



Beth Israel Deaconess
Medical Center



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

Beth Israel Deaconess Medical Center Urology Residency Program

Educational Goals and Objectives

Post Graduate Year 2

PGY 2 Educational Goals & Objectives

Adult Clinical

Length: 12 months

Location: BIDMC, BID- Needham

It is expected that the resident will acquire cognitive and clinical skills in the outpatient and inpatient care of urology patients. The resident will be introduced to urologic data collection, i.e. history and physical examination and clinical decision-making. The resident will demonstrate familiarity with urologic imaging modalities and will have an introduction to urologic diagnostic techniques including cystoscopy, retrograde pyelography, stent placement, bladder biopsy, transurethral resection of bladder tumors, transrectal ultrasound, and biopsy of the prostate. The resident will perform scrotal urologic procedures with proficiency, and be exposed to adult abdominal and pelvic surgery by the end of the year. The resident will cultivate communication, attitudinal and professional skills with ethical standards and will be respectful of patients and their families, obtain informed consent and will demonstrate conduct consistent with a professional. The resident will become knowledgeable about systems based practice, will be able to work well with the case manager to facilitate proper patient placement in the appropriate facility as well as provide for patient needs in the home following discharge if that is the destination. The resident will be introduced to quality of care metrics and be capable of effectively accessing the literature to enhance practice. The resident will begin scholarly activities, which will involve literature reviews of clinical or basic science problems. A scholarly paper is the ultimate goal at the conclusion of the residency. The resident participates in weekly chapter reviews and all conferences.

The resident begins as a junior member in which he/she is exposed to inpatient and outpatient urology patients. Six months are spent as the junior resident on the adult service at the BIDMC and as a junior resident on the adult service at BID-Needham. Split into two three month rotations residents at BIDMC residents will be exposed to general urology and endourology for one block and neurourology and consults for second block. During six months at BID- Needham, residents will be exposed to general urology and be introduced to Urologic Oncology.

During this time the resident also becomes certified in laser safety and is exposed to the use of lasers in urology. The trainee begins skill set training in laparoscopy by using the training modules and attending the laparoscopic simulations at the Shapiro Simulation Center. The trainee has primary responsibility for the day-to-day activities of inpatient care. He/she is trained in the systems of health care to include patient placement and post discharge home support. The resident is exposed to all aspects of urologic surgery and becomes proficient in scrotal procedures and diagnostic endoscopy.

By the end of the twelve-month rotation, residents are expected to:

Medical Knowledge: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

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1. Basic assessment of the urologic patient
2. Introductory level knowledge base regarding pathophysiology of common urologic conditions including obstructive uropathy, urologic malignancy, urologic trauma, voiding dysfunction, stone disease and reproductive medicine
3. Have a working knowledge of urologic cancers, their evaluation and clinical staging and the options for treatment and follow-up
4. Evaluate a CT scan and renal ultrasound for patients with common urologic complaints
5. Able to create differential diagnosis for common urologic complaints
6. Understands the effects of age/pregnancy/obesity on management of surgical patients
7. Demonstrates knowledge of practice based guidelines
8. Knows how to access resources for delivery of care

Methods of Assessment:

1. Direct observation
2. Evaluation by other providers and staff
3. Case log review
4. In-service scores
5. In addition to the in-service exam, the PGY2 is examined by a 25 multiple-choice question designed by one of the urology faculty members. To assess the technical skill and knowledge of the PGY2 resident, the individual will need to demonstrate familiarity with endoscopic instruments and management of endoscopic emergencies.

Practice-based Learning and Improvement: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

1. Identify strengths, deficiencies, and limits in one's knowledge and expertise; set learning and improvement goals;
2. Identify and perform appropriate learning activities;
3. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
4. Incorporate formative evaluation feedback into daily practice;
5. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
6. Use information technology to optimize learning; and,
7. Participate in the education of patients, families, students, residents and other health professionals.
8. Learns about the roles of variety of health care providers, including consultants, advanced practice providers, home care workers, pharmacists and social workers
9. Learns about common socioeconomic barriers for delivery of health care
10. Learns about health system factors that increase the risk of error

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11. Able to identify value and use of techniques to minimize errors
12. demonstrates an understanding of main types of study design for clinical research
13. Demonstrates commitment to providing high quality care in clinic by raising specific quality and safety issues

Methods of assessment:

1. Portfolio review
2. One-on-one evaluation by program director

Interpersonal and Communication Skills: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
2. Communicate effectively with physicians, other health professionals, and health related agencies;
3. Work effectively as a member or leader of a health care team or other professional group;
4. Act in a consultative role to other physicians and health professionals; and,
5. Maintain comprehensive, timely and legible medical records, if applicable.
6. Exhibits the most basic communication skills during medical interviews and interaction with other health care professionals
7. Assess for patient understanding of medical information

Methods of assessment:

1. Direct observation
2. 360 degree evaluation
3. Review of medical records

Patient Care & Procedural Skills: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

1. To gain familiarity with clinical pathways and learn optimal inpatient management and cost-effective medicine
2. Have a working knowledge of the necessary preoperative work-up and postoperative management of the urologic patient
3. Perform urethral catheterization with and without cystoscopic guidance.
4. Perform retrograde pyelogram, ureteral stent placement, uretero-rensoscopy and bladder biopsy
5. Assist in percutaneous endourologic procedures such as renal access and nephrolithotomy
6. Perform all scrotal surgery including vasectomy and varicocelectomy
7. Perform an adult circumcision
8. Assist with simple or radical nephrectomy and radical orchiectomy

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9. Assist with female incontinence procedures
10. Assist with endoscopic procedures on the bladder, prostate and urethra
11. Assist in laparoscopic surgery
12. Demonstrate basic skill in use of laparoscopic instruments and knot tying through simulation
13. Attain laser safety certification
14. Able to obtain accurate and relevant history and appropriately examine patients
15. Able to develop plans for routine urologic problems
16. Able to counsel patients for routine, low-risk interventions
17. Identifies and able to manage common intraoperative & postoperative complications
18. Able to close surgical wounds for routine urologic procedures
19. Obtains access and performs examination of bladder/ureter by endoscopic techniques
20. Gains familiarity with laparoscopic equipment and able to assist intraoperatively

Methods of Assessment:

1. Direct observation
2. Evaluation by other providers and staff

Professionalism: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

1. Able to accept and effectively complete most tasks
2. Learns to follow through with stated commitments
3. Learns the importance of maintaining patient confidentiality
4. Learns to be responsive to criticism
5. Learns to complete medical records in a timely manner

Methods of assessment:

1. Direct observation
2. 360 degree evaluation
3. Review of medical records

Systems-based Practice: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty;
2. Coordinate patient care within the healthcare system relevant to their clinical specialty;
3. Incorporate considerations of cost awareness and risk-benefit analysis in-patient and/or population-based care as appropriate;

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4. Advocate for quality patient care and optimal patient care systems;
5. Work in inter-professional teams to enhance patient safety and improve patient care quality; and,
6. Participate in identifying system errors and implementing potential systems solutions.

Methods of Assessment

1. Structured case discussion (M&M conferences)
2. Direct observation
3. Evaluation by other providers and staff