty Evaluations: Residents will be asked to meet in-private without the presence of faculty, administrators, students, or staff in order to complete composite faculty evaluations every six months. Residents will be given template evaluation sheets, and **one sheet** will be completed for each faculty member based on the consensus of all the residents. These evaluations will be shared individually with faculty members and will be used to improve faculty development in areas of teaching, mentorship, and professionalism.

Program Evaluation: VCU Urology Residency Program evaluation occurs at the end of the academic year. The purpose of the meeting will be to present a formal summary of the program and initiatives for change and/or improvement. The summary will be created by the program evaluation committee (PEC). Membership in the PEC includes:

- PD and committee chair: Dr. Klausner
- VCU site director: Dr. Hampton
- VA site director: Dr. Krzastek
- PEDs site director: Dr. Nelson
- Senior Urology Resident: Dr. Swavely
- Junior Urology Resident: Dr. Cisu

RESIDENT CALL

The urology resident call schedule will be organized by PGY-3 residents, and a completed schedule for the upcoming month must be submitted in writing to the division administrator (Nicole Palat) **by the 20th** of each month. The call schedule is as follows:

- **PGY-1**: 2 on-call weekends/month when on a GU rotation, to be double-covered with a senior resident except in extenuating circumstances with PD approval
- **PGY-2**: 6-7 days of call/month (total = 12-14 days)
- **PGY-3**: 5-6 days of call/month (total = 10 days)
- **PGY-4**: 4 days of call/month (total = 8 days); if taking one weekend (Fri 6PM-Mon 6AM) of chief call then 2 days of primary call/month (total=5 days)

WEEKEND CALL:

- During a calendar month, weekend call is shared between PGY-2 and PGY-3 residents with two weekends allotted to each corresponding resident class.
- When a calendar month has five weekends, the PGY-4 class will cover one weekend.
- If a weekend spans the transition between two months, the weekend will be considered part of the following month if the 1st of the month falls on a Saturday and part of the preceding month if the 1st of the month falls on a Sunday.
- Call weekends will span Fri 6PM-Sun 6PM with a new junior resident taking over call on Sunday at 6PM.
    - If you are assigned a Sunday call night, you must be within driving distance of Richmond by Saturday evening.
    - ***Do not place yourself on Sunday night call if you have out-of-region travel plans for the weekend***.

HOLIDAY CALL:

- The six major holidays (Summer: Memorial Day, Independence Day, July 4th and Winter: Thanksgiving, Christmas, New Year's Day) will be divided between the PGY-3 and PGY-4 classes. Minor holidays will be allocated equally between classes.
- For three-day holiday weekends where the holiday falls on a Monday, weekend call will span from Fri 6PM-Mon 6AM.
- For three-day holiday weekends where the holiday falls on a Friday, weekend call will span from Fri 6PM-Sunday 6PM, with a new junior resident taking over call on Sunday at 6PM.

CHIEF RESIDENT CALL:

- Chief Resident call (2nd call) is divided equally among the Chief Residents and decided by the Chiefs themselves in coordination with the PD and residency program coordinator.
- Prior to Jan 1, PGY-4 residents may not take Chief call.
- From Jan - Mar, one chief call weekend/month will be covered by PGY-4 residents
- From Mar – May, PGY-4 residents will take two weekends per month.
- In Jun, PGY-4 residents will take all Chief call.
- Chief residents will continue to take call though the first two weekends of June.
- Primary call for PGY4s will decrease by 1 call day for each chief call weekend worked

RESIDENT VACATION

Total Vacation Time: All house staff receive three (3) weeks of vacation per academic year. Additional compensation is not provided in lieu of vacation. All requests for vacation leave must be **submitted in writing** to the Residency Coordinator no later than **May 1st of the preceding academic year** with review and final approval from the PD by June 1. No leave is final until approved by the PD. Any requested changes must be submitted in writing for approval.

Off-limits vacation dates: No vacation will be granted on urology services in the months of June, the first half of July, or during resident attended conferences (typically AUA, MA-AUA, and SUFU) unless there are extenuating circumstances that must be approved by the PD.

Vacation Rules: Vacation time will be taken during the work week (Monday to Friday). Vacation time cannot be taken in fragmented periods such as the middle of the week, beginning of the week, or in two or three-day blocks. If such time is needed, you must obtain written permission from the Program Director and complete a written leave request. For all residents, at least **one-week vacation must be taken during the first half** of the academic year. Vacation time does not carry-over and **MUST** be taken in the academic year that it is provided. If you take vacation the week prior or after the in-service exam (Saturday in mid-November), you are still expected to take the exam at its regularly scheduled time and location.

PGY-1: Total of three 1-week vacations
- All vacation weeks to be coordinated with corresponding service rotations

PGY-2: Total of three 1-week vacations
- Two-weeks taken during research rotation and 1-week during Peds

PGY-3: Total of three 1-week vacations
- At least 1 week must be taken at each rotation site (VCU or the VA)

PGY-4: Total of three 1-week vacations
- At least 1 week must be taken at each rotation site (VCU or the VA)

PGY-5: Total of three 1-week vacations
- 1 week at each rotation site (VCU or the VA)
- 1 week in the last work week of June (terminal leave)

RESIDENT LEAVE

The American Board of Urology (ABU) requires all residents in training to complete a minimum of forty-six (46) weeks of on duty, full-time urologic education each year of residency. Residents must be aware that any time off in excess of six (6) weeks per year will require completion of the equivalent training time to receive credit for that year. The VCU GME leave policy is available at file:///C:/Users/aklausne/Desktop/VCU%20Laptop/Documents/New%20Lenovo%20Folder/Program%20Director%20INFO/Leave%20Requests/HousestaffLeavePolicy06.08.2010.pdf

SICK LEAVE

A maximum of 30 days paid sick leave is provided to residents per academic year or year of a resident's contract. According to VCU GME policy, "residents do not have PTO but rather 3 weeks of vacation and 30 calendar days of sick leave for each year of post-graduate education." It does not carry forward. In order to have approved sick leave, residents must submit a written note from a physician or advanced practice provider who has provided official and documented care. The PD must be notified as far in advance as possible of any possible sick leave. According to VCU GME policy, "Graduate Medical Education emphasizes continuous training with progressive increases in skills and responsibilities. Therefore, house officers must be aware that frequent and/or prolonged absences may adversely affect their educational experiences and those of their fellow house staff. These absences may also impose additional work obligations on their colleagues. The cumulative effect of the absences of many house staff from a program may also impact the accreditation status of that program." In addition, the policy states, "A resident may be allowed up to three (3) days per year of Bereavement Leave or Family Sick Leave for an immediate family member. This leave is to come from Sick Leave."

MATERNITY/PATERNITY AND FAMILY MEDICAL LEAVE:

Maternity, paternity, and family medical leave will follow GME guidelines available at: https://medschool.vcu.edu/media/medschool/documents/HousestaffFMLAGuidelines.pdf
This policy allows for a maximum of 12 weeks of paid or unpaid family medical leave. For maternity leave, the VCU division of urology allows residents to take up to 6-weeks of leave which will include all three weeks of vacation plus three weeks of allotted sick leave. An absence of 6-weeks is allowed according American Board of Urology guidelines and will not require make-up work/time. If the leave spans the academic year, leave will be assigned to the academic year in which it is taken. For paternity leave, the VCU division of urology allows residents to use one week of sick leave which will not count against vacation and will not require make up work/time.

ACADEMIC PRESENTATION AND MEETINGS LEAVE

Residents who wish to submit research to regional or national meetings, must obtain approval from the Program Director or Chairman prior to the submission. If approved and accepted, residents will be allowed to attend; paid for by the Division using the resident's allotted physician expense account for an agreed upon portion of time. In addition to their presentation, each resident who attends may be required to present a summary of one portion of the academic meeting that meets their interest upon their return to VCU. Due to cost and time away, presentations at international meetings or at locations out of the continental U.S. (i.e. Hawaii, Alaska, Puerto Rico) are generally **not permitted** unless approved by **both** the program director **and** chair (prior to submission) and when there is an exceptional educational need or opportunity that clearly aligns with the resident's

specific interests. If the resident's physician expense account is depleted, approval for travel will depend on securing an alternative source of funding (industry, grant, division funds, etc).

Travel is for **APPROVED** educational and scientific meetings only. You must submit a request (see attached "Request to travel" form) for approval **2 months in advance** of travel to the Program Coordinator. This request must include projected expenses, details of the meeting, **submitted abstracts/video/poster titles,** and presentation dates and times for the trip. Details will be submitted to the Program Director for approval. Reimbursement will be provided for the day prior to presentation, day of, and day after only. Any additional working days needed for travel shall be counted as vacation, and travel cost for additional days shall be paid by the resident. For special circumstances that may require additional day(s), a written request must be submitted to the Program Director for review and consideration for approval. Adjustments may be made if presentations are on the first day or last day of the meeting. In order to limit expenses, same-sex residents are asked to share rooms if they attend a meeting or groups of residents can look for alternative group accommodations (i.e. Air B&B).

Travel authorizations (TAs) must be completed even if the travel is being funded by a separate entity or self-funded. This is necessary to maintain insurance and disability coverage for residents.

- Domestic travel (**does not include Alaska, Hawaii and Puerto Rico**) requires a TA signed by the traveler **no less than 30 days** prior to the planned travel.
- International travel (**includes Alaska, Hawaii and Puerto Rico**) requires a TA signed by the traveler **no less than 45 days** prior to the planned travel. The additional time for international travel is due to the requirement that all international TA's must be in the Dean's Office for approval no less than 30 days prior to travel. The Department of Surgery needs the additional 2 weeks to process the request internally.

Reimbursement: Receipts must be submitted within **30** days of travel to be eligible for reimbursement. There will be no exceptions. Please submit original receipts.

In order to be reimbursed, you must return with the following items:

- Copy of the email showing flight booked with the amount of the ticket
- Original baggage receipts
- Itemized lodging check-out receipt. If you book through a service such as Hotels.com – you must also provide a copy of the credit card statement
- Meal receipts – these must be itemized. You cannot be reimbursed from the credit card slip that simply shows a balance.

INTERVIEW LEAVE

Residents are allowed five (5) working days in the 3rd & 4th year for interviews for jobs and fellowships. This is the ***total*** time allowed for both years. It cannot be used for vacation or meetings and is no longer available once the resident has secured a job or fellowship position. You must notify the Program Coordinator of all days away for interviews. In extenuating circumstances, additional interview days may be authorized upon approval of the PD.

TRAINING PROGRESS REPORTS AND GRADUATION REQUIREMENTS

TRAINING: Residents are expected to progress during the residency by meeting the expected clinical and academic goals. It is expected that each resident will follow the highest standards for patient care and professionalism.

EVALUATION: A score of "marginal" or below in any category does not meet the standards of the VCU Urology Residency. For any resident not meeting the performance standards, all efforts will be made by the Program Director and the Designated Institution Officer (Dr. Aboff) to address and correct any identified area(s) of weakness. Persistence of evaluation below the standard will result in being placed on PROBATION. A score of "marginal" or below in the chief resident year (**PGY5**) may also result in that resident not being recommended for taking the Part I examination for ABU Certification in Urology.

ADMINISTRATIVE RESPONSIBILITY:

- **ACGME Case Logs**: Residents are expected to enter all of their cases in the ACGME Op-Log System on a **weekly basis**. Any resident who is not current will be notified on **Monday of each week and given until Thursday at 8:00 AM** to get caught up. Residents who are not up to date on case logs by Thursday morning will not be permitted to engage in clinical or OR duties until the logs are completed.
- The Program Director will be notified of delinquencies. Residents are required to maintain their case log entries on a regular basis. We consider this responsibility to be a sign of professionalism, and believe it is a critical skill for successful completion of urology residency training. Case logs must be updated weekly. If a resident in non-compliant in case log completion for more than two weeks, a written warning will be sent to the resident and site director. Failure to update within 48 hours will result in formal warning letter being placed in the resident's file. Failure to update within an additional 5-days (2 weeks delinquent) will result in a mandatory one-day leave-of-absence for the resident to be served within 3 workdays of the notice to avoid clinical disruptions. The purpose of the leave-of-absence will be to provide protected non-clinical time for the resident to complete required surgical logs. For this leave-of-absence, a leave slip will be completed, and the resident will be required to use one vacation day.

- **Duty Hour Documentation**: Residents **must use the ACGME system to log duty hours**.

- **Medical Records Dictation:** All medical records must be completed within 48 hours of patient encounter to facilitate data for continuity of patient care, financial reimbursement, and to meet the standards of JCAHO. Appropriate action will be taken for residents who are delinquent in completing medical records.

DELIQUENT MEDICAL RECORDS

- The Discharge Summary should be dictated on the day of discharge; otherwise it is considered DELINQUENT.
- Operative Reports are to be completed with-in 24hrs of surgery and signed within 7days.

- Residents are expected to maintain current operative logs in the online ACGME case log system. Residents must dictate their medical records **in a timely manner** so as not to have delinquent medical records **(complete dictations within 24 hours / complete discharge summaries within 48 hours)**. Any resident who is not in compliance will be relieved of clinical and OR duties until administrative responsibilities are met. If a resident continues to fail to take care of his/her administrative responsibilities he/she will be docked vacation time with a written warning which could lead to PROBATION.

2020-2021 ROTATION SCHEDULE

Month	July	August	September	October	November	December	January	February	March	April	May	June
VCU												
PGY5	Swavely	Swavely	Swavely	Swavely	Swavely	Swavely	Nandanan	Nandanan	Nandanan	Nandanan	Nandanan	Nandanan
PGY4	Weprin	Weprin	Weprin	Meyer	Meyer	Meyer	Weprin	Weprin	Weprin	Meyer	Meyer	Meyer
PGY2	Bednarz	Bednarz	Moore	Moore	Bednarz	Bednarz	Moore	Moore	Bednarz	Bednarz	Moore	Moore
VA												
PGY5	Nandanan	Nandanan	Nandanan	Nandanan	Nandanan	Nandanan	Swavely	Swavely	Swavely	Swavely	Swavely	Swavely
PGY4	Meyer	Meyer	Meyer	Weprin	Weprin	Weprin	Meyer	Meyer	Meyer	Weprin	Weprin	Weprin
PGY2	Moore	Moore	Bednarz	Bednarz	Moore	Moore	Bednaz	Bednaz	Moore	Moore	Bednarz	Bednarz
PEDS												
PGY3	Visser	Visser	Visser	Visser	Visser	Visser	Cisu	Cisu	Cisu	Cisu	Cisu	Cisu
LAB												
PGY3	Cisu	Cisu	Cisu	Cisu	Cisu	Cisu	Visser	Visser	Visser	Visser	Visser	Visser

DATES	JUL1-AUG2	AUG3-AUG30	AUG31-SEP27	SEP28-OCT25	OCT26-NOV22	NOV23-DEC20	DEC21-JAN17	JAN18-FEB	FEB15-MAR14	MAR15-APR11	APR12-MAY9	MAY10-JUN6	JUN6-JUN30
PGY-1 URO	**BLOCK 1**	**BLOCK 2**	**BLOCK 3**	**BLOCK 4**	**BLOCK 5**	**BLOCK 6**	**BLOCK 7**	**BLOCK 8**	**BLOCK 9**	**BLOCK 10**	**BLOCK 11**	**BLOCK 12**	**BLOCK 13**
Rogers	Urology	AGS	Urology	STICU	Urology	Plastics	Urology	NF CTV	Urology	Surg Onc	Urology	UroGyn	Urology
Matthew	AGS	Urology	Plastics	Urology	NF CTV	Urology	STICU	Urology	UroGyn	Urology	Surg Onc	Urology	Urology
Plastics	**BLOCK 1**	**BLOCK 2**	**BLOCK 3**	**BLOCK 4**	**BLOCK 5**	**BLOCK 6**	**BLOCK 7**	**BLOCK 8**	**BLOCK 9**	**BLOCK 10**	**BLOCK 11**	**BLOCK 12**	**BLOCK 13**
Baek					VA Uro								
Chisholm							VA Uro						

ROUNDS AND PATIENT CONSULTS

Work Rounds are scheduled daily by the chief resident. **Each in-patient MUST have a daily progress note documented by a urology resident or rotating intern with pertinent additional notes or addendums by the chief resident.**

CONSULTS

Urgent consults will be communicated to the consult resident via the paging system and will be seen ASAP by the consult resident or his/her designee. All consults should be seen by the faculty and documented in the medical record within 24 hours in order to ensure satisfactory clinical care and to receive reimbursement for our services. Consult rounds should be arranged with the faculty daily as designated on the weekly pre-operative calendar. The consult attending will typically be the attending with the lightest OR schedule that day.

New In-patient Consults:

All new in-patient consults will be seen by the "consult attending of the day" within 24 hours of the consult resident being notified. The "consult resident" will be the PGY-4 resident with triage assistance from junior residents. In the event of leave, the most senior resident (other than the chief) will serve as the consult resident. The consult resident will be responsible for making a printed list of all new consults that have been requested over the previous 24 hours. This will also include consults that are requested and seen at night by either the resident or night float APP. At a designated time each day, the consult resident and designated consult attending (along with any other available members of the team) will **see and examine** every new consult patient and the attending will make an addendum to the consult resident's note. At the time of initial consultation, the resident will enter a "Urology Consultation" note in the computer that must be available to the attending. The consult attending will be responsible for proper billing.

"Established" In-patient Consults:

During consult rounds, the consult resident will "run the list" of the established in-patient consults with the consult attending who will determine if individual patients need to be seen. It is expected that all consults will be seen and followed daily by the consult resident daily until all active urology issues are stable or resolved.

ER Consults

- During daytime hours, the consult resident should make every effort to discuss ER consults with the consult attending prior to making a disposition on the patient. There will be times, however, when this is not possible or realistic.
- During nighttime hours, the current policy regarding attending notification is unchanged.
- If an ER consult is admitted to another service, that patient will be added to the in-patient consult list and seen by the consult attending on rounds.

Weekends and Holidays

- A consult list will be prepared and available to the covering attending at the time of morning rounds.
- All consults for the prior 24 hours should be on the list.
- Consult rounds will occur during normal rounds.

Attending Responsibilities

- A "Consult Attending of the Day" schedule will be created through the weekly preoperative calendar.
- The consult attending will make an addendum to the consult note created by the resident that satisfies documentation requirements. This should be done on the day of service.
- The consult attending will determine which clinic is most appropriate for follow up of discharged patients based on diagnosis and who saw the patient in the hospital. Patient diagnosis should be the primary determinant of clinic follow up.

Consult Resident Responsibilities

- Creation of a **printed** consult list of new consults requested/seen over previous 24 hours.
- Writing a consultation note in Cerner prior to rounds on all new consults.
- Seeing all established consults with active issues prior to rounds.
- Meeting with the consult attending, seeing all new consults, and running the list of established consults.

Medical Student Involvement in Consults and Rounds

- Medical students should be involved with consult and in-patient rounds if available. They should not "follow consults" unless there are no other urology in-patients.
- Students are not allowed to create or maintain the consult list.
- Students should not be primarily responsible for gathering data regarding consult patients.
- Lectures, clinics, and OR cases take precedent over consult rounds for students.
- Medical student notes should be appropriately edited with an addendum by the urology resident and should not be simply cosigned or stand alone as a clinical document.

Patient Calls and Medication Requests

All patient requests such as prescription refills and phone calls are expected to be handled on a daily basis. There is a box in clinic in the lab workroom where such requests can be found. It is the responsibility of the clinic resident each day to work with the nursing staff to ensure that this box is checked, and requests are answered in a timely fashion.

CLINICAL EXPERIENCE AND EDUCATION (FORMELY DUTY HOURS)

Maximum hours of work per week	• 80 hours, averaged over 4 weeks
Maximum Duty Period Length	• 28 hours (patient care for up to 24 hours, plus 4-hours for transition/educational activities)
Maximum in-hospital on-call frequency	• Every third night, when averaged over 4-week period
Minimum time off between scheduled duty periods	• 8 hours between duty periods • Final years: exceptions made by RRC
Maximum frequency of in-hospital night float	• 6 consecutive nights
Mandatory time off duty	• 4 days off per month • 1 day (24 hours) off per week, averaged over 4 weeks

Fatigue/Burnout

Residents receive education regarding sleep, fatigue and burnout through orientation and the GME office at various intervals throughout their residency years. VCU urology program requires that residents be familiar with the available policies and procedures. Specifically:

- If a resident feels too tired/fatigued to safely perform clinical duties, he/she must report this to their Chief Resident and supervising faculty immediately **AND** must be immediately be relieved of all clinical responsibilities and allowed to go to a call room or other designated area to get some sleep/rest until they feel capable to return to clinical duties.
- If a resident is suspected to be too tired/fatigued to safely perform clinical duties by a colleague, co-resident, faculty, or other member of the clinical team, this information must be immediately reported to the supervising faculty or PD and the resident needs to be immediately relieved of clinical duties as above.
- There will be no exceptions to this policy.
- Residents must be aware of GME and institutional policies and resources regarding burnout and can call the PD, GME office or DIO (Dr. Brian Aboff) for specific counseling or information.

VCU EDUCATIONAL CONFERENCES

Conference Responsibilities

The purpose of resident-led conferences including Friday "Strive-4-Five" didactics, Thursday grand rounds, journal clubs, pre-op/indications, and other sessions is **urologic education** for both the presenter and audience. The conferences help the resident develop at least four of six ACGME core competencies including **medical knowledge**, **practice-based learning and improvement**, **interpersonal and communication skills**, and **professionalism**. In this regard, it is the policy of our residency training program that **all** resident-led conferences be presented using a formal audio-visual "PowerPoint" or similar format. Unless otherwise specified, informal talks/discussions are not appropriate for group education. The presenting resident is expected to behave in a professional manner including dress (no scrubs), use of appropriate language, adherence to ethical principles, and sensitivity to a diverse audience. Preparation and practice will be required to make resident-led conferences worthwhile educational activities for the entire group. Residents who have issues with public speaking can reach out to the Program Director or Program Coordinator for assistive resources. Remember the 5 Ps: **P**lanning, **P**reparation, **P**ractice, **P**ace, and **P**oise.

Resident Education Conference: **Monthly – 1st Monday of the month**
(530 PM)

In this conference, led by Dr. Roseman, residents will be guided through clinical cases in a format that simulates the ABU oral boards.

Journal Club: **Monthly – 3rd Tuesday**
(5:30 – 7:00 PM, except June & July)

In this conference, led by designated faculty, residents present assigned articles using PowerPoint or similar AV format. Presenters should focus on the level of evidence, significance, methods, results, discussion, and assess the articles strengths/weakness.

Peds Multidisciplinary Conference: **Monthly – 2nd Tuesday**
(time to be decided)

In this conf a multi-disciplinary group of peds sub-specialties including urology, nephrology, neurosurgert, and radiolology review complex cases and incorporate review of relevant literature and guidelines. Each sub-specialty rotates in leading the conference.

Peds Only Conference: **Monthly – 3rd Wednesday**
(3 or 5 PM, to be decided)

In this conference, attended by Peds-GU faculty, APPs, and the rotating resident, the resident presents a case-based topic and incorporates review of relevant literature and guidelines.

Grand Rounds:	**Thursdays (7am – 830am)**
Rotating PGY1-5 PD Class Meeting	630-700 AM
Indications Conference	700-730 AM
"MUGS"	730-830 AM

M&M (Also called QA: once/month):
In this conference, surgical cases with complications from the prior month (from VCU and VA) are logged on template forms for each site (**see attachments**). The Chief Residents on each service are responsible for the completion of these forms and for an educational presentation based on one or more of the listed complications. Peds complications must be included on the VCU form. For each patient, the form must include initials, age, MR#, resident, surgeon, attending, date of complication, brief description of complication, Clavien-Dindo grade, and outcome. The Chief Resident from each service will present the list in summary form (5 min x 2) and then present one case in detail using PowerPoint or similar format with discussion of relevant literature (15min talk + 5 min questions x 2). Urology also participates in the Department of Surgery Quality Assurance M&M on 5th Thursday (on months with a 5th Thursday only: **2019** September 26th, **2020**, March 12th) using a single case-based presentation.

Updates (AUA: once/month):
In this conference, the AUA updates for the current or most recent month will be summarized and presented using PowerPoint or similar format. The Chief Residents will these presentations in advance to select junior residents. Presentations should highlight the **key points** and include brief discussions of any sentinel/relevant citations. Presenting residents may choose to do an in-depth presentation of 1-2 important updates and do not need to review all of them. However, all residents are responsible to read through all updates prior to the presentation.

Guidelines/SASP (once/month):
In this conference, a single AUA guideline will be presented in-depth by an assigned resident (PGY1-4) by the Chief Residents. The presenter should use PowerPoint or similar format and should focus on the guideline statements, algorithms, and discussion of key literature used to create the guideline statements.

SASP/Other (per division/program needs):
In this conference, a series of SASP questions will be selected by the senior or Chief Residents, answered sequentially, and discussed by the residents. This is a resident-led and often resident-only conference used for self-study and in-service/board exam preparation.

GU Tumor Board:	**Fridays (9-10AM)**

- Lab Resident only

Didactics (Strive-4-Five):	**Fridays (7am – 8am)**
Core-curriculum lecture	1st Friday (Resident)
In this conference, an assigned lecture (based on the Strive-4-Five Schedule) will be presented by the scheduled resident using PowerPoint or similar format. The resident can present a pre-prepared or newly created (by the resident) lecture from the AUA Core Curriculum. The resident may also include associated SASP questions, custom-made questions, and can employ technologies such as PollAnywhere or novel teaching formats such as the Flipped Classroom to improve the educational environment.	
Attending Lecture:	2nd Friday (Attending 1)
How-I-Do-It Talk	3rd Friday (Attending 2)
Core-curriculum summary	4th Friday (Resident)

VCU CONFERENCES: SCHEDULES

Resident Assignment 2019-2021		
Month	**Subject**	**Resident**
Jul-19	Consults & Emergencies	Visser
Aug-19	Oncology Part 1:	Nandanan
Sep-19	Pediatric Urology Part 1:	Balthazar
Oct-19	Sexual Medicine Part 1:	Anele
Nov-19	Uroradiology-A/Inservice Study	
Dec-19	BPH & Trauma	Cisu
Jan-20	Female Urology	Meyer
Feb-20	Oncology Part 2:	Visser
Mar-20	Pediatric Urology Part 2:	Weprin
Apr-20	Reconstructive Urology & Renal Transplant	Swavely
May-20	Sexual Medicine Part 2:	Cisu
Jun-20	Miscellaneous 1: Lap/Robotics, Research, Statistics, Ethics	
End of Year 1		
Jul-20	Anatomy and Physiology	Berdnarz
Aug-20	Urolithiasis	Moore
Sep-20	Pediatric Urology Part 3:	Weprin
Oct-20	Oncology Part 3:	Nandanan
Nov-20	Uroradiology-B/Inservice Study	
Dec-20	Interstitial Cystitis and Urologic Infections	Swvely
Jan-21	Pediatric Urology Part 4:	Cisu
Feb-21	Neurogenic Bladder, Urodynamics, Renovascular Diseases	Bednarz
Mar-21	Infertility	Moore
Apr-21	Sexual Medicine Part 3:	Cisu
May-21	Urinary Incontinence and Overactive Bladder	Visser
Jun-21	Miscellaneous 2: Surgical Energy, Business/Communication	

Thursday Grand Round Schedule: MUGS vs GU S&M		
Date	**Meeting**	**Resident/Attending**
April '20		
4/16/2020	Resident Town Hall Meeting	**Residents and Faculty**
4/23/2020	M&M	**Anele or Balthazar**
4/30/2020	Resident Program Review and Update	**Residents and Faculty**
May '20		
5/7/2020	AUA Guidelines	**Moore & Bednarz**
5/14/2020	AUA Updates 4-6	**Weprin & Meyer**
5/21/2020	Faculty Review Session	**Residents ONLY**
5/28/2020	M&M	**Anele or Balthazar**
June '20		
6/4/2020	AUA Guidelines	**Weprin & Meyer**
6/11/2020	AUA Updates 7-10	**Visser & Cisu**
6/18/2020	SASP	**Moore & Bednarz**
6/25/2020	DOS Grand Rounds	**Residents and Faculty**
End of Academic Year		
July '20		
7/2/2020	AUA Guidelines	**Weprin & Meyer**
7/9/2020	AUA Updates	**Moore & Bednarz**
7/16/2020	M&M	**Swavely & Nandanan**
7/23/2020	DOS Grand Rounds	**Residents & Faculty**
7/30/2020	SASP	**Moore & Bednarz**
August '20		
8/6/2020	AUA Guidelines	**Visser, Cisu & Matthew**
8/13/2020	AUA Updates	**Weprin & Meyer**
8/20/2020	M&M	**Swavely & Nandanan**
8/27/2020	DOS Grand Rounds	**Residents & Faculty**
September '20		
9/3/2020	AUA Guidelines	**Moore & Bednarz**
9/10/2020	AUA Updates	**Weprin & Meyer**
9/17/2020	M&M	**Swavely & Nandanan**
9/24/2020	SASP	**Visser, Cisu & Rogers**
October '20		
10/1/2020	AUA Guidelines	**Moore & Bednarz**
10/8/2020	AUA Updates	**Visser & Cisu**
10/15/2020	M&M	**Swavely & Nandanan**
10/22/2020	SASP	**Weprin & Meyer**
10/29/2020	DOS Grand Rounds	**Residents & Faculty**
November '20		
11/5/2020	AUA Guidelines	**Visser & Cisu**
11/12/2020	AUA Updates	**Moore & Bednarz**
11/19/2020	M&M	**Swavely & Nandanan**
11/26/2020	Thanksgiving	**Happy Holidays!**
December '20		
12/3/2020	AUA Guidelines	**Rogers & Matthew**
12/10/2020	AUA Updates	**Visser & Cisu**
12/17/2020	M&M	**Swavely & Nandanan**
12/24/2020	Christmas Eve	**Happy Holidays!**
12/31/2020	New Years Eve	**Happy Holidays!**
January '21		
1/7/2021	AUA Updates	**Moore, Bednarz & Rogers**
1/14/2021	AUA Guidelines	**Visser & Cisu**
1/21/2021	M&M	**Swavely & Nandanan**
1/28/2021	DOS Grand Rounds	**Residents & Faculty**
February '21		
2/4/2021	AUA Guidelines	**Visser & Cisu**
2/11/2021	AUA Updates	**Rogers & Matthew**
2/18/2021	M&M	**Swavely & Nandanan**
2/25/2021	SASP	**Rogers & Matthew**
March '21		
3/4/2021	AUA Guidelines	**Weprin & Meyer**
3/11/2021	AUA Updates	**Visser & Cisu**
3/18/2021	M&M	**Swavely & Nandanan**
3/25/2021	DOS Grand Rounds	**Residents & Faculty**
April '21		
4/1/2021	AUA Guidelines	**Moore & Bednarz**
4/8/2021	AUA Updates	**Visser, Cisu, Matthew**
4/15/2021	M&M	**Swavely & Nandanan**
4/22/2021	SASP	**Moore & Bednarz**
4/29/2021	DOS Grand Rounds	**Residents & Faculty**
May '21		
5/6/2021	AUA Guidelines	**Weprin & Meyer**
5/13/2021	AUA Updates	**Moore & Bednarz**
5/20/2021	M&M	**Swavely & Nandanan**
5/27/2021	SASP	**Visser & Cisu**
June '21		
6/3/2021	AUA Guidelines	**Moore & Bednarz**
6/10/2021	AUA Updates	**Visser & Cisu**
6/17/2021	M&M	**Swavely & Nandanan**
6/24/2021	DOS Grand Rounds	**Residents & Faculty**

MISCELLANEOUS SUBJECTS

- Weekend Consults: During weekend call for junior residents (PGY-2, sometimes PGY-3), consults (not Foley, SPT, arranging clinic appointments, mindless things) should be run by the chief prior to calling the attending; if late at night, attending can be notified regarding "lesser" consults by text or call the next morning.
- Teamwork: Goal is to work as a team; check in with folks periodically if you are on service) to see how you can lend a hand… if you see someone struggling, help out.
- Clinical Task Delegation: If instructed to perform or complete a task by a more senior resident, do not delegate it to someone else unless discussed with the initial person.
- Case Logs: log your cases, even if they are not index cases; this is a critical objective parameter that can help strengthen the case for a 3rd resident
- Radiation Badges: Radiation badges are to be worn at all times. These badges expire each quarter, the last day of March, June, September and December. You must see Abby on the first Friday of April, July, October and January at the conclusion of the Grand Rounds in order to obtain a new badge.
- Out-of-Hospital During Normal Work Hours: If you leave the hospital during working hours, please notify the Program Coordinator or division administrator of your whereabouts.
- Contact Info: Immediately notify the Program Coordinator or division administrator and hospital operator with any changes to your current home address and phone number.
- End of the Workday: The working day ends when all phone calls are answered, OP notes and discharge summaries are dictated/corrected/signed, etc. Your inbox should be empty each day before you leave. **However, your official total weekly work hour should not exceed 80 hours.** Each resident will have at least one day out of seven free of all clinical responsibilities.
- Medical Records: Residents and staff are responsible for signing and completing required medical record/chart in Central Completion. This should be done, at least, weekly.
- Chart Documentation: Notes should be timely. Dictate OP notes immediately after the case and discharge notes on the day of discharge. Referring physicians should be included in subsequent admissions as well.

OR Documentation: If you operate on someone or are involved in someone's operation at some level, it is your responsibility to enter their home meds if appropriate

- Pre-OP: diagnosis, plan, lab info, x-ray data, documentation of informed consent
- OP-note: pre/post op dx, procedure, anesthesia, findings, complications, blood loss, etc.
- Post OP: progress note in chart describing patient condition
- Discharge note: final diagnosis, plan, instructions, medications, referring physician

Insurance Forms: Completion of medical information on these forms is the primary responsibility of the faculty member who performed the surgery.

Clinic Scheduling:

- **Clinic appointments:** All clinic visits should be scheduled through central appointments at 804-828-9331.

- **Clinic appointments for patients seen in ER:** All clinic visits should be scheduled through central appointments at 804-828-9331. Residents should communicate with clinic nursing team.
- **Clinic appointments for consult patients:** All clinic visits should be scheduled through central appointments at 804-828-9331.

Operation Scheduling:

- It is essential to have complete pre-operative preparation and teaching to reduce the number of last-minute O.R. cancellations. The following guidelines should be adhered to at the time of O.R. scheduling from the clinic:
- Physicians must complete and sign an electronic RFA and it should be forward to "West 16th Scheduler: pool."
- Follow pre-op guideline sheet. Clinic Nursing Team to assist in pre-op preparation and teaching
- Complete all essential paperwork at the time of O.R. scheduling in clinic
- Complete necessary forms and schedule all necessary tests, ucx, bloodwork
- Set up anesthesia pre-op evaluation
- Attending or chief resident (if Chief Resident Clinic patient) is responsible for communicating any changes to OR schedule that occurs with **less than 2 weeks notice**
- Since we are penalized for not utilizing blocked OR time, attendings & chief resident should notify Tonya as much in advance if they will not be using their OR time due to vacation or meeting.

Personal Appearance: Professional attire. Scrubs should be work only when required by time constraints and between cases. Gray OR scrubs must be covered by disposable white coats.

Interpersonal Relations: Conduct yourself in professional manner as "gentlemen/women" and scholars. Abusive language is prohibited.

Phone Calls: Resident "on call" will receive messages all day unless specific resident/staff is requested. Telephone calls taken in the Urology Office will be faxed to the clinic and the chart ordered for the requesting physician.

Referrals, Transfers and Admissions: Both the Urology services at VCUHS and McGuire VA are public and regional referral centers and ALL PATIENTS with urologic disorders ARE CANDIDATES for ADMISSION. Call the appropriate on-call faculty member before refusing admission to anyone. This is an attending responsibility.

OR attendance: Our policy is that the resident will be in the room when the patient is being anesthetized and will position/prep the patient as soon as they are induced/intubated. Be particularly careful on "to follow" cases to find out when the case is going because it is considered bad form to be paged to the OR by the attending to start a case. These items are mentioned because they are often forgotten responsibilities of the operating resident. It should be obvious that one's primary responsibility is to know the patient and the procedure before coming to the OR, including, if possible, the idiosyncrasies of each attending.

Department of Surgery | Urology Residency Program

By my signature, I acknowledge that I have read, understand, and agree to the policies and procedures of Urology Residency Program as defined in the 2020 Resident Manual that I received.

Those policies and procedures include:

_____ _____

Resident Signature Date

_____ _____

Program Director Signature Date