Medical College of Georgia
Urology Resident Handbook
2023-2024 Edition

DEPARTMENT OF UROLOGY
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Introduction

The Department of Urology at AU offers a fully accredited postgraduate residency training program designed to prepare selected physicians to evaluate, understand, and manage medical and surgical aspects of genitourinary disorders. In addition to providing a rigorous clinical training program, the Urology Section strives to create an atmosphere of scientific curiosity and endeavor.

Through the resident match, three applicants are selected to enter the residency each year. Selection includes acceptance for the internship and first year residency training in Urology and General Surgery at MCG-AU.

This handbook describes many of the policies and procedures associated with the Augusta University Urology residency, as well as the expectations for successful completion of the program. “Policies and procedures described herein will continue to be in effect after pending merger and change of name of the hospital from AU Health to Wellstar MCG or some variation thereof.” It will be updated annually. Any questions or concerns can be directed to Dr. Martha K Terris, Department of Urology, 1120 15th Street, Suite BA 8414, Augusta, GA 30912-4050, Telephone: (706) 721-2519, Fax: (706) 721-2548.

Mission Statement

The mission of the School of Medicine of Augusta University is to teach medical students, graduate students, residents, fellows, nurses, and allied health professionals the art of patient care and research related to the understanding and treatment of disease. The Department of Urology is dedicated to extending that mission through a standard of excellence in patient care, collegial relationships within and beyond AU and extension of urological education opportunities to the local, regional, national and international communities.

FACULTY MEMBERS
Department of Urology

Chairman	Martha K. Terris, MD, FACS
Residency Program Director	Zachary Klaassen, MD, MSc
Assistant Program Director	Sherita King, MD
Clinical Faculty	Bradley A. Morganstern, MD Pablo Santamaria, MD, FACS Thomas Dykes, MD Matthew Simmons, MD, PhD Jennifer Lanzer, MD, MS John DeCaro, M.D.
Research Faculty	Vinata Lokeshwar, PhD Balakrishna Lokeshwar, PhD
Emeritus Faculty	Roy Witherington, MD Ronald W. Lewis, MD Arthur M. Smith, MD
Program Coordinator	Kim D. Maddox

Urology Resident Selection

Applicants with one of the following qualifications are eligible for appointment to the AU urology residency program:

1. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
2. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
3. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:

a. Have received a current valid certificate from the Educational Commission for Foreign Medical Graduates
b. Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
c. Have completed a Fifth Pathway program[1] provided by an LCME-accredited medical school.

The Department of Urology seeks to encourage residency applications from all qualified individuals who have attended accredited medical schools. There is specifically no discrimination on the basis of age, sex, ethnic background, religious beliefs, or sexual orientation. Recognizing the superb academic opportunities available within the section, and the institution at large, AU particularly encourages applications from individuals with an interest and a proven track record of excellence in scholarly pursuits.

All applications received by AU are independently reviewed. From more than 300 applications, approximately sixty invitations for interview are extended. These interviews are undertaken on two separate days in the fall, during which applicants are interviewed by all faculty members, and two chief residents. Following adequate and individualized discussion, a resident rank list is determined by mutual agreement among the faculty members.

Through the Society of Academic Urologist Match, administered by the American Urological Association (see www.auanet.org/education/auauniversity/for-residents/urology-and-specialty-matches), three applicants are selected to enter the residency each year. Selection includes acceptance for the first year internship training in Urology and General Surgery at AU. All residents are expected to complete their final year of chief residency five years later. Each year's appointment is contingent upon satisfactory progress of the individual resident during the preceding year. All residency appointments are reviewed and renewed annually.

The AU urology residency program participates in the program administered through the American Association of Medical College's centralized Electronic Residency Application Service (ERAS) matching system. Access to the ERAS system is available at https://students-residents.aamc.org/applying-residency/applying-residencies-eras/.

1 . A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME accredited medical school to students who meet the following conditions:

i. have completed, in an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States Medical school;
ii. have studied at a medical school outside the United States and Canada but listed in the World Health Organization Director of Medical Schools;
iii. have completed all of the formal requirements of the foreign medical school except internship and/or social service;
iv. have attained a score satisfactory to the sponsoring medical school on a screening examination
v. have passed either the foreign Medical Graduate Examination in the Medical Sciences, Parts I and II of the examination of the National Board of Medical Examiners, or Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).

Participating Institutions

The institutions participating in Urology resident education at Augusta University are the Augusta University Health, the Children's Hospital of Georgia, and the Charlie Norwood Veterans Affairs Hospital. Residents also may participate clinics at the Augusta State Prison under the supervision of AU Faculty.

Augusta University

As the teaching hospital of Augusta University, AU Health include a 520-bed hospital, Ambulatory Care Center with over 80 outpatient clinics, Level 1 Trauma Center, and Georgia Cancer Center. The Medical School, Graduate School, Dental School, School of Nursing, and School of Allied Health are located on campus. There are 230 medical students admitted to the School of Medicine each year. The medical center has over 400 residents in 51 residency and fellowship programs. In 2019, additional undergraduate math and science classrooms and dormitories were added to the health sciences campus.

AU provides primary and tertiary care for the citizens of both Georgia and South Carolina; the growing general population in the Georgia (3rd highest growth rate of all states in the nation) ensures continued growth of local patient volume. The local patient base is broad, consists of traditional fee-for-service, Medicare, and managed care, as well as an indigent care component. The medical center provides care for prisoners under the care of the Georgia Correctional Healthcare system. The medical center is also serves as a referral center for patients from across the United States in many specialized areas.

The Augusta State Medical Prison (ASMP) is a receiving facility and public state hospital for medically ill prisoners. It serves a large portion of Augusta and the surrounding counties. As part of their AU rotation, the PGY-2 and/or -3 MCG Urology resident typically accompanies a urology faculty member to the ASMP Urology clinic weekly. In addition to general urology clinic, outpatient surgical procedures are performed at this facility.

The Surgery Center of Columbia County is a JCAHO certified outpatient facility that serves Evans, Ga., Augusta Ga. and the surrounding communities. In addition to general urology clinic, outpatient surgical procedures are performed at this facility.

Faculty:

Dr. Martha Terris: Chairman, Department of Urology at AU, Director of Urologic Oncology, oversees the Pre-Operative planning conference, manages faculty assignments for Journal Club and Didactic lectures, supervises Multidisciplinary Cancer Conference, and faculty development. Chairs Clinical Competence Committee, Program Evaluation Committee, and Resident Selection Committee. Assumes daily educational supervision for residents in clinics and OR.

Dr. Zachary Klaassen: Assumes daily educational supervision for residents in clinics and OR, Director of Urologic Clinical Research and Residency Program Director. Responsible for all regulatory and compliance issues relative to the residency training program as well as resident well-being, training quality and quantity. Member of Clinical Competence Committee, Program Evaluation Committee, and Resident Selection Committee.

Dr. Sherita King: Assumes daily educational supervision for residents in clinics and OR, Director of Urologic Prosthetic Surgery. Member of Clinical Competence Committee, Program Evaluation Committee, and Resident Selection Committee, supervises ASMP clinic.

Dr. Bradley Morganstern: Chief of Pediatric Urology, pediatric site director, Director of Urology Medical Student Education, and Urology Quality Improvement Champion, Assumes daily educational supervision for residents in clinics and OR, Member of Clinical Competence Committee, Program Evaluation Committee, and Resident Selection Committee

Dr. Pablo Santamaria: Assumes daily educational supervision for residents in clinics and OR, supervises Lake Oconee clinic, supervises ASMP clinic

Dr. Matthew Simmons: Assumes daily educational supervision for residents in clinics and OR. Member of Clinical Competence Committee, Program Evaluation Committee, and Resident Selection Committee, oversees Robotic training

Dr. Jennifer Lanzer: Assumes educational supervision for residents in clinic and OR while on FPMRS rotation.

Children's Hospital of Georgia

The Children's Hospital of Georgia (CHOG) is a free-standing hospital adjacent to, and administratively part of the Medical College of Georgia. CHOG has 149-beds, including one of five Neonatal Intensive Care Units in the state and the only dedicated pediatric emergency room in the region. The family-friendly facility has won numerous awards, not only in patient/parent popularity, but for its bioengineering and architectural advances as well. The facility houses as separate, highly efficient, operating suite designed and staffed specifically for the pediatric population.

Faculty:

Dr. Bradley Morganstern: Chief of Pediatric Urology, pediatric site director, Director of Urology Medical Student Education, and Urology Quality Improvement Champion**:** Assumes daily educational supervision for residents and medical students in clinics and OR. Member of Clinical Competence Committee, Program Evaluation Committee, and Resident Selection Committee.

Charlie Norwood Veterans Affairs Medical Center

The Charlie Norwood VAMC primary service area includes 17 counties in Georgia and seven counties in South Carolina; but as a member of the Atlanta Veterans Integrated Service Network (VISN7), veterans who live as far away as Alabama are routinely cared for in the CNVAMC. The Downtown Division adjacent to AU Health (and connected via an enclosed walkway) has 155 beds. The VA provides a variety of experience including general adult urology, extensive urologic oncology, reconstructive urology, robotic surgery, advanced endourology, and neurourology.

Faculty:

Dr. Thomas Dykes: Chief of Urology; Participating site director and Director of Endourology, Assumes daily educational supervision for residents in clinics and OR. Member of Clinical Competence Committee, Program Evaluation Committee, and Resident Selection Committee.

Dr. Sherita King: Director of Urologic Prosthetic Surgery, Assumes educational supervision for residents in clinics and OR

Dr. John DeCaro: Telehealth

Conferences

Didactic conferences with close interaction between faculty, residents, and medical students are hallmarks of effective teaching. The Section of Urology provides a rich calendar of such learning opportunities designed, not only to address the ACGME mandated competencies of Patient Care, Medical Knowledge, Practice-Based Learning, Interpersonal Communication Skills, Professionalism, and Systems-Based Practice, but also prepare them for the radiology and pathology portions of Part I of the American Board of Urology Examination, heighten their understanding of and promote participation in research taking place at the institution, and familiarize them more intimately with the different urologic subspecialties as well as expose them to the local private practice urologists to better enable them to make decisions regarding their options for fellowship and/or academic practice after residency versus a private practice career. The didactic conference schedule is designed to incorporate into the curriculum, the core domains of calculus disease, female pelvic medicine, infertility and sexual dysfunction, pediatric urology, reconstruction, urologic oncology, voiding dysfunction as well as the additional required knowledge topics of bioethics, biostatistics, epidemiology, evidence-based medicine, infectious disease, geriatrics, medical oncology, patient safety and quality improvement, plastic surgery, pre-operative, intra-operative, post-operative aspects (of endoscopic-urology, major open flank and pelvic surgery, microsurgery, minimally-invasive intra-abdominal and pelvic surgical techniques, including laparoscopy and robotic surgery, perineal and genital surgery, and urologic imaging, including fluoroscopy, interventional radiology, and ultrasound, radiation safety, reconstruction, renal transplantation, renovascular disease, and trauma .

Teaching Conferences are the backbone of the didactic teaching program for urology training. These occur on Mondays at 7:00am and 5:30pm. The conferences take place in the Rinker Library, suite BA 8409 with the exception of the Cancer Conference and our quarterly Community Radiology conference. A preliminary schedule is available in this handbook. Some elements of the schedule are, by necessity, incomplete such as journal club article assignments and visiting professors. Other conferences are subject to change. The most current version will be distributed via email at the end of each month for the subsequent month.

Journal Club:

(See monthly schedule for exact conference slot/location/reading assignment)
Frequency: Monthly Jan-May
Location: Rinker Library or off-campus
Responsible Faculty: Dr. Klaassen, assigned faculty responsibility monthly
All residents will read articles in Journal of Urology or other articles in journals (e.g., Urology, BJU, Prostate, Endourology, Andrology, NEJM, JAMA) assigned by the faculty as part of their personal home study routine. At monthly Journal Club, all residents will be asked at random to summarize articles and/or will be asked to categorize the methodology of the study (e.g., case series, controlled, blinded, etc.), appropriateness of the statistical analysis, alternative study designs that might better answer the hypothesis presented by the authors, and how, if any, the article(s) would change their clinical practice.

Didactic Lectures:

(See monthly schedule for exact conference slot/location)
Frequency: Once or Twice Monthly 6:30pm Monday
Location: Rinker Library
Responsible Faculty: Dr. Terris, Dr. Klaassen
Not only do urology faculty/residents present various urologic disease processes, but non-urology faculty (e.g. Endocrinology, Nephrology, Radiology) present topics related to urologic diseases, as well as facility administration and leadership personnel present topics related to systems-based practice, ethical issues, and research faculty present the background, methodology, results, and clinical correlation of their basic science studies.

Morbidity and Mortality, Patient Safety, Quality Improvement Conference:

Frequency: Last Week of the Month (5:30pm Monday)
Location: Rinker Library
Responsible Faculty: Dr. Morganstern
All AU, CHOG, and VA Morbidity and Mortality cases are presented by the residents on the corresponding rotations. The clinical course, complication, and outcome are presented followed by discussion by all faculty and residents to designate any point in the clinical course that the complication could have been avoided, what actions could have prevented or minimized the complication, and how to prevent such complications in the future. Residents should email the clinical synopsis to Dr. Morganstern (bmorganstern@augusta.edu) ***by the Friday before conference the following Monday***. Clinical synopsis should list the Surgical Procedure, Date of Procedure, Supervising Attending Physician, Resident Surgeon, and Complication followed by the clinical course of the case. The discussion during the meeting will decide such factors as avoidable/unavoidable and corrective actions/recommendations; these do not have to be included in the written clinical synopsis but the opinion of the presenting resident is welcome as part of their oral presentation. Exceptional presentations will also include literature review/references pertinent to the case. Topics such as multidisciplinary patient safety projects, quality measures, and root cause analysis will be discussed. As part of this conference, quality improvement initiatives will also be discussed. Residents will volunteer/be assigned quality improvement projects and updates/final recommendations presented as part of this conference.

Pre-Operative Planning Conference

Time: Every Monday at 7:00 am (adults and peds)
Location: Rinker Library
Responsible Faculty: Dr. Terris (AU), Dr. Dykes (VA), Dr. Morganstern (Peds)

All AU Adult, Pediatric, and VA surgical cases other than emergencies for the following week (or two weeks if the subsequent Monday is a holiday) are presented at pre-op planning conference. Residents compile the patient, review history, request radiology studies, and select and display appropriate radiographic studies. Cases are presented by the residents on each of the corresponding rotations. The indications, alternatives, potential additional studies needed and surgical approaches of each case are discussed at length with input from all faculty interspersed with questions posed to the residents regarding the disease process, their opinions about the appropriate therapy, and surgical considerations/approaches.

SASP/Chapter Review:

Time: Monthly on Monday's at 6:30 pm
Weekly: Thursday's at 7:00 a.m.
Location: Rinker Library
Responsible Faculty: Dr. Terris, Dr. Klaassen
Review of SASP Questions by the resident team

Community Radiology Conference:

Time: Quarterly (Third Tuesday of the Month at 6:00pm-Oct/Jan/April/July)
Location: Local restaurant or Faculty's home
Responsible Faculty: Dr. Klaassen
Urologists in the community bring their interesting films or challenging cases for which they would like the AU faculty input. Current articles from literature will be reviewed.

Multidisciplinary Cancer Conference

Time: Second and Fourth Wednesday of Month at 4:00p
Location: Radiology Amphitheater, 2nd floor
Responsible Faculty: Dr. Terris, Dr. Klaassen
Recent challenging urologic cancer cases from AU, the VA, and CHOG are presented to a multidisciplinary faculty group including AU and VA urology, medical oncology, radiation oncology, pathology and radiology. Urology and pathology residents, medical oncology fellows, and nursing and administrative staff from medical oncology at AU and the VA, the Cancer Care Committee, and Tumor Registry attend. Patient history is presented by the urology chief resident, images by radiology attending, and histology by pathology residents. The clinical considerations, NCCN guidelines, and treatment options are discussed at length among the faculty and a consensus staging and treatment plan developed. Patient information must be submitted by residents, APPs, or involved urology or medical oncology faculty ***by the preceding Wednesday*** emailing the list to Bria Hall at bhall2@augusta.edu

Annual Local Urology Meetings:

Rinker/Witherington Society Annual Meeting

This two day seminar every fall is hosted by the Department of Urology. An eminent speaker is invited to present several lectures. Lectures are also presented by AU faculty. Community urologists and AU Urology alumni are invited to attend. 2023 Rinker/Witherington Meeting marks the 50th Anniversary and will be held on October 13-14, 2023 at the Health Sciences Building followed by a GALA on Friday evening at 7:30 p.m. at the Old Medical College. Dr. Martha Terris will be heading the 2023 meeting.

Dr. Don Mode Research Symposium

This annual event in March brings the AU residents and students together for a day of research presentations and case reports by residents and students in preparation for the upcoming annual meetings. Faculty will judge and certificates are given for the best research presentations, best case report presentations, and best In-Service Examination scores for junior and senior. Faculty Director is Dr. Brad Morganstern. For the 2023-2024- academic year, the Mode Symposium is **tentatively** scheduled for March 9, 2024 in the Small Auditorium.

Monthly Conference Schedule

The following pages contain a draft of the monthly 2023-2024 conference schedule. Some elements of the schedule are, by necessity, incomplete such as journal club article assignments and grand rounds speakers. The most current version will be distributed via email at the end of each month for the subsequent month.

July 2023 Conference Shedule

Date/Time			Conference	Location
7/3/2023	Mon		**Resident Orientation**	
		8:00 AM	Orientation Handbook review (Klaassen)	Rinker Urological Library
		9:00 AM	Dr. Terris (CA center)	Rinker Urological Library
		9:10 AM	Dr. King/Santamaria/Simmons (MOB)	Rinker Urological Library
		9:20 AM	Dr. Morganstern (CMC)	Rinker Urological Library
		9:30 AM	Group pictures/Intern head shots	Rinker Urological Library
		10:15 AM	Urology Consultation Lectures	Rinker Urological Library
			Difficult Catherization (Cline)	
			Reading: Current Trends in Difficult Cath, West J Em, 8: 472-478, 2011	
			Video: SP tube placement: https://www.youtube.com/watch?v=yTFS3FILWGY	
			AUA Core Curriculum: https://auau.auanet.org/core Consults & Emergencies: Foley and SPT	
			Clot Retention (Sanders)	
			Reading: AUA Update vol 34 lesson 3: Emergency Bleeding, Recalcitrant Clots	
			AUA Core Curriculum: https://auau.auanet.org/core Consults & Emergencies:Hematuria	
			Priapism (Merry Ma)	
			Reading: AUA Guideline: Priapism	
			AUA Core Curriculum: https://auau.auanet.org/core Consults & Emergencies:Priapism	
		12:00 NOON	**Working Lunch**	Rinker Urological Library
			Urologic Endoscopy for Beginners (Oberle)	
			Reading: Smith, Chapt 11: Retrograde Instrumentation of the Urinary Tract	
			Kidney Stone Emergencies (Hiffa)	
			Reading: Emergency Management of Renal Colic, Surgical Care Medscape 2018	
			AUA Core Curriculum: https://auau.auanet.org/core Consults & Emergencies:Upper tract obstruction	
			Acute Scrotum (Machen)	
			AUA Core Curriculum: https://auau.auanet.org/core Consults & Emergencies:Testiscular Torsion	
			Fornier's Gangrene and Calciphylaxis (Lambert)	
			AUA Update 2017 Vol 36 #25 Management of Gangrenous Conditions …	
			Patient Care Principles (Faculty)	
			Reading: AUA Optimizing Patient Outcomes Preoperative	
			AUA Optimizing Patient Outcomes Intraoperative	
			AUA Optimizing Patient Outcomes Postoperative	
7/4/2023	Tues		**July 4th Holiday**	
7/10/2023	Mon	7:00 AM	Adult and Pediatric Preoperative Conference	Rinker Urological Library
		5:30 PM	Urologic Trauma (Oberle)	Rinker Urological Library
			Reading: AUA Guideline: Urotrauma	
			AUA Update vol 34 # 18 Genitourinary Trauma	
			AUA Update vol 36 # 29 Male genital trauma	
			AUA Update vol 37 #4 Injuries and Wounds of External Genitalia	
			AUA Core Curriculum: https://auau.auanet.org/core Consults & Emergencies:Urologic Trauma	

			SASP Trauma Question Review	
			Turn in Tumor Board list	
7/12/2023	Wed	4:00pm	Multidisciplinary Genitourinary Tumor Board	2nd Floor Radiology Amp
7/13/2023	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
7/17/2023	Mon	7:00 AM	Adult and Peds Preoperative Conference	Rinker Urological Library
		5:30 PM	Management of Stone Disease (Taylor/Santamaria)	Rinker Urological Library
			Reading: AUA Guideline: Medical Management of Kidney Stones	
			AUA Guideline: Surgical Management of Stones	
			AUA Update 2019 vol 38 #31: Pediatric Nephrolithiasis	
			AUA Update 2018 vol 37 #26: Pathophysiology and management of uric acid stones	
			AUA Update 2015 vol 34 #22: Pathophysiology and management of matrix stones	
			AUA Update 2018 vol 37#5: Eval and Management of Derangements of CalciumMetabolism	
7/19/2023	Tues	6:00 PM	**Univ/EMAC Radiology Conference- Sponsored by Nick Tucci**	TBA
			Turn in M&M List	
7/21/2023	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
7/24/2023	Mon	7:00 AM	Adult and Peds Preoperative Conference	Rinker Urological Library
		5:30 PM	Morbidity and Mortality, Patient Safety, Quality Improvement Conference	Rinker Urological Library
		6:30 PM	**Student Presentations-Andrew Austin, Brittany Henderson and Avery Dutcher**	Rinker Urological Library
7/26/2023	Wed	4:00pm	Multidisciplinary Genitourinary Tumor Board	2nd Floor Radiology Amp
7/27/2023	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
7/29/2023	Sat	1:00 PM	**Open House for Applicants**	Virtual Zoom
7/31/2023	Mon	7:00 AM	Adult and Peds Preoperative Conference	Rinker Urological Library

			August 2023 Conference Schedule	
Date/Tme			**Conference**	**Location**
8/7/2023	Mon	7:00 AM	Adult and Peds Preoperative Conference	Rinker Urological Library
		5:30 PM	Fistulae (Jiang)	Rinker Urological Library
			Reading: Surg Clin North Am. 2016 Jun;96(3):583-92. Diagnosis and Surgical Management of Uroenteric Fistula.	
			Urol Clin North Am. 2019 Feb;46(1):135-146. Abdominal Approach to Vesicovaginal Fistula.	
			Urol Clin North Am. 2019 Feb;46(1):123-133. Vaginal Approach to Vesicovaginal Fistula	
			Ann Vasc Surg. 2017 Oct;44:459-465.Ureteroarterial Fistulas: Dgs, Management, and Clinical Evolution	
			AUA Update: 2017 vol 36 #1 Etiology, Diagnosis, and Management of Rectourethral Fistulae	
			AUA Core Curriculum: https://auau.auanet.org/core Urinary Fistula	
8/9/2023	Wed	4:00 PM	Multidisciplinary Genitourinary Tumor Board	2nd Floor Radiology Amp
8/10/2023	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
8/14/2023	Mon	7:00 AM	Adult and Peds Preoperative Conference	Rinker Urological Library
		5:30 PM	Obstructive Uropathy (Pike)	Rinker Urological Library
			Reading: Postobstructive Diuresis Chapter 3 in Management of BPH	
			AUA Update vol 34 #30 Postobstructive Diuresis	
			AUA Update vol 35 #10 Initial Management of Acute Urinary Retention	
			AUA white paper: Non-neurogenic chronic retention https://www.auanet.org/guidelines/chronic-urinary-retention	
			AUA Core Curriculum: https://auau.auanet.org/core Renal, Upper Tract Obstruction	
			SASP Obstruction Question Review-Pike	
			Turn in Tumor Board list	
8/17/2023	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
8/21/2023	Mon	7:00 AM	Adult and Peds Preoperative Conference	Rinker Urological Library
		NOON	**Urology Interest Group Orientation**	Harrison Commons
		5:30 PM	Pediatric Tumors (Cline)	Rinker Urological Library
			Reading: Fisher Chapter 14	
			AUA Core Curriculum: https://auau.auanet.org/core Genitourinary Pediatric Oncology	
			SASP Pediatric Tumor Question Review -Cline	
			SASP Question Review Infections- Fisher Ch. 28 & 29 (Sanders)	Rinker Urological Library
			Reading: AUA Guideline: Recurrent Uncomplicated UTI in Women	
			AUA Update 2017 Vol 36 #18 Sexually Transmitted Diseases	
			AUA Core Curriculum: https://auau.auanet.org/core Consults & Emergencies: Genital Infections	
			AUA Update2016 vol 35#22 Management of Antimicrobial Resistance	
			AUA Update2016 vol 35 #21 Asymptomatic Bactiuria	
			AUA Update2019 vol 38 #17 Whats New in Antibiotic Prophylaxis in Urological Surgery	
			AUA Core Curriculum: https://auau.auanet.org/core Prostatitis	
		6:15 PM	**Student Presentations: Armon Amini, Lawrence Bacudio and Lan Huynh**	Rinker Urological Library

			Turn in M&M List	
8/23/2023	Wed	4:00 PM		2nd Floor Radiology Amp
8/26/2023	Sat	1:00 PM	**Open house for applicants**	virtual zoom
8/28/2023	Mon	7:00 AM	Adult and Peds Preoperative Conference (two weeks)	Rinker Urological Library
		5:30 PM	Morbidity and Mortality Conference Patient Safety, Quality Improvement Conference	
		6:30 PM	**Student Presentations: Shelby Deynzer & Chandler Hammond**	
8/31/2023	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library

			September 2023 Conference Schedule	
Date/Time			**Conference**	**Location**
9/4/2023	Mon		**Labor Day Holiday**	
9/5/2023	Tues	5:30 PM	**Urine Dip/Cystoscope class and Scope overview**	VA conference room
			Turn in Tumor Board list	
9/7-10/2023	Thurs-Sun		**GUA Meeting**	Sea Island
9/11/2023	Mon	7:00 AM	Adult and Peds Preoperative Conference	Rinker Urological Library
		5:30 PM	**Mock In-Service- Residents only**	Rinker Urological Library
			Turn in M&M List	
9/13/2023	Wed	4:00 PM	Multidisciplinary Genitourinary Tumor Board	2nd Floor Radiology Amp
9/14/2023	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
9/18/2023	Mon	7:00 AM	Adult and Peds Preoperative Conference	Rinker Urological Library
		5:30 PM	FUDS Lecture- Dr. Morganstern	Rinker Urological Library
		6:15 PM	**Sub-I Presentation- Reece Anderson, Adriana Pena & Christian Norton**	Rinker Urological Library
9/19/2023	Tues	5:30 PM	**Knot Tying Class- Urology Interest Group**	VA conference room
9/21/2023	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
9/25/2023	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
		5:30 PM	Morbidity and Mortality Conference Patient Safety, Quality Improvement Conference	Rinker Urological Library
9/27/2023	Wed	4:00 PM	Multidisciplinary Genitourinary Tumor Board	2nd Floor Radiology Amp
9/28/2023	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library

			October 2023 Conference Schedule	
Date/Time			**Conference**	**Location**
10/2/2023	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
		5:30 PM	Urinary Tract Anomalies - Jiang/Morganstern	Rinker Urological Library
			Reading: AUA University Urinary Tract Abnormalities	
			AUA Core Curriculum: https://auau.auanet.org/core Urinary Tract Anomalies	
			AUA Core Curriculum: https://auau.auanet.org/core Extrophy	
			AUA Core Curriculum: https://auau.auanet.org/core Hypospadias	
			AUA Core Curriculum: https://auau.auanet.org/core Posterior Urethral Valves	
			AUA Core Curriculum: https://auau.auanet.org/core Undescended Testis	
			AUA Core Curriculum: https://auau.auanet.org/core Disorders of Sexual Differentiation	
			Fisher Ch 1, Ch 3 and Ch 27.	
10/5/2023	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
10/7/2023	Sat	8:00-1:00	**MCG Interviews**	Offices
10/9/2023	Mon	7:00 AM	Adult and Peds Preoperative conference (two weeks)	Rinker Urological Library
		5:30 PM	Bladder Dysfunction (Reed)	Rinker Urological Library
			Reading:	
			AUA Core Curriculum: https://auau.auanet.org/core Anatomy & Physiology Bladder and Voiding	
			AUA Guideline: Diagnosis and Treatment of Non-Neurogenic Overactive Bladder (OAB) in Adults	
			Fisher Page 230-243	
			AUA Core Curriculum: https://auau.auanet.org/core Neurogenic Lower Urinary Tract Dysfunction	
			Female Pelvic Prolapse (Lambert)	Rinker Urological Library
			Reading: AUA Core Curriculum: https://auau.auanet.org/core Pelvic Prolapse Evaluation and Management	
			AUA Guideline Surgical Treatment of Female SUI	
			AUA Update 2017 vol 36 #3 Treatment of Pelvic Organ Prolapse in Frail Elderly	
10/10/2023	Tues	5:30 PM	**Urine Dip/Cystoscope class and Scope overview- Urology Interest Group**	*VA Conference Room*
10/11/2023	Wed	4:00pm	Multidisciplinary Genitourinary Tumor Board	2nd Floor Radiology Amp
10/12/2023	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
10/13/2023	Fri	8:00- Noon	**Faculty Retreat**	Rinker Urological Library
		1:00 PM	**Rinker Witherington Meeting**	Lee Auditorium
		7:00-11:00 PM	**GALA**	Old Medical College

	Sat	8:30 am- 4:00 pm	**Rinker Witherington Meeting**	Lee Auditorium
	Sun		**Golf Outting**	Westlake
10/16/2023	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
		5:30 PM	**Student Presentations:Gavin Crum, Taylor Malchow Grant Ward & Libby Li**	Rinker Urological Library
10/17/2023	Tues	6:00 PM	Univ/EMAC Radiology Conference- Sponsored by: Kelle Edwards	TBA
10/19/2023	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
10/23/2023	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
		5:30 PM	Morbidity and Mortality, Patient Safety, Quality Improvement Conference	Rinker Urological Library
		6:15 PM	**Student Presentations: Linda Guan and Thomas Tolman**	
			Turn in Tumor Board list List	
10/24/2023	Tues	5:30 PM	**Knot Tying- Urology Interest Group**	VA Conference Room
10/25/2023	Wed	4:00 PM	Multidisciplinary Genitourinary Tumor Board	2nd Floor Radiology Amp
10/26/2023	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
10/30/2023	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
				Rinker Urological Library

			November 2023 Conference Schedule	
			Conference	**Location**
Date/Time				
11/2/2023	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
11/4/2023	Sat	8:00-5:00 pm.	**Interviews**	Offices
			Turn in Tumor Board List	
11/6/2023	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
		5:30PM	**SASP Review**	Rinker Urological Library
11/8/2023	Wed	4:00 PM	Multidisciplinary Genitourinary Tumor Board	2nd Floor Radiology Amp
11/9/2023	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
11/13/2023	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
		5:30 PM	Adrenal (Hiffa)	Rinker Urological Library
			Reading: Fisher Chapter 5	
			AUA Update vol 34 #21: Urologic Causes of Hypertension	
			AUA Core Curriculum: https://auau.auanet.org/core Adrenal Neoplasms	
			SASP Adrenal Question Review	
11/14/2023	Tues	5:30 PM	**Prosthectics Talk & Overview - Dr. King**	Rinker Urological Library
11/16/2023	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
11/18/2023	Sat	8:00 AM	**In-Service Exam - Good Luck! Room EC 2204**	Health Sciences Building-
11/20/2023	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
		5:30 PM	**No conferences**	Rinker Urological Library
			Turn in M&M List	
11/22/2023	Wed		**Tumor Board Cancelled**	
11/23-24/2023	Thurs-Fri		**Thanksgiving Holidays (Friday is not a VA holiday)**	
11/27/2023	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
		5:30 PM	Morbidity and Mortality, Patient Safety, Quality Improvement Conference	Rinker Urological Library

			December 2023 Conference Schedule	
Date/Time			**Conference**	**Location**
11/28-12/1, 2023			**SUO Meeting**	**Washington, DC**
12/4/2023	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
		5:30 PM	Taking Care of Yourself (Klaassen)	Rinker Urological Library
			Reading: AUA Update 2019 vol 38, #40 Urologist Heal Thyself, Wellness in Urology	
		6:00 PM	Resident meetings	Klaassen office
			Turn in Tumor Board list	
12/7/2023	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
12/9/2023	Sat	8:00-5:00 pm	**Interviews**	offices
12/11/2023	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
		5:30 PM	Resident meetings	Klaassen office
12/13/2023	Wed	4:00pm	Multidisciplinary Genitourinary Tumor Board	2nd Floor Radiology Amp
12/14/2023	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
12/18/2023	Mon	7:00 AM	Adult and Peds Preoperative conference (three weeks)	Rinker Urological Library
12/25-29/2023			**Christmas Break No conferences**	

			January 2024 Conference Schedule	
Date/Time			**Conference**	**Location**
1/1/2024	Mon		**New Years Day Holiday**	
			Turn in Tumor Board list	
1/8/2024	Mon	7:00 AM	Adult and Peds Preoperative conference (two weeks)	Rinker Urological Library
		5:30 PM	Journal Club- Simmons	Rinker Urological Library
1/10/2024	Wed	4:00pm	Multidisciplinary Genitourinary Tumor Board	2nd Floor Radiology Amp
			Post VA cases for next Tuesday by 9am today due to holiday	
1/11/2024	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
1/15/2024	Mon		**MLK Holiday- No Conference**	
1/16/2024	Tues	6:00 PM	Univ/EMAC Radiology Conference	TBA
			Turn in M&M List	
1/18/2024	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
1/22/2024	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
		5:30 PM	**Justin Siegel- (contracts,financial planning and credit/debt structuring**	Rinker Urological Library
1/24/2024	Wed	4:00pm	Multidisciplinary Genitourinary Tumor Board	2nd Floor Radiology Amp
1/25/2024	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
1/29/2024	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
		5:30 PM	Morbidity and Mortality, Patient Safety, Quality Improvement Conference (for December and January)	Rinker Urological Library

			February 2024 Conference Schedule	
Date/Time			**Conference**	**Location**
2/5/2024	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
		5:30 PM	AUA Guidelines Discussion - Castration-Resistant Prostate Cancer (Klaassen Moderating)	
2/6/2024	Tues	5:30 PM	**Post Match- M4 Students (Urology Interest Group)**	Zoom
			Post VA cases for next Tuesday by 9am today due to holiday	
2/8/2024	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
2/12/2024	Mon	7:00 AM	Adult and Peds Preoperative conference (two weeks)	Rinker Urological Library
			Turn in Tumor Board list	
		5:30 PM	Journal Club- King	Rinker Urological Library
2/14/2024	Wed	4:00 PM	Multidisciplinary Genitourinary Tumor Board	2nd Floor Radiology Amp
2/15/2024	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
2/19/2024	Mon		**President's Day Holiday for VA**	
			No Conferences	
			Turn in M&M list	
	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
2/26/2024	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
		5:30 PM	Morbidity and Mortality, Patient Safety, Quality Improvement Conference	Rinker Urological Library
2/27/2024	Tues	5:30 PM	**Oncology Overview and SIM lab tour- Dr. Klaassen (Urology Interest Group)**	Rinker Urological Library
2/28/2024	Wed	4:00 PM	Multidisciplinary Genitourinary Tumor Board	2nd Floor Radiology Amp

			March 2024 Conference Schedule	
Date/Time			**Conference**	**Location**
3/4/2024	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
		5:30 PM	AUA Guidelines Discussion - Medical Management of Kidney Stones (Santamaria Moderating)	
	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
3/9/2024	Sat	8:00 AM	**Mode Symposium**	4th floor Surgery Amp
3/11/2024	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
		5:30 PM	Journal Club - Dr. Morganstern	Rinker Urological Library
			Wills Tumor- Dr. Morganstern	Rinker Urological Library
3/13/2024	Wed	4:00 PM	Multidisciplinary Genitourinary Tumor Board	2nd Floor Radiology Amp
3/18/2024	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
		5:30 PM	**Faculty and Resident Meeting: Updates and planning**	Rinker Urological Library
			Turn in M&M List	
3/19/2024	Tues	5:30 PM	**Urodynamics Overview- Dr. Morganstern (Urology Interest Group)**	Rinker Urological Library
3/19-23, 2024			**SESAUA Meeting**	Austin, TX
3/20/2024	Wed	4:00 PM	Multidisciplinary Genitourinary Tumor Board	2nd Floor Radiology Amp
3/25/2024	Mon	7:00 AM	Adult and Peds Preoperative conference (two weeks)	Rinker Urological Library
		5:30 PM	Morbidity and Mortality, Patient Safety, Quality Improvement Conference	Rinker Urological Library

			April 2024 Conference Schedule	
			Conference	**Location**
Date/Time				
4/1-5/2024			**Master's Week- No conferences**	
			Turn in Tumor board list	
4/8/2024	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
		5:30 PM	Journal Club-Santamaria	Rinker Urological Library
4/10/2024	Wed	4:00pm	Multidisciplinary Genitourinary Tumor Board	2nd Floor Radiology Amp
4/11/2024	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
4/15/2024	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
		5:30 PM	QI Projects	Rinker Urological Library
			Turn in Tumor board list	
4/16/2024	Tues	6:00 PM	Univ/EMAC Radiology Conference -	TBA
			Turn in M&M List	
4/18/2024	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
4/22/2024	Mon	7:00 AM	Adult and Peds Preoperative conference (two weeks)	Rinker Urological Library
		5:30pm	Morbidity and Mortality, Patient Safety, Quality Improvement Conference	Rinker Urological Library
4/24/2024	Wed	4:00pm	Multidisciplinary Genitourinary Tumor Board	2nd Floor Radiology Amp
4/25/2024	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
4/29/2024	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library

			May 2024 Conference Schedule	
Date/Time			**Conference**	**Location**
5/3-6/2024			**AUA Meeting**	**San Antonio, TX**
5/6/2024	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
		5:30 PM	Journal Club- Dykes	Rinker Urological Library
5/8/2024	Wed	4:00 PM	Multidisciplinary Genitourinary Tumor Board	2nd Floor Radiology Amp
5/9/2024	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
5/13/2024	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
		5:30 PM	Journal Club- Klaassen	Rinker Urological Library
			Turn in Tumor Board and M&M list	
5/16/2024	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
5/20/2024	Mon	7:00 AM	Adult and Peds Preoperative conference (two weeks)	Rinker Urological Library
		5:30 PM	Morbidity and Mortality, Patient Safety, Quality Improvement Conference	Rinker Urological Library
			Post VA cases for next Tuesday by 9am today due to holiday	
5/23/2024	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
5/27/2024	Mon		**Memorial Day Holiday- No conferences**	

			June 2024 Conference Schedule	
Date/Time			**Conference**	**Location**
6/3/2024	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
		5:30 PM	Genetic Renal Cell Carcinoma Discussion - Dr. Klaassen	Rinker Urological Library
			Read: AUA Update vol 34, lesson 5, Genetic Renal Cancer	Rinker Urological Library
			Turn in Tumor Board	
6/6/2024	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
6/10/2024	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
		5:30 PM	Resident meetings	Klaassen's office
6/12/2024	Wed	4:00pm	Multidisciplinary Genitourinary Tumor Board	2nd Floor Radiology Amp
6/13/2024	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
6/17/2024	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Uroogical Library
		5:30 PM	**Faculty CCC Meeting (Milestones/Evaluations)**	Rinker Urological Library
			Turn in M&M List	
6/20/2024	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library
6/24/2024	Mon	7:00 AM	Adult and Peds Preoperative conference	Rinker Urological Library
		5:30 PM	Morbidity and Mortality, Patient Safety, Quality Improvement Conference (May and June)	Rinker Urologial Library
6/26/2024	Wed	4:00pm	Multidisciplinary Genitourinary Tumor Board	2nd Floor Radiology Amp
6/27/2024	Thurs	7:00 am- 8:15 am	**SASP Review**	Rinker Urological Library

Research

The PGY-3 urology research rotation is 3 months for the 2023-2024 academic year, although residents at all levels are encouraged to pursue research endeavors as clinical time permits. Dr. Zach Klaassen, Director of Urologic Research, oversees faculty assignments as well productivity of research during this rotation as well as advice on research project construction and manuscript/presentation preparation. Residents are expected to meet with faculty members to discuss projects of interest and read appropriate literature prior to the start of the research rotation in order that their time may be spent in the actual generation, collection, and analysis of data once on the rotation. Residents are also expected to initiate necessary regulatory approvals by notifying Research office of their project(s) as soon as plans are established. Research Residents are expected to spend at least 1/3-1/2 of their research effort working with the Drs. Lokeshwar to gain experience and insight into basic science research. Residents should contact Dr.'s Vinata and Balakrishna Lockshwar at blokeshwar@augusta.edu or vlokeshwar@augusta.edu to coordinate. (Cell number: 305-298-7043 and lab number: 706-721-7652). Residents are encouraged to pursue the clinical portion of such projects, such as serum collection for proteomic assay, in collaboration with one of the research faculty even before this rotation. Faculty supervision, clerical support, computer/library facilities, and flexibility in clinical responsibilities are available to residents for clinical research. Many faculty members have existing databases of patient information that can be analyzed by residents either by expanding on the suggestions of the faculty member or developing their own hypothesis for study once approved by the supervising faculty member and institutional review board. PGY-3 residents are required to present a research plan to Dr. Simmons prior to the initiation of the rotation. Residents are required to do a portion of their research effort at the Charlie Norwood VA Medical Center to comply with requirements for salary support. Residents on the research rotation will participate in all conferences and call schedule. Every Tuesday will be spent with Dr. Matthew Simmons working on various VA research projects. The resident will also be involved in clinical duties throughout the month as needed. If residents need assistance obtaining articles for literature review, you may contact Kim Maddox, residency coordinator. She has access to order from the library. You will need to provide her with the details.

In addition, research residents may want to spend 2-5 days over the course of their 4-month rotation shadowing a local private practice urologist. Dr. Mark Cain and Dr. Greg Simpson has graciously agreed to host a shadowing resident. Please contact him directly to arrange times for this via his email mcain2@comcast.com.

Residents who desire an additional year dedicated to basic science research are supported in their efforts by the Urology Section. Residents performing a research year are encouraged to apply for additional funding through sources such as the American Foundation for Urologic Diseases. AU Urology has a record of successfully funded resident applications.

The PGY-5 residents may attend regional and national meetings such as the Southeastern Section of the AUA and the Annual Meeting of the AUA. Residents at any level with research abstracts accepted for presentation at these selective meetings will also be provided funding (as approved by Dr. Terris/Klaassen) and relief of clinical duties to attend with prior faculty approval. Support for meetings does not include spouses and may requiring sharing lodging/carpooling to minimize costs. Below are the points of contact for poster printing (Use Cancer Center or VA if possible as there is no charge for those):

Cancer Center Posters: Darryl Nettles dnettles@augusta.edu Cancer Center Research Building, 2nd Floor, CN-2155
VA Posters: Katherine Zecca katherine.zecca@va.gov Medical Media, 2nd Floor VA
All Other Posters: Rhonda Powell rhpowell@augusta.edu Summerville Campus University Hall, 1st Floor, Media Center

Overview of Residency Rotations

PGY-1: First year in Training (PGY-1) is the time to develop a broad experience in surgical patient care by exposure to rotations in many different fields. Six months is spent in General Surgical training, which is designed to provide the trainee with a thorough grounding in general surgical principles, including preoperative and postoperative care of the surgical patient and foundations in technical surgical skills upon which ongoing urologic training will be based. This year will include 6 months on the Urology service with two of the months spent at the VA.

PGY-2: Second year of Training in Urology (PGY-2) is split between AU (4 months), the VA (4 months) and Pediatric Urology (4 months). The resident's primary experience is in the outpatient clinics at these facilities where data gathering skills, clinical judgment, treatment plan development and professionalism are developed. The AU rotation also includes the ASMP Clinic/OR and Surgery Center. Technical skills are developed in minor surgical procedures such as circumcision and vasectomy, as well as urodynamics procedures, transrectal ultrasound and prostate biopsy, and office cystoscopic and fluoroscopic procedures. As part of the urology team, PGY-2 residents take part in the postoperative management of in-patients and in the operating room for larger cases and when on call.

PGY-3: During the PGY-3 year of Urology training, the trainee spends four months doing research to include the VA, four months VA senior, and four months on the AU Adult Service. Under the supervision of the Chief Resident and Urology faculty members at the AU, the Senior Resident assumes charge of the entire inpatient and outpatient consult service and actively participates in all aspects of endourology, open scrotal and penile procedures, as well as learn bedside assisting on robotic procedures.

PGY-4: During the PGY-4 year, the resident serves as Senior Resident in Urology for 3 months at the Canter Center, six months at CHOG and a three-month specialty rotation in Female Urology. The Female Urology rotation with Dr. Barbara Henley is shared with gynecology residents and provides opportunity to concentrate learning on evaluation and management of female urological diseases. The Pediatric Urology Service rotation at CHOG is a specialty rotation with surgical experience similar to many pediatric urology fellowship programs. Call responsibility as Acting Chief Resident assumes charge of the Urology Service.

PGY-5: The PGY-5 year of urological training is spent as Chief Resident on the AU Adult Urology Service and the VA Urology Service. During this final year of training, the Chief Residents are afforded considerable responsibility for patient care in the clinics, on the wards, and in the operating rooms. They are also responsible for teaching junior house staff and medical students, administration of the adult service, and organization and participation in regularly scheduled patient and educational conferences.

2023-2024 Residents

Level Designation, Date of Admission, Projected Date of Graduation

Resident Name	Current Level Designation	Start of MCG Urology Training	Projected Date of Graduation
Christopher Horn	PGY 1	July 1, 2023	June 30, 2028
Charles McCluskey	PGY 1	July 1, 2023	June 30, 2028
Ross Nowlin	PGY 1	July 1, 2023	June 30, 2028
Drew Sanders	PGY 2	July 1, 2022	June 30, 2027
Edward Machen	PGY 2	July 1, 2022	June 30, 2027
Chen Jiang	PGY 2	July 1, 2022	June 30, 2027
Carter Reed	PGY 3	July 1, 2021	June 30, 2026
Nathan Taylor	PGY 3	July 1, 2021	June 30, 2026
Weber Pike	PGY 3	July 1, 2021	June 30, 2026
Kyle Cline	PGY 4	July 1, 2020	June 30, 2025
Merry Ma	PGY 4	July 1, 2020	June 30, 2025
Michael Oberle	PGY 5	July 1, 2020	June 30, 2024
Hunter Lambert	PGY 5	July 1, 2019	June 30, 2024
Anthony Hiffa	PGY 5	July 1, 2019	June 30, 2024

Urology Residency Training Program Rotation Schedule 2023-2024

2023-2024 Urology Rotation Schedule													
PGY	RESIDENT	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
1	**Nowlin**	AU	AU	SICU	PEDS	VA	TXP	VA	MIS	AU	ACS	SURG ONC	AU
1	**McCluskey**	MIS	ACS	SURG ONC	AU	AU	VA	AU	AU	PEDS	VA	SICU	TXP
1	**Horn**	VA	VA	AU	TXP	SURG ONC	AU	MIS	PEDS	ACS	AU	AU	SICU
2	**Jiang**	VA	VA	Peds	Peds	AU	AU	peds	VA	Peds	AU	AU	VA
2	**Sanders**	Peds	Peds	AU	AU	VA	VA	AU	Peds	VA	VA	Peds	AU
2	**Machen**	AU	AU	VA	VA	Peds	Peds	VA	AU	AU	Peds	VA	peds
3	**Reed**	Research	AU	VA	AU	VA	Research	AU	VA	Research	AU	VA	Peds
3	**Pike**	VA	research	AU	VA	research	AU	VA	research	AU	VA	Peds	AU
3	**Taylor**	AU	VA	Research	Research	AU	VA	Research	AU	VA	Peds	AU	VA
4	**Ma**	Peds	Peds	Urogyn	Urogyn	Peds	CC	Peds	Peds-cc	Elective	Elective	CC	CC
4	**Cline**	Urogyn	Urogyn	Peds	Peds	CC	Peds	CC	CC-peds	peds	CC	Elective	Elective
5	**Oberle**	AU	AU	VA	VA	AU	AU	AU	AU	VA	VA	AU	AU
5	**Lambert**	AU	AU	AU	AU	VA	VA	AU	AU	AU	AU	VA	VA
5	**Hiffa**	VA	VA	AU	AU	AU	AU	VA	VA	AU	AU	AU	AU

Responsibilities and Objectives of Residency Rotations

In compliance with the ACGME minimum program requirements, the Urology Residency Program at AU requires its residents to obtain competencies in the 6 areas listed below to the level expected of a new practitioner:

1. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
2. 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
3. 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
4. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
6. 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.

While these competencies have always been a part of residency training, their delineation as requirements has mandated specific competency-directed activities and careful documentation. Toward this end, the following knowledge, skill, and attitude requirements, as well as additional urologic surgery technical ability and institutional requirements, have been defined.

Responsibilities and Objectives for All Residents on All Rotations

1. All residents will maintain a full-time position as surgical resident in the Section of Urology. All residents will be responsible for the year-specific job description described hereafter.
   Goals and Objectives/Competency: Institutional Requirement
   Documentation: Graduate Medical Education Office Resident Roles
2. Upon receiving and reviewing this handbook, all residents should sign the last page, certifying receipt of the handbook, tear out the page, and turn it in to the Program Coordinator, Kim Maddox.
   Goals and Objectives/Competency: Institutional Requirement
   Documentation: Receipt of signed certification page by Program Coordinator
3. All residents will engage in the care of patients on the urology in-patient service and the outpatient clinic as well as in the operating room. Residents act as a team under the guidance of the attending surgeon to manage all patient care issues, from the preoperative, perioperative, and postoperative time intervals.
   Goals and Objectives/Competency: Patient Care, Professionalism, Interpersonal and Communication Skills
   Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form by Peers and Nursing Staff.
4. All residents will prepare for, attend, and participate actively in all teaching conferences (Chapter review, journal club, faculty didactic lectures, AUA update series review), morbidity and mortality conference, urodynamics conference, radiology conferences, Rinker-Witherington symposium, and any additional lectures and course instruction deemed mandatory by the faculty. Residents on medical leave, annual leave, or called to see a patient for a matter than cannot be delegated to the physician assistant wait until the conclusion of the conference will be excused.

Goals and Objectives/Competency: Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills
Documentation: Record of Attendance, Global Resident Competency Rating Form, In-Service Examination Scores, Presentation score cards

5. All residents will prepare for and take the annual AUA In-Service Examination.
   Goals and Objectives/Competency: Medical Knowledge
   Documentation: In-Service Examination Scores
6. Residents are responsible for all histories and physicals as well as obtaining preoperative consent under the supervision of the attending urologist. Attending notes are added to comply with the laws of Medicare/Medicaid/Tricare. The residents are to write daily notes and orders, operative notes and orders. A discharge note and complete orders are to be on the chart on the day of discharge prior to beginning daily duties, such as clinic or operations. Discharge summaries and consultations are to be sent to referring physicians. Rounds with faculty responsible for individual in house patients will occur on a daily basis with the exception of weekends. Residents are to contact the appropriate faculty member regarding any patient management questions.
   Goals and Objectives/Competency: Patient Care, Professionalism
   Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form
7. For surgical cases in which the resident is the only resident and/or is the primary surgeon, residents are expected to:
   a. Have familiarized themselves with the patient and their history, discuss any questions with attending
   b. Done the appropriate reading prior to any operation
   c. Have all necessary radiographic studies displayed on the in the O.R. prior to the start of the case
   d. Typed Brief Note or Procedure Note immediately after the procedure before the start of the next case. For facilities requiring a dictated operative report, these should be completed by the end of the business day on the day of the procedure. Residents are subject to loss of O.R. privileges for tardy operative report entry.
   e. Write/electronically enter post-operative admission orders or outpatient orders including prescriptions

Promptly enter cases into their own personal case log *and* the **ACGME Resident Case Log System**.
To access the ACGME Resident Case Log System, go to
http://www.acgme.org/acgmeweb/tabid/161/DataCollectionSystems/ResidentCaseLogSystem.aspx
If you do not have an ID and password, contact the Program Coordinator, Kim Maddox (email: kimaddox@augusta.edu or office 721-2519). You can download a copy of the instruction manual for the Resident Case Log System at:http://www.acgme.org/Portals/0/PFAssets/ProgramResources/480-Urology-Case-Log-Info_.pdf
A list of CPT codes to help expedite entries can be downloaded from: http://www.acgme.org/Portals/0/PFAssets/Presentations/480-Urology-Case-Log-Info.pdf and on page 63 of this Handbook.
For problems with the system, call the ACGME Help Desk at contact the ACGME Help Desk 312-755-7464 or email oplog@acgme.org.
Goals and Objectives/Competency: Patient Care, Technical Skills, Institutional Requirements, Delinquent Dictation Reports from Medical Records
Documentation: Global Resident Competency Rating Form, Resident Case Logs

8. All residents are to adhere to the 80 hour work week policy described in the "Policy on Duty Hours" portion of this Handbook. Residents will complete online One45 **Duty Hours** accessed at http://www.one45.com and log on using the ID and password generated for you by the residency

coordinator. More detailed instructions for the completion of the on-line Duty Hours are available in the "Policy on Duty Hours" section of this Handbook. If the duty hour limit is reached, the resident should notify the chief resident and/or supervising faculty member, sign-out his or her pager, and leave the facility.

Goals and Objectives/Competency: ACGME/Institutional Regulations, Patient Care

Documentation: Duty Hour Logs, Institutional Duty Hour Log Audit Reports

9. All residents are responsible for monitoring their level of fatigue. *If a resident feels as if his or her level of fatigue is compromising their ability to provide patient care, the resident should notify the chief resident and/or supervising faculty member, sign-out his or her pager, and go to an appropriate call bedroom (or home if near the end of shift and the resident is not too compromised to drive) and sleep.* The resident may return to duty after a nap if he or she feels sufficiently rested and the shift is not completed or the 80 hour work week limits have not been reached. If a resident is judged to be too fatigued to adequately provide patient care by the chief resident and/or supervising faculty, even if the resident does not agree, the same protocol applies.

   Goals and Objectives/Competency: Patient Safety

   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form by peers
10. All residents will read assigned chapters in Fischer's Urology and Board Review and other reading assignments as part of their personal home study routine. At Reading Assignment Review Conferences, all residents will be asked questions at random about the assigned chapters and any incorrect or unclear answers reviewed by supervising faculty assigned by area of expertise. Reading corresponding chapters in Smith's and/or Campbell's is encouraged.

    Goals and Objectives/Competency: Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning

    Documentation: Attendance Record, Minutes of Meeting
11. All residents will read articles in Journal of Urology or other articles in journals (e.g., Urology, BJU, Prostate, Endourology, Andrology, NEJM, JAMA) assigned by the faculty as part of their personal home study routine. At monthly Journal Club, all residents will be asked at random to summarize articles and/or will be asked to categorize the methodology of the study (e.g., case series, controlled, blinded, etc.), appropriateness of the statistical analysis, and alternative study designs that might better answer the hypothesis presented by the authors. Questions from any CME questions published with the assigned articles may also be asked. Any incorrect or unclear answers reviewed by supervising faculty assigned by area of expertise. *A subscription to Journal of Urology (as part of resident membership in the AUA) is available.*

    Goals and Objectives/Competency: Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning

    Documentation: Attendance Record, Global Resident Competency Rating Form
12. All residents should demonstrate understanding of socioeconomic issues impacting upon the practice of urologic surgery including but not limited to the awareness lack insurance coverage or limits of individual patient Medicare, Medicaid, Peach Care, HMO or other insurance coverage; frugal use of expensive tests and medications; and familiarity with social services available to assist patients in need.

    Goals and Objectives/Competency: Systems-Based Practice, Professionalism

    Documentation: Attendance at urology section didactic lectures by health system administrative representatives and section meetings on billing and reimbursement issues and cost containment, Faculty Evaluations
13. All residents are expected to demonstrate sensitivity to patient diversity issues including but not limited to race, gender, cultural/religious beliefs, sexual orientation, career choice, socioeconomic status, and educational/intelligence level.

    Goals and Objectives/Competency: Professionalism

    Documentation: Attendance at urology section didactic lectures by health system administrative representatives and section meetings, Evaluations from Faculty, Nursing Staff, Administrative Staff, Peers
14. All residents are expected to develop and demonstrate values consistent with the highest ethical practice of medicine.

Goals and Objectives/Competency: Professionalism
Documentation: Attendance at urology section didactic lectures by health system administrative representatives and section meetings, Evaluations from Faculty, Nursing Staff, Administrative Staff, Peers

15. During clinic, inpatient rounds, surgical procedures, and conferences, residents are expected to take part in the teaching of students, interns, and more junior residents including but not limited to discussions of normal genitourinary anatomy, physiology and embryogenesis; elements of urologic history taking; elements and technique of urologic physical examination; common urologic signs and symptoms, their implications, and components of appropriate evaluation; patient disease processes and congenital anomalies; rationale, indications, and risks of urologic surgical procedures and medical interventions; and technique of urethral catheter insertion as well as more general topics such as format and content of preoperative history and physical examinations and postoperative progress notes, sterile technique, sharps safety, universal precautions, and perioperative patient care.
Goals and Objectives/Competency: Medical Knowledge, Interpersonal and Communication Skills, Professionalism
Documentation: 360 Degree Rating Form by peers and students
16. Residents are expected to participate in academic contributions to the Section of Urology by seeking opportunities for involvement in research such as questioning existing data through literature reviews, formulating research questions, and discussing potential research projects with faculty members. Summarizing the history and course of an interesting patient in the form of a case report is also acceptable. Residents are required to understand and comply with the institutional Human Assurance Committee Policies. For projects approved by the involved faculty member, residents can access data from existing databases maintained by that faculty member or establish and collect a novel data set from patient chart reviews. After data analysis and interpretation residents are expected to present their findings via manuscript admission. Submission of associated abstracts to scientific meetings is also encouraged. While the current residency rotations do not allow for dedicated research time with which to perform basic science research, the clinical portion of such projects, such as serum collection for proteomic analysis, can be performed in collaboration with one of the basic science faculty. For more in-depth research exposure, residents are encouraged to apply for funding for a fellowship position in the Section through the American Foundation for Urologic Disease.
Goals and Objectives/Competency: Medical Knowledge, Practice-Based Learning
Documentation: Submitted/Accepted Manuscripts and Abstracts
17. All residents will complete Faculty Evaluations and Program Evaluation annually as well as Self and Peer Evaluation twice yearly. In order to complete the Faculty, Program and Peer evaluations, residents should go to http://www.one45.com and follow the detailed instructions for the completion of the on-line Faculty and Program Evaluations are available in the "Policy on Resident, Faculty, and Program Evaluation" section of this Handbook. For the Peer Evaluations, residents should complete the 360 Degree Rating Form for each of their fellow residents.
Goals and Objectives/Competency: Institutional Requirement, Practice-Based Learning and Improvement, Professionalism
Documentation: Completed Evaluation Forms
18. All residents have access to a VESSL lab and are encouraged in their free time to utilize this to practice their surgical skills. You may enter the lab via key pad. The code to enter is 9375 *. If you need any assistance you may contact Dr. Bao Ling Adam the coordinator for the VESSL, at ext. 4202.
Goals and Objectives/Competency: Medical Knowledge, Surgical Skill
Documentation: Faculty Evaluations
19. All residents are expected to participate in Quality Improvement (QI) projects each year as it is a requirement of the AGCME. These may be projects stimulated by issues observed by the residents that they feel can be improved, solutions discussed in the literature that may have applicability at one or all of the AU training sites, or assigned by the faculty. Participation in the annual Augusta University QI Meeting is strongly encouraged. The section of projects will be chosen in July of each year and may be a continuation of previous project if it is a prospective project. All residents are expected to produce a year abstract of the project whether it is complete or it is an update. These

projects should be completed under the supervision of Urology QI Champion Dr. Morganstern and other involved faculty members.

Goals and Objectives/Competency: Practice-based learning improvement, Professionalism, Systems based practice

Documentation: Faculty Evaluations, QI conference presentations

20. All residents are expected to demonstrate careful and complete patient hand-offs during transitions in care. Urology services traditionally have a very low inpatient census but these hand-offs remain important. Hand-offs may take place over the telephone unless there are wound or patient stability issues that require rounding in person for safe transition. Hand-off should include any consults or ER Observation patients or patients in transit from outlying facilities.

    Goals and Objectives/Competency: Patient care, Professionalism, Systems based practice

    Documentation: Faculty Evaluations, QI conference presentations, Peer reviews

21. All residents are expected to participate in the teaching of rotating medical students and interns including assisting students in the completion of their topic checklist.

    Topics to be discussed with students and interns include but are not limited to:

    1. Urologic physical exam
    2. Performing and interpreting clinic urinalysis
    3. Components of hematuria evaluation (CT or IVP, cysto, cytology, not ultrasound with normal renal function)
    4. Voiding symptoms associated with
        a. Obstruction (BPH)
        b. UTI
        c. Stress incontinence
        d. Urge incontinence
        e. Mixed incontinence
    5. Presenting symptoms of epididymitis vs testicular torsion
    6. Prostate cancer
        a. Screening (age appropriateness)
        b. Natural history
        c. Treatment options
        d. Basic hormone therapy concepts
    7. What patient to treat and not to treat with asymptomatic bacteruria (catheterized, intestinal diversion, pregnancy, immunocompromised)
    8. Precautions with GU implants (prophylactic antibiotics, catheterization)
    9. Foley catheter management
        a. Placement (prep, closed system, French size and coude indications)
        b. Alternatives (SP tube, CIC)
        c. Colonization
        d. Removal approaches (antibiotics, fill and pull, voiding trial)

    Student teaching is to be performed in a gracious and positive fashion. Students will be given the opportunity to evaluate residents on their teaching skill.

    The textbook utilized for the general surgery rotation has a well-developed urology section that can be reviewed with the following link:

    Essentials of General Surgery and Surgical Specialties

    Link directly to the Urology chapter in the ebook:

    https://bookshelf.vitalsource.com/#/books/9781975107123/cfi/6/74!/4/4@0:0

    User name: tansimpson@augusta.edu

    Password: Surgery*4143

    Goals and Objectives/Competency: Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning

    Documentation: Student Checklists, Evaluation Forms

22. Teaching of Family Medicine Residents

Primary goal of this rotation: To learn the recognition, differential diagnosis, therapy, and management of common and uncommon urologic disorders.

A two-week Urology rotation is required in the third year of Family Medicine Residency training. The rotation occurs in the AU Urology Clinics where the PGY-3 Family Medicine resident will see patients with urologic disorders.

Residents are directly supervised by the Department of Urology faculty. Urology residents are encouraged to participate in this teaching.

23. All residents are expected to follow the goals and objectives on the following pages regarding the knowledge, skills, progressive responsibility for patient management, and other attributes of residents for each major rotation and each year of training (see details on following pages). Along with these goals and objectives, the responsibility given to residents in patient care will also depend upon each resident's knowledge, problem-solving ability, manual skills, experience, and the severity and complexity of each patient's status as determined by the supervising faculty member.

PGY-1 Resident Responsibilities and Objectives

1. Knowledge and experience in documenting Preoperative History and Physical Examinations, Operative notes, in-patient progress notes, and discharge summaries.
   Goals and Objectives/Competency: Patient Care
   Documentation: Faculty Evaluations
2. Routine and intensive care management of surgical patients including
   a. Bowel preparation
   b. Antimicrobial prophylaxis and therapy
   c. Antifungal prophylaxis and therapy
   d. Pain management
   e. Wound care
   f. Enteral nutrition
   g. Parenteral nutrition
   h. Renal dysfunction dose adjustments
   i. Postoperative diet advancement
   j. Postoperative fever assessment
   k. Postoperative nausea assessment
   l. Postoperative hypoxia assessment
   m. Postoperative hypotension assessment
   n. Fluid / electrolyte management
   o. Acid / base management
   p. Blood product utilization / transfusion
   q. Foley catheter placement
   r. Removal/placement of drains
   s. Removal/placement of skin staples
   t. Nasogastric tube placement
   u. Electrocautery use and safety considerations
   v. Surgical gown and glove technique
   w. Sterile surgical technique
   x. Technique for draping surgical site
   y. One-hand knot tying
   z. Two-hand knot tying
   aa. Instrument knot tying
   bb. Surgeons knot
   cc. Running closure
   dd. Interrupted closure
   ee. Mattress closure
   ff. Purse-string closure
   gg. Reducing use of unnecessary therapies and testing/Cost containment
   Goals and Objectives/Competency: Medical Knowledge, Patient Care, Technical Skill
   Documentation: Faculty Evaluations, Morbidity and Mortality Reports
3. Experience and skill at preoperative assessment of patient risk factors, determination of special evaluations that should be performed to optimize patient cardiopulmonary status prior to an anesthetic.
   Goals and Objectives/Competency: Medical Knowledge, Patient Care, Technical Skill
   Documentation: Faculty Evaluations, Morbidity and Mortality Reports

4. Knowledge and experience with the prophylactic measures utilized to prevent complications such as:
    a. Wound infections
    b. Atelectasis
    c. Acute GI bleed
    d. Deep venous thrombosis
    e. Pulmonary embolus
    f. Delirium tremens
    g. Bacterial endocarditis.
    h. Urinary Tract Infections

    Goals and Objectives/Competency: Medical Knowledge, Patient Care
    Documentation: Faculty Evaluations, Morbidity and Mortality Reports
5. Radiological evaluation of acutely ill patients
    Goals and Objectives/Competency: Medical Knowledge, Patient Care
    Documentation: Faculty Evaluations
6. Emergency evaluation of surgical patients
    Goals and Objectives/Competency: Medical Knowledge, Patient Care, Technical Skill
    Documentation: Faculty Evaluations
7. Familiarity with the art of collegiality and interaction between surgeons of various specialties, and doctors in other fields and specialties who collaborate with us in the total care of patients
    Goals and Objectives/Competency: Professionalism, Patient Care
    Documentation: Faculty Evaluations
8. Knowledge of general surgical instruments and retractors, electrocautery safety, laser safety, and precautions for preventing the spread of blood-borne illnesses
    Goals and Objectives/Competency: Medical Knowledge, Patient Care, Technical Skill
    Documentation: Faculty Evaluations
9. Technical skill in urology outpatient clinic and emergency procedures:
    a. Difficult catheter placement
    b. Bladder irrigation/clot evacuation/CBI management
    c. Flexible cystoscopy
    d. Transrectal ultrasound and prostate biopsy
    e. Urodynamic testing
    f. Intracavernosal injection
    g. Ureteral stent placement

    Goals and Objectives/Competency: Medical Knowledge, Patient Care, Technical Skill
    Documentation: Faculty Evaluations

PGY-2 Resident Responsibilities and Objectives

Administrative Responsibilities

1. Distribute, collect, and submit to Program Coordinator the attendance sign-in sheets for all conferences
   Goals and Objectives/Competency: Institutional Requirement, Professionalism
   Documentation: Program Coordinator's Receipt of Attendance Records.
2. All residents are required to pass parts II and III of the USMLE
   Goals and Objectives/Competency: Medical Knowledge, Institutional Requirement
   Documentation: Report of USMLE test results
3. All residents must apply for and receive a State of Georgia medical license to progress from the PGY2 year.
   Goals and Objectives/Competency: Institutional Requirement
   Documentation: Georgia Composite State Board records

AU Junior Resident Rotation (4 months)

1. Obtain and document appropriate genitourinary history
   Goals and Objectives/Competency: Patient Care, Medical Knowledge
   Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form
2. Perform and document appropriate genitourinary examination
   Goals and Objectives/Competency: Patient Care, Medical Knowledge
   Documentation: Faculty Evaluations
3. Select, obtain, and review appropriate laboratory and imaging studies
   Goals and Objectives/Competency: Patient Care, Medical Knowledge
   Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form
4. Integrate clinical information to develop differential diagnosis and most likely diagnosis
   Goals and Objectives/Competency: Patient Care, Medical Knowledge
   Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form
5. Present interesting or challenging imaging cases selected by the Chief Resident or a Faculty Member at Radiology Conference
   Goals and Objectives/Competency: Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning
   Documentation: Attendance record of conferences, Global Resident Competency Rating Form
6. Compile the patient list of scheduled surgical cases for weekly Pre-op Conference (administrative staff available to transcribe written/dictated list), request charts or print out preoperative history and physical from electronic medical record, request radiology studies, and select and display the appropriate radiographic studies to accompany the presentation of preoperative cases by Chief Resident.
   Goals and Objectives/Competency: Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning
   Documentation: Attendance record of conferences, Global Resident Competency Rating Form
7. Round at least twice daily and write progress notes on all adult urology patients in the intensive care unit at AU and, with the supervision of the Chief Resident and Faculty, manage acute and chronic health issues and develop plans for transfer.
   Goals and Objectives/Competency: Patient Care
   Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form
8. Develop Urologic Surgical Skills including demonstration of understanding of anatomy, indications and risks, familiarity with instrumentation, speed, and lack of complications for the following:
   a. Perform stent placement (also demonstrate knowledge of fluoroscopic equipment, appropriate stent placement, appropriate selection of guidewire type and stent diameter and length)
   b. Perform transurethral bladder biopsy (also demonstrate appropriate choice of irrigating fluid,

location and depth of biopsies, appreciation of bladder over-distention, appropriate use of electrocautery)
   c. Perform transrectal needle biopsy of the prostate (also demonstrate correct interpretation of images and appropriate location and number of biopsies)
   d. Opening and closing scrotal incision
   e. Orchiopexy for torsion
   f. Intracorporal injection
   g. Suprapubic tube placement
   h. Flexible cystoscopy
   i. Stent removal
   j. Rigid cystoscopy
   k. Retrograde pyelograms
   l. Simple and radical orchiectomy
   m. Adult hydrocele repair
   n. Varicocelectomy/ligation
   o. Spermatocelectomy
   p. Circumcision/dorsal slit
   q. Excision of genital skin lesions
   r. Vasectomy
   s. Urethral dilation
   t. As part of graded responsibility, residents who have mastered the above skills may progress to assisting/performing portions of ureteroscopic procedures, percutaneous nephroscopy procedures, bedside assistant on robotic cases, and assist on other open and laparoscopic procedures.

Goals and Objectives/Competency: Medical Knowledge, Patient Care, Technical Skill
Documentation: Morbidity and Mortality Reports, Global Resident Competency Rating Form, Operative Performance Rating Form.

VA Junior Resident Rotation (4 months)

1. Obtain and document appropriate genitourinary history
   Goals and Objectives/Competency: Patient Care, Medical Knowledge
   Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form
2. Perform and document appropriate genitourinary examination
   Goals and Objectives/Competency: Patient Care, Medical Knowledge
   Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form
3. Select, obtain, and review appropriate laboratory and imaging studies
   Goals and Objectives/Competency: Patient Care, Medical Knowledge
   Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form
4. Integrate clinical information to develop differential diagnosis
   Goals and Objectives/Competency: Patient Care, Medical Knowledge
   Documentation: Faculty Evaluations
5. Present interesting or challenging imaging cases selected by the VA Senior Resident or a Faculty Member at Radiology Conference
   Goals and Objectives/Competency: Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning
   Documentation: Attendance record of conferences, Global Resident Competency Rating Form
6. Compile the patient list of scheduled surgical cases for weekly Pre-op Conference, print out history, request radiology studies, and display appropriate radiographic studies to accompany the presentation of cases by VA Senior Resident.
   Goals and Objectives/Competency: Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning
   Documentation: Attendance record of conferences, Global Resident Competency Rating Form

7. Round at least twice daily and write progress notes on all urology patients in the intensive care unit at VA and, with the supervision of the VA Senior Resident, Chief Resident and VA Faculty, manage acute and chronic health issues and develop plans for transfer.
   Goals and Objectives/Competency: Patient Care
   Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form
8. Develop Urologic Surgical Skills including demonstration of understanding of anatomy, indications and risks, familiarity with instrumentation, speed, and lack of complications for the following:
   a. Perform stent placement (also demonstrate knowledge of fluoroscopic equipment, appropriate stent placement, appropriate selection of guidewire type and stent diameter and length)
   b. Perform transurethral bladder biopsy (also demonstrate appropriate choice of irrigating fluid, location and depth of biopsies, appreciation of bladder over-distention, appropriate use of electrocautery)
   c. Perform transrectal needle biopsy of the prostate (also demonstrate correct interpretation of images and appropriate location and number of biopsies)
   d. Opening and closing scrotal incision
   e. Intracorporal injection
   f. Suprapubic tube placement
   g. Flexible cystoscopy
   h. Stent removal
   i. Rigid cystoscopy
   j. Retrograde pyelograms
   k. Stent placement
   l. Placement of ostomy appliance
   m. Simple and radical orchiectomy
   n. Adult hydrocele repair
   o. Varicocelectomy/ligation
   p. Spermatocelectomy
   q. Circumcision/dorsal slit
   r. Excision of genital skin lesions
   s. Vasectomy
   t. Urethral dilation
   u. Periurethral injection of bulking agents
   v. Assist during ureteroscopy and percutaneous renal surgery
   w. Shock wave lithotripsy
   x. Assist with newer BPH procedures such as Green Light and Urolift

   Goals and Objectives/Competency: Medical Knowledge, Patient Care, Technical Skill
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form, Operative Performance Rating Form, Morbidity and Mortality Reports

Pediatric Urology Junior Resident Rotation (4 months)

9. Obtain and document appropriate genitourinary history
   Goals and Objectives/Competency: Patient Care, Medical Knowledge
   Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form
10. Perform and document appropriate genitourinary examination
    Goals and Objectives/Competency: Patient Care, Medical Knowledge
    Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form
11. Select, obtain, and review appropriate laboratory and imaging studies
    Goals and Objectives/Competency: Patient Care, Medical Knowledge
    Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form

12. Integrate clinical information to develop differential diagnosis
    Goals and Objectives/Competency: Patient Care, Medical Knowledge
    Documentation: Faculty Evaluations
13. Present interesting or challenging imaging cases selected by the Pediatric Senior Resident or a Faculty Member at Radiology Conference
    Goals and Objectives/Competency: Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning
    Documentation: Attendance record of conferences, Global Resident Competency Rating Form
14. Compile the patient list of scheduled surgical cases for weekly Pre-op Conference, print out history, request radiology studies, and display appropriate radiographic studies to accompany the presentation of cases by the Pediatric Senior Resident.
    Goals and Objectives/Competency: Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning
    Documentation: Attendance record of conferences, Global Resident Competency Rating Form
15. Round at least twice daily and write progress notes on all urology patients on the pediatric service and, with the supervision of the Pediatric Senior Resident and Pediatric Faculty, manage acute and chronic health issues and develop plans for transfer.
    Goals and Objectives/Competency: Patient Care
    Documentation: Global Resident Competency Rating Form, Observed Patient Encounter Rating Form, 360 Degree Rating Form
16. Develop Urologic Surgical Skills including demonstration of understanding of anatomy, indications and risks, familiarity with instrumentation, speed, and lack of complications for the following:
    y. Perform stent placement (also demonstrate knowledge of fluoroscopic equipment, appropriate stent placement, appropriate selection of guidewire type and stent diameter and length)
    z. Opening and closing scrotal incision
    aa. Flexible cystoscopy
    bb. Stent removal
    cc. Rigid cystoscopy
    dd. Retrograde pyelograms, PIC cystograms
    ee. Stent placement
    ff. Simple and radical orchiectomy
    gg. Hydrocele/hernia repair
    hh. Orchiopexy
    ii. Varicocelectomy/ligation
    jj. Circumcision
    kk. Excision of genital skin lesions
    ll. Assist during ureteroscopy and percutaneous renal surgery

    Goals and Objectives/Competency: Medical Knowledge, Patient Care, Technical Skill
    Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form, Operative Performance Rating Form, Morbidity and Mortality Reports

PGY-3 Resident Responsibilities and Objectives

Administrative/Rotation Independent Responsibilities

1. The PGY-3 resident serves as the urology consultant for the other specialties in the institutions, including the Level I Trauma Center. After initial evaluation and treatment recommendations, the resident continues to follow these patients throughout their hospitalization.
   Goals and Objectives/Competency: Medical Knowledge, Patient Care
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form

AU Senior Resident Rotation (4 months)

1. Interpret history and clinical data and propose initial treatment/evaluation plans for infertility, female incontinence, priapism, Peyronie's disease, pelvic pain syndromes, impotence, uncomplicated UTIs, and uncomplicated nephrolithiasis
   Goals and Objectives/Competency: Medical Knowledge, Patient Care
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form by Staff, Peer, and Patient Evaluations
2. Provide appropriate staging evaluation of newly-diagnosed neoplasms
   Goals and Objectives/Competency: Medical Knowledge, Patient Care
   Documentation: Global Resident Competency Rating Form
3. Provide appropriate metabolic evaluation of stones, hypogonadism, adrenal masses
   Goals and Objectives/Competency: Medical Knowledge, Patient Care
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form
4. Provide initial triage and evaluation of the trauma patient
   Goals and Objectives/Competency: Medical Knowledge, Patient Care
   Documentation: Global Resident Competency Rating Form
5. Interpret postoperative data and, from that data, recommend and provide appropriate postoperative management of penile implant, female pelvic reconstructive procedures, percutaneous nephrostolithotomy, radical prostatectomy
   Goals and Objectives/Competency: Medical Knowledge, Patient Care
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form
6. Demonstrate Surgical Skills including demonstration of understanding of anatomy, indications and risks, familiarity with instrumentation, speed, and lack of complications for the following (in addition to skills listed under PGY-1 and PGY-2):
   a. Opening and closing flank incision
   b. Transurethral resection of papillary bladder tumor
   c. Incision of urethral stricture
   d. PCNL
   e. Ureteroscopy for stone
   f. Placement of initial penile prosthesis
   g. Correction of Peyronie's with procedure on tunica
   h. Cystolithalopaxy
   i. Placement of initial artificial urinary sphincter
   j. Holmium laser use
   k. Assist on urologic procedures on high risk patients
   l. Bedside assist on robotic cases

   Goals and Objectives/Competency: Medical Knowledge, Patient Care, Technical Skill
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form, Operative Performance Rating Form, Morbidity and Mortality Reports, Operative Logs
1. Interpret history and clinical data and propose initial evaluation and treatment plans for vesicoureteral reflux, ureteropelvic junction obstruction, recurrent urinary tract infections, undescended testis and hypospadias
   Goals and Objectives/Competency: Medical Knowledge, Patient Care, Systems-Based Learning
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form

2. See all consults to the pediatric urology service including emergencies
   Goals and Objectives/Competency: Medical Knowledge, Patient Care
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form
3. Follow multidisciplinary patients in the Spina Bifida Clinic
   Goals and Objectives/Competency: Medical Knowledge, Patient Care, Systems-Based Learning
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form
4. Appropriately request, perform, and interpret Pediatric urodynamic procedures
   Goals and Objectives/Competency: Medical Knowledge, Patient Care, Technical Skill
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form
5. Demonstrate Surgical Skills including demonstration of understanding of anatomy, indications and risks, familiarity with instrumentation, speed, and lack of complications for the following (in addition to skills listed under PGY1 – PGY3):
   a. Orchiopexy
   b. Pediatric hydrocele/Hernia repairs
   c. Pediatric circumcisions
   d. Pediatric urodynamic testing
   e. Assist on all major and minor pediatric urology cases
   Goals and Objectives/Competency: Medical Knowledge, Patient Care, Technical Skill
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form, Operative Performance Rating Form, Morbidity and Mortality Reports
6. Post all Pediatric Urology surgical cases with the operating room within the time frame mandated including requesting specialized equipment, blood products, and estimates of case duration.
   Goals and Objectives/Competency: Institutional Requirement, Medical Knowledge, Patient Care, Technical Skill
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form by Operating Room Nurse and Anesthesia Evaluations
7. Compile the patient list of scheduled Pediatric Urology surgical cases for weekly Pre-op Conference (administrative staff available to transcribe written/dictated list), review history, request radiology studies, and select appropriate radiographic studies for display. Present these Pediatric Urology surgical cases in weekly Pre-Op Conference.
   Goals and Objectives/Competency: Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning
   Documentation: Attendance record of conferences, Global Resident Competency Rating Form

Research Rotation VA/AU (3 months)

Four months is not intended to be the time allotment to carry a research project from start to finish. Residents are expected to meet with faculty members to discuss projects of interest and read appropriate literature prior to the start of the research rotation in order that their time may be spent in the actual generation, collection, and analysis of data once on the rotation. Research Residents are expected to spend at least 1/3-1/2 of their research effort working with the Drs. Lokeshwar to gain experience and insight into basic science research. Residents should contact Dr.'s Vinata and Balakrishna Lockshwar at blokeshwar@augusta.edu or vlokeshwar@augusta.edu to coordinate. (Cell number: 305-298-7043 and lab number: 706-721-7652.) They also will spend every Tuesday at the VAMC with Dr. Matthew Simmons working on VA research projects and participating in clinical duties throughout the month as needed.

In addition, research residents may want to spend 2-5 days over the course of their 3 month rotation shadowing a local private practice urologist. Dr. Mark Cain has graciously agreed to host a shadowing residents. Please contact him directly to arrange times for this via his email mcain2@comcast.com.

1. Identify a faculty member/topic of interest and perform literature search, reading, and review to develop clinical question/hypothesis/protocol.
   Goals and Objectives/Competency: Medical Knowledge, Practice-Based Learning
   Documentation: Written literature summary/hypothesis, Faculty Evaluations

2. Review regulations and apply for appropriate institutional approvals for human or animal research. Take course and pass examination for MCG and VA research compliance. Contact Clinical Research Services, phone 721-0193 for information and instructions.
   Goals and Objectives/Competency: Professionalism, Medical Knowledge, Interpersonal and Communication Skills, Institutional Requirements.
   Documentation: Submitted protocol application, course completion
3. Collect and conduct analysis of data, write abstract/manuscript.
   Goals and Objectives/Competency: Professionalism, Medical Knowledge, Interpersonal and Communication Skills
   Documentation: Abstract/Manuscript
4. Present research and Rinker and/or Georgia Urology Resident Research Expo. Submit abstract to Southeastern Section of AUA and/or Annual AUA meeting.
   Goals and Objectives/Competency: Professionalism, Interpersonal and Communication Skills
   Documentation: Presentation.

VA Senior Resident Rotation (4 months)

1. Compile the patient list of scheduled VA surgical cases for weekly Pre-op Conference (administrative staff available to transcribe written/dictated list), review history, request radiology studies, and select appropriate radiographic studies for display. Present these VA surgical cases in weekly Pre-Op Conference
   Goals and Objectives/Competency: Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning
   Documentation: Attendance record of conferences, Global Resident Competency Rating Form
2. Interpret admission data and, from that data, recommend and provide appropriate management of infected/eroded penile implant, urosepsis, acute renal failure secondary to obstruction, postoperative small bowel obstruction, patients with metastatic cancer and pain/dehydration/neurologic changes (with attention to patient comfort and patient/family wishes regarding heroic measures to prolong life)
   Goals and Objectives/Competency: Medical Knowledge, Patient Care, Professionalism
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form
3. Interpret preoperative staging data and, from that data, propose appropriate treatment plans for newly diagnosed neoplasms, patients failing medical therapy for BPH and impotence, patients with large/complex urinary stone burden, neurogenic bladder dysfunction (with attention to patient support system)
   Goals and Objectives/Competency: Medical Knowledge, Patient Care, Systems-Based Learning, Professionalism
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form
4. Present interesting or challenging cases of residents' choice in Radiology Conference
   Goals and Objectives/Competency: Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning
   Documentation: Attendance record of conferences, Global Resident Competency Rating Form
5. Post all VA surgical cases with the operating room within the time frame mandated including requesting specialized equipment, blood products, and estimates of case duration.
   Goals and Objectives/Competency: Institutional Requirement, Medical Knowledge, Patient Care, Technical Skill
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form, Operative Performance Rating Form
   Documentation: Attendance record of conferences, Global Resident Competency Rating Form
6. Demonstrate Surgical Skills to assist and, as part of graded responsibility, perform all or portions of procedure including demonstration of understanding of anatomy, indications and risks, familiarity with instrumentation, speed, and lack of complications for the following (in addition to skills listed under PGY1 – PGY3):
   a. Robotic assisted radical prostatectomy
   b. Radical nephrectomy (open/lap/robotic)

c. PCNL with multiple access/concomitant ureteroscopy (open and robotic)
d. Transurethral resection of large bladder tumor or involving ureteral orifice
e. Replace/revise artificial urinary sphincter
f. Ureteroscopy for upper tract tumor
g. End-to-end urethroplasty
h. Urethrectomy
i. Partial cystectomy/diverticulectomy
j. Repair of bladder injury/rupture
k. Cystoprostatectomy and conduit
m. Microsurgery/Vasovasostomy

Goals and Objectives/Competency: Medical Knowledge, Patient Care, Technical Skill
Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form, Operative Logs, Morbidity and Mortality Reports

PGY-4 Resident Responsibilities and Objectives

Administrative Responsibilities

1. Organization of Resident Call Schedule Monthly with attention to the 80-hour work-week, 1 day off in seven regulations
   Goals and Objectives/Competency: Institutional Requirement, Professionalism
   Documentation: Timely submission of call schedule with fair distribution of call nights in compliance with the 80-hour work-week, 1 day off in seven rules.

Pediatric Rotation (4 months plus ½ month split)

1. Interpret history and clinical data and propose initial evaluation and treatment plans for vesicoureteral reflux, ureteropelvic junction obstruction, voiding dysfunction, congenital anomalies, recurrent urinary tract infections, undescended testis and hypospadias
   Goals and Objectives/Competency: Medical Knowledge, Patient Care, Systems-Based Learning
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form
3. See all consults to the pediatric urology service including emergencies
   Goals and Objectives/Competency: Medical Knowledge, Patient Care
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form
4. Follow multidisciplinary patients in the Spina Bifida Clinic
   Goals and Objectives/Competency: Medical Knowledge, Patient Care, Systems-Based Learning
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form
5. Appropriately request, perform, and interpret Pediatric urodynamic procedures
   Goals and Objectives/Competency: Medical Knowledge, Patient Care, Technical Skill
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form
6. Demonstrate Surgical Skills including demonstration of understanding of anatomy, indications and risks, familiarity with instrumentation, speed, and lack of complications for the following (in addition to skills listed under PGY1 – PGY3):
   f. Ureteral reimplantation for reflux
   g. Initial pyeloplasty
   h. Orchiopexy for cryptorchidism with abdominal testis
   i. Laparoscopy for nonpalpable testis
   j. Distal hypospadias repair
   k. Pediatric nephrectomy
   l. Chordee repair
   m. PCNL
   n. Robotic Surgery
   o. Endoscopic procedures
   p. Pediatric Urodynamics

   Goals and Objectives/Competency: Medical Knowledge, Patient Care, Technical Skill

Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form, Operative Performance Rating Form, Morbidity and Mortality Reports

7. Post all Pediatric Urology surgical cases with the operating room within the time frame mandated including requesting specialized equipment, blood products, and estimates of case duration.
   Goals and Objectives/Competency: Institutional Requirement, Medical Knowledge, Patient Care, Technical Skill
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form by Operating Room Nurse and Anesthesia Evaluations
8. Compile the patient list of scheduled Pediatric Urology surgical cases for weekly Pre-op Conference (administrative staff available to transcribe written/dictated list), review history, request radiology studies, and select appropriate radiographic studies for display. Present these Pediatric Urology surgical cases in weekly Pre-Op Conference.
   Goals and Objectives/Competency: Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning
   Documentation: Attendance record of conferences, Global Resident Competency Rating Form

AU Senior Cancer Center (3 months plus ½ month split)

Interpret history and clinical data and propose initial treatment/evaluation plans for infertility, female incontinence, priapism, Peyronie's disease, pelvic pain syndromes, impotence, uncomplicated UTIs, and uncomplicated nephrolithiasis
Goals and Objectives/Competency: Medical Knowledge, Patient Care
Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form by Staff, Peer, and Patient Evaluations

1. Provide appropriate staging evaluation of newly-diagnosed neoplasms
   Goals and Objectives/Competency: Medical Knowledge, Patient Care
   Documentation: Global Resident Competency Rating Form
2. Provide appropriate metabolic evaluation of stones, hypogonadism, adrenal masses
   Goals and Objectives/Competency: Medical Knowledge, Patient Care
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form
3. Provide initial triage and evaluation of the trauma patient
   Goals and Objectives/Competency: Medical Knowledge, Patient Care
   Documentation: Global Resident Competency Rating Form
4. Interpret postoperative data and, from that data, recommend and provide appropriate postoperative management of penile implant, female pelvic reconstructive procedures, percutaneous nephrostolithotomy, radical prostatectomy
   Goals and Objectives/Competency: Medical Knowledge, Patient Care
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form
5. Demonstrate Surgical Skills including demonstration of understanding of anatomy, indications and risks, familiarity with instrumentation, speed, and lack of complications for the following (in addition to skills listed under PGY-1 and PGY-2):
   m. Opening and closing flank incision
   n. Transurethral resection of papillary bladder tumor
   o. Incision of urethral stricture
   p. PCNL
   q. Ureteroscopy for stone
   r. Placement of initial penile prosthesis
   s. Correction of Peyronie's with procedure on tunica
   t. Cystolithalopaxy
   u. Placement of initial artificial urinary sphincter
   v. Holmium laser use
   w. Assist on urologic procedures on high risk patients
   x. Bedside assist on robotic cases

   Goals and Objectives/Competency: Medical Knowledge, Patient Care, Technical Skill
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form, Operative

Performance Rating Form, Morbidity and Mortality Reports, Operative Logs

Female Pelvic Medicine Reconstructive Surgery (Urogynecology) (2 months)

1. Interpret history and clinical data and propose initial treatment/evaluation plans for female stress incontinence, pelvic prolapse, pelvic pain syndromes, neurogenic bladder, etc.
   Goals and Objectives/Competency: Medical Knowledge, Patient Care
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form
2. Perform pelvic examination, neurologic examination, Bonnie test, and grade degrees of prolapse.
   Goals and Objectives/Competency: Medical Knowledge, Patient Care
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form
3. Maintain good relationship and team approach with gynecologic colleagues
   Goals and Objectives/Competency: Professionalism, Interpersonal Communication
   Documentation: Global Resident Competency Rating Form
4. Demonstrate Surgical Skills including demonstration of understanding of anatomy, indications and risks, familiarity with instrumentation, speed, and lack of complications for the following:
   a. Bladder neck suspension
   b. Cystocele repair
   c. Sling procedure
   d. Superpubic vs vaginal suspension
   e. Assist with rectocele repair, enterocele repair, vaginal and abdominal hysterectomy.

   Goals and Objectives/Competency: Medical Knowledge, Patient Care, Technical Skill
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form, Operative Performance Rating Form, Morbidity and Mortality Reports

Elective (Augusta Urology) (2 months)

Interpret history and clinical data and propose initial treatment/evaluation plans for infertility, female incontinence, priapism, Peyronie's disease, pelvic pain syndromes, impotence, uncomplicated UTIs, and uncomplicated nephrolithiasis
Goals and Objectives/Competency: Medical Knowledge, Patient Care
Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form by Staff, Peer, and Patient Evaluations

6. Provide appropriate staging evaluation of newly-diagnosed neoplasms
   Goals and Objectives/Competency: Medical Knowledge, Patient Care
   Documentation: Global Resident Competency Rating Form
7. Provide appropriate metabolic evaluation of stones, hypogonadism, adrenal masses
   Goals and Objectives/Competency: Medical Knowledge, Patient Care
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form
8. Provide initial triage and evaluation of the trauma patient
   Goals and Objectives/Competency: Medical Knowledge, Patient Care
   Documentation: Global Resident Competency Rating Form
9. Interpret postoperative data and, from that data, recommend and provide appropriate postoperative management of penile implant, female pelvic reconstructive procedures, percutaneous nephrostolithotomy, radical prostatectomy
   Goals and Objectives/Competency: Medical Knowledge, Patient Care
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form
10. Demonstrate Surgical Skills including demonstration of understanding of anatomy, indications and risks, familiarity with instrumentation, speed, and lack of complications for the following (in addition to skills listed under PGY-1 and PGY-2):
    y. Opening and closing flank incision
    z. Transurethral resection of papillary bladder tumor
    aa. Incision of urethral stricture
    bb. PCNL

cc. Ureteroscopy for stone
dd. Placement of initial penile prosthesis
ee. Correction of Peyronie's with procedure on tunica
ff. Cystolithalopaxy
gg. Placement of initial artificial urinary sphincter
hh. Holmium laser use
ii. Assist on urologic procedures on high risk patients
jj. Bedside assist on robotic cases

Goals and Objectives/Competency: Medical Knowledge, Patient Care, Technical Skill
Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form, Operative

PGY-5 (Chief) Resident Responsibilities and Objectives

Administrative Responsibilities

1. Administer the day-to-day logistics of the resident/student schedule including operating room assignments, clinic assignments, rounding times, prompt attendance to conferences, and specific elements of conference participation.
   Goals and Objectives/Competency: Patient Care, Professionalism Interpersonal and Communication Skills, Systems-Based Practice
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form
2. Supervise (with faculty input) the junior residents in minor procedures
   Goals and Objectives/Competency: Patient Care, Professionalism, Interpersonal and Communication Skills, Systems-Based Practice
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form, Operative Performance Rating Form, Morbidity and Mortality Reports

AU/VA Chief

1. Present AU Adult surgical cases other than emergencies at weekly pre-op conference prior to surgery
   Goals and Objectives/Competency: Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning
   Documentation: Attendance record of conferences, Global Resident Competency Rating Form
2. Prepare written (administrative staff available to transcribe written/dictated text) and oral presentation AU Adult Morbidity and Mortality cases monthly
   Goals and Objectives/Competency: Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning, Institutional Requirements
   Documentation: Attendance record of conferences, Global Resident Competency Rating Form
3. Compile list of selected surgical specimens every 2 weeks for presentation at AU Uropathology conference (administrative staff available to transcribe written/dictated list) and submit to pathology for preparation. During uropathology conference, present a brief history of each patient prior to the histologic review.
   Goals and Objectives/Competency: Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Practice-Based Learning, Institutional Requirements
   Documentation: Attendance record of conferences, Global Resident Competency Rating Form
4. Interpret history and clinical data and propose initial evaluation and treatment plans for ambiguous genitalia, female pelvic floor relaxation, cancer patients with recurrent/residual malignancy
   Goals and Objectives/Competency: Medical Knowledge, Patient Care, Systems-Based Learning
   Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form
5. Demonstrate Surgical Skills including demonstration of understanding of anatomy, indications and risks, familiarity with instrumentation, speed, and lack of complications for the following (in addition to skills listed under PGY1 – PGY4):
   a. Adrenalectomy
   b. Radical nephrectomy with tumor thrombus
   c. Partial nephrectomy (open/robotic)

d. Salvage prostatectomy
e. Bladder augmentation, Mitrofanoff, MACE
f. Repair of vesico-enteric fistula
g. Female cystectomy/anterior exenteration with conduit
h. Cystectomy and continent diversion/bladder substitution
i. Laparoscopy/hand-assisted/robotic nephrectomy
j. Graft urethroplasty
k. Retroperitoneal lymph node dissection
l. Sentinel/inguinal lymph node dissection
m. Correction of Peyronie's with plaque excision and grafting/implant
n. Total penectomy with urethrostomy
o. Revision pyeloplasty
p. Ureteral reimplantation for reimplant failures, ureteral disruption, distal ureterectomy

Goals and Objectives/Competency: Medical Knowledge, Patient Care, Technical Skill
Documentation: Global Resident Competency Rating Form, 360 Degree Rating Form, Operative Performance Rating Form, Morbidity and Mortality Reports

Policies and Procedures

The Augusta University Policies and Instructions for Housestaff can be found in the MCG Housestaff Manual, a printed version of which can be obtained from the Graduate Medical Education office or from the Program Coordinator or it can be viewed on-line at http://www.augusta.edu/mcg/residents/hspolicies/index.php. In addition to institutional policies, this manual includes general information on pagers, parking, ID pages, meals, and other operational issues as well as benefits. Policies specific to the Section of Urology are listed below.

Policy on Resident Promotion, Remediation, and Dismissal

1. Given the highly competitive nature of the resident selection process, there is every expectation that each resident has the necessary skills and intellect to be promoted through the residency and graduate successfully. Nevertheless, residents are expected to satisfy a minimum level of competency in order to be promoted.
2. Promotion/advancement is dependent upon fulfillment of the following criteria to the satisfaction of the faculty:
   a. Acquiring the specific clinical and operative skills for each level of training, as determined by multiple evaluation methods and the consensus opinion of the faculty. Specific skills and methods of evaluation are detailed previously in the Responsibilities and Objectives.
   b. Appropriate moral, ethical and professional conduct as determined by multiple evaluation methods and the consensus opinion of the faculty. Specific elements of conduct and methods of evaluation are detailed previously in the Responsibilities and Objectives. National, regional, state, and hospital policies and laws concerning professional conduct and expectations of physicians are considered during dismissal and promotion evaluations.
   c. Resident involvement in educational functions/conferences will be closely monitored. Greater than 20% absence without justification is considered cause for remediation. In addition to attendance, resident involvement in conferences will be assessed by his or her participation in discussions during conferences as well as clinical application of concepts from conferences in the clinic, OR and wards as measured by faculty evaluations. Consistently poor performance will be discussed with residents and recommendations for improvement will be provided. Failure to demonstrate improvement will result in remediation.
   d. Deficiency in the resident's urologic knowledge base, as measured by failure to achieve at least 35% of questions correct on the annual In-service exam at the URO-1 level, 40% at the Uro-2 level, 45% at the Uro-3 level and 60% at the Uro- 4 level, in combination with faculty consensus may be grounds to consider a resident on remediation. Two consecutive failures to meet these thresholds in combination with concomitant poor evaluations of clinical performance may results in failure to be promoted to the next graduate level, failure to achieve chief resident status, failure to obtain endorsement from the faculty for hospital privileges after completion of the chief resident year, or termination from the program.

All residents are evaluated on a continuous basis by the methods described in below in Goals and Objectives. Results of these evaluations and are presented during the faculty Clinical Competency Committee (see additional details about CCC below) meeting twice per year and faculty members given the opportunity to voice opinions and a consensus milestone assessment and evaluation developed. The Program Director or the Section Chief will then review the report with each resident. Recommendations regarding promotion to the next level of training will be made. The report will be signed by the resident, with the residents comments included in the report. This report will become part of the permanent file. This is kept by the coordinator, Kim Maddox, and is available to the residents at all times for review.

3. For chief residents, additional discussion by faculty members during the fall/winter faculty meetings includes presentation of their opinions on what areas, if any, need to be addressed before the chief resident will be competent to practice independently upon completion of training the subsequent June. A consensus evaluation is developed and discussed with the chief resident by the program director. Throughout the chief year, the resident's education involves near-independent management of patient care issues and performance of surgical procedures under the supervision of the faculty. Daily resident tasks are adjusted to provide the chief resident with experience in any

clinics or surgical procedures that the faculty feels the chief resident may need additional experience to gain competence. The one-on-one nature of this training program provides each faculty member with an excellent picture of the chief resident's competency at practicing independently in the faculty member's area of clinical focus. At the spring faculty meeting, faculty members present their various opinions on the chief resident's abilities and progress made since the fall/winter meeting. The consensus opinion is then developed regarding the resident's competence to practice independently and this opinion shared with the resident as part of their summative evaluation.

4. March 1st is the cut-off date for notification of residents concerning promotion or remediation for the following academic year. Remediation may be instituted earlier, if the faculty considers it appropriate. Behaviors meriting remediation outside of the usual time frame include, but are not limited to:
   a. Failure to report to work without proper notification to the Section Chief or Program Director
   b. Habitual tardiness in completing Medical Records. Delinquent medical records are defined as any record with missing operative notes for more than 30 days following surgery; more than one record with a missing discharge summary for more than 30 days following discharge; or five or more incomplete records for more than 30 days following discharge.
   c. Insubordination or willful disobedience of the rules and regulations as printed in the Housestaff Manual, which can be reviewed on-line at: http://www.augusta.edu/mcg/residents/hspolicies/index.php. All residents are expected to be familiar with the contents of this manual
5. Residents failing to achieve the minimal level of competency, as described below, will be given written notice of that fact. Depending on the deficiency, they may then be placed on remediation. This period of remediation will last one year, and will be coincident with a detailed plan of addressing any deficiencies in the resident performance.
7. Residents on remediation will be given ample opportunity to correct their deficiencies. It is the commitment of the faculty to help its residents complete the program successfully. Remediation status is not designed to be punitive. It is considered to provide structure in which the resident can correct identified deficiencies. Remediation status for any resident will be discussed among full time faculty and tailored to the deficiencies of the individual resident. Remediatory status may consist of:
   a. Selected readings
   b. Mandated study periods
   c. Resident tutoring by AU faculty and staff in deficient areas.
   d. Periodic testing and re-evaluation of knowledge and weaknesses
8. Remediation status may be lifted when the resident appears to have mastered selected material, improved performance status and performed satisfactorily on subsequent In-service examinations.
9. Termination from the program will be taken under consideration in the following order
   a. Two consecutive, unacceptable In-service exam scores and overall unsatisfactory evaluations by the faculty.
   b. Failure to show commitment to improvement in evaluations over three successive evaluation periods.
   c. Any major departure from the faculty's standards of the resident's expected performance. Such conduct will result in the convening of an emergency faculty meeting (consisting of at least 3 faculty members) and may be determined to be grounds for termination without a preliminary remediation period. Such infractions include, but are not limited to the following grounds for mandatory action set by MCG and the section of urology:
      i. Conviction of a felony or other serious crime
      ii. Intoxication, drinking, or possession of intoxicating beverages while on duty (see policies for rehabilitation and reinstatement at: http://www.augusta.edu/mcg/residents/hspolicies/index.php
      iii. Misuse or abuse of controlled drugs (see policies for rehabilitation and reinstatement at http://www.augusta.edu/resident/hspolicies/policy1.htm)
      iv. Theft of state-owned items or property

v. Engaging in financial transactions for personal gain on the campus of AU or through the use of state-owned property and equipment

10. Due process will be provided for any party potentially involved in dismissal actions for any resident who has a grievance against the program.

Policy on Resident, Faculty, Program Evaluation

Evaluations are performed in order to provide the urology residents with meaningful feedback, and a framework upon which to evolve personally and professionally. An equally important part of the perpetual process of the residency program is evaluation of the faculty and the program as a whole by the residents.

Resident Evaluation

During the internship year, beginning with the 2023-2024 academic year, residents are evaluated primarily by the Urology faculty rather than the General Surgery faculty, however, the urology evaluations will include input from the General Surgery faculty members. Interns will take the Urology In-Service exam. Interns will meet with the Program Director or the Section Chief annually for performance review.

PGY1-PGY5 residents are evaluated after each rotation and at the end of their PGY year in May. The following formal methods of evaluation are utilized for this evaluation:

1. Semiannual faculty meetings to discuss and document
    a. Faculty observations on surgical skills
    b. Faculty observations on professionalism
2. Surgical log
3. Conference attendance log
4. Delinquent Dictation Reports from Medical Records
5. One 45 Evaluation System

The System for Evaluation of Competencies in Residencies-Urology is an on-line competency-based resident evaluation system developed by urologists. This evaluation system is confidential and only those with passwords will be able to see the evaluations. The passwords are coded to ensure that only those with the "need to know" have access to a part, or the entire site. For example, residents can view only their own evaluations; program directors only will have access to all the evaluations submitted for the residents and the program. Evaluations will NOT be used or seen by the Urology RRC or its staff.

360 Degree Rating Form – The 360 Degree form is completed by any person in the resident's sphere of influence and usually includes other physicians, nurses, clerical and ancillary staff. It will be sent at the end of the PGY year in May. The faculty are required to evaluate after each rotation using the One 45 evaluations which have been mapped to the urology milestones to include Jennifer Lanzer (OBGYN). Individuals include the urology clinical faculty, urology residents (for peer and self-evaluation), Nurses (Miranda Alexander, Bria Hall - Cancer center nurse navigator), Jacque Woods- VAMC, Administrative staff (Kim Maddox- coordinator, Eva McCord- Admin Assistant, and Susan Walker- Peds), as well as interns and students rotating on the service.

Operative Performance Rating Form – This tool is used to assess resident performance in specific urologic surgical cases. It is completed by faculty at the completion of Urology "index" cases and is a measure of surgical proficiency. Faculty responsible for evaluation of operative performance of index cases are as follows:

Procedure	Faculty Evaluators
Penile Surgery (PGY 3)	King (end of year)
Robotic Prostatectomy (PGY 5)	Terris (midpoint)
Cystectomy (PGY 5)	Terris (end of year)
Nephrectomy (PGY 4)	Klaassen (end of year)
Kidney/Ureteral Surgery (Pediatric) (PGY 4)	Morganstern (year end)
Penile Surgery (Pediatric) (PGY 4)	Morganstern (year end)
Ureteroscopy (PGY 3)	Santamaria (year end)
Transrectal ultrasound (PGY 2)	Terris (midyear)

Clinical Competency Committee

The program director appoints the Clinical Competency Committee (CCC) which must be composed of three members of the program faculty additional members must be physician faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents in patient care and other health care settings. Chief residents who have completed core residency programs in their specialty and are eligible for specialty board certification may be members of the Clinical Competency Committee. Please see the institutional faculty listing under the Participating Institutions portion of the Handbook for identification of members.

Responsibilities of the Clinical Competency Committee:

1. Review all resident evaluations semi-annually
2. Prepare and ensure the reporting of Milestones evaluations of each resident semi-annually to ACGME.
3. Advise the program director regarding resident progress, including promotion, remediation, and dismissal.

Formative Evaluation

Assigned faculty evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment electronically in the One45 system. Through the One45 platform, the program provides objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the urology-specific Milestones. Through these 360 degree and procedural evaluations as well as evaluations from students, peers, self, and other professional staff as well as case logs, assessment of medical knowledge via the American Urological Association In-Service Examination scores, and M&M/QI presentations, the CCC documents progressive resident performance improvement appropriate to educational level; and provides each resident with documented semiannual evaluation of performance with feedback which includes presentation of their opinions on what areas, if any, need to be addressed before the chief resident will be competent to practice independently, at the level expected of a new practitioner, upon completion of training. This report will become part of the resident's permanent file. This is kept by the coordinator, Kim Maddox (email kimaddox@augusta.edu, phone 706-721-2519), and is available to the residents at all times for review.

Summative Evaluation

For chief residents (PGY-5), additional discussion by faculty members during the Clinical Competency Committee includes decision on whether the chief resident will be competent to practice independently, at the level expected of a new practitioner, upon completion of training. A consensus evaluation is developed and discussed with the chief resident by the program director. Throughout the chief year, the resident's education involves near-independent management of patient care issues and performance of surgical procedures under the supervision of the faculty. Daily resident task assignments are adjusted to provide the chief resident(s) with experience in any clinics or surgical procedures that the faculty feels the chief resident(s) may need additional experience to gain competence. The one-on-one nature of this training program provides each faculty member with an excellent picture of each chief resident's competency at practicing independently, to the level expected of a new practitioner, in the faculty member's area of clinical focus. At the spring faculty meeting, faculty members present their various opinions on the chief resident's abilities.

The consensus opinion is then developed regarding the resident's competence to practice independently, to the level expected of a new practitioner, and this opinion shared with the resident as part of their final, summative evaluation. The program director must provide a summative evaluation for each resident upon completion of the program that becomes part of the resident's permanent record maintained by the Section of Urology, and is accessible for review by the resident by contacting Kim Maddox (email kimaddox@augusta.edu, phone 706-721-2519). This summative evaluation documents the resident's performance during the final period of education and verifies that the resident has demonstrated sufficient competence to enter practice without direct supervision.

Faculty Evaluation

The following formal methods are used to evaluate faculty:

1. Annual evaluation by the Chief of the Section
2. Annual faculty self-evaluation
3. Mission-based management productivity data
4. Patient satisfaction scores
5. Attendance at conferences
6. Academic productivity
7. Completion of license/credentials/regulatory requirements
8. Timely completion of medical records and billing
9. Morbidity and Mortality reports
10. *Confidential* resident annual evaluation of faculty. These evaluations, distributed to the residents in May of each year, include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities. To complete the faculty evaluation, go to https://www.one45.com and log on using the ID and password assigned to you. If you do not have an ID and password, contact the Program Coordinator, Kim Maddox (email: kimaddox@augusta.edu or office 721-2519). A summary of all evaluations for a particular faculty member is automatically generated and will be accessed by the Program Director for review with the Section Chief and the faculty member. If appropriate, these individuals will meet, discuss and make recommendations for change or improvements.

Residents are encouraged to approach the Chairman (Dr. Terris, email mterris@augusta.edu, cell 706-830-8585), Residency Program Director (Dr. Klaassen, email zklaassen@augusta.edu, cell 706-469-0090) or Dean for Graduate Medical Education (Dr. Savage, email nsavage@augusta.edu, office 721-2981) should they have any concerns about a faculty member that fall outside the topics or time frames of these evaluation methods. All of these individuals have an open door policy toward residents with issues. Alternatively, residents may send messages anonymously to Dr. Savage, Dean for Graduate Medical Education by going to http://augusta.edu/resident/speak/.

Policy on Residency Program Committees

Resident Selection Committee
See description and responsibilities under resident selection information on page 3 and committee members designated on page 2.

Clinical Competency Committee
See description and responsibilities under resident evaluation information on page 49 and committee members designation on page 2.

Program Evaluation Committee
The program director has appointed the Program Evaluation Committee (PEC) must be composed of at least two program faculty members and should include at least one resident. Please see the institutional faculty listing under the Participating Institutions portion of the Handbook for identification of faculty members (see committee members designation on page 2). Resident members include the two chief residents.

Responsibilities of the Program Evaluation Committee:

1. Participate in planning, developing, implementing, and evaluating educational activities of the program;
2. Review and make recommendations for revision of competency-based curriculum goals and objectives
3. Addressing areas of non-compliance with ACGME standards
4. Review the program annually using evaluations of faculty, residents.
5. Document, for the program, formal, systematic evaluation of the curriculum at least annually, and render a written, annual program evaluation
6. Monitor and track each of the following areas:
    a. resident performance
    b. faculty development
    c. graduate performance, including performance of program graduates on the certification examination (at least 80 percent of the program's graduates from the preceding three years who take either the American Board of Urology Qualifying Examination or the American Board of Osteopathic Surgery-Urological Surgery written qualifying examination for the first time must pass.
    d. results of residents' annual objective tests (In-service Examination and the Qualifying Examination) must be included in the assessment of the strengths and weaknesses of the program.
7. Confirm the quality of the residents and faculty opportunity to evaluate the program confidentially and in writing at least annually. This is distributed electronically via the One45 platform in May of each year. To complete the program evaluation, faculty and residents should go to https://www.one45.com and log on using the same ID and password used to access work hours. If an individual does not have an ID and password, contact the Program Coordinator, Kim Maddox (email: kimaddox@augusta.edu office 706-721-2519).
8. Assure that the program uses the results of residents' and faculty members' assessments of the program together with other program evaluation results (including the annual ACGME resident and Faculty Survey) to improve the program.
9. Update progress on the previous year's action plan(s).
10. Prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed as an issue on the above evaluation tools and delineate how they will be measured and monitored. This action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

Ad Hoc Program Evaluation and Improvement Initiative Committees
In addition to the formal PEC meeting, the Section Chief, Program Director, faculty, and residents meet both formally and informally to discuss the program frequently throughout the academic year. Should any acute issues, problems, or opportunities arise, ad hoc meetings are conducted by the Chairman with involved/interested individuals in order to address these topics in a timely manner.

Policy on Maintaining Positive Learning Experience

The AU Section of Urology strives to ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education has priority in the allotment of residents' time and energies. Providing residents with a sound academic and clinical education is also carefully balanced with concerns for patient safety.

Policy on Supervision

1. Surgical supervision: All surgical cases at all participating institutions are supervised intimately by qualified faculty and this supervision documented in all surgical notes. Faculty schedules are structured to provide residents with this continuous supervision. The degree to which the resident independently performs technical maneuvers during surgery is to be determined at the discretion of the faculty member and may change from case to case and even from minute to minute within the same case depending on the difficulty of the case or changes in patient health status. It is expected that residents have a progressively more active role in procedures of increasing levels of difficulty as they mature through the residency.
2. Outpatient experience: All outpatient clinics at all participating institutions are supervised by a qualified faculty member and this supervision documented in all clinic notes. Faculty schedules are structured to provide residents with this continuous supervision. Patients at all participating institutions are assigned to, or choose an individual faculty member, although they might see several urology faculty members over time. Attending notes are added to resident notes to comply with Medicare/Medicaid/Champus/VA requirements. Typically, residents are given the opportunity to see patients then present the history to the faculty on a case by case basis. As they progress through training, residents are increasingly encouraged to report their interpretation of the patient presentation and test results, suggest provisional diagnoses, and recommend preliminary treatment plans. Particular emphasis is placed on ensuring an opportunity for follow-up care of surgical patients, so that the results of surgical care may be evaluated by the responsible residents.
3. Inpatient experience: Residents participation in the management of patients in the perioperative period, both in the intensive care and the non-acute patient care units is supervised by a qualified faculty member and this supervision documented in inpatient progress notes. Frequent consultation with faculty members is an essential part of both safe and excellent clinical care, and optimal resident teaching. Recognizing the value of the so-called "chain of command," it is appropriate for junior level residents to report to senior-level residents and/or the chief residents. Therefore, much of the interface between the resident staff and faculty occurs at the chief resident level.
4. Consultation/Emergency experience: Residents called to see inpatients on other services or called to the emergency room are supervised by a qualified faculty member and this supervision documented in inpatient progress notes. The resident will usually see the patient and perform an initial assessment then telephone the faculty member on-call. Junior residents will generally review the case with the Chief Resident prior to calling the attending. In an urgent situation, such as a trauma case, the resident and faculty member may perform the initial assessment simultaneously to expedite care. Under no circumstances will a resident make an independent determination to admit, transfer, or discharge a patient without personal discussion of the case with the urology faculty member on-call. All calls from outside facilities requesting to transfer patients will go directly to the faculty member.

5. Scholarly pursuits: Residents are expected to conduct research during their training. All projects must be discussed with a qualified supervising attending faculty member. While residents may perform or undertake research outside of the Section they must identify a full-time faculty member who functions as a research mentor.
6. Personal growth: Residents should consult the program director for issues that may arise during residency, including personality issues related to faculty or fellow residents, performance issues, social issues, or general questions regarding the residency and their growth. The resident may report to an alternate faculty member of their choice if not comfortable approaching the program director with a specific problem; this faculty member will then convey the issue to the program director and/or chairman of the residency program.
7. Fatigue: All faculty are expected to monitor residents the signs of fatigue (including but not limited to sleepiness, inattentiveness, poor hygiene compared to normal for that resident, diminished eye-hand coordination compared to normal for that resident, delayed thought processes and/or speech compared to normal for that resident, limpness of posture that is atypical for that resident, eyes that are "blood-shot" or have circles underneath that are atypical for that resident, etc.), and will apply the procedures described below to prevent and counteract the potential negative effects. Residents are expected to monitor other residents as well as themselves for excessive fatigue.

Policy on Resident Learning and Working Environment
(Formally called Duty Hours)

An urologist's responsibilities for continuing patient care transcend outside normal working hours. However, due to increasing patient acuity, increasing volume and complexity of medical care, and appreciation of the effect of fatigue on cognitive performance, technical skills, ability to learn, and, ultimately, patient safety, resident duty hours must have limits.

1. Duty hours encompass all clinical and academic activities related to the residency program, including time spent at:
   a. Inpatient and outpatient care activities that meet education objectives (e.g., operative time meeting the educational objective of technical skill)
   b. Inpatient and outpatient care activities that are necessary to acquire and maintain skills and to meet patient care demands.
   c. In-house during call activities.
   d. Administrative duties related to patient care
   e. The provision for transfer of patient care
   f. Didactic activities, such as conferences, grand rounds and one-on-one and group learning in clinical settings.
2. Duty hours DO NOT include:
   a. Reading, research, and exam preparation time spent away from the duty site.
   b. Home call, which is defined as call taken from outside the assigned institution via a pager or cell phone number well distributed among the areas which are being covered
3. The AU Section of Urology complies with the ACGME duty hour requirements:
   a. Clinical and educational work hours must be limited to no more than 80 hrs per week, averaged over a 4-week period, inclusive of all in-house clinical and educational activities and clinical work done from home.
   b. Residents should have eight hours off between scheduled clinical work and education periods. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than 8 hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.
   c. Residents must have at least one full (24 hr) day out of seven free of clinical work and education, averaged over four weeks. At-home call cannot be assigned on these free days.
   d. Resident must not be assigned in-house call more often than every third night, averaged over 4 weeks.
   e. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Up to four hours of additional time may be used for activities related to patient safety, such as

providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time.

f. Residents must have at least 14 hrs free of clinical work and education after 24 hours of in-house call.
g. When residents take call from home and are called into the hospital, the time spent in the hospital must be counted toward the weekly duty hour limit.
h. The frequency of home call is not subject to the every third night limitation. However, home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking home call are provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period. Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. It must be included in the 80- hour weekly maximum.
i. The program director and faculty will monitor the demands of home call and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
j. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
k. In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; humanistic attention to the needs of a patient of family; or, to attend to unique educational events. These additional hours of care or education will be counted toward the 80-hour weekly limit.
l. PGY-1 residents are assigned call as dictated by the general surgery or specialty service on which they are rotating. If the urology-bound PGY-1 resident has issues with these duty hours, they should first be addressed with the rotating service and general surgery residency program director. If the outcome is unsatisfactory, they are encouraged to consult the Urology Section Chief and/or Program Director.
m. The PGY-2 to PGY-4 residents are on-call every 3rd or 4th night during the week and every 3rd to 4th weekend, on average (short-term more frequent call may occasionally occur due to resident illness, maternity/paternity/bereavement leave, or vacation), alternating with the PGY-1 resident rotating on the service each month. Residents are expected to round on all inpatients on each weekend day and holidays. **Evening, weekend, and holiday call can be taken from home when there are no emergencies or acutely ill patients requiring closer monitoring.**
n. The PGY-4 residents will take back-up (2nd) call from home on alternate weekends, alternating with the PGY-5 (chief resident).
o. The PGY-5 (chief resident) will take back-up (2nd) call from home throughout the week and on alternate weekends, alternating with the PGY-4 residents.
p. All residents who are not "on-call" must leave the hospital by 8:30pm, the on-call individual(s) will see any remaining consults and take care of inpatient issues at both AU and the VA. Evening rounds and consults should be delegated to increase efficiency. If the chief resident is in the OR, senior residents should initiate evening rounds then go to the OR and check out with the chief resident by 8:30pm. If the chief resident is not on-call, the acting-chief on-call for the evening should relieve the chief from the OR by 8:30pm. These measures are designed to assure that individuals have the required 10-hours off between their duty hours (assuming an arrival at the hospital at 6:30am)
q. Staying at any educational conferences (Grand Rounds, etc) beyond 8:30pm is optional and does not count as part of your 80-hour work-week. This also addresses the 10-hours-off rule.
r. If the on-call person is awake in the hospital all night Monday-Thursday (or all day Sunday and Sunday night), he or she must go home by noon the following day. Addressing the rule that an individual cannot work more than 30 hours straight.
s. If a resident is nearing 80 hours during a week or 30 hours straight, the residents MUST ask the chief resident and/or the faculty member on-call to cover/assign another individual for call/patient care responsibilities for the remainder of the weekend/day.
t. On-call rooms will be provided should in-hospital call be necessary.

u. An attending physician will cover call during the In-service examination.
v. Monitoring of duty hours will be performed informally on a day to day basis and intervention undertaken should excessive hours or fatigue become apparent. A formal audit of the time cards will be performed every 3 to 6 months to ensure an appropriate balance between education and service. Residents should report hours in One45 (see instructions following page) on a monthly basis.
w. All faculty are expected to monitor residents the signs of fatigue (including but not limited to sleepiness, inattentiveness, poor hygiene compared to normal for that resident, diminished eye-hand coordination compared to normal for that resident, delayed thought processes and/or speech compared to normal for that resident, limpness of posture that is atypical for that resident, eyes that are "blood-shot" or have circles underneath that are atypical for that resident, etc.) and will apply the procedures described below to prevent and counteract the potential negative effects. Residents are expected to monitor other residents as well as themselves for excessive fatigue. If a faculty member or resident feels that a resident's level of fatigue is compromising their ability to provide patient care, the chief resident and/or supervising faculty member should be notified, the resident should sign-out his or her pager, and go to an appropriate call bedroom (or home if near the end of shift and the resident is not too compromised to drive) and sleep. The resident may return to duty after a nap if he or she feels sufficiently rested and the shift is not completed or the 80 hour work week limits have not been reached. If a resident is judged to be too fatigued to adequately provide patient care by the chief resident and/or supervising faculty, even if the resident himself/herself does not agree, the same protocol applies.
x. Back-up support systems (in the form other residents, faculty, and/or physicians assistants temporarily shouldering on-call responsibilities) are provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
y. The traditional policy of allowing the residents to determine the call schedule will continue, as long as undue hardship is not imposed by the arrangement.
z. Every effort will be made to free the off-call residents of their clinical responsibilities in a timely fashion each evening and on holidays (even when they are not nearing the duty hour limits); when appropriate, the on-call resident may adopt the responsibility for duties assigned to the residents not on call.

Policy on Moonlighting

Because residency education is a full-time endeavor, moonlighting is not allowed for individuals in the urology residency training program in the Department Urology at the Medical College of Georgia.

Policy on Vacation

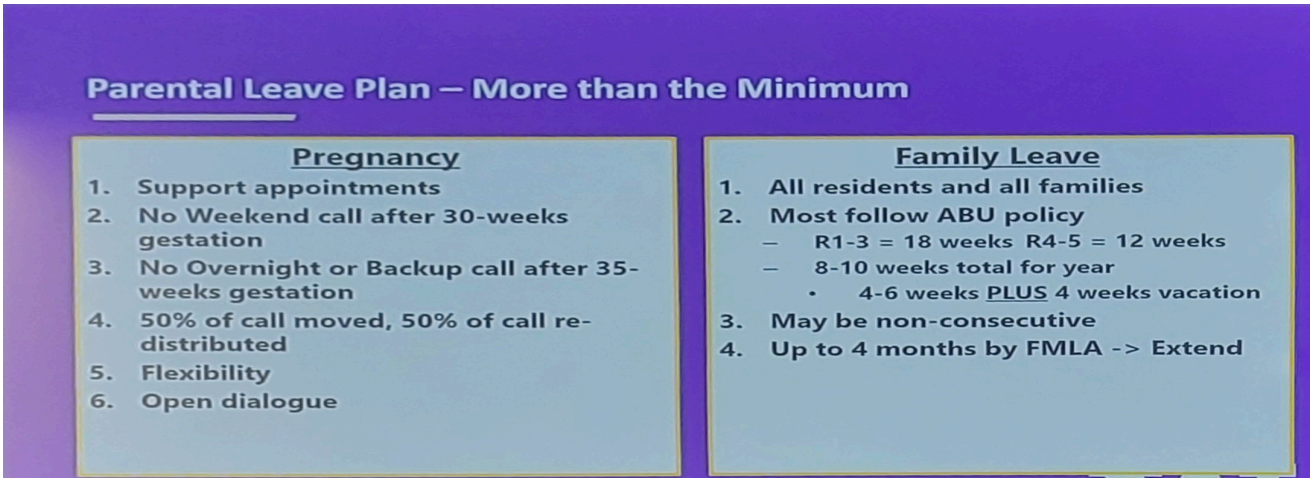
Residents receive a total of 21 days of vacation each year. Residents are **not allowed to take simultaneous vacation**. Vacation is not allowed during the last two weeks in June (with the possible exception of chief residents with full faculty approval), the month of July or Thanksgiving week. PGY-1 through PGY-4 residents should plan to take 1 week of vacation August-October, 1 week November-February, and 1 week March-mid June unless there are extenuating circumstances. PGY 3's should take vacation during the research rotation unless unavoidable. PGY's will have preference of what months they would like to do their research rotation and may swap out months within reason and must be approved.
Vacation Requests must be submitted in writing, and must be coordinated through the Chief Resident and signed by both the Service chief and the Section Chief. **ALL leave (vacation, meetings and elective health appointments) should be requested 30 days in advance.** There is a form to be completed IN ADVANCE for Kim Maddox to request vacation. Once you have filled the form out please turn it in to Kim Maddox for her to get the appropriate signatures. **You MUST have whoever agreed to cover for you during your time off sign the form first before turning it in to Kim**. Approved off campus education time and work missed due to illness are not considered to be vacation time.

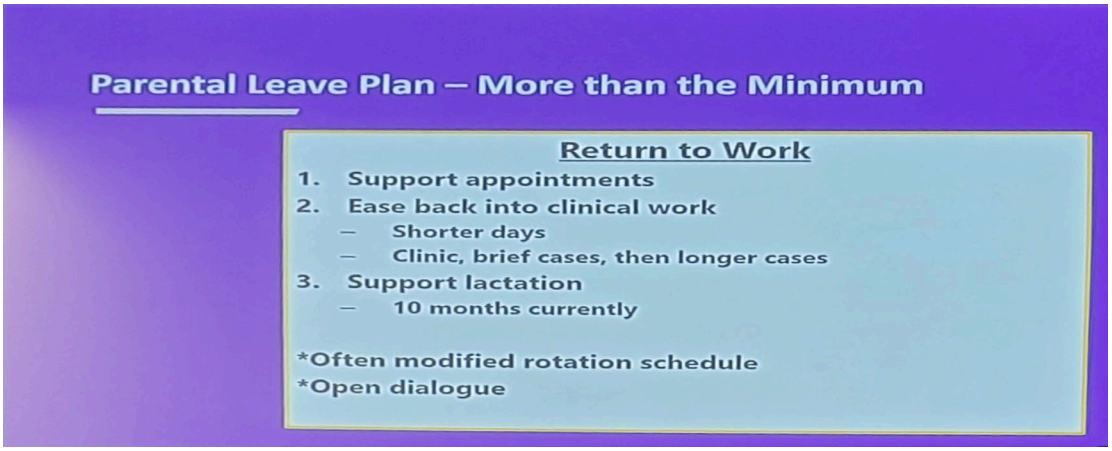
If you are rotating at the VA when you are on vacation or at a meeting you must also fill out additional VA paperwork for Kim at least 1 month IN ADVANCE about the days you will be gone. She may need additional information about any meetings in order to complete the appropriate paperwork. You must fill out and turn in the VA leave form to Kim Maddox as well as the AU vacation form. These forms are located by the mailboxes. Also let the Kevin White know if you take sick leave or family leave. Please contact Kevin White at 706-823-3909 or by email kevin.white99@va.gov.

Policy on Medical/Family/Educational Leave

The Department of Urology adheres to the guidelines for medical and family leave as described in the Housestaff manual online at
https://www.augusta.edu/mcg/residents/hspolicies/4.0houseofficerleavepolicyeditedmay2022.pdf

and the guidelines for educational leave described in the Housestaff Manual on-line at http://www.augusta.edu/resident/hspolicies/. Below is the Parental Leave plan specific to Urology.





Policy on General Housestaff Benefits

Details regarding insurance benefits, including medical, dental, disability, and death can be found at http://www.augusta.edu/resident/. Other benefits, including but not limited to emergency medical and dental care, loan deferment, professional liability coverage, library services, notary public services, parking, and meals, can be found in the Housestaff Manual, a printed version of which can be obtained from the Graduate Medical Education office or from the Program Coordinator and be viewed on-line at http://www.augusta.edu/resident/

Policy on Providing Feedback without fear of Intimidation

Residents are encouraged to approach Drs. Terris or Klaassen with ANY issue involving residency or faculty. If the resident prefers they may address issues to Dr. Natasha Savage, DIO. Anonymous feedback to the DIO office can be posted on the *anonymous message board* which is located at the top of the GME webpage at the following location http://www.augusta.edu/resident/speak/ .

Policy on Patient Safety and Quality Improvement

All residents are required to participate in the monthly Morbidity and Mortality/Quality Improvement Conference. Patients are to be presented by the resident involved in the case.

All residents are required to participate in a Quality Improvement Project each year. These can be chosen by the resident based on an area where they see room for improvement, suggested by faculty, or assigned by the Program Director/Chair. Participation in the annual Augusta University QI Meeting is strongly encouraged. The section of projects will be chosen in July of each year and may be a continuation of previous project if it is a prospective project. All residents are expected to produce a year abstract of the project whether it is complete or it is an update. Some tools for these projects include:

1. Failure modes and effects analysis (FMEA) is a commonly used performance improvement and quality methodology whenever a process or a new procedure is introduced into an organization. This has great applicability to healthcare in that it focuses on what are the "failure points". This process attempts to answer the question of what will or could go wrong before the process or procedure is actually put in place. http://www.ihi.org/resources/Pages/Tools/FailureModesandEffectsAnalysisTool.aspx
2. Root Cause Analysis (RCA) is a method that is used to address a problem or non-conformance, in order to get to the "root cause" of the problem. It is used to correct or eliminate the cause, and prevent the problem from recurring. A "Root Cause" is the fundamental breakdown or failure of a process which, when resolved, prevents a recurrence of the problem. See the Performance of Root Cause Analysis with Performance Improvement Projects (PIP) https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/guidanceforrca.pdf
3. Plan-Do-Study-Act http://www.ihi.org/resources/Pages/Tools/PlanDoStudyActWorksheet.aspx

All residents are expected to appreciate that many medical errors occur with Transitions in Care. As a result, patient handoff at the end of the day or the end of call are of paramount importance. Since there are few inpatients on the service and call is shared at different hospitals and different "end of day" times, telephone sign-out is appropriate in most cases. In-person sign-out from the weekend team to the week-day team should take place at Monday morning conference at 7:30am. In-person at-bedside sign-out may be needed for some patients with acute on-going issues. This may require the presence of faculty.

Policy on Housestaff Well-Being

If you are having a crisis situation and are unsure where to turn, call Dr. Terris (cell 706-830-8585) or any faculty member immediately. Other resources:

Suicide hot line: Text CONNECT to 741741

Employee-Faculty Assistance Program Office

Some common reasons residents/fellows may see the EFAP Office are: stress management, depression, anxiety, burnout, family and relationship issues, communication difficulties, and career/academic concerns. **Services are completely confidential, no EHR records.**

To make an appointment please call (706) 721-2599 (no referral needed)

Location: 844 Chaffee Avenue, Augusta, GA 30904

Office Hours: Monday- Friday 8:00 a.m. - 5:00 p.m.

A consolidated list of resources:

https://www.augusta.edu/mcg/residents/residentwellness.php

University System of Georgia Well-Being resources:

https://www.usg.edu/well-being/site/topic/category/stress_management

Self-help apps:

https://www.augusta.edu/mcg/residents/selfhelpapps.php
AMA article on conquering resident burnout
https://wire.ama-assn.org/education/ways-residents-have-found-conquer-burnout
AMA article on medical marriage tips
https://wire.ama-assn.org/education/3-tips-successful-medical-marriage
Counseling services are provided at the student health and are completely confidential Students can receive assistance for virtually any problem they have. Typical issues include: academic issues, relationships, stress management, study and organizational skills, family issues, student advocacy, connection to community resources, addiction, and healthy boundaries just to name a few. They have also prepared a 'Lunch and Learn' series of seminars that are available by request. Please contact Dawn M. Jett, LCSW Counselor/Social Worker by phone (706) 721-3448 or by email djett@augusta.edu.

Policy on Urology Resident Benefits

1 Resident membership in the American Urological Association is required. Qualified residents are encouraged to submit applications.

2 Meeting policy:

a) Georgia Urological Association - travel, room and board will be paid for Uro-4's to the meeting in September.

b) Southeastern Section of the American Urological Association - Travel, room and board will be paid for resident who have a presentation or are competing in the Resident Bowl.

American Urological Association - Fifth year (chief) travel, room and board will be paid for the full meeting. Other residents presenting oral paper presentations will be supported for two travel days and day of presentation only. Additional days are at resident's expense. Podium gets Priority. Senior residents may "trade" their chief resident AUA trip for earlier in training for interviews. Andrology Stipend, SES Bowl winners, Chief Resident Debate participants, and resident forum grants are used to fund this meeting. Basic Science Course (Charlottesville AUA course) - Travel, room and board for PGY2 residents. Urology section pays for any posters that need to be made for meetings. Please see Research Section on Page 24 for contacts. Any presentation/poster/abstracts related to VA research are funded through VA grant. Please let Kim know if you have one.

c) Industry/Society resident courses such as SUFU, NURP, etc when available.

d) Basics of Endourology One day Symposium supported through SES grants for Uro-1 residents.

All meetings must be pre-approved by the Program Director and faculty. Travel must conform to AU guidelines and must be submitted 30 days in advance.

Policy on Oversight

The policies and procedures of the Section of Urology, described herein, are consistent with the most current Program Requirements set forth by the Urology Residency Review Committee of the ACGME, Training requirements established by the American Board of Urology, Augusta University Institutional Requirements, and Federal requirements for residents working at a Veterans Affairs facility. These policies, in the form of this and future editions of the Medical College of Georgia Urology Resident Handbook, will be distributed to the residents and faculty on an annual basis, the receipt and review of which is documented by tearing out, signing, and returning to the Program Coordinator the Handbook Receipt Certification on the last page of the Handbook.

Policy on BLS Certification Requirement

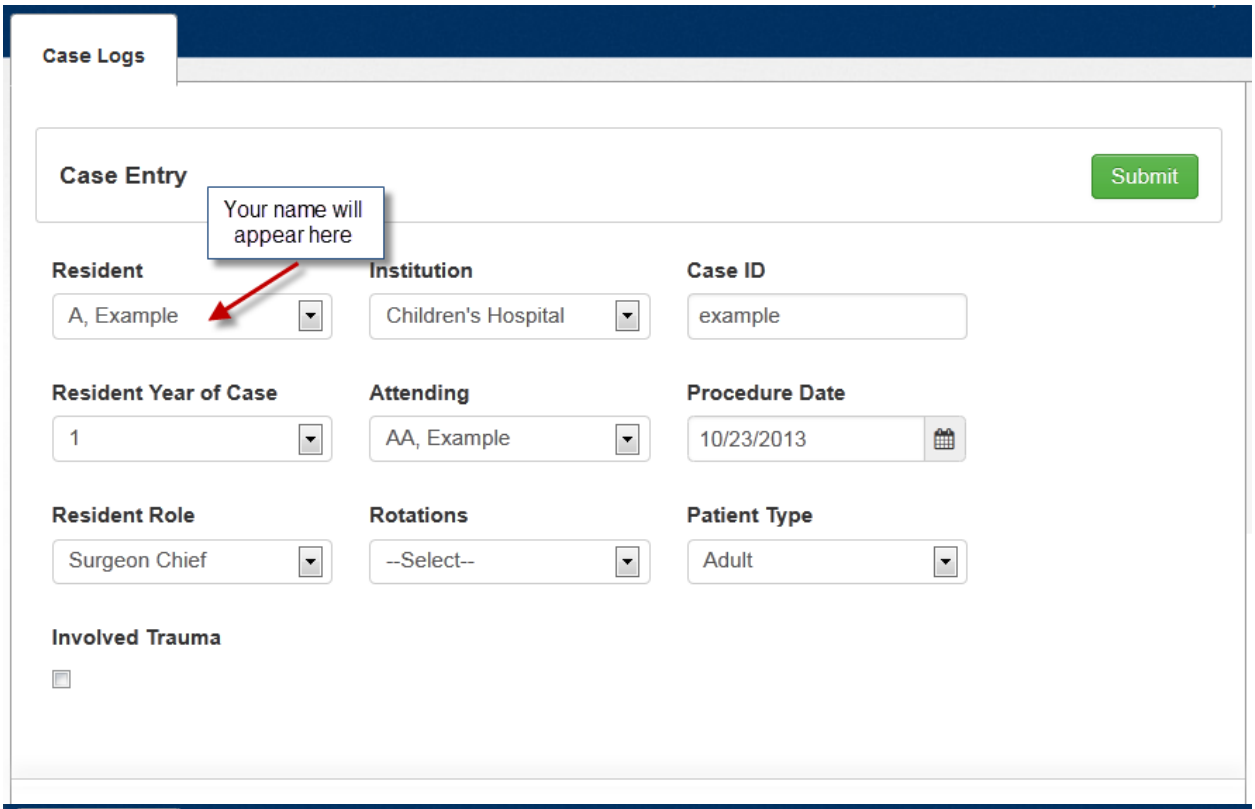
IT IS a requirement by the VA and Health Inc. at AU to have BLS. The certification & recertification of **Housestaff** for BLS, ACLS, and PALS will now be offered through the **AUMC AHA Training Center at no charge to the Residency Training Program/Department.** Please contact Wayne Deas, AHA Training Center Manager, for additional information on how to schedule training for your new and returning Housestaff requiring certification/recertification: Wayne Deas RN VA-BC 706-945-2681 wdeas@augusta.edu

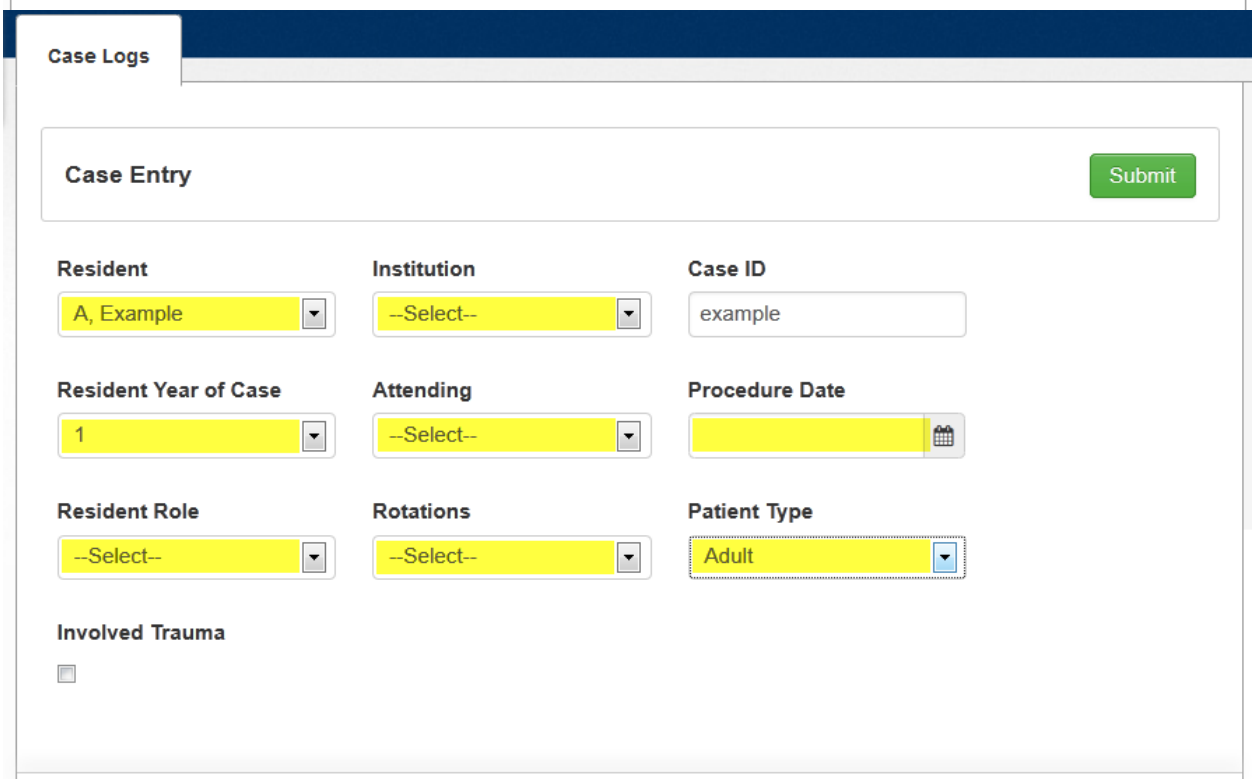
Policy on Accommodations for lactating House Officers

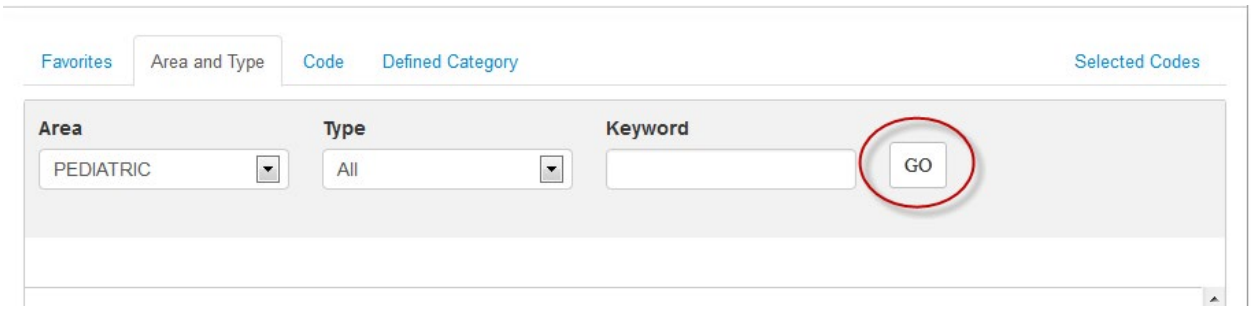
Postpartum house officers will be allowed to breastfeed for as long as they desire. GME programs will not disadvantage house officers who are breastfeeding by denying certain privileges, positions or rotations. House officers that are pumping breastmilk for storage will be treated the same as house officers that are directly breastfeeding an infant. GME programs will allow breastfeeding house officers to take a break for lactation no less frequently than every 3 hours during the workday. AUMC will designate at least one room within the hospital as a lactation room. These rooms are to be available to other AU employees as well and each program is encouraged to provide a room within their space if possible. Lactation rooms must be secure and able to provide privacy. A refrigerator where breastmilk can be stored must be present within lactation rooms or very close by and designated for breastmilk only. Lactation rooms should have either a hardwired computer connected to the network or secure Wi-Fi that allows via laptop.

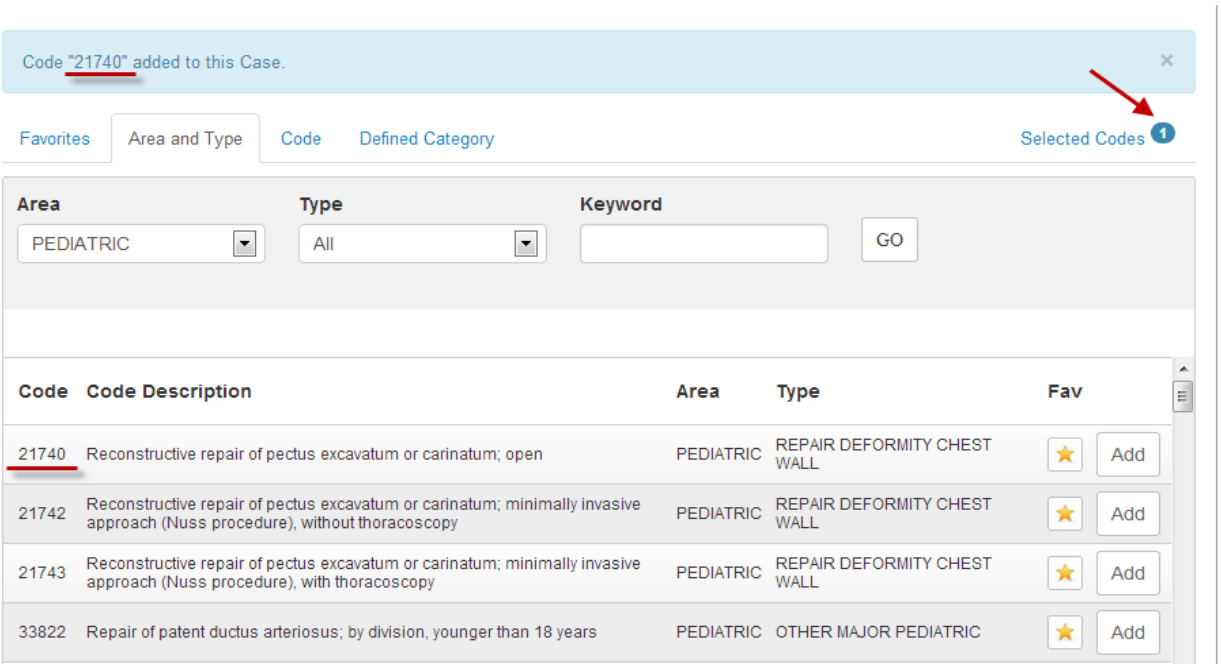
Appendix 1: Case Logs Instructions

Login to the Resident Case Logs (RCL) system at:
www.acgme.org/connect
Type in your ACGME username and password to login to the system. Forgot your password?
Choose the “Forgot your password” button [circled below]
Type in either your username OR your program ID + email address. An email will be sent to your email address with a link to reset your password






Favorites
Area and Type
Code
Defined Category
Selected Codes
Area
PEDIATRIC
Type
All
Keyword
GO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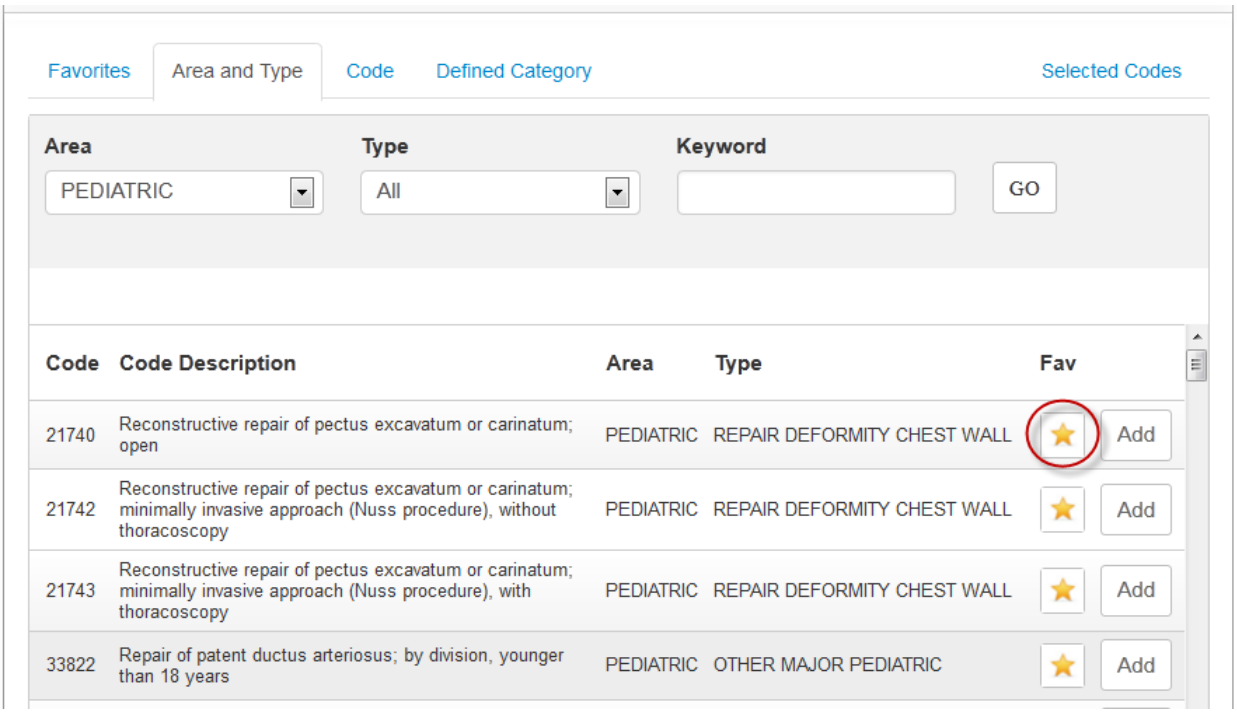
Favorites
Area and Type
Code
Defined Category
Selected Codes 1
Area
PEDIATRIC
Type
All
Keyword
GO
Code
Code Description
Area
Type
Fav
21740
Reconstructive repair of pectus excavatum or carinatum; open
PEDIATRIC
REPAIR DEFORMITY CHEST WALL
Add
21742
Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy
PEDIATRIC
REPAIR DEFORMITY CHEST WALL
Add
21743
Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy
PEDIATRIC
REPAIR DEFORMITY CHEST WALL
Add
33822
Repair of patent ductus arteriosus; by division, younger than 18 years
PEDIATRIC
OTHER MAJOR PEDIATRIC
Add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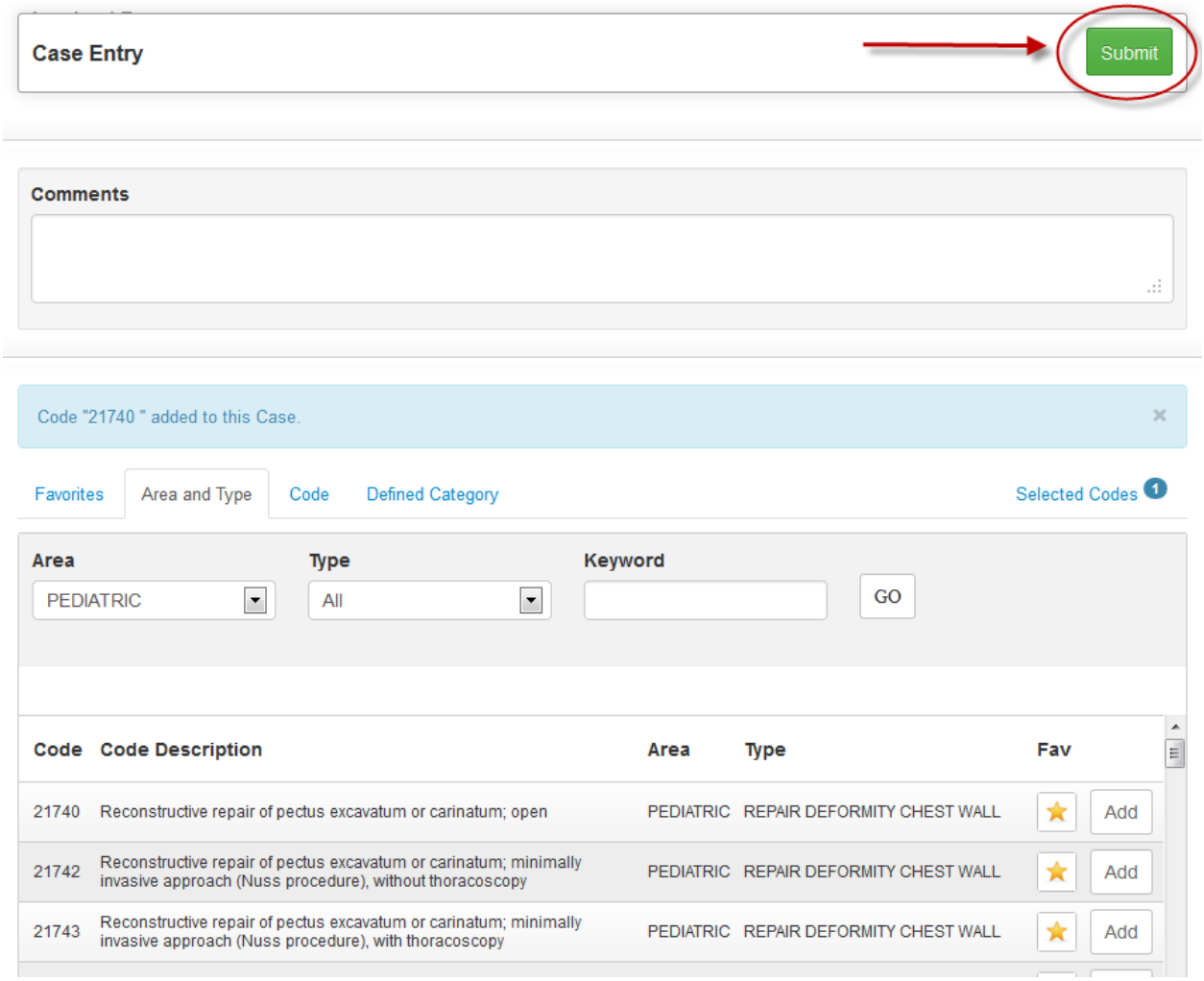
21740
Reconstructive repair of pectus excavatum or carinatum; open
PEDIATRIC
REPAIR DEFORMITY CHEST WALL
Add
21742
Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy
PEDIATRIC
REPAIR DEFORMITY CHEST WALL
Add
21743
Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy
PEDIATRIC
REPAIR DEFORMITY CHEST WALL
Add
33822
Repair of patent ductus arteriosus; by division, younger than 18 years
PEDIATRIC
OTHER MAJOR PEDIATRIC
Add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Keyword
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Code
Code Description
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Fav
21740
Reconstructive repair of pectus excavatum or carinatum; open
PEDIATRIC
REPAIR DEFORMITY CHEST WALL
Add
21742
Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy
PEDIATRIC
REPAIR DEFORMITY CHEST WALL
Add
21743
Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy
PEDIATRIC
REPAIR DEFORMITY CHEST WALL
Add

Appendix 2: Case Log Minimums for Chief Residents

ADULT	MIN	Common (but not complete list) CPT Codes
General Urology	**250**	
Transurethral resection	**100**	52224 (bladder bx); 52234,25,40 (TURBT s/m/l); 52601 (TURP); 52648 (PVP)
TRUS/Prostate Biopsy	**25**	55700 (and 76872 for TRUS)
Fusion	**0**	
Scrotal	**60**	54530 (inguinal orchiectomy); 55040 (hydrocele); 55250(vasect);55400 (vaso-vas); 55530 (varicocele ligation)
Urodynamics	**10**	51797
Endourology/Stones	**150**	
Ureteroscopy	**90**	52344 (stricture); 52345 (UPJ); 52352 (stone bask);52356 (laser/stent); 52354 (bx); 52355 (resection)
Percutaneous	**10**	50080 (<2cm); 50081 (>2cm); perc cryo (50593)
Reconstruction	**100**	50544 (lap pyeloplasty); 50780 (reimplant)
Male	**30**	
Penile/incontinence	**15**	54360 (plication); 54405 (IPP); 54440 (penile fx); 53440 (male sling);53445 (AUS)
Urethra	**5**	53410 (urethroplasty); 53215 (urethrectomy)
Female	**15**	57288 (sling); 57260 (AP repair); 53500 (urethrolysis); 53230 (diverticulectomy); 57320 (VVF repair)
Intestinal diversion	**10**	automatically counted with cystectomy; otherwise use 50820 (ileal conduit); 51960 (augment); etc
Oncology	**130**	
Pelvic	**50**	
Prostate	**30**	55866 (lap/robot RP); 55840/55842/55845 (RRP with no/limited/extended PLND)
Bladder	**10**	51595 (RC/conduit); 51596 (RC/continent diversion); 51597 (pelvic exent); 51550 (partial cx)
Retroperitoneal	**50**	38780 (RPLND); 60650 (lap Adren); 60540 (open Adren)
Kidney	**40**	50230 (ORN); 50234 (ONU) 50240 (OPN); 50542 (lap tumor ablation); 50543 (LPN); 50545/50546 (LRN); 50547 (lap donor); 50548 (lap NU)
PEDIATRIC		
Minor	**30**	
Endoscopy	**5**	52000 (cysto); 52005 (RPG); 52300 (ureterocele); 52327 (sting); 52332 (stent); 52400 (PUV); any ureteroscopy
Hydrocele/hernia	**10**	49496 (<6m); 49500 (6m-5y); 49505 (>5y)
Orchidopexy	**10**	54640/50/92 (orchiopexy via ing/abd/lap); 54600 (fixation for torsion)
Major	**15**	50220 (total Nx); 50240 (partial Nx); 50400 (pyeloplasty); 50845 (appendicoves)☐
Hypospadias	**5**	54322 (distal); 54324 (distal with flap); 54332 (prox)
Ureter	**5**	50780 (reimplant); 50782 (duplicated)
Robotic	**80**	automatically counted

Appendix 3: Posting OR Cases

Posting OR Cases at AU

1. All patients should be scheduled in the electronic Urology OR schedule InfoPath on Citrix. (when you log on Citrix, go to the "Applications" tab and click on the OR Schedule program [the one with the purple icon]). Even if the faculty member keeps a separate paper copy of their OR schedule, patients MUST be scheduled here. Remember to put the expected length of stay in the appropriate blanks and the position if not supine.
2. Complete the H&P, Consent and order appropriate blood work and urine culture if the case is scheduled within 30 days.
3. Email or call Amie Dobbs at 706-721-7206 amidobbs@augusta.edu (or covering OR scheduler) with the patient's name and date of surgery so she can do directive, post, set up preop, etc. Let her know if the urology preop has already been completed or if the case is scheduled >30 days in the future and needs preop or day of surgery preop update. If there is other information you think she needs, please feel free to share.
4. If the patient is un-insured, give Amie Dobbs (or covering OR scheduler) their name, MRN, procedure codes, and ICD codes , but do not give a surgery date until the patient gets approval.

Posting OR Cases at CHOG

1. Call or email Susan Walker phone 706-721-0982, email swalker@augusta.edu
   To review schedule availability and times.
2. Complete the H&P, Consent and order appropriate blood work and urine culture if the case is scheduled within 30 days.

Posting OR Cases at CNVAMC

1. All patients should be scheduled in the electronic Urology OR schedule InfoPath. It can be located by accessing “My Computer”, then click the “Y” drive, then click the folder for the year you want to schedule, and open appropriate week.
2. Complete your note with planned date of surgery and “identify additional signers” on the note to include Brian Matthews, (Urology PA), Noah Vaught/Porshia Green/Rufus Cofield (Urology schedulers), and Julias Sykes/Karon Brisson (Preop Surgery schedulers) so they can set up the preop visit.
3. If surgery is scheduled within 30 days, go ahead and obtain consent from the patient.
4. Post:
   Reflexion (previously known as Vista) is the DOS-based OR scheduling system. It is available on essentially all desktops at the VAMC. This is the OR’s only way to know that you have posted a case. All cases should be entered in Reflexion as they are placed in Infopath, and this should be checked several weeks ahead by the junior resident.

   Basic instructions:
   Click Reflexion Workspace icon on taskbar (two overlapping diamonds). (If not available, go to “Programs”, select the “Microfocus Reflexion” file and find “Reflexion Workspace”…pin to your taskbar for ease of use in the future.)
   Enter your CPRS access/verify codes. Do not use the “tab” key in Reflexion.

   Enter 1 for surgeons menu
   Enter 1 again, hit enter, until the menu pulls up.
   This will bring up the main menu

   R = request operations
   LR = list operations.

The above two commands are essentially all you will ever use. Tip: “LR” is helpful for making printouts of the Reflexion-entered schedule.

If using the LR command, it will ask you several things. Chose list by “specialty” then “no” for all specialties, then “u” for urology, then choose printer. “home” device means print on screen. The printer address in the residents room is aug_801_2a118prt find other printers as needed by searching the listing in Reflexion. Printers are most often listed by room number and virtually all the printers at the VAMC that you will use will be on the “aug_801_xxxxxx” network path.

To post cases just use the “R” command off the main menu and follow the steps and prompts.

If you need to move a case, or delete the case or change things, use the “D” command on the main menu. Again, this essentially walks you through the questions and is somewhat idiot-proof.

Again, make sure that Reflexion cases are updated a few weeks in advance, and check this once a week. Reserving a bed at the VA:
Please do not enter admission orders or add Patient Flow Command Center Staff as CPRS note cosigners with the assumption that the orders/note will be seen in advance. The proper procedure is to call or email the Patient Flow Command Center in advance to notify the department of a bed need. Below is contact information.

- Ext . 2303 is the Bed Coordinator desk staffed M-F 0730-1530 and the voicemail is checked continuously. This should be used to collaborate and communicate on any immediate bed needs or direct admission needs. Please do not contact the wards/units to determine if there is a bed available, as the ward/unit staff may not be aware of pending bed plans.

- VHAAUGPatientFlowCommandCenter@va.gov is an email group that reaches the whole team this should be used to plan, collaborate and coordinate future bed needs. Please encrypt any patient identifiers.

Appendix 4: Instructions and Components to Using One45

This is the link to the One 45 system. The administrator for One 45 is Kim Maddox, Residency Coordinator. http://www.one45.com/help/postgradAdmin/eDossres.html The first time you log in the system will ask you to change your username and password. Please change this to information to something easy for you to remember.

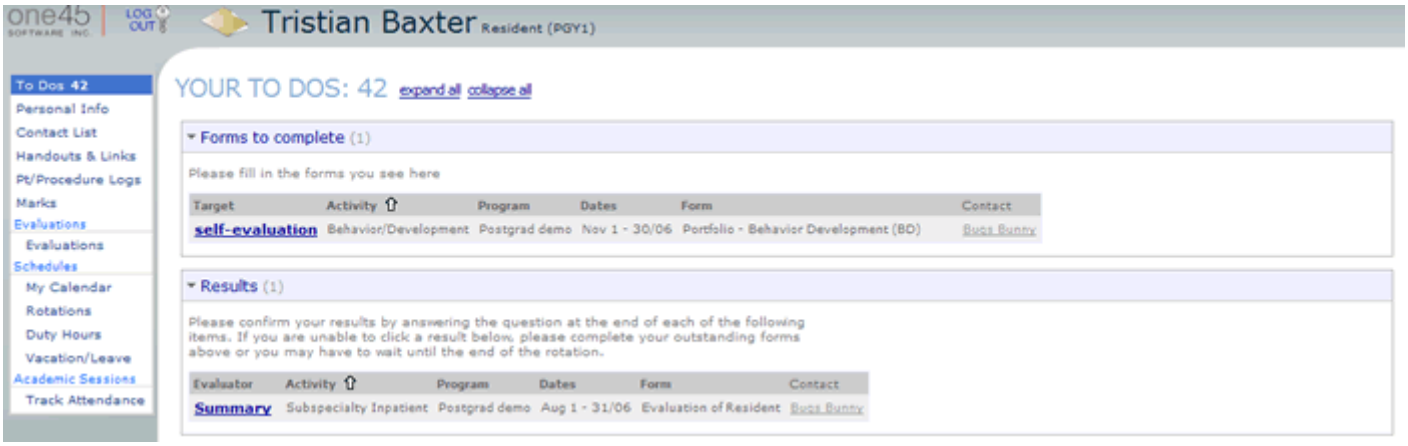
If you notice any errors in your personal information or have any trouble accessing the site please contact Kim Maddox at x2519 or kimaddox@augusta.edu and she will update this information for you.

When you have an evaluation to complete One45 Software will notify you by email. In this email you are give the link to click on that takes you directly to the sign in screen. If you get an evaluation to complete on a target that you have not worked with please inform Kim Maddox immediately so she can forward the evaluation to the correct person.

To Do

The To Do subfolder consists of the list of tasks that you have to complete. It is the subfolder that appears when you log into the system. The most common tasks that you will perform here are attending and rotation evaluations and reviewing evaluations of yourself.

When an administrator sends you an evaluation form to complete or distribute, the form automatically appears as a new task in your To Do list (usually, you also receive a sendout email with each new task). To complete a task, click on its title and follow the instructions. Once you've finished a task it is removed from your To Do subfolder.



Personal Info

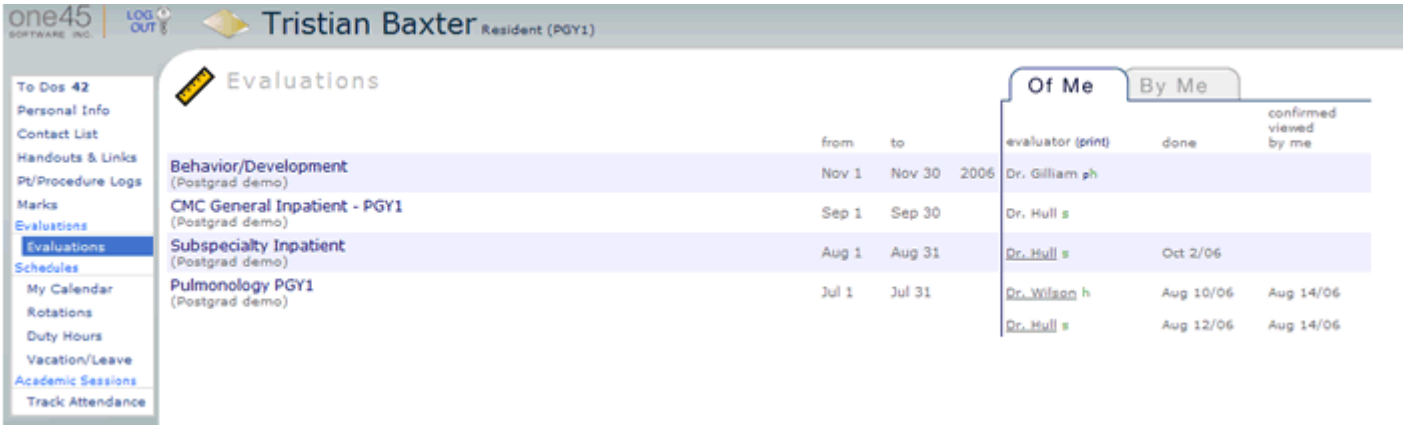
The Personal Info subfolder contains your contact information, a headshot photo of you (if your administrator has added one to the system) and your current PGY level. It is very important that this information is kept up to date. To change any of your contact information, please contact your administrator.

This subfolder is also where you can change your username and password. To do this, click the "change username/password" link. A new page appears where you can update this information

Evaluations

The Evaluations subfolder is an archive of the evaluations you have completed (By Me) as well as the evaluations of your performance (Of Me). The archive includes the evaluations that have been requested but that have not yet been completed.

You can view the results of your performance evaluations. However, many of these results will not be released to you until you've completed the corresponding evaluations (i.e., of your attending and of the rotation itself). If the name of an evaluator is underlined, you can click on it to view the results.



Rotations

The Rotations subfolder consists of your rotation schedule and your academic session schedule. Your rotations are listed in chronological order

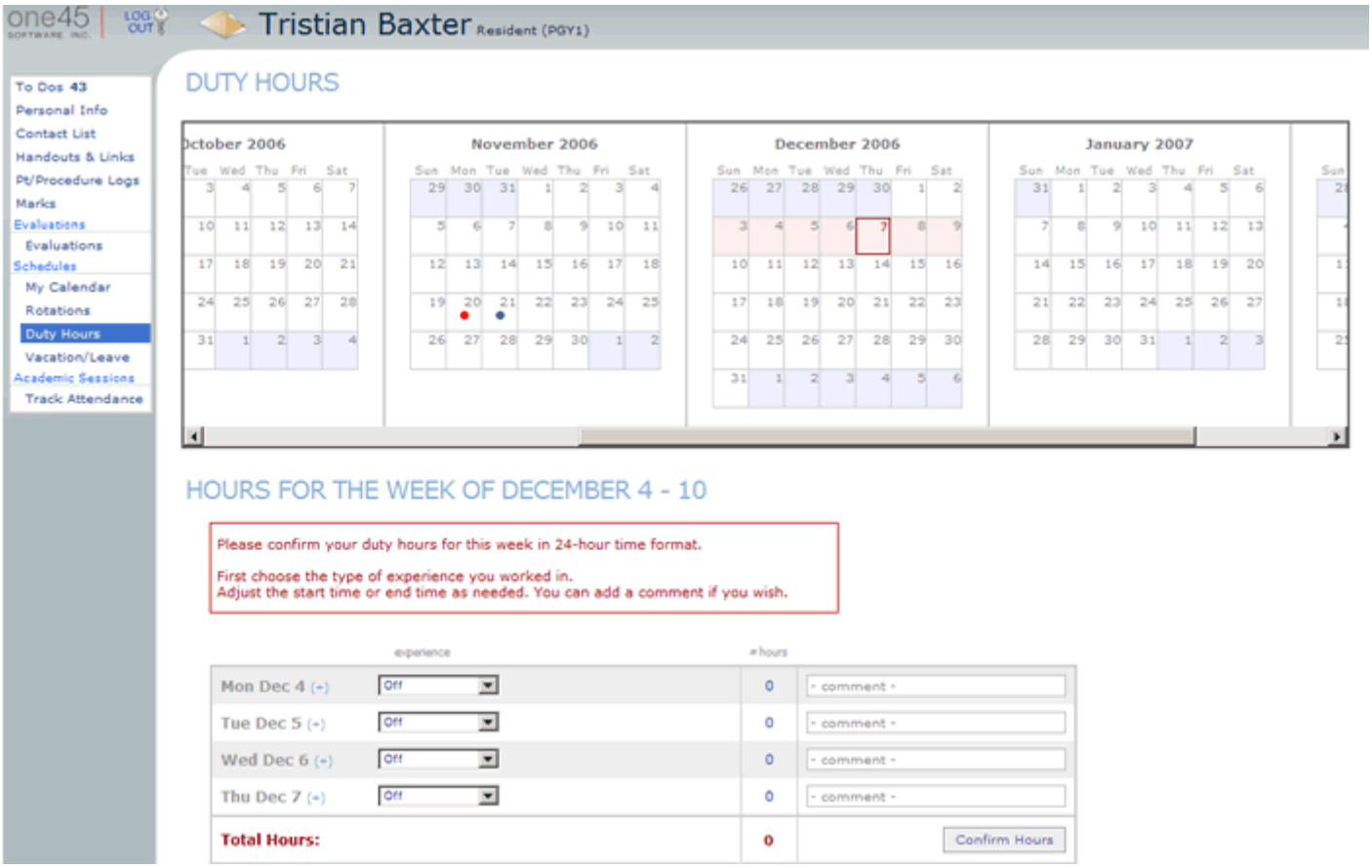
Duty Hours

The Duty Hours subfolder allows you to track the shifts you work each day. To record your shifts for a specific day first click on that day in the calendar view at the top of the screen. The bottom of the screen will switch to the view for that week, based on a Monday to Sunday timeframe.

To enter the shift times, click on the dropdown list for the specific day and choose the type of shift you worked. After this selection is made add in the start and end times of the shift in military time. You can also add in a note, which will be viewable by your program administrator.

To add more shifts in a particular day, click on the (+) sign beside the date. This will open another set of shift times for you to enter. Once you have finished entering in all of your shifts you must save the information by clicking "confirm hours" on the lower right hand side of the page.

Colored dots will appear in the calendar at the top of the page to indicate that the data entry was successful.



Instructions for entering work hours in One45:

The system will not let you go forward and enter time. At the end of each month your time is automatically calculated for you and printed for your records by the coordinator. This system helps keep track of the following:

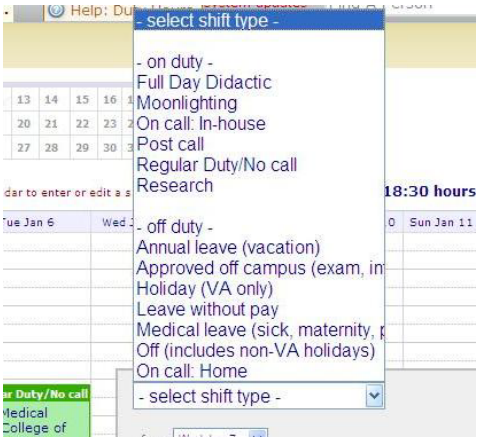
- Average number of hours on duty per week
- On average, how many days of in-house call was assigned
- Excluding call from home, what the maximum # of continuous hours worked by
- How many times has worked more than 30 hours
- On average days was free from all educational and clinical responsibilities
- On average, hours off duty had between duty shifts

The deadline for entering time for the prior month is the 5th of each month following.

Resident Duty Hours
Shift type, Date and Site Selections

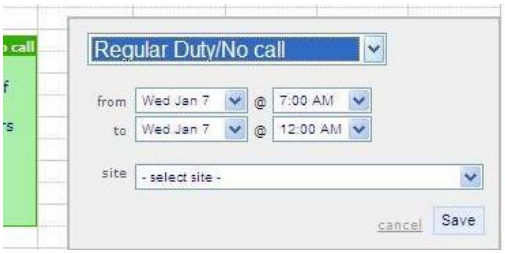
Go to your One45 inbox, select **duty hours.** (One45 will default to the last date you recorded time in the system.) Select the date you want to input your hours, click on that day, and a box will come up in which you will **select shift type.**

-select shift type-



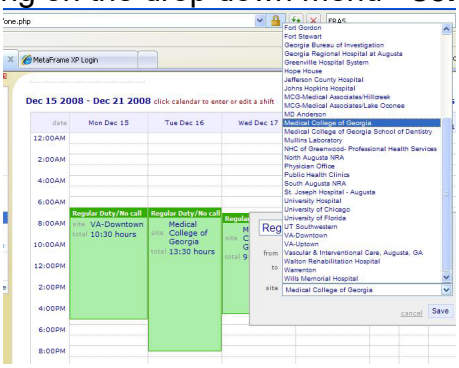
Note the difference in on duty and off duty designations.

If you were **on duty**, select from the upper portion of the site selection box marked **– on duty –**. For days off, select from the **– off duty –** section.



After selecting **shift type** on duty, you will enter the times you worked. The example above shows from Wed Jan 7 @ 7:00 AM in to Wed Jan 7 @ 12:00 AM. You will select the times in and out, and the dates.

Site: open the selections by clicking on the drop down menu **- select site - .**

Your screen should look like this: 

Select your site, and click **save**.

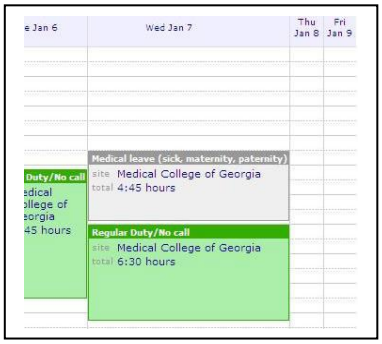
A timesaving tip: Sites are in alphabetical order. If you click the drop down menu and type the first letter of the site you wish to select, it will take you to the sites that begin with the letter you typed. You must choose a site. "Other" is not accepted.

Recording leave / time off:

One45 allows **annual leave to be recorded for a full day only**. You can select a range of dates that you are on leave if you are off for a number of consecutive days**.**

Medical leave can be recorded for ½ day or any portion of your scheduled work hours by changing your **shift type** to **- off duty - (**time in and out) and **– on duty –** (time in and out). *Your entry will look something like this:*

Indicates medical leave and return to Regular Duty



You can use these instructions to enter regular duty hours, on call, vacation, medical leave, etc. All types of duty can be recorded by simply making the proper selections throughout the process. If you have questions about which type duty to select, call or email me. Hours should be recorded accurately for each individual day indicating shift type, time in and out, and the proper site.

Full Day Didactic should be used only if the entire day is spent in a classroom and the material being covered is not related to patient care or any type of orientation. Orientation and patient related discussions / lectures are considered a part of your **regular duty**.

Off campus (Female Rotation: Doctor's hospital, University Hospital)- If you are at these hospitals anytime during your female rotation, you must choose that for your location and enter how many hours you were there on that day.

Research: When you are on a research rotation but still take call and have your clinics, you must indicate all types of duty as is appropriate. For the days you simply do research, you will select Research as your shift type. When you change from Research to patient care responsibilities or you have in house call, that should be indicated by changing your shift type to **Regular duty: no call** or **In house: On Call**.

Example:

On Call Home is ***Off Duty***. Off duty time is not calculated into your hours worked. If you are taking home call and get called to come into the hospital, you must indicate the time you came in as '**On Call: In house**'. *It is immaterial to your duty hour reports if you take home call, but your program may want you to indicate it. All residents should check with their program director or coordinator about recording home call*. **It is imperative, however, that you indicate when you come into the hospital and see patients. If your time in patient care activities is not documented, we are unable to use your time for reimbursement from Medicare and for preparation of the Medicare Cost Report.**

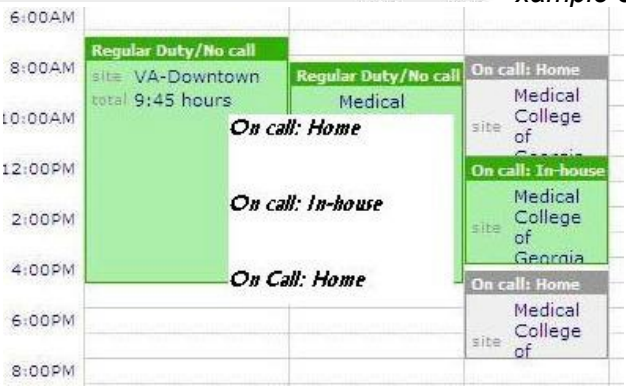
The following diagram illustrates how duty hour reports are not impacted by off-duty entries:

As stated, you indicate hours worked by changing your shift type to **On call: In house** or **Regular Duty: no call**.

18	T	Dec 9	Regular Du	7:00	16:30	Aiken Reg	Aiken Com	9.5	0
19	W	Dec 10	Regular Du	7:00	16:30	Aiken Reg	Aiken Com	9.5	0
20	T	Dec 11	On call: In-	7:00					0
21	F	Dec 12	On call: In-	0:00					0
22	S	Dec 13	Off (include	off					0
23	S	Dec 14	Off (include	off					0
24	**Total**							**53.5**	**0**
25	M	Dec 15	Medical le	7:00	0:00	Aiken Reg	Aiken Com	0	17
26	T	Dec 16	Medical le	0:00	16:30	Aiken Reg	Aiken Com	0	16.5
27	W	Dec 17	Regular Du	7:00	16:30	Aiken Reg	Aiken Com	9.5	0
28	T	Dec 18	Regular Du	7:00	16:30	Aiken Reg	Aiken Com	9.5	0
29	F	Dec 19	On call: In-	7:00	0:00	Aiken Reg	Aiken Com	17	0
30	S	Dec 20	On call: In-	0:00	9:30	Aiken Reg	Aiken Com	9.5	0
31	S	Dec 21	Off (include	off	off	Aiken Reg	Aiken Com	0	0
32	**Total**							**45.5**	**33.5**

Duty hour report will separate leave from hours worked (on duty).

Example of home call v in-house call.



Call rotation dining allowances are determined by the GME office, from the departmental call schedule $20.00 for week night call, and $25.00 for weekend or holiday call. Funds are given for GR Health hospital in-house overnight call (24 hours) only.

Any resident, intern, fellow that receives additional compensation for extra pay, extra duty, or meal monies for being on call (either in-house or home call came into hospital (minimum 6 hours) must submit the One45 duty hour report to the GME Office f*or meal monies BEFORE compensation will be made. Correct recording of hours, day, time, shift type, and location must be accurately indicated.*

Appendix 5: Preop Adult Antibiotic Prophylaxis Guideline

Urology Procedures	First Line antibiotics	Second line/PCN allergic
Any procedure with + preop urine cultures*	Culture specific	Culture specific + other depending on site (see below)
Emergency endoscopy sepsis/without cultures	Ertapenum	Vancomycin and Gentamicin
Transurethral procedures	Ampicillin and Gentamicin	Vancomycin and Gentamicin
Prosthesis surgery	Vancomycin and Gentamicin	Vancomycin and Gentamicin and Diflucan
Transrectal prostate biopsy	Gentamicin (preop oral Cipro)	Ertapenum
Repeat transrectal prostate biopsy	Ertapenum	Vancomycin and Gentamicin
Clean open/robot/lap urologic procedure**	Cefazolin	Vancomycin
Open/robot/lab, - cultures, opening urinary tract	Ampicillin and Gentamicin	Vancomycin and Gentamicin
Open/robot/lab, negative cultures, opening intestine	Cefoxitin	Ertapenum or Clindamycin and Gentamicin

*For patients with "mixed flora" on cultures, ask lab to speciate and do sensitivities on all organisms when possible/time permits, if not possible treat empirically with oral trimeth-sulfa preop, if sulfa allergic, treat with amp-clav, if sulfa and pcn allergic, treat with quinolone or nitrofurantoin

**includes robotic prostatectomy, robotic nephrectomy, robotic partial nephrectomy with negative preop cultures

Revised 05/08/2019

Appendix 6: Preop Pediatric Antibiotic Prophylaxis Guideline

Urology Procedures	First Line antibiotics	Second line/PCN allergic
Any procedure with + preop urine cultures*	Culture specific	Culture specific + other depending on site (see below)
Emergency endoscopy sepsis/without cultures	Ertapenum	Gentamicin +/- Vanco or Clindamycin
Transurethral procedures^	Cefazolin	Gentamicin +/- Vanco or Clindamycin
Implanted prosthesis	Ampicillin and Gentamicin	Gentamicin +/- Vanco or Clindamycin
Clean open/robot/lap urologic procedure**#	Cefazolin	Gentamicin +/- Vanco or Clindamycin
Open/robot/lab, - cultures, opening urinary tract	Ampicillin and Gentamicin	Gentamicin +/- Vanco or Clindamycin
Open/robot/lab, negative cultures, opening intestine	Cefoxitin	Ertapenum or Clindamycin and Gentamicin

*For patients with "mixed flora" on cultures, ask lab to speciate and do sensitivities on all organisms when possible/time permits, if not possible treat empirically with oral trimeth-sulfa preop, if sulfa allergic, treat with amp-clav, if sulfa and pcn allergic, treat with quinolone or nitrofurantoin

**includes robotic prostatectomy, robotic nephrectomy, robotic partial nephrectomy, robotic pyeloplasties with negative preop cultures

clean cases may require no antibiotics such as circumcisions, open orchiopexies, etc

^ all endoscopic cases require urine culture at the start of the case

Revised 05/08/2019

Appendix 7: Simulator/VESSL Lab and Robotic Training

Laparoscopic and Robotics Education Syllabus

I. Background Study of Laparoscopic and Robotic Surgical Principles

BLUS Handbook of Lap. And Robotic Fundamentals
Campbell's Urology Chapter 9. Fundamentals of Laparoscopic and Robotic Urologic Surgery

II. Technology familiarization with the DaVinci Robotic Surgical System

III.

DaVinci Online Community – Training – Intuitive Learning Assigned Modules
Web-based DaVinci tutorials – Conducted within 1st month of academic year, must be completed before hands-on training in-service
Hands-On Training In-Service – Conducted in 2d or 3d month of academic year, date TBD

IV. Laparoscopic and Robotic Technical Skills Development

DaVinci Online Community – Training – Intuitive Learning Assigned Modules

Simulator and Technical Drills Exercises – Conducted once a year by PGY-1 through PGY-3 years. To be done within initial 6 months of academic year by PGY-1, and -2 residents, within 1st month of academic year by PGY-3 residents

V. Operative Skills Development

Operative training by Attending Surgeons and Senior Residents - Ongoing

Robot and lab Simulators are located the 4th Floor in BA-4407 The door code is 4726*

The VESSL lab is located by the surgery offices on the 4th Floor in BI- 4086.

For an account on simulator, residents email Dr. Adam badam@augusta.edu . She can also meet them there to get them oriented to units as well as do some suturing and tying tutoring for interns/junior residents.

To gain access to the simulator and for tracking cases, each resident must create an account with Intuitive by going to www.learning.intuitive.com.

INTUITIVE

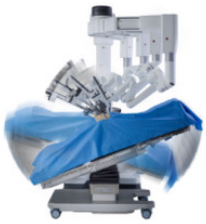
Welcome to Intuitive Learning!

Hello Martha Terris,

You have been enrolled in the following programs by your Clinical Sales Representative, micah.enloe@intusurg.com.

Xi Multi-Port for Surgeons da Vinci OS4 v9

Xi/X Stapler (P8)



Xi Intraoperative Table Motion (P7,P8)

INTUITIVE

Important Safety Information

For important safety information, indications for use, risks, full cautions and warnings, please refer to www.intuitive.com/safety

Privacy Policy Update Profile

Appendix 8: CNVAMC Critical Patient Alerts

Almost every resident or fellow that rotates at the VA generates patient view alerts. These are results that come to you from orders you have placed, to include consults, labs, imaging, etc. Alerts can quickly and easily pile up if you don't clear them daily. For most of you, you are not present at the VA continuously to clear them frequently. **This is an extremely important patient safety issue since some alerts may only go to you and may require a prompt, follow-up action**. In an effort to eliminate unviewed alerts, please ensure you follow the process below **every time you are on rotation at the VA.**

Upon the start of you rotation-
Each department has discretion to add you to their consult alert team (or not) and the process to which that occurs. It is very important that you contact your VA Program Site Director to ask what process is in effect for your rotation. Most importantly, you should be aware if you are assigned to the consult alert team, so you can expect to receive alerts which will require clearing.
Go into CPRS notifications settings and uncheck anything you don't need to see. (See attachment with instructions.)
If you returning after a previous rotation, clear any existing surrogates you have set up. Contact a VA CAC for assistance.

During your rotation-
Clear your alerts daily! This will avoid an overwhelming number of alerts building up.

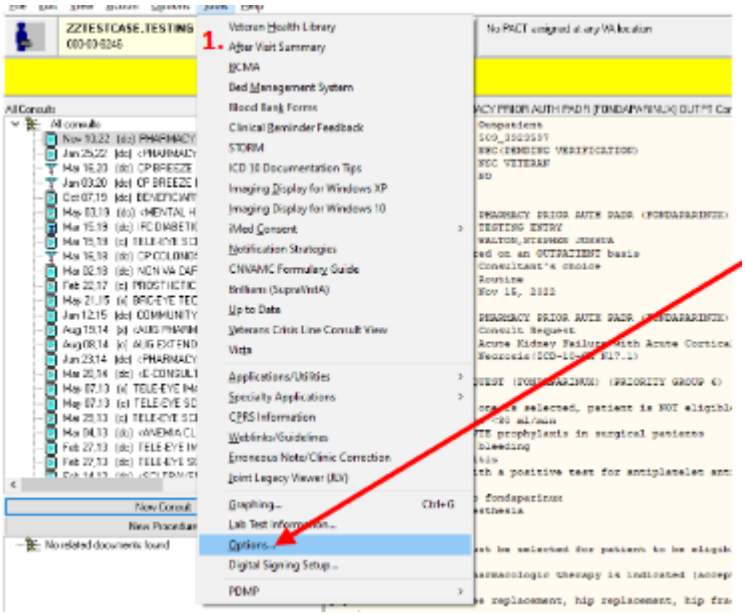
At the end of your rotation-THIS IS EXTREMELY IMPORTANT-
Ensure your service ADPAC removes your name from the consult alert team/s.
At the end of your last day on rotation, set a surrogate to receive any lagging alerts. The assigned surrogate should be your attending on the last day of your rotation. Include beginning date as the last date of the rotation and do not specify any end date. (See attachment with instructions.)
Delete any personal teams you may have created.

In between rotations-
At least once a month, log into the VA system and access CPRS and your VA email. You are not expected to read all the VA emails but keeping your Office 365 (VA email) active is important to ensuring your PIV access is maintained and will also allow you to keep your TEAMS active so you can attend meetings and didactics virtually. Clear any alerts that are in your box.

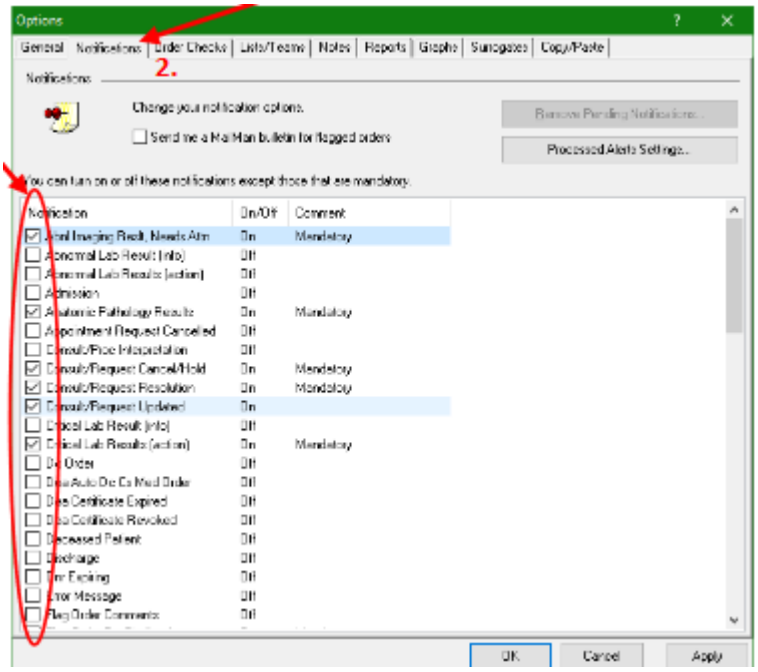
View Alert notifications in CPRS represent clinical care and addressing them is a patient safety issue. VA nationally has listed several type of notifications that are mandatory (i.e. New Consult Alerts) and cannot be adjusted by Staff (or Trainee). There are quite a few remaining notification types that are optional and can be Inactivated by the Staff within CPRS. This has the potential to decrease the number of alerts received. Each Staff member (or Trainee) should review the notification list in CPRS for what can be appropriately inactivated. For example, if you don't want an alert for every update made to a consult (i.e. comment, scheduled, partial result) then you should inactivate the 'Consult/Request
Updated' notification. (Screenshots below).

1. Start in CPRS and go to the Tools selection in the menu bar. Then click on 'Options' in the drop down list.

2. A tabbed window will appear with the CPRS Options. Click on the Notifications Tab to review the notification types you are receiving.



Review all of the checked boxes. These are the active types of notifications you are currently receiving. Any NOT marked as ‘Mandatory’ in the comments can be unchecked and inactivated. In this example you would uncheck the ‘Consult/Request Updated’ box to stop alerts for any consult update.

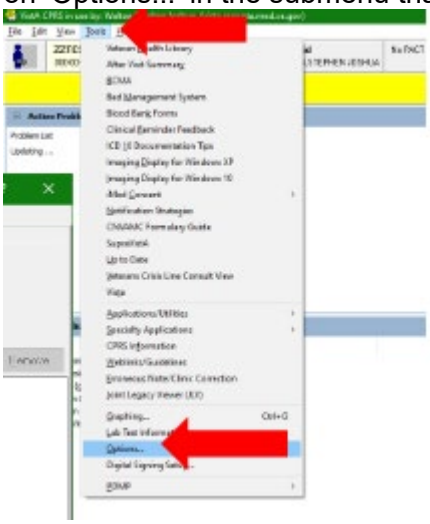


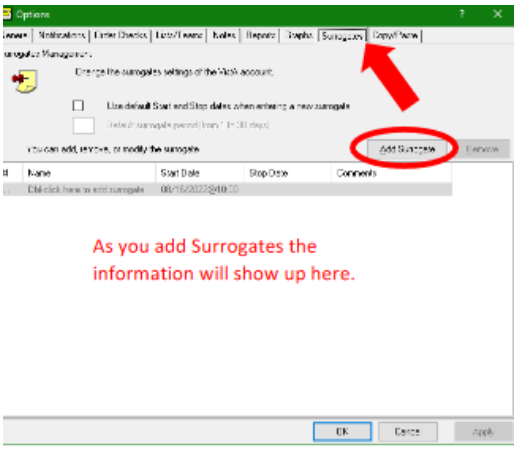
4. Please be mindful of what you are inactivating if you don’t 100% know what the result will be. If you uncheck the ‘Flagged OI...’ notification types you may not get Alerts that are part of an established workflow. For example an Alert is set to send for patients that experience a fall but if you have the Flagged OI alerts turned off you may not get the alert.

Assigning a Surrogate

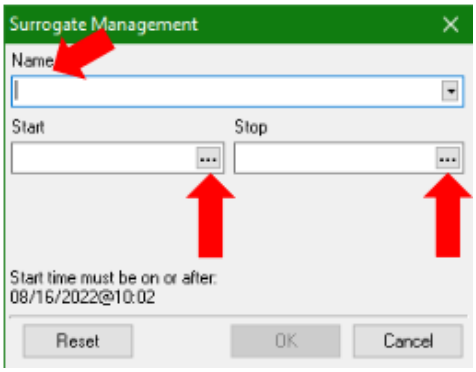
Assigning a Surrogate is necessary when a Provider will be on any kind of leave and needs their View Alerts and related patient care covered. A Surrogate is also necessary when a Provider is resigning/leaving or a Resident is rotating away from the VA. A Surrogate will receive any future alerts to be able to attend to the needed patient care. When the need is anticipated for annual leave, departures, or rotating away from the VA then the User can set up their own Surrogate. This is the preferred method. For unanticipated leave or departures, the CAC team can assist. The Service will need to enter a LEAF request on the Clinical Informatics page.

1. From within CPRS click on 'Tools' at the very top of the CPRS window. Then click on 'Options...' in the submenu that appears.





2. The eighth tab on the Options window is 'Surrogate'. Click on the Surrogate Tab to set up a Surrogate.
3. Click the Add Surrogate button or double- click in the display area to add a Surrogate. This will bring up the Surrogate Management window.



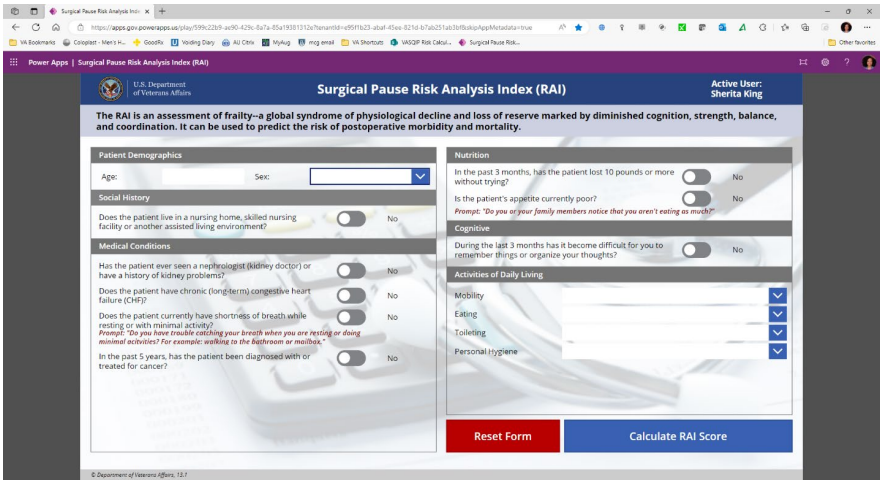
4. In the Name field begin typing the name of the Staff that will be acting as the Surrogate. The system will try to autofill the name or you can use the drop down arrow to find the surrogate.
5. Then choose the Start Date/Time by using the ellipses in the Start field. Start date/time cannot be prior to Now.
6. Then choose the Stop Date/Time by using the ellipses in the Stop field. Stop date/time can be as far in the future as needed. Then click the OK button.
7. If you have multiple Staff serving as consecutive Surrogates you may continue to add them as needed. One after another. They cannot overlap but can be consecutive or have gaps such as a weekend.

*Surrogates will only receive future alerts. No existing alerts will be forwarded to the Surrogate. Note signature alerts will regenerate every night at midnight and they will show up for Surrogates. If previous alerts need to be reviewed the CAC team can assist with a report for the Surrogate or reviewer.

Appendix 9: Risk Scores at CNVAMC

Risk scores must be calculated for any patient being scheduled for surgery. If they are elevated then a multidisciplinary team, which consists of the a urology attending, anesthesia provider, and chief of surgery, must meet about the patient to see if surgery will proceed.

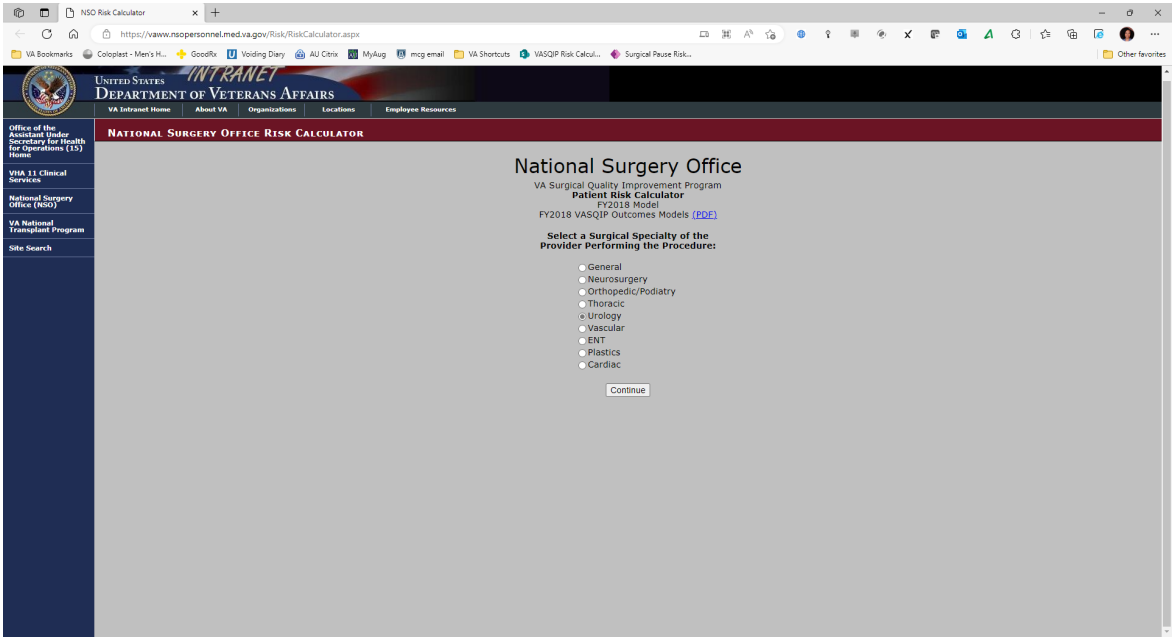
RAI needs to be done on ALL patients having surgery.

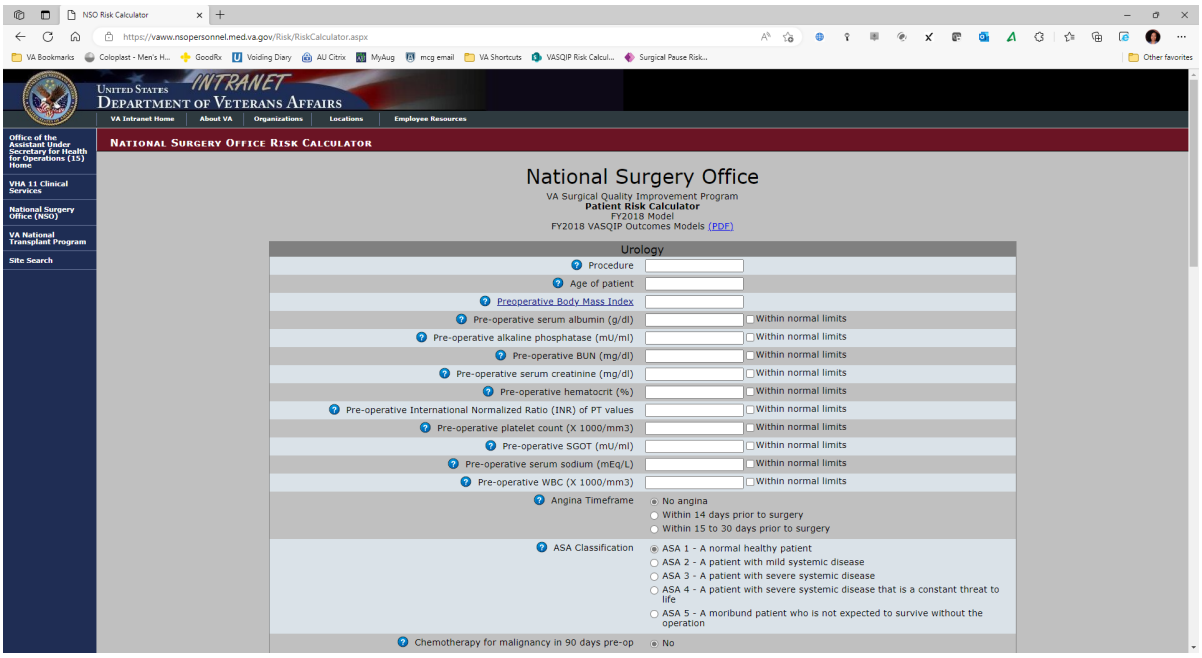


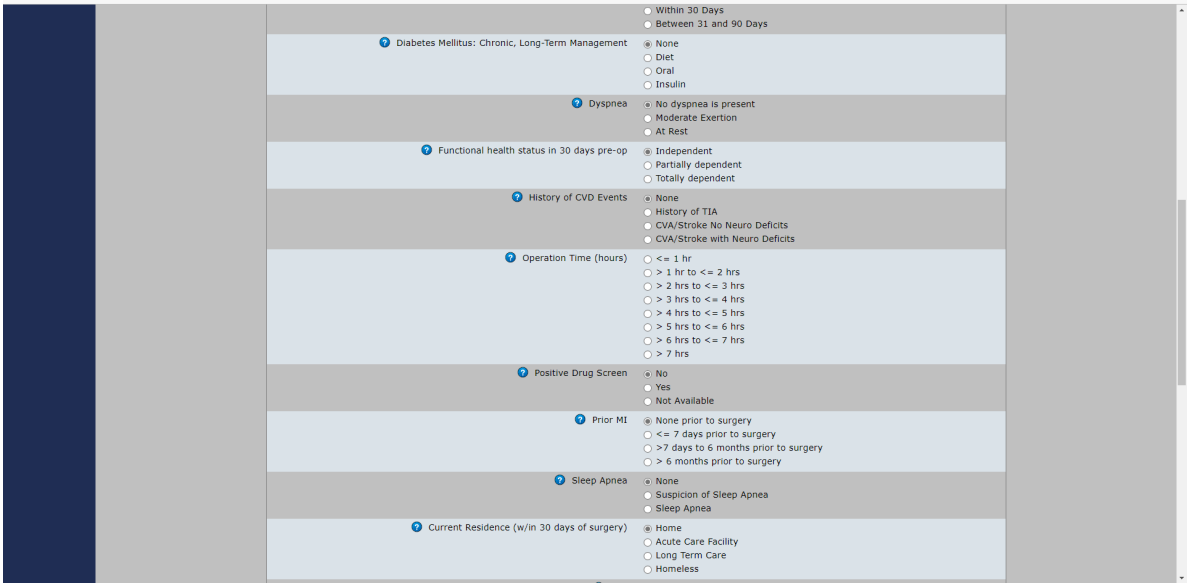
https://apps.gov.powerapps.us/play/599c22b9-ae90-429c-8a7a-85a19381312e?tenantId=e95f1b23-abaf-45ee-821d-b7ab251ab3bf&skipAppMetadata=true

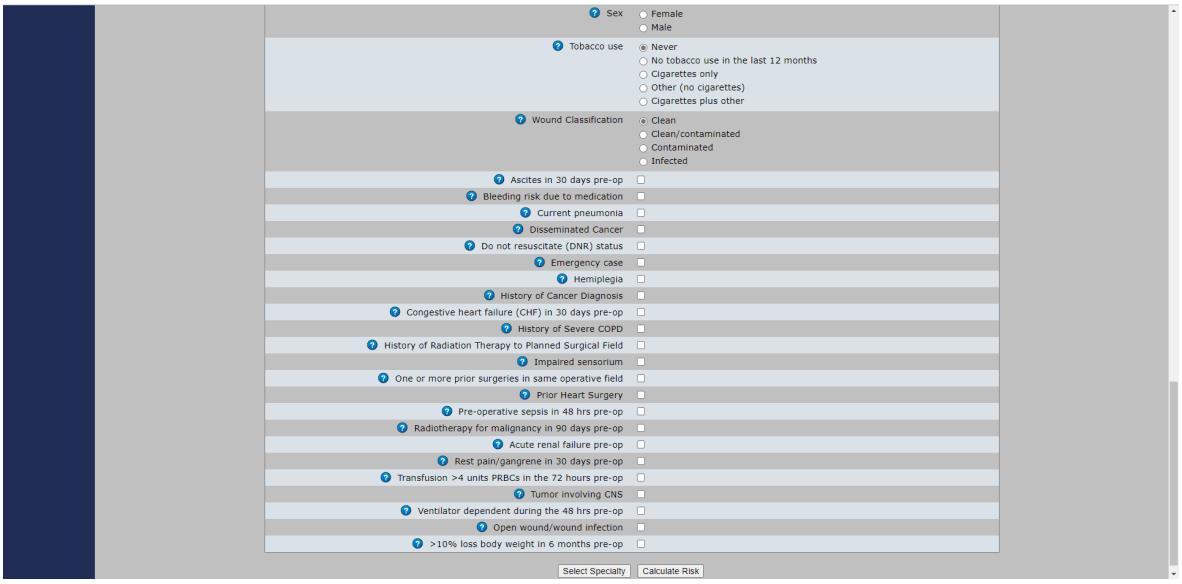
For all cases check to see if it is VASQIP eligible by putting the CPT code in the calculator. If nothing comes up then it is not eligible. If the case populates then use the calculator to get a risk score.

https://vaww.nsopersonnel.med.va.gov/Risk/RiskCalculator.aspx




NSO Risk Calculator
https://vaww.nsopersonnel.med.va.gov/Risk/RiskCalculator.aspx
United States Department of Veterans Affairs
INTRANET
VA Intranet Home | About VA | Organizations | Locations | Employee Resources
Office of the Assistant Under Secretary for Health for Operations (15) Home
VHA 11 Clinical Services
National Surgery Office (NSO)
VA National Transplant Program
Site Search
National Surgery Office Risk Calculator
National Surgery Office
VA Surgical Quality Improvement Program
Patient Risk Calculator
FY2018 Model
FY2018 VASQIP Outcomes Models (PDF)
Urology
Procedure
Age of patient
Preoperative Body Mass Index
Pre-operative serum albumin (g/dl)
Pre-operative alkaline phosphatase (mU/ml)
Pre-operative BUN (mg/dl)
Pre-operative serum creatinine (mg/dl)
Pre-operative hematocrit (%)
Pre-operative International Normalized Ratio (INR) of PT values
Pre-operative platelet count (X 1000/mm3)
Pre-operative SGOT (mU/ml)
Pre-operative serum sodium (mEq/L)
Pre-operative WBC (X 1000/mm3)
Within normal limits
Angina Timeframe
No angina
Within 14 days prior to surgery
Within 15 to 30 days prior to surgery
ASA Classification
ASA 1 - A normal healthy patient
ASA 2 - A patient with mild systemic disease
ASA 3 - A patient with severe systemic disease
ASA 4 - A patient with severe systemic disease that is a constant threat to life
ASA 5 - A moribund patient who is not expected to survive without the operation
Chemotherapy for malignancy in 90 days pre-op
No


Within 30 Days
Between 31 and 90 Days
Diabetes Mellitus: Chronic, Long-Term Management
None
Diet
Oral
Insulin
Dyspnea
No dyspnea is present
Moderate Exertion
At Rest
Functional health status in 30 days pre-op
Independent
Partially dependent
Totally dependent
History of CVD Events
None
History of TIA
CVA/Stroke No Neuro Deficits
CVA/Stroke with Neuro Deficits
Operation Time (hours)
<= 1 hr
> 1 hr to <= 2 hrs
> 2 hrs to <= 3 hrs
> 3 hrs to <= 4 hrs
> 4 hrs to <= 5 hrs
> 5 hrs to <= 6 hrs
> 6 hrs to <= 7 hrs
> 7 hrs
Positive Drug Screen
No
Yes
Not Available
Prior MI
None prior to surgery
<= 7 days prior to surgery
>7 days to 6 months prior to surgery
> 6 months prior to surgery
Sleep Apnea
None
Suspicion of Sleep Apnea
Sleep Apnea
Current Residence (w/in 30 days of surgery)
Home
Acute Care Facility
Long Term Care
Homeless


Sex
Female
Male
Tobacco use
Never
No tobacco use in the last 12 months
Cigarettes only
Other (no cigarettes)
Cigarettes plus other
Wound Classification
Clean
Clean/contaminated
Contaminated
Infected
Ascites in 30 days pre-op
Bleeding risk due to medication
Current pneumonia
Disseminated Cancer
Do not resuscitate (DNR) status
Emergency case
Hemiplegia
History of Cancer Diagnosis
Congestive heart failure (CHF) in 30 days pre-op
History of Severe COPD
History of Radiation Therapy to Planned Surgical Field
Impaired sensorium
One or more prior surgeries in same operative field
Prior Heart Surgery
Pre-operative sepsis in 48 hrs pre-op
Radiotherapy for malignancy in 90 days pre-op
Acute renal failure pre-op
Rest pain/gangrene in 30 days pre-op
Transfusion >4 units PRBCs in the 72 hours pre-op
Tumor involving CNS
Ventilator dependent during the 48 hrs pre-op
Open wound/wound infection
>10% loss body weight in 6 months pre-op
Select Specialty
Calculate Risk

Handbook Receipt Certification

I hereby certify that I have received a copy of the **2023-2024** Edition of the Medical College of Georgia Department of Urology Residency Handbook, and have familiarized myself with its content.

_____

Name (please print)

_____

Signature

_____

Date