

SCOPE OF PRACTICE PGY-2 – PGY-5

The Residency Review Commission on Urology requires demonstrated progressive responsibility in cognitive and procedural patient management. A concrete list of procedures limiting the progression of gifted residents could be contrary to the aims and intent of the RRC and therefore we define the general scope of practice for each year with the understanding that resident duties may be accelerated or restrained according to the judgment of the faculty and specific attending. Twice per year the program director meets with each resident to discuss evaluations and status to ensure the appropriateness of his/her performance and promotion to higher responsibility. All urological surgical procedures in the Medical University Hospital are performed under the direction of the attending.

GENERAL RESIDENT RESPONSIBILITIES

The Veteran's Administration Hospital (VA) will at minimum, be covered by a chief and a junior resident. Rounds will be at the discretion of the chief resident and with concurrence of the attending staff. The Medical University Hospital (MU) will also be covered by a chief and a junior resident. The surgical intern will be assigned to the MU Hospital and the senior and junior medical students will be assigned to the MU Hospital or the VA Hospital. Also, at the MU Hospital, one urology resident will be in charge of pediatric patient care under the supervision of Dr. Prasad and/or Dr. Stec. The residents will direct adult patient care (adult service) under the supervision of the chief resident and the attending.

Admission histories and physical examinations should be completed within 24 hours of the patient's admission. The intern and junior residents will share responsibility for completing all evaluations and discussing evaluations with the proper attending physician. All patients will have a written note in the chart by a resident **EVERY** day. The note will contain all relevant data and the plan of care.

The chief residents must be informed by the residents of all consultations directed to Urology, of all adverse changes in the course of a patient, of all emergency admissions, of all actions contrary to the welfare of the department (confrontations with ancillary and/or support staff, etc.) and will report these to the appropriate attending (clinical matters) or the chairman (departmental matters) as they occur. They will respond to hospital consultations (notifying the proper attending physician). They will notify each attending of any patient admitted to the service (at the time of admission) and will present a plan of action (to be discussed with the attending). All admissions must be discussed with the appropriate attending physician prior to admission.

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It is expected that all residents on the clinical service have complete and up to date knowledge of all patients on the clinical service including inpatients and consults in the morning and in the evening. Therefore, effective communication between residents is essential. All residents must understand the clinical plan as dictated by the attending physician or chief resident at all times.

Residents will not allow a patient to be anesthetized without the express knowledge and consent of the attending physician. No case in this system will be done without the attending actively involved. We will adhere to the elbow-to-elbow doctrine that meets HCFA standards. It is expected that residents will be fully knowledgeable about patients on whom they are operating as well as the procedure(s) contemplated; failure to be so informed may result in censure by the attending including exclusion from the operative case. Relevant x-rays and other ancillary studies are to be brought to the OR by the residents. Any untoward event (including complication, drug reaction, change in patient course, and misunderstanding with attending, residents, nurses, ancillary personnel or staff) will be brought to the attention of the Chairman immediately. Inaccurate surgical counts will be brought to the attention of the attending immediately. No operative case will be terminated until the situation is clarified and discussed with the attending. Only the attending will make the decision as to disposition. Any deviation from this policy may result in immediate dismissal of the resident(s) involved. All residents will show sensitivity to patients and family needs. Patient information is not to be discussed in public. All residents will maintain cordial decorum with all hospital personnel as well as with each other, and resolution of differences of opinion will be carried out in a straightforward and reasonable fashion. If personal differences cannot be resolved between individuals, they will be brought to the Chairman. Residents will be judged fairly on performance, and inherent in this concept is that judgment must be evaluated and treatment courses critiqued. This must be carried out in a positive fashion so maximum learning experience is achieved.

It is expected that the chief resident and the residents on each clinical service will have reviewed in depth all charts for patients at least 48hrs prior to scheduled surgery.

This should be done in order to:

- Ensure the chart is complete.
- Ensure that the pre-operative work-up as dictated by the attending is completed.

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- Ensure that there are no contraindications or recent clinical developments that may result in cancellation of the case- and if such a dilemma exists, it is brought to the attention of the responsible faculty member well ahead of the day of surgery.
- Ensure that the chief residents and all residents on the service understand the indications for and the actual surgical procedure to be performed.

Residents are to be in the OR 15 minutes prior to the scheduled start time to assist in patient positioning and ensure that all cases start on time.

Operative dictations must be done on the day of the procedure. It is advisable that these be done immediately after the procedure. The resident should confirm with the attending physician before the end of each case who is responsible for dictations. Attending physicians must be listed first and their presence in the OR properly documented.

Discharge summaries must be done within 24 hours of the patient's discharge. Discharge summaries are the responsibility of the junior resident on the service; however, they at any time can delegate this responsibility with supervision to the interns or medical students.

All urology residents will participate in at least one (1) research or scholarly activity per academic year. This may include clinical or basic science research or preparation of a manuscript (i.e. chapter, paper, review article, etc.) for publication. All scholarly activity will be under the direction of an MUSC faculty member. All activities are expected to adhere to applicable federal, state and local regulations including those related to patient privacy, IRB regulations, MUSC/UMA rules and regulations. At no time is remuneration of any kind, from any source- intramural or extramural- to be incurred as a result of clinical or scholarly activity to be accepted by a urology resident without express notification and approval of any MUSC urology faculty member.

The chief residents will be responsible for the content and preparation of all conferences, including journal club. He or she may delegate topics to other residents at his or her discretion based on the overall conference schedule. It is the chief resident's responsibility to insure that all residents are prompt in attendance and have prepared for all conferences. The chief resident at the VA will be responsible for the selection of journal club articles and will have the list reviewed and approved by an attending physician at least one week prior to the scheduled journal club. The chief resident at

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each hospital will be responsible for compiling and presenting morbidity and mortality (M&M) cases and logs every month at the M&M conference.

All residents are expected to prepare for and take the annual urology in-service examination. Satisfactory performance as determined by the urology chairman or evidence of progressive improvement for substandard scores is **MANDATORY**.

INTERN RESPONSIBILITIES

The duties of the intern will be to assist in the morning work rounds and in-patients work-ups, assist and perform surgery cases chosen for him/her by the Chief Residents, assume primary ward responsibilities during the day, attend clinics and teaching conferences, take night call 5-7 nights per month (which could include one full weekend per month), and attend afternoon attending rounds. Discharge summaries are not the responsibility of the intern.

Interns may elect to take vacation during their period on urology, provided they make reservations at the beginning of the academic year in July. No vacations are allowed to anyone on the service from May 1 to July 31.

At the end of the rotation, the intern will be evaluated by the senior residents and attending according to the Department of Surgery evaluation form. The evaluation is sent to Mrs. Sue Wetherholt once completed.

MEDICAL STUDENT RESPONSIBILITIES

Fourth year medical students electing urology will be assigned duties similar to those of an intern, excluding night calls. They are; however, primarily on the urology service for purposes of education and very secondarily to provide service. Patient progress notes should be made consistent with hospital policy and it is an official policy of the hospital that medical students be closely supervised during patient work-up and all their orders must be signed by a licensed physician.

The third year medical student will be accepted after electing urology and they will spend three weeks on the urology service and their program is primarily didactic. Junior students are welcome to participate in patient care activities but other than patient work-ups daily rounds and clinics, it is up to the individual student to determine the extent of activities.

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*For information regarding this scope of practice, please contact:
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Once completing a rotation in the urology department each intern and student should have some knowledge in:

- The ability to perform a Genitourinary exam, (male and female)
- The ability to perform a pediatric genitourinary exam, (male and female)
- The ability to take a sexual history
- The ability to perform and understand a rectal exam
- The ability to place a Foley catheter
- The basic assessment of a patient with renal colic
- The basic evaluation of the patient with hematuria
- The ability to discern the difference and significance of gross and microscopic hematuria
- The work-up and differential diagnosis of hematuria
- The evaluation and treatment options for the patient with BPH
- A knowledge and ability to discuss the basic issues with regard to GU malignancies, in particular Prostate cancer and Prostate Specific Antigen (PSA) testing

BASIC GOALS AND OBJECTIVES

The basic philosophy and goals of the Department of Urology remain unchanged and include:

- The welfare of the patient is the department's primary concern
- To train residents to efficiently provide the highest quality care

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- To provide excellent urological education to residents and students
- To promote activities pertinent to resident education
- To consider all urological patients as part of the teaching system
- To make resident education a priority in face of the economic pressures of the present health care system
- To allow the resident freedom to evaluate, formulate, and institute treatment plans for patients, under proper attending supervision
- To allow the resident freedom to perform or assist in surgical procedures according to his/her ability as determined by the attending physician
- To assure personal attending supervision of the resident in all levels of patient care
- To advance the resident's surgical level of involvement as rapidly as the attending feels is justified

ROTATION AND RESPONSIBILITIES FOR THE CLINIC

The clinic resident's rotation is intended to provide experience and teaching in a broad array of outpatient activities including initial consultation, decisions for treatment (medication and surgery), follow-up of patients, and outpatient procedures such as videourodynamics and vasectomy. The clinic resident will also be available to staff in-patient consults when the in-patient resident is in the operating room, provide assistance with pre-operative workups, and will help to discuss consults with the junior resident in the hospital while the chief is in the operating room. The schedule is as follows:

UROLOGY

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DAY	SERVICE	ATTENDING	LOCATION
Monday	Adult	Dr. Keane	RT5
Tuesday	Adult	Dr. Rovner	HEC3
		Dr. Rogers	RT5 / HEC3
	Pediatric	Dr. Stec	NCS3
Wednesday	Adult	Dr. Rovner/Savage	RT5
		Dr. Clarke	HEC3
Thursday	Adult	Dr. Keane	RT5
Friday	Adult	Dr. Rovner	RT5
		Dr. Rames	HEC3
	Pediatric	Dr. Stec	NCS3

GOALS & OBJECTIVES BY YEAR OF TRAINING PROGRAM

PGY-2

- This is the first of four dedicated urology post-graduate years. The resident will become familiar with office-based urology, including the initial evaluation of adult and pediatric urologic patients, performance of office-based procedures, including, but not limited to cystoscopy, transrectal ultrasound and prostate biopsy, vasectomy, and urodynamic studies. He or she will learn how to work-up common urological problems encountered in hospital consultations and will learn how to deal with urological emergencies.
- The resident will develop an understanding of socio-economic issues related to medicine, including the practice of delivering cost-effective medical care. He or she will develop an understanding of the ethics of the medical and urologic profession and will become an active participant in conference discussions and journal club presentations.
- The resident will develop an understanding of adult and pediatric anatomy and physiology as it relates to urologic patients.
- The resident will learn the medical and surgical management of adult and pediatric patients.

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- The resident will understand basic urologic disease including uro-oncology, benign diseases of the prostate, voiding dysfunction, chronic and acute renal failure, male infertility, and erectile dysfunction.
- The resident will become proficient in common pediatric urologic conditions, including hydronephrosis, vesicoureteral reflux, posterior urethral valve disease, bladder pathophysiology, and pediatric malignancies.
- The resident will begin the process of learning operative urology, including endourologic, laparoscopic, and robotic procedures, open surgical procedures, pediatric surgical procedures, and lithotripsy.
- The resident will develop an understanding of pre-operative assessment of patients and post-operative management of surgical patients.
- The resident will be actively involved in an independent research or scholarly endeavor within the department.

PGY-3

- By the end of the PGY-3 year, the resident will be able to evaluate all urologic patients under his or her care, and organize a plan of management acceptable to the chief resident and attending physician. This plan will include total assessment of the patient, evaluation and interpretation of all pertinent accompanying information, determination of appropriate diagnostic studies, and providing a rationale for therapy.
- The resident will develop an understanding of adult and pediatric anatomy and physiology as it relates to urologic patients.
- The resident will learn the medical and surgical management of adult and pediatric patients.
- The resident will understand basic urologic disease including uro-oncology, benign diseases of the prostate, voiding dysfunction, chronic and acute renal failure, male infertility, and erectile dysfunction.

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- The resident will become proficient in common pediatric urologic conditions, including hydronephrosis, vesicoureteral reflux, posterior urethral valve disease, bladder pathophysiology, and pediatric malignancies.
- The resident will become proficient in office-based urology, including the initial evaluation of adult and pediatric urologic patients, performance of office based procedures, including, but not limited to cystoscopy, transrectal ultrasound and prostate biopsy, vasectomy, and urodynamic studies.
- The resident will develop an understanding of socio-economic issues related to medicine, including the practice of delivering cost effective medical care.
- The resident will develop an understanding of the ethics of the medical and urologic profession.
- The resident will become an active participant in conference discussions and journal club presentations.
- The resident will continue to assimilate the process of learning operative urology, including endourologic, laparoscopic and robotic procedures, open surgical procedures, pediatric surgical procedures, and lithotripsy.
- The resident will learn the details of major urologic operative procedures by active participation in cases as time allows.
- The resident will develop an understanding of pre-operative assessment of patients and post-operative management of surgical patients.
- The resident will be actively involved in an independent research or scholarly endeavor within the department.

PGY-4

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- By the end of the PGY-4 year, the resident will be able to evaluate all urologic patients under his or her care, and organize a plan of management acceptable to the chief resident and attending physician. This plan will include total assessment of the patient, evaluation and interpretation of all pertinent accompanying information, determination of appropriate diagnostic studies, and providing a rationale for therapy.
- The resident will further his or her understanding of adult anatomy and physiology as it relates to urologic patients.
- The resident will further his or her understanding of the pediatric anatomy and physiology.
- The resident will serve as the administrative chief of the pediatric service during his time on that service.
- The resident will understand complex urologic disease including uro-oncology, benign diseases of the prostate, voiding dysfunction, chronic and acute renal failure, male infertility, and erectile dysfunction.
- The resident will become proficient in office-based urology, including the initial evaluation of adult urologic patients, performance of office based procedures, including, but not limited to cystoscopy, transrectal ultrasound and prostate biopsy, vasectomy, and urodynamic studies.
- The resident will finalize the process of learning all medical and surgical urology as it relates to the pediatric population.
- The resident will develop an understanding of socio-economic issues related to medicine, including the practice of delivering cost effective medical care.
- The resident will develop an understanding of the ethics of the medical and urologic profession.
- The resident will become an active participant in conference discussions and journal club presentation.

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- The resident will continue to assimilate the skills and acquire the necessary judgment inherent in operative urology, including endourologic, laparoscopic, and robotic procedures, simple open surgical procedures, and lithotripsy.
- The resident will learn the details of major urologic operative procedures by active participation in cases as time allows.
- The resident will develop an understanding of pre-operative assessment of patients and post-operative management of surgical patients.
- The resident will be familiar with the operative techniques for renal transplants and demonstrate a working knowledge of ICU care and postoperative management of liver, kidney, and pancreas transplants.
- By the end of the PGY-4 year, the resident will have completed an independent research or scholarly endeavor and will prepare for presentation at a major academic meeting or will have a manuscript submitted for publication.

PGY-5

- The PGY-5 year will be devoted to mastering medical and surgical Urology and developing administrative skills necessary for the performance of high quality urology, either in an academic or private practice situation.
- The resident will serve as administrative chief of the respective institution.
- The resident will serve as a junior faculty under the guidance of the faculty.
- The resident will organize the residency program under the guidance of the residency director.
- The resident will take the initiative in organizing the didactic schedule and insuring that all conferences are attended.

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- The resident will master the understanding of adult anatomy and physiology as it relates to urologic patients.
- The resident will finalize his or her understanding of urologic disease including uro-oncology, benign diseases of the prostate, voiding dysfunction, chronic and acute renal failure, male infertility, and erectile dysfunction.
- The resident will become proficient in office-based urology, including the initial evaluation of adult urologic patients, performance of office based procedures, including, but not limited to cystoscopy, transrectal ultrasound and prostate biopsy, vasectomy, and urodynamic studies.
- The resident will become proficient in operative adult and pediatric urology including preoperative and postoperative management and discussion of alternative therapies with surgical patients.
- The resident will develop an understanding of the ethics of the medical and urologic profession.
- The resident will become an active participant in conference discussions and journal club presentations, including actively participating in the development of conference schedules.
- The resident will finalize the process of learning operative urology, including all aspects of operative urology.
- The resident will learn the details of major urologic operative procedures by active participation in all major cases as time allows.
- The resident will master pre-operative assessment of patients and post-operative management of surgical patients.