

Urology Rotation

1. **Overview:** This service is incorporated into Red or Gold General Surgery service. In the first 6 months of the academic year, Gold Surgery will cover Urology and in the latter 6 months, Red Surgery will cover it. The residents on the respective General Surgery services will cover Urology outpatients in the clinics and all in-patient care under the direction and supervision of Dr. Albert McBride. This additional coverage of Urology will provide exposure and learning opportunities in the principle and practice of urologic surgery.

2. **GOALS:**

At the conclusion of this rotation, residents should be able to:

- Demonstrate an understanding of the anatomy, physiology, and pathophysiology of the genitourinary system.
- Demonstrate the ability to manage routine and emergency genitourinary problems in a variety of settings.
- Demonstrate the ability to manage of acute urethral obstruction, urologic trauma, and neoplastic diseases as well as calculus diseases.

3. **OBJECTIVES**

- a. **Patient Care:** Upon completion of this rotation, residents will demonstrate knowledge of and skills in Urology examination of patients with Urology diseases or injuries so that they will be able to:
 - i. Demonstrate the ability to perform adequate history and physical examination.
 - ii. Demonstrate the ability to perform urologic examination
 - iii. Demonstrate the ability to perform proper insertion of Foley catheter in difficulty situations.
 - iv. Demonstrate the ability to provide pre-and postoperative care of a variety of plastic surgical procedures.
- b. **Medical Knowledge:** By the completion of this rotation, residents will be able to:
 - i. Demonstrate an understanding of the anatomy, physiology and pathophysiology pertaining to the genitourinary system.
 - ii. Demonstrate an understanding of the principles and practices of Urology.
 - iii. Demonstrate an understanding of the proper management of renal calculus disease.

- c. **Practice-based learning:** Residents are expected to
 - i. Be able to evaluate own performance,
 - ii. Incorporate feedback into improvement activities;
 - iii. Effectively use technology to manage information for patient care and self-improvement.

- d. **Interpersonal and communication skills:** Residents are expected to:
 - i. Create and sustain a therapeutic and ethically sound relationship with patients.
 - ii. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
 - iii. Work effectively with others as a member of the Urology team.
- e. **Professionalism:** Residents are expected to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. They are expected to:
 - i. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients that supercedes self-interest; accountability to patients; and a commitment to excellence and on-going professional development.
 - ii. Demonstrate a commitment to ethical principles pertaining to confidentiality of patient information and informed consent.
 - iii. Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
 - iv.
- f. **Systems-based practice:** Residents are expected to:
 - i. Demonstrate an understanding of how their patient care and other professional practices affect other health care professionals and the hospital.
 - ii. Practice cost-effective health care and demonstrate knowledge of resource allocation that does not compromise quality of care
 - iii. Advocate for quality patient care and assist patients and families in dealing with the complexities of the system.

4. **CLINICAL EXPERIENCE**

The resident on either general surgery services will cover Urology which include outpatient clinics, inpatient pre- and post operative care and intraoperative experiences. The resident will be exposed to a vast variety of cases from simple lacerations to complex microvascular or myocutaneous flap repair of complex wounds. The resident will also have experience in head and neck surgery, including parotid gland surgery and breast reconstructive surgery.

5. **DIDACTIC COMPONENT**

Residents and students are expected to participate in the weekly didactic lecture provided by Dr. McBride every Friday from 9-11 am. In addition, all

residents are expected to attend the educational conferences on Wednesday afternoon from 2-6 pm.

6. RESPONSIBILITIES

- a. **Decision-making:** Residents are expected to, based upon information gathered and the clinical situation, make independent decisions for patient care. These decisions are then reviewed with the staff surgeon before being implemented, at any time, day or night, and at least on daily rounds.
- b. **Planning:** Planning for patient care is done with the staff surgeon daily on patient rounds.
- c. **Direct patient care:** Residents have direct patient care responsibilities on the Urology service with close, direct supervision by the staff surgeons.
- d. **Record keeping:** The resident responsible for the patient, or the covering resident writes daily notes. Appropriate documentation of surgical and bedside procedures is to occur at the time of the procedures or daily as is required. Discharge summaries are dictated on all. In the clinic, notes are written by the residents, reviewed and signed by the Urology attending. It is the responsibility of the resident to be sure problem lists and medication lists are updated. Consents for surgery are obtained under direct supervision by the staff surgeon. Residents are expected to fill out all necessary paperwork to schedule patients for surgery and to get the necessary consultations before, during and after surgery.
- e. **Order writing:** Only the residents or staff surgeons in charge of the patient write orders. If you are consulting for a patient on another service, recommendations are made, if needed, by phone, to the service responsible for that patient and orders are written only if requested to do so by them.
- f. **Ongoing patient management:** The ongoing Urology patient management remains the responsibility of the Urology service, and the residents caring for that patient until the patient is discharged. While the Urology patients are in the intensive care unit, the resident must consult SICU or MICU for management of the patients, as the staff urology surgeon does not have ICU admitting privileges. If the patient has any medical problems, medical consultations are obtained and the patient is then followed in the medicine clinics if he/she has no primary care physician. Patients are seen in follow-up for their urology complaints in the outpatient Urology clinic.

7. **SUPERVISION:** The staff surgeon, Dr. McBride, directly and indirectly supervises surgical residents at all times in the Urology clinic, in the hospital, and in the operating room. An attending or a resident who has been certified by his/her department to be competent to perform and teach bedside procedures supervises all bedside procedures.

8. **SCHEDULE:** Residents on the appropriate general surgery service will cover all Urology consults from 6 am to 6 pm. The night float resident will

take over the Urology coverage from 6 pm to 6 am. The resident assigned to cover Urology will round on all Urology patients and with the staff surgeon as requested. The resident will also cover clinic and operative cases as assigned by the chief resident on general surgery service.

9. **DISTRIBUTION OF GOALS, OBJECTIVES:**
Goals and objectives of this rotation are distributed at the beginning of the residency year to each resident. Copies are sent by email to each resident assigned to this rotation prior to the beginning of the rotation. Additional copies can be obtained in the surgery residency coordinator's office. The goals and objectives can also be assessed via the KMC surgery website: www.kmcsurgery.org
10. **METHODS OF IMPLEMENTATION:** Goals and objectives are implemented through one on one precepting, direct staff supervision, faculty and resident role modeling, case-based readings, daily rounds, and spontaneous and planned didactic sessions.
11. **SENIOR RESIDENT CONTACT:** The resident assigned to cover Urology will have direct contact with the chief and senior resident of the general surgery services. Direct contact with the Urology faculty is encouraged.
12. **VACATION:** Vacation may be taken during the general surgery rotation with the approval of the administrative chief resident who has the responsibility of setting up the call schedule. Request for vacation should be submitted at least 6 weeks in advance.
13. **CALL RESPONSIBILITIES:** Call coverage for Urology is only from 6 am to 6 pm. The nighttime calls will be covered by the night float resident. Adequate sign out to and from the night float resident is essential. While on call for Urology during the day time, the resident assigned will respond to consults in a timely fashion and contact the appropriate Urology faculty as soon as all data is available.