



Department of Urology
UC San Diego Health

Urology Residency Handbook
2015-2016

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I. INTRODUCTION

The Department of Urology offers a four-year, fully accredited residency program, which draws from the most promising medical graduates in the country. The twelve resident physicians in our residency training program develop their clinical and research skills in the UC San Diego Health System, Urology clinics, operating rooms, and laboratories.

The Urology Residency Program provides comprehensive training in clinical urology and the opportunity to collaborate with leading investigators in clinical and laboratory urologic research. In addition, it accommodates residents' specialized clinical or research interests wherever possible.

Residents receive graduated responsibilities from their first year to their last, or chief residency, year. The program is designed to assure that each graduate has achieved the six general competencies defined by the Accreditation Council for Graduate Medical Education.

At the conclusion of the residency program, each trainee is expected to pass Part I of the American Board of Urology (written) examination. He or she is also expected to be capable of either embarking on specialty fellowship training or beginning the practice of general urology in the private sector or as a full-time faculty member at an academic medical center.

II. FACULTY MEMBERS

Adult Urology Faculty



Christopher Kane, MD
*Robotic Surgery
Urologic Oncology
Prostate Cancer*



Michael Albo, MD
*Female Urology
Urinary Incontinence
Pelvic Floor Reconstruction*



Jill Buckley, MD
*Urinary Reconstruction
Urinary Fistula Repair
Urethral Strictures*



Ithaar Derweesh, MD
*Robotic Surgery
Urologic Oncology
Prostate & Kidney Cancer*



T. Mike Hsieh, MD
*Andrology
Male Infertility
Sexual Dysfunction*



Christina Jamieson, PhD
*Cancer, Cell Biology, Endocrinology,
Genomics,
Immunology, Molecular Biology,
Translational Research*



Karim Kader MD, PhD
*Robotic Surgery
Urologic Oncology
Bladder Cancer*



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Adult Urology Faculty, cont.



C. Lowell Parsons, MD
*Interstitial Cystitis
 Painful Bladder Syndrome
 Prosthesis*



J. Kellogg Parsons, MD, MHS
*Robotic Surgery
 Urologic Oncology
 Benign Prostatic Hyperplasia
 "San Diego Top Doctor 5"
 consecutive years*



Kyoko Sakamoto, MD
*Endourology
 Neurourology
 Robotic Surgery*



Joseph Schmidt, MD
*Prostate Cancer
 Urinary Diversion*



Roger Sur, MD
*Endourology
 Robotic Surgery
 Kidney Stone Disease*



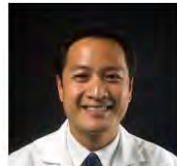
Jason Woo, MD
*General Urology
 Urologic Oncology
 Stones in Urinary Tract*

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Pediatric Urology Faculty



Madhu Alagiri, MD
*Hypospadias Repair
 Sexual Differentiation and
 Development Disorders
 Vesicoureteral Reflux*



George Chiang, MD
*LESS for Pediatric Urology
 Spina Bifida*



Nicholas Holmes, MD, MBA
*Prenatal Diagnosis of Urologic Disorders
 Recurrent Urinary Tract Infections
 Vesicoureteral Reflux*



George Kaplan, MD
*Database of evidence-
 based decisions
 Hypospadias Repair
 Reconstructive Urology*



Sarah Marietti Shepherd, MD
*Minimally Invasive Surgery
 Testicular Torsion
 Vesicoureteral Reflux*



Kelly Swords, MD, MPH
*Posterior Urethral Valves,
 Sexual Development Disorders
 Reconstruction*

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III. CURRENT RESIDENTS 2015-2016

	RESIDENT PAGER NUMBERS	
PGY-6 (Chief)	Patel, Nishant	(619) 290-2539
PGY-6 (Chief)	Godebu, Elana	(619) 290-1103
PGY-5	McDonald, Michelle	(619) 290-4662
PGY-5	Raheem, Omer	(619) 290-0042
PGY-4	Holden, Marc	(619) 290-9534
PGY-4	Nseyo, Unwanaobong	(619) 290-4088
PGY-3	Unterberg, Stephen	(619) 290-9023
PGY-3	Han, Daniel	(619) 290-0700
PGY-2	Bree, Kelly	(619) 290-3542
PGY-2	Owusu, Richmond	(619) 290-5864
PGY-1	Cotta, Brittney	(619) 290-1496
PGY-1	Ballon-Landa, Eric	(619) 290-1049
PGY-1	Patel, Sunil	(619) 290-1521

IV. ORGANIZATIONAL STRUCTURE AND INSTITUTIONS

UC San Diego Health System Medical Center (Primary Institution)

The UCSD Medical Center is a tertiary care facility with two Hospitals (Hillcrest and Thornton) with busy outpatient urology clinics and endoscopic, open, laparoscopic and robotic operative experience of the highest educational impact. There are five residents on service and nine Faculty (Kane, Albo, Kader, JK Parsons, Hsieh, Buckley, Sur, Derweesh and Woo) at UCSD. There is continuous faculty supervision of all clinical interactions including weekends and holidays.

Rady Children's Hospital and Health Center

The Rady Children's Hospital and Health Center is a busy tertiary care Children's Hospital serving San Diego County. UCSD Residents rotate in their (PGY4) Urology 3 year for 4 continuous months. There are 5 UCSD faculty pediatric urologists (Alagiri, Chiang, Kaplan Marietti, Swords) with whom the residents work. The residents round daily with the pediatric urology fellow with faculty supervision on all inpatients. The residents may see outpatient clinic with one of the pediatric urology staff. The residents participate in 60-80 operations per month.

Veterans Affairs Medical Center

The Veterans Affairs Medical Center (VAMC) San Diego is a large tertiary care VA Medical Center with attached inpatient spinal cord injury center. There are three residents on the VA service with one full-time VA faculty (Sakamoto) and eight faculty with part-time VA effort (Albo, Derweesh, Kane, Kader, JK Parsons, Sur, Hsieh and Buckley). The residents round daily on inpatients with faculty supervision. The resident's staff, with faculty supervision, a general urology clinic, Trus/bx and cystoscopy, urology procedure clinic and spinal cord injury clinic a total of six half-days per week. The residents operate three days per week with faculty supervision.

V. GENERAL GOALS AND OBJECTIVES

Educational Philosophy: The primary goal of the UCSD Urology Residency Program is to train the future leaders of Urology in the science and practice of the specialty. We seek to do this by:

- Exposing residents to the entire spectrum of urologic evaluation, intervention and research while emphasizing the need to deliver timely, cost-effective and compassionate care which recognizes all the needs of our patients without regard to socioeconomic status, ethnicity or gender.
- Attracting the brightest and most committed, compassionate and innovative applicants available to this training program.
- Providing residents with an educational program that allows them to become outstanding clinicians and surgeons, experienced in the latest urologic technology, and compassionate physicians responsive to the needs of their patients, patient's families, and the communities in which they practice.
- Providing opportunities for innovative and relevant clinical and laboratory research a variety of urologic disciplines.
- Providing our faculty and residents with the resources to allow us to accomplish our goals.
- Continuous re-evaluation of our training program to be sure we are meeting our goals.

PGY-2 and PGY-3 (Resident Rotation in Urology at UCSD Hillcrest):

1) Patient Care:

- a. Demonstrate understanding of the assembly and function of rigid cystoscopic equipment.
- b. Demonstrate the performance of a complete urologic history and physical examination including urinary and sexual history and performance of the male and female genitourinary examination.
- c. Discuss the appropriate use of laboratory tests in the evaluation of urological disorders.
- d. Discuss the appropriate diagnostic radiographic tests for the evaluation of urological disorders.
- e. Demonstrate technical proficiency in outpatient flexible cystoscopy and prostate needle biopsies.
- f. Demonstrate proficiency in independent evaluation of general inpatient and outpatient urological issues. This includes assessment of criteria for admission, surgical intervention and medical intervention.
- g. Develop a management plan that is proficiently and accurately communicated with the next level of supervision. Assure implementation and follow-up of this plan.
- h. Demonstrate safe and effective transfer of patient care either verbally or through written "sign-out" sheets.

- i. Communicate effectively with ancillary staff, fellows, medical students and attending physicians to ensure continuity of care.
- j. Develop skills to communicate with patients and their families in regards to the medical or surgical treatment plan.
- k. Demonstrate correct surgical techniques of incising, dissecting, suturing, knot tying and video-endoscopic technique in the operating room through operative experience tutored by experienced attending physicians.
- l. Continue to develop skills as a first assistant/ teaching assistant in the operating room by proctoring medical students on minor procedures such as wound closure, excisions, circumcisions, and hernias.

2) Medical Knowledge:

- a. At the end of the rotation, be able to discuss basic Urological knowledge at the level of a basic Urology textbook, Smith's General Urology.
- b. Demonstrate advancement in medical knowledge by presenting patient's history and management at the weekly case conferences.
- c. Demonstrate proficiency in accessing surgical literature to research a given topic, instead of only textbook information.

3) Practice Based Learning and Improvement:

- a. Actively participate in weekly conferences and apply knowledge learned to patient care.
- b. Continue work on research project
- c. Prepare for weekly case conference by reviewing the patients history, radiographic images and other information.
- d. Prepare, document, and present monthly M&M Rounds. Investigate ways to prevent adverse outcomes.

4) Interpersonal Skills and Communication:

- a. Communicate with attending physicians regarding patient management plans. This would include outpatient and inpatient patients and index operative cases.
- b. Demonstrate proficiency in the management of a ward service, utilizing the cooperative skills of medical students, interns, nurses and ancillary personnel. Begin to formulate skills required as a chief resident.
- c. Demonstrate skill and sensitivity for appropriately counseling and educating patients and their families in a variety of clinical situations.
- d. Demonstrate how to properly consult a specialty service by correctly formulating the specific questions to be answered and by demonstrate a kind, thoughtful, understanding and helpful attitude to all consulting services.

- e. Present all patient and conference material in a concise, organized, logical and knowledgeable manner.

5) Professionalism:

- a. Demonstrate respectful and ethically sound behavior with patients and all members of the health care team regardless of social or other circumstances.
- b. Demonstrate administrative skill in preparation of the weekly M&M reports and presentation at conferences.
- c. Record duty hours weekly
- d. Maintain updates of the Surgical Operative Log on the ACGME web.
- e. Attend all resident and hospital-specific conferences
- f. Educate and incorporate medical students, sub-interns into the service.
- g. Adhere to all hospital-specific policies.

6) Systems Based Practice:

- a. Demonstrate an understanding of how patients are properly referred, scheduled, and approached for surgery.
- b. Demonstrate effective time management and adherence to work hours regulations
- c. Demonstrate effective communication with primary care physicians through appropriate notifications by electronic medical records and consultations
- d. Demonstrate effective and safe patient care which minimizes delays in discharge
- e. Acquire and monitor proficiency in various computer systems at each of the hospitals.

PGY-2 (VAMC-SD Junior Resident)

1) Patient Care:

- a. Demonstrate proficiency in independent evaluation of general inpatient and outpatient urological issues. This includes assessment of criteria for admission, surgical intervention and medical intervention.
- b. Develop a management plan that is proficiently and accurately communicated with the next level of supervision. Assure implementation and follow-up of this plan.
- c. Demonstrate safe and effective transfer of patient care either verbally or through written "sign-out" sheets.

- d. Communicate effectively with ancillary staff, fellows, medical students and attending physicians to ensure continuity of care.
- e. Develop skills to communicate with patients and their families in regards to the medical or surgical treatment plan.
- f. Continue to advance technical skills, both open and endourologic. This advancement must be apparent by demonstration of the ability to plan a surgical intervention and systematically perform the surgery intended.
- g. Demonstrate technical proficiency in outpatient flexible cystoscopy and prostate needle biopsies.
- h. Develop skills needed to perform and interpret urodynamic studies in neurogenic patients.
- i. Demonstrate correct surgical techniques of incising, dissecting, suturing, knot tying and video-endoscopic technique in the operating room through operative experience tutored by experienced attending physicians.
- j. Begin to advance on to more technically difficult procedures, to include major index open and endourologic procedures.
- k. Continue to develop skills as a first assistant/ teaching assistant in the operating room by proctoring medical students on minor procedures such as wound closure, excisions, circumcisions, and hernias.

2) Medical Knowledge

- a. Build on the knowledge base gained in the PGY-2 academic year by continuing to read Campbell's Urology.
- b. Demonstrate advancement in medical knowledge by presenting patient's history and management at the weekly case conferences.
- c. Demonstrate proficiency in accessing surgical literature to research a given topic, instead of only textbook information.
- d. Acquire and monitor proficiency in various computer systems at each of the hospitals.
- e. Develop knowledge interpret urodynamic studies in neurogenic patients.

3) Practice Based Learning and Improvement:

- a. Actively participate in weekly conferences and apply knowledge learned to patient care.
- b. Continue work on research project
- c. Prepare for weekly case conference by reviewing the patients history, radiographic images and other information.
- d. Prepare, document, and present monthly M&M Rounds. Investigate ways to prevent adverse outcomes.

4) Interpersonal Skills and Communication:

- a. Demonstrate skill and sensitivity for appropriately counseling and educating patients and their families in a variety of clinical situations.
- b. Demonstrate history-taking with communication of empathy and accurate, detailed assessment. Demonstrate patient greeting, introductions and communication of plans in jargon-free manner.
- c. Communicate with attending physicians regarding patient management plans. This would include outpatient and inpatient patients and index operative cases.
- d. Demonstrate proficiency in the management of a ward service, utilizing the cooperative skills of medical students, interns, nurses and ancillary personnel. Begin to formulate skills required as a chief resident.
- e. Demonstrate how to properly consult a specialty service by correctly formulating the specific questions to be answered and by demonstrate a kind, thoughtful, understanding and helpful attitude to all consulting services.
- f. Present all patient and conference material in a concise, organized, logical and knowledgeable manner.

5) Professionalism:

- a. Demonstrate respectful and ethically sound behavior with patients and all members of the health care team regardless of social or other circumstances.
- b. Demonstrate administrative skill in preparation of the weekly M&M reports and presentation at conferences.
- c. Record duty hours weekly
- d. Maintain updates of the Surgical Operative Log on the ACGME web.
- e. Attend all resident and hospital-specific conferences
- f. Educate and incorporate medical students, sub-interns into the service.
- g. Adhere to all hospital-specific policies.
- h. Demonstrate a professional appearance during all University and hospital responsibilities.
- i. Demonstrate respect for others time by arriving at all scheduled events prepared and on time.

6) Systems Based Practice:

- a. Demonstrate an understanding of how patients are properly referred, scheduled, and approached for surgery.
- b. Demonstrate effective time management and adherence to work hours regulations
- c. Demonstrate effective communication with primary care physicians through appropriate notifications by electronic medical records and consultations
- d. Demonstrate effective and safe patient care which minimizes delays in discharge

PGY-3 (Pediatric Urology Rotation at the Rady Children's Hospital):

1) Patient Care:

- a. Demonstrate proficiency in the evaluation, history taking and examination and diagnostic testing for children.
- b. Develop a management plan that is proficiently and accurately communicated with the next level of supervision. Assure implementation and follow-up of this plan.
- c. Demonstrate safe and effective transfer of patient care either verbally or through written "sign-out" sheets.
- d. Communicate effectively with ancillary staff, fellows, medical students and attending physicians to ensure continuity of care.
- e. Develop skills to communicate with patients and their families in regards to the medical or surgical treatment plan.
- f. Continue to advance technical skills, both open, laparoscopic and endourologic. This advancement must be apparent by demonstration of the ability to plan a surgical intervention and systematically perform the surgery intended.
- g. Develop skills needed to perform and interpret urodynamic studies in neurogenic patients.
- h. Demonstrate correct surgical techniques of incising, dissecting, suturing, knot tying and video-endoscopic technique in the operating room through operative experience tutored by experienced attending physicians.

2) Medical Knowledge

- a. Demonstrate familiarity with six common pediatric urologic issues as follows: undescended testes, phimosis, hernias, hypospadias, urinary reflux, bowel/bladder dysfunction, neurogenic bladder, and hydronephrosis.
- b. Demonstrate advancement in medical knowledge by presenting patient's history and management at the weekly case conferences.
- c. Demonstrate knowledge of anatomy and proficiency in surgical techniques and their proper application in various pediatric urologic procedures.
- d. Demonstrate proficiency in accessing the pediatric literature to research a given topic, instead of only textbook information.
- e. Demonstrate the interpretation of renal bladder ultrasounds, VCUG's, Mag-3 scans, DMSA scans, and CT's and urodynamic studies in pediatric patients.

3) Practice Based Learning and Improvement:

- a. Actively participate in weekly conferences and apply knowledge learned to patient care.
- b. Demonstrate interest in scholarship by interest in clinical and basic research projects

- c. Prepare for weekly case conference by reviewing the patients history, radiographic images and other information.

4) Interpersonal Skills and Communication:

- a. Demonstrate skill and sensitivity for appropriately counseling and educating children and their parents in a variety of clinical situations.
- b. Demonstrate history-taking with communication of empathy and accurate, detailed assessment. Demonstrate patient greeting, introductions and communication of plans in jargon-free manner.
- c. Communicate with attending physicians regarding patient management plans. This would include outpatient and inpatient patients and index operative cases.
- d. Demonstrate proficiency in the management of a ward service, utilizing the cooperative skills of medical students, interns, nurses and ancillary personnel. Begin to formulate skills required as a chief resident.
- e. Demonstrate how to properly consult a specialty service by correctly formulating the specific questions to be answered and by demonstrate a kind, thoughtful, understanding and helpful attitude to all consulting services.
- f. Present all patient and conference material in a concise, organized, logical and knowledgeable manner.

5) Professionalism:

- a. Demonstrate respectful and ethically sound behavior with patients and all members of the health care team regardless of social or other circumstances.
- b. Demonstrate administrative skill in preparation of the weekly history and physicals, taking care not to use excessive "cut and paste"
- c. Record duty hours weekly
- d. Maintain updates of the Surgical Operative Log on the ACGME web.
- e. Attend all resident and hospital-specific conferences
- f. Educate and incorporate medical students, sub-interns into the service.
- g. Adhere to all hospital-specific policies.
- h. Demonstrate a professional appearance during all University and hospital responsibilities.
- i. Demonstrate respect for others time by arriving at all scheduled events prepared and on time.

6) Systems Based Practice:

- a. Demonstrate an understanding of how patients are properly referred, scheduled, and approached for surgery.
- b. Demonstrate effective time management and adherence to work hours regulations

- c. Demonstrate effective communication with primary care physicians through appropriate notifications by electronic medical records and consultations
- d. Use the EMR as directed by attending and fellow staff including the use of designated templates, communications to health care staff, and comprehensive notes that include applicable fields for compliance.

PGY-4 (VAMC-SD Senior Resident):

1) Patient Care:

- a. Demonstrate proficiency in independent evaluation of general inpatient and outpatient urological issues. This includes assessment of criteria for admission, surgical intervention and medical intervention.
- b. Develop a management plan that is proficiently and accurately communicated with the next level of supervision. Assure implementation and follow-up of this plan.
- c. Demonstrate safe and effective transfer of patient care either verbally or through written “sign-out” sheets.
- d. Communicate effectively with ancillary staff, fellows, medical students and attending physicians to ensure continuity of care.
- e. Develop skills to communicate with patients and their families in regards to the medical or surgical treatment plan.
- f. Continue to advance technical skills, both open and endourologic. This advancement must be apparent by demonstration of the ability to plan a surgical intervention and systematically perform the surgery intended.
- g. Demonstrate technical proficiency in outpatient Extensive TURBT and TURP.
- h. Demonstrate technical proficiency in laparoscopic port placement, closure and basic ablative laparoscopy.
- i. Demonstrate competency in open scrotal and inguinal surgery.
- j. Demonstrate competency in open simple prostatectomy and open partial nephrectomy.
- k. Demonstrate competency in Ureteroscopy and complex endoscopy.
- l. Develop skills needed to perform and interpret urodynamic studies in neurogenic patients.
- m. Continue to develop skills as a first assistant/ teaching assistant in the operating room by proctoring medical students on minor procedures such as wound closure, excisions, circumcisions, and hernias.

2) Medical Knowledge:

- a. Build on the knowledge base gained in the PGY-4 academic year by continuing to read Campbell’s Urology.

- b. Demonstrate advancement in medical knowledge by presenting patient's history and management at the weekly case conferences.
- c. Demonstrate proficiency in accessing surgical literature to research a given topic, instead of only textbook information.
- d. Acquire and monitor proficiency in various computer systems at each of the hospitals.

3) Practice Based Learning and Improvement:

- a. Actively participate in weekly conferences and apply knowledge learned to patient care.
- b. Continue work on research project
- c. Prepare for weekly case conference by reviewing the patients history, radiographic images and other information.
- d. Prepare, document, and present monthly M&M Rounds. Investigate ways to prevent adverse outcomes.

4) Interpersonal Skills and Communication:

- a. Demonstrate skill and sensitivity for appropriately counseling and educating patients and their families in a variety of clinical situations.
- b. Demonstrate history-taking with communication of empathy and accurate, detailed assessment. Demonstrate patient greeting, introductions and communication of plans in jargon-free manner.
- c. Communicate with attending physicians regarding patient management plans. This would include outpatient and inpatient patients and index operative cases.
- d. Demonstrate proficiency in the management of a ward service, utilizing the cooperative skills of medical students, interns, nurses and ancillary personnel. Begin to formulate skills required as a chief resident.
- e. Demonstrate how to properly consult a specialty service by correctly formulating the specific questions to be answered and by demonstrate a kind, thoughtful, understanding and helpful attitude to all consulting services.
- f. Present all patient and conference material in a concise, organized, logical and knowledgeable manner.

5) Professionalism:

- a. Demonstrate respectful and ethically sound behavior with patients and all members of the health care team regardless of social or other circumstances.
- b. Demonstrate administrative skill in preparation of the weekly M&M reports and presentation at conferences.
- c. Record duty hours weekly.
- d. Maintain updates of the Surgical Operative Log on the ACGME web.

- e. Attend all resident and hospital-specific conferences.
- f. Educate and incorporate medical students, sub-interns into the service.
- g. Adhere to all hospital-specific policies.
- h. Demonstrate a professional appearance during all University and hospital responsibilities.
- i. Demonstrate respect for others time by arriving at all scheduled events prepared and on time.

6) Systems Based Practice:

- a. Demonstrate an understanding of how patients are properly referred, scheduled, and approached for surgery.
- b. Demonstrate effective time management and adherence to work hours regulations
- c. Demonstrate effective communication with primary care physicians through appropriate notifications by electronic medical records and consultations
- d. Demonstrate effective and safe patient care which minimizes delays in discharge

PGY-5 (Thornton Hospital Women's Pelvic Medicine and GU Oncology Combined Rotation):

1) Patient Care:

- a. Demonstrate proficiency with the independent evaluation of female patients with pelvic floor dysfunction, including women with voiding dysfunction, urinary incontinence, fecal incontinence, pelvic prolapse, pelvic pain syndromes, pelvic muscle dysfunction and dyspareunia. Evaluation includes but is not limited to history, physical exam, quality of life tools, voiding diaries and urodynamics. Specifically the resident will be able to demonstrate proficiency in performing a pelvic exam including the performance and interpretation of the pelvic organ prolapse quantification exam (POP-Q), brinks assessment of pelvic floor muscle function and an assessment of urethral mobility.
- b. Develop skills needed to perform and interpret urodynamic studies in women with pelvic floor dysfunction
- c. Demonstrate technical proficiency in outpatient flexible and rigid cystoscopy
- d. Demonstrate proficiency in synthesizing information gained from the evaluation into the development of a management plan individualized to the patient's goals and expectations. Communicate this assessment and plan with the attending physician. Implement the plan and provide follow-up to assess the results of the treatment plan.
- e. Demonstrate the knowledge and skills to carry out surgical procedures designed to treat pelvic floor conditions. This includes pre-operative assessment, discussion of risks and benefits of the particular procedure, performance of the procedure and the post-operative management. This includes but is not limited to the following major procedures, urethral slings, anterior and

posterior repair, vault suspension procedures, abdominal colposuspension procedures, urethral diverticulectomy, and repair of uretero, vesico and urethrovaginal fistulae, implantation of sacral nerve stimulator.

- f. Demonstrate ability to disclose adverse events to patients and their families and complete hospital required documentation of the discussions.
- g. Participate in the inpatient rounds with the Female Pelvic Medicine team on a daily basis. Communicating status of patients to the attending. Working with ancillary staff and family to coordinate discharge.
- h. Demonstrate safe and effective transfer of patient care. Ensure continuity of care with appropriate face-to-face sign-outs.
- i. Demonstrate effective communication with other members of the Female Pelvic Medicine team communicates with each other when transferring call or when as new patients are admitted or discharged.

2) Medical Knowledge:

- a. Demonstrate knowledge and understanding of female pelvic floor anatomy and physiology, the pathophysiologic conditions involving the female pelvic floor, the incidence and prevalence, etiology, risk factors and associated symptoms of the conditions. This includes but is not limited to women with voiding dysfunction, urinary incontinence, fecal incontinence, pelvic prolapse, pelvic pain syndromes, pelvic muscle dysfunction and dyspareunia. This can be through literature searches, specialty textbooks or consultation with faculty.
- b. Discuss the epidemiology, natural history, risk factors, genetics, staging, grading and prognosis of genitourinary malignancies including adrenal, prostate, kidney, urothelial (bladder and upper tract), testes and penile cancer.
 - a. Facilitated through the resident's case directed and systematic reading of GU oncology textbooks, and relevant journals; participation in educational conferences; preparation for GU Oncology multidisciplinary tumor board.
- c. Discuss the roles of surgery, radiation therapy, chemo and immuno-therapy on the major GU malignancies.
 - a. Facilitated through the resident's case directed and systematic reading of GU oncology textbooks, and relevant journals; the fellow's participation in multidisciplinary clinics; the shared care of complex patients.
- d. Discuss the merits of a comprehensive multidisciplinary approach to the oncology patient and their family.
- e. Demonstrate the ability to evaluate and recommend appropriate evaluation and therapy of tertiary referral genitourinary oncology patients, as well as manage a busy urologic oncology clinic.
 - a. Facilitated through the participation in outpatient clinic under faculty supervision.

- f. Demonstrate the surgical knowledge, judgment and skill and to independently perform complex tumor resections, recognizing the benefits and limitations of surgical therapy.
 - a. Facilitated through graded participation in complex GU oncologic surgery under faculty supervision.
 - b. Specific surgeries that the resident will participate in include:
 - a. Adrenalectomy
 - b. Radical nephrectomy
 - c. Radical nephroureterectomy
 - d. Radical cystoprostatectomy/ Anterior pelvic exenteration/ bilateral pelvic lymph node dissection
 - e. Radical retropubic prostatectomy/ bilateral pelvic lymph node dissection
 - f. Radical penectomy
 - g. Ilioinguinal lymphadenectomy
 - h. Retroperitoneal lymph node dissection
 - i. Radical orchiectomy
 - j. Laparoscopic radical nephrectomy
 - k. Laparoscopic nephroureterectomy
 - l. Laparoscopic adrenalectomy
 - c. Procedures that the resident will demonstrate competence include:
 - a. Cystoscopy
 - b. Transurethral resection of bladder tumor
 - c. Diagnostic ureteroscopy and biopsy or resection
 - d. Transrectal ultrasound guided prostate biopsy
- g. Discuss the evaluation and management of complications of GU oncologic surgery.
 - a. Facilitated through the care of postoperative patients as inpatients and as outpatients, under supervision; facilitated through preparing the Chief resident to present the GU Oncology M&M reports at combined M&M conference, including directing the comprehensive literature review pertaining to complications.

3) Practice Based Learning and Improvement:

- a. Attend and participate in monthly WPMC conferences and Journal Club. Apply knowledge learned to your patients. Attend and participate in twice month GU-Oncology Tumor Board. Prepare for GU Oncology Tumor Board presentations.
- b. Participate in teaching of medical students and junior residents in the operating room and in the clinic.
- c. Prepare document and present at monthly M&M Rounds. Become progressively familiar with consent issues regarding surgery and research literature for methods of improving surgery and effective surgical care.

4) Interpersonal Skills and Communication:

- a. Demonstrate skill and sensitivity for appropriately counseling and educating patients and their families in a variety of clinical situations.
- b. Demonstrate effective documentation of practice activities with proper operative/procedure note dictations, clinic visit dictations, discharge summary dictations, daily progress notes and event notes.
- c. Demonstrate how to properly consult a specialty service (radiology, GI, PT, etc.) by correctly formulating the specific question to be answered. Follow through with consultant's suggestions after appropriate discussion with the attending staff.
- d. Demonstrate a kind, thoughtful, understanding and helpful attitude to consulting services.
- e. Present all patient and conference material in a concise, organized, logical and knowledgeable manner.

5) Professionalism:

- a. Demonstrate respectful, altruistic and ethically sound behavior with patients and all members of the health care team.
- b. Treat each patient, regardless of social or other circumstances with the same degree of respect they would afford to their own family members.
- c. Demonstrate administrative skill in preparation of the weekly M&M reports, presentation at conferences, and assignment of cases to students and junior residents on services where you are the 'acting chief resident'.
- d. Maintain daily/weekly updates of your Surgical Operative Log on the ACGME web.
- e. Demonstrate maturity and proficiency in conflict resolution, modeling behaviors that will gain respect.
- f. Admit errors, address them, and credit the work of others.
- g. Demonstrate altruism and responsibility toward patients, families and society; be accountable for quality of care, best practices.
- h. Demonstrate self-reflection and remediation of behaviors unbecoming of a professional and beyond standards.

6) Systems Based Practice:

- a. Demonstrate effective communication with referring physicians throughout the UCSD Medical enterprise and the San Diego County medical community. This includes appropriate cc's on all dictated documents.
- b. Demonstrate effective and safe patient care which minimizes delays in discharge.
- c. Demonstrate knowledge of and adherence to hospital wide safe practice policy such as hand-washing, TB testing, and fluid precautions.

- d. Demonstrate effective time management and adherence to work hours regulations
- e. Teach junior residents about proper coding and documentation.
- f. Review and analyze the literature for comparative management. Share this information with attending physicians and colleagues when appropriate.
- g. Demonstrate knowledge of and adherence to the principals of patient privacy and confidentiality and when this can be breached.
- h. Participate in volunteering for public service for patients, their families, and the community, designed to benefit others.

PGY-5 (Chief Resident Rotation at UCSDMC)

1) Patient Care

- a. Demonstrate proficiency in evaluating and managing all urologic problems typically seen in the office based setting.
- b. At this level, the resident will typically manage more complex problems such as newly diagnosed malignancies of all types, complex voiding dysfunctions, and complex postoperative complications
- c. Demonstrate proficiency at performing vasectomies in the outpatient setting
 - a. Demonstrate proficiency and independence, under direct attending supervision, in performing:
 - i. ESWL
 - ii. All endoscopic cases including transurethral, ureteroscopic, and percutaneous
 - iii. All basic and intermediate level open cases:
 - 1. Biopsy of simple skin lesions of the genitalia/perineum
 - 2. Circumcision
 - 3. Hydrocelectomy
 - 4. Spermatocelectomy
 - 5. Simple orchiectomy
 - 6. Inguinal orchiectomy
 - 7. Varicocelectomy
 - 8. Debridement of simple and complex wounds of the genitalia/perineum
 - 9. Penile implantation, semirigid and inflatable
 - b. Demonstrate continued technical improvement in the performance of the above procedures
 - c. Demonstrate the ability to be adaptive and flexible during the performance of the above procedures

- d. Demonstrate a knowledge of new technologies and instruments utilized in the performance of the above procedures and show a willingness to try them
- e. Demonstrate the ability to teach the above procedures to more junior residents
- f. Continue to gain skill in the performance of more complex open procedures:
 - i. Radical prostatectomy
 - ii. Radical nephrectomy and nephroureterectomy
 - iii. Radical cystectomy and ileal conduit urinary diversion
 - iv. Radical cystectomy and neobladder or continent cutaneous diversion
 - v. Partial nephrectomy
 - vi. Retroperitoneal lymph node dissection
 - vii. Pyeloplasty
 - viii. Penectomy, partial and total
 - ix. Inguinal and pelvic lymph node dissections
 - x. Complex penile implantation (i.e. explantation and reimplantation or implantation with correction of Peyronie's Disease)
 - xi. Artificial urethral sphincter
 - xii. Urethroplasties
 - xiii. Female urologic procedures:
 - 1. TVT, TOT
 - 2. Urethral diverticulectomy
 - 3. Pelvic organ prolapse repairs
 - xiv. Interstim placement and management
- g. Continue to gain laparoscopic skills in the performance of:
 - i. Nephrectomy
 - ii. Partial nephrectomy
 - iii. Radical prostatectomy
 - iv. Pyeloplasty
- h. Continue to gain experience on the operative robot:
 - i. Robotic assisted laparoscopic prostatectomy

2) Medical Knowledge

- a. Demonstrate improved knowledge of urology by improving scores on the AUA in-service examination throughout residency. The objective is over 50% for year of training for each resident when compared to the national average.
- b. Demonstrate knowledge of surgical anatomy by correctly identifying key anatomic structures for each open and laparoscopic urologic procedure.

- c. Discuss indications for diagnostic radiographic and laboratory tests. Discuss the optimal diagnostic tests for the accurate assessment of common Urologic conditions.

3) Practice Based Learning

- a. Demonstrate excellent presentation skills
- b. Be responsible for the selection of appropriate cases for presentation
- c. Assign those cases to residents of the appropriate level for presentation
- d. Aid more junior residents in preparing presentations
- e. Will present a one hour formal presentation on a subject of his or her choice during professor's lecture series at the end of the sixth year

4) Interpersonal and Communication Skill

- a. Demonstrate complex communication skills
 - a. Obtaining histories through interpreters for patients with different languages.
 - b. Breaking bad news
 - c. Setting limits and managing difficult patients.
 - d. Communicate effectively and appropriately with:
 - i. Fellow residents both on the urologic team and consulting services
 - ii. Nursing, including case manager
 - iii. Clerical staff
 - iv. Attending urologic physician
- b. Demonstrate proficiency at teaching more junior housestaff and students:
 - i. Basic interview process for common urologic problems
 - ii. Basic physical exam skills for the urologic patient including POP-Q
 - iii. Basic instrumentation and procedure skills:
 - iv. Cystoscopy with simple adjunctive procedures
 - v. Urethral dilation and difficult catheterization
 - vi. Prostate ultrasound and biopsy
 - vii. Penile injection therapy

5) Professionalism

- a. Continue to demonstrate professionalism in the areas outlined for junior residents
 - a. Professional appearance
 - b. Timeliness
 - c. Responsiveness
 - d. Record keeping for case logs and work hours
- b. The Chief Resident must demonstrate a commitment to teaching all more junior members of the service including residents, interns, and medical students. Teaching will occur in all

clinical and surgical settings and should include both medical information and surgical technique.

- c. Join appropriate Professional Organizations such as the AUA and ACS.
- d. Demonstrate fair dispute resolution among fellow housestaff. If Disputes cannot be resolved by the Chief resident, they will be directed to the Assistant PD or PD.
- e. The Chief Resident must demonstrate a work ethic that shows a commitment to the challenges posed by a career in Urology, either academic or community-based.
- f. The Chief resident must demonstrate a commitment to providing quality yet cost-effective care to people of all races, genders, ethnicities, socioeconomic levels, and sexual orientations.

6) System Based Practice

- a. Demonstrate the ability to see patients efficiently thereby maximizing clinic volume
- b. Demonstrate knowledge of running an office based practice:
 - a. Clinic scheduling issues
 - b. Personnel management issues
 - c. Billing and coding
 - d. Surgical scheduling
 - e. Effective and cost effective use of time and supplies
- c. Run an efficient in-patient service
 - a. Delegate responsibilities of in-patient care appropriately to more junior team members
 - b. Know all patients on the service and their daily progress and management
 - c. Communicate patient care concerns and progress on a daily basis with the attending physicians
 - d. Run efficient and productive rounds

PGY-5 (Chief Resident VAMC):

1) Patient Care:

- a. Demonstrate proficiency with the independent evaluation of all urology patients and develop a management plan. Communicate this assessment and plan with the attending physician. Implement the plan and provide follow-up to assess the results of the treatment plan.
- b. Demonstrate the knowledge and skills to carry out difficult surgical procedures. This includes pre-operative assessment, discussion of risks and benefits of the particular procedure, performance of the procedure and the post-operative management. This includes but is not limited to the following major urological procedures open and laparoscopic approaches, radical and simple prostatectomy, radical and simple nephrectomy, pelvic, retroperitoneal and inguinal lymphadenectomy, cystectomy with urinary diversion, and bladder augmentation.

- c. Demonstrate the organizational and triage skills necessary to oversee surgical scheduling for the service. This includes the weekly surgical scheduling meeting with the nurse case manager.
- d. Demonstrate ability to disclose adverse events to patients and their families and complete hospital required documentation of the discussions.
- e. Supervise inpatient rounds with the urology team on a daily basis. Communicating status of patients to the attending. Working with ancillary staff and family to coordinate discharge.
- f. Demonstrate safe and effective transfer of patient care. Ensure continuity of care with appropriate face-to-face sign-outs.
- g. Assures that the entire urology team communicates with each other when transferring call or when as new patients are admitted or discharged.
- h. Demonstrate the ability to assess patient decision-making capacity
- i. Demonstrate the knowledge required for decision-making in the care of patients with terminal illnesses.

2) Medical Knowledge:

- a. Attend and be well-prepared to discuss upcoming surgical cases at weekly case conferences.
- b. Demonstrate knowledge beyond the textbook level especially with regard to the conditions and surgical procedures currently on the service. This can be through literature searches, specialty textbooks or consultation with faculty.
- c. Demonstrate proficiency in accessing and applying information technology and the surgical literature.
- d. Complete the AUA Urology In-Service Exam and score above the 40th percentile.

3) Practice Based Learning and Improvement:

- a. Attend and participate in weekly urology conferences (Grand Rounds, Case conferences, M&M etc) and apply knowledge learned to your patients.
- b. Attend and participate in weekly multidisciplinary tumor board conference when urology patients are presented. Apply knowledge learned to patients.
- c. Supervise medical students rotating on the urology service. Ensure that they are aware of their responsibilities and that they act in a professional manner when in the hospital.
- d. Participate in teaching of medical students and junior residents in the operating room and in the clinic.
- e. Document the occurrence of adverse events and review with the chief of service. Prepare and present the complications at monthly M&M Rounds. Become progressively familiar with consent issues regarding surgery and research literature for methods of improving surgery and effective surgical care.

4) Interpersonal Skills and Communication:

- a. Demonstrate proficiency in the management and leadership of the inpatient urology service. Integrate the varying level of skills of medical students, junior residents and ancillary personnel into a team of health care providers caring for urologic patients.
- b. Demonstrate skill and sensitivity for appropriately counseling and educating patients and their families in a variety of clinical situations. Demonstrate an ability to hold in-depth discussions with the patients in regards to complicated surgeries. This includes a full discussion of the indications for the procedure, the alternatives, the risks and benefits
- c. Demonstrate effective documentation of practice activities with timely and complete operative/procedure note dictations, clinic visit dictations, discharge summary dictations, daily progress notes and event notes.
- d. Demonstrate how to properly consult a specialty service (radiology, GI, PT, etc...) by correctly formulating the specific question to be answered. Follow through with consultant's suggestions after appropriate discussion with the attending staff.
- e. Demonstrate a kind, thoughtful, understanding and helpful attitude to consulting services.
- f. Demonstrate ability to independently manage the Urology service, to include administrative, clinical and academic responsibilities. This includes the organization of the resident vacation schedules, the cancellation of clinics within the appropriate time frame and the communication of the schedule to the staff.
- g. Present all patient and conference material in a concise, organized, logical and knowledgeable manner.

5) Professionalism:

- a. Demonstrate respectful, altruistic and ethically sound behavior with patients and all members of the health care team.
- b. Treat each patient, regardless of social or other circumstances with the same degree of respect they would afford to their own family members.
- c. Demonstrate administrative skill in preparation of the weekly M&M reports, presentation at conferences, and assignment of cases to students and junior residents on services where you are the 'acting chief resident'.
- d. Maintain daily/weekly updates of your Surgical Operative Log on the ACGME web.
- e. Demonstrate maturity and proficiency in conflict resolution, modeling behaviors that will gain respect.
- f. Admit errors, address them, and credit the work of others. Acknowledge and discuss adverse outcomes with the patient and their family in an upfront manner and document the discussion in the medical chart.

- g. Demonstrate altruism and responsibility toward patients, families and society; be accountable for quality of care, best practices.
- h. Demonstrate self-reflection and remediation of behaviors unbecoming of a professional and beyond standards.

6) Systems Based Practice:

- a. Demonstrate effective communication with referring physicians throughout the VA VISN 22 region. This includes appropriate cc's on all dictated documents.
- b. Demonstrate effective and safe patient care which minimizes delays in discharge.
- c. Demonstrate knowledge of and adherence to hospital wide safe practice policy such as hand-washing, TB testing, and fluid precautions.
- d. Demonstrate effective time management and adherence to work hour's regulations.
- e. Teach junior residents about proper coding and documentation.
- f. Review and analyze the literature for comparative Urological management. Share this information with attending physicians and colleagues when appropriate.
- g. Demonstrate an understanding of the larger system of hospital care by participating in weekly discharge planning team conferences to discuss all urology patients.
- h. Demonstrate knowledge of and adherence to the principals of patient privacy and confidentiality and when this can be breached.
- i. Participate in volunteering for public service for patients, their families, and the community, designed to benefit others.

VI. DESCRIPTION OF THE EDUCATIONAL PROGRAM

The Urology Residency at UCSD is 1 years of general surgery, 4 years of Urology format program.

PGY-1: The PGY1 year is a rotating surgical internship, coordinated and managed by the General Surgery Division of the Department of Surgery at UCSD. The rotating surgical internship includes month-long rotations on general surgery (6), ICU, Trauma and burn, Transplant and Urology. Interns may also be assigned to vascular surgery, cardiothoracic surgery, orthopedics or ENT although the internship coordinator attempts to avoid those rotations for our residents.

They take at home call on a rotating basis within the ACGME work-hours guidelines. They attend all educational conferences of the Urology residency.

PGY-2: The PGY-2 or Urology 1 year is divided into three four-month rotations. Junior Resident at UCSD Hillcrest (4 months): The junior resident is responsible for inpatient morning and evening rounds, under the supervision of the Chief resident and Urology Faculty. They see clinic patients under the supervision of the clinic faculty (Dr. Woo and Dr. Sur). They learn basic urologic history and

physical exam techniques, radiographic tests and interpretation and basic clinic procedures such as urethral catheterizations and dilations, flexible cystoscopy, and transrectal ultrasound. They see ER and inpatient consults under chief resident and faculty supervision.

PGY3: Urology 2 Subspecialty Rotation HC/ UASC/ TH (4months) They are responsible for performing endoscopic and open surgical procedures under supervision at the UASC, and the UCSD Hillcrest and Thornton, Hospital. They are responsible for attending the Urology specialty Men's Health/Infertility and Trauma and Reconstruction Clinics. They will obtain urologic history and perform physical exam techniques, interpret radiographic tests and complete a consultation/ continued care note. They may also perform minor procedures under supervision including cystoscopy, vasectomy, transrectal ultrasound guided prostate biopsy and RUG/VCUG. They take at home call on a rotating basis within the ACGME work-hours guidelines. They attend all educational conferences of the Urology residency.

PGY-3: Urology 2 Junior Resident at VAMC-San Diego (4 months). The junior resident at the VA is responsible for inpatient morning and evening rounds, under the supervision of the Chief resident and Urology Faculty. They are responsible for performing endoscopic and open surgical procedures under supervision at the VA Medical Center. They are responsible for attending the VA Urology Clinic and performing outpatient evaluations, consultations and performing minor procedures under supervision including cystoscopy, vasectomy, and transrectal ultrasound guided prostate biopsy and multi-channel urodynamics. The junior resident also assists Dr. Albo with the Urologic evaluations in the Spinal Cord Injury Center of the VAMC San Diego. They are also responsible for attending the TRUS and Biopsy Clinic under faculty supervision. They take at home call on a rotating basis within the ACGME work-hours guidelines. They attend all educational conferences of the Urology residency in addition to the VA pre-op conferences Wednesday and Friday mornings. They are responsible for leading the monthly spinal cord injury multi-specialty conference.

PGY-3: Urology 2 Rady Children's Hospital - Pediatric Urology Rotation (6 months). The Children's resident is responsible for morning and evening rounds under the supervision of the Pediatric Urology Fellow and the Pediatric Urology Faculty. The resident attends outpatient clinic and participates in surgery under supervision with the five Pediatric Urology Faculty (Drs. Kaplan, Swords, Alagiri, Chiang and Marietti). The Pediatric Urology resident attends educational conferences of the Urology Department at UCSD in addition to the educational conferences of the Pediatric Urology Division. The Pediatric Urology resident rounds on inpatients on weekend morning's rotation with the pediatric Urology fellow. The call schedule is created 1-2 months in advance. .

PGY-3: Urology Research (4 months). The research resident has four months dedicated to Urology research. The resident is responsible for designing and completing clinical research plan under faculty supervision. The plan could include active participation in Dr. Jamieson's lab completing or augmenting ongoing projects related to the pathogenesis, diagnosis and therapy of prostate cancer at the UCSD Moores Comprehensive Cancer Center or in other affiliated laboratories of other UCSD School of Medicine Departments. If the resident chooses a primary clinical research focus, we would like them to take a biostatistics or clinical trials certificate course to augment their experience.

PGY 4: VAMC Senior Resident (6 months). During the senior resident rotation at the VAMC San Diego, the Senior Resident rounds daily with the PGY-3 junior resident and PGY-6 Chief resident and is responsible for the Voiding Dysfunction Screening Clinic. They review all urodynamic studies and design treatment plans for patients with voiding dysfunction under supervision of VA faculty. The senior resident performs endoscopic, laparoscopic and open surgical procedures under faculty supervision appropriate for their level of training. They take at home call on a rotating basis within the ACGME work-hours guidelines. They attend all educational conferences of the Urology residency in addition to the VA pre-op conferences Wednesday and Friday mornings. The senior resident prepares case presentations for the VAMC Friday Pre-op Conference for the cases that they will participate in. They have greater responsibility and complexity of outpatient VA clinic patients and procedures than the junior residents.

PGY-4: UCSD Thornton Urologic Oncology and voiding dysfunction/Female Urology rotation (6 Months). The resident will spend two days per week operating with the GU Oncology faculty (Kane, Kader, Derweesh, and JK Parsons) and one day per week in GU Oncology Clinic with Dr. Kane. The resident will spend one day per week operating with the Female Urology Group (Albo) and one full day per week in the Female Urology Clinic. The resident will round in the morning and evening at Thornton Hospital under faculty supervision and be responsible for daytime consults at Thornton Hospital. They will also conduct video urodynamic studies under supervision of Dr. Albo at Thornton Hospital. They take at home call on a rotating basis within the ACGME work-hours guidelines. The resident will also participate fully in the combined GU Oncology tumor board at the Moores UCSD Comprehensive Cancer Center, presenting patients when appropriate.

PGY-5: UCSD Chief Resident (6 Months). The Chief resident at UCSD is responsible for the inpatient service at both Hillcrest and Thornton Hospital under faculty supervision. They direct rounds and communicate with responsible faculty daily. They track consults and see them with the on-call faculty member. They have a major supervisory role in directing the activity of the more junior residents. They have the choice of the surgeries that they would like to perform with the faculty including robotic laparoscopic and open oncology cases at Thornton Hospital. They supervise junior

residents in appropriate clinic procedures and open and endoscopic cases as directed by the faculty. They prepare for and present M&M conference monthly. They attend all educational conferences of the residency program. They take at home call on a rotating basis within the ACGME work-hours guidelines. We attempt to give them significant autonomy clinically in order to prepare them for Fellowship or independent practice.

PGY-5: VAMC Chief Resident (6 Months). The Chief resident at the VAMC-SD is responsible for the inpatient service at the VA Medical Center San Diego under faculty supervision. They direct rounds and communicate with responsible faculty daily. They track consults and see them with the on-call faculty member. They have the choice of the surgeries that they would like to perform with the faculty including laparoscopic and open oncology cases the VAMC. They have clinics scheduled during which they see pre-op and postop patients and counsel patients with complex problems including newly diagnosed malignancies. They supervise junior residents in appropriate clinic procedures and open and endoscopic cases as directed by the faculty. They prepare for and present M&M conference monthly. They attend all educational conferences of the residency program. They take at home call on a rotating basis within the ACGME work-hours guidelines. We attempt to give them significant autonomy clinically in order to prepare them for Fellowship or independent practice.

VI. CONFERENCES

UCSD Medical Center

AUA Guidelines: Specific review and analysis of AUA sponsored guidelines will be conducted monthly and is attended by all urology faculty and residents. It is a detailed review and discussion of the literature behind the guidelines presented by the residents from either the VA San Diego Healthcare System or the UCSD Medical Center.

Professor's Lecture - These lectures are given by the faculty, 30 minutes in length, and are topic-oriented. Included are clinical topics in urology as well as medical ethics, the socioeconomics of medicine, medical-legal issues, and subjects pertaining to cost-containment. Outside speakers from other departments are also incorporated into the Professor's Lecture including radiation oncology, nephrology and medical oncology.

Morbidity and Mortality Conference – The Chief resident presents selected problem cases from both the VA Medical and UCSD Medical Center are presented with discussion highlighted to the cause of the complication, its recognition, its prevention and its treatment. The resident that presents is expected to have reviewed the case, collected the pertinent medical data and be prepared to discuss the most recent literature regarding the complication.

Journal Club - The Journal Club meets monthly with the administrative resident in conjunction with a faculty member who will select approximately 2-5 articles per month from recent urology journals and other journals with related urologic studies for presentation and discussion by both the residents and the faculty.

Pathology Conference - Pathology Conference is conducted monthly at the Hillcrest facility for all of the faculty and residents. During discussion pathologists will present all of the cases from the past month for discussion and review. The conference is conducted in the Pathology Department so that teaching microscopes are available for everyone. In addition, pathologists will occasionally give a formal presentation on a urologic topic.

Uro-Radiology Conference - The administrative chief resident selects the interesting cases to be presented by Dr. Giovanna Casola with discussion by the residents and faculty.

VA Medical Center

Case Management Conference - held every Wednesday and Friday mornings from 8:00am-9:00am and 7:30am-8:30am respectively. The purpose of the case conferences is primarily educational. All diagnostic studies are reviewed and the decision process leading to the scheduling of the case is discussed. The residents present all operative cases scheduled for the following week. The resident presenting the case is expected to have discussed the case previously with the attending assigned to the case and is expected to be prepared to discuss the case and answer questions regarding the management decisions. All urology residents rotating on the VA service, attending physician on call for that day, interns and medical students are expected to attend these case conferences.

Spinal Cord Injury GU Conference - held bi-monthly. The PGY 3/4 discusses interesting cases highlighting the special urologic needs, complications and treatment of spinal cord injury patients. Members of the Urology and Spinal Cord Injury Unit teams attend this meeting. Dr. Michael Albo, the GU attending responsible for Spinal Cord Injury problems, chairs the meeting.

Tumor Board Conference -held weekly on Tuesday from 4:00pm-5:00pm to discuss difficult oncology cases in a multispecialty context. This is an optional conference for the urology residents, however the PGY 6 (chief) is expected to discuss difficult urologic cancer cases in this venue when appropriate. Cases submitted to the tumor board registrar by the Urology service are typically presented by the

Urology Chief Resident and the Urology attending are present to provide multidisciplinary input for genitourinary malignancy cases that are submitted by the medical oncology or radiation oncology services.

Pathology –held weekly on Tuesday from 8:30am–9:00am. At this conference, patient cases from the preceding weekly cases are presented for patient care and educational benefit. The conference is organized and run by the Chief of Pathology at the VAMC. This is an optional conference but the attendance is usually 100% as the PGY6, PGY5, PGY3, intern and rotating medical students are in attendance.

Rady Children’s Hospital and Health Center

Pediatric Urology Grand Rounds - headed by Dr. Kaplan, is conducted every month at Rady Children’s Hospital San Diego. At this conference, pediatric urology cases are presented by the pediatric urology residents in association with the pediatric urology fellow. Following the case presentations, management techniques are discussed.

Pediatric Uro-Radiology Conference - is held at Rady Children’s Hospital San Diego and is conducted every month on scheduled Friday mornings. This is a multi-disciplinary conference in which cases are presented by the resident and fellow. The residents are expected to identify radiologic lesions and to discuss management of pediatric urologic issues that arise.

Pediatric Urology Journal Club - is conducted bi-monthly. At this conference, the pediatric urology resident and fellow review and lead discussion of the pediatric urology articles that have appeared recently. Residents are asked to review “Family Practice Management.2004 May; 11(5):47-52. A simple method for evaluating the clinical literature. Flaherty RJ” prior to presentation at journal club

Pediatric Urology Pre-op Conference-is conducted weekly Monday mornings. Residents and fellows are expected to present 2-3 cases and present key history and surgical techniques associated with these cases. Pre-operative H&Ps for the week are also expected to be complete by this time to assess the need for any outstanding issues prior to surgery.

Pediatric Urology Research Conference-headed by Dr. Chiang is conducted bi-monthly- At this conference, residents and fellows present ongoing projects and new projects are discussed.

All residents are required to attend conferences unless in the operating room or with a critically ill patient. Please refer to the table below for required conferences by rotation.

Table 1.1 Conference List by Resident Rotation

ROTATION	CONFERENCE	SCHEDULE		LOCATION	
		Day	Time		
All	Journal Club	2 nd Monday	5:30pm-6:30pm	VAMC	
	PEDS Grand Rounds	3 rd Monday	5:00pm-6:00pm	RCHSD	
	Surgical Robotic Lab	1 st Tuesday/Quarterly	5:00pm-7:00pm	CFS lower lab	
	Pre-op Indication	1 st Wednesday	7:00am-8:00am	CFS/Telemed	
	AUA Guidelines	2 nd Wednesday	7:00am-8:00am	CFS/Telemed	
	Professor's Lecture	1 st Wednesday	6:30am-7:00am	CFS/Telemed	
	Professor's Lecture	3 rd Wednesday	6:30am -7:00am	UCSDMC-Hillcrest	
	M&M	3 rd Wednesday	7:00am-8:00am	CFS/Telemed	
	Uro-Radiology	4 th Wednesday	7:00am-8:00am	UCSDMC-Hillcrest	
	GU Tumor Board	1 st and 3 rd Tuesday	5:00pm – 6:00pm	MCC	
	VA	Pathology	Tuesday	8:30am-9:30am	VAMC
		Case Management Conference	Wednesday/Friday		VAMC
Tumor Board Conference		Tuesday	4:00pm-5:00pm	VAMC	
Spinal Cord Injury GU Conference				VAMC	
PEDS	Pediatric Urology Grand Rounds	3 rd Monday/month	5:00pm-6:00pm	RCHSD	

VII. UROLOGY RESEARCH PROGRAM PLAN

a. Objective

The objective of this document is to outline a plan for the UCSD Urology residency research rotation. The plan covers the formulation of the resident's research project and advisory committee, the review and approval of the project, project activities during the rotation, and a timetable for achieving project objectives. Also presented is a reporting structure to ensure the residents have all necessary resources and faculty support to achieve the objectives of the project.

b. Research Plan Formulation

A research resident is encouraged to participate in at least one basic science and one clinical research project. Approximately one month before entering into the research rotation, the resident will meet with the Director of Urology Research Laboratories (DURL). The resident will be presented with an overview of all current and anticipated research projects and their principal investigators within or in collaboration with the Department of Urology by the DURL. The resident may decide to participate in one of these projects or may formulate a project of their own. After deciding on projects, the resident will organize a 3-member Research Advisory Committee. This committee will consist of the DURL, the Residency Program Director or his assignee, and a research advisor chosen by the resident. The resident may choose different research advisors for different projects. The resident will submit a research project plan to the advisory committee for approval prior to the beginning of the research rotation.

c. Research Project Plan

The resident is required to complete a Research Project Plan prior to the rotation. The plan should be written in a format similar to a scientific grant and should include the following:

1. A clear presentation of the project's objectives.
2. A background into the significance of the proposed work and its impact on answering an unmet need or question in the clinical or basic science community.
3. A clear definition of the proposed work, including the methods used to achieve the project objectives, the availability of equipment, materials, and personnel to support project activities, and the facilities where project activities will be performed.
4. A project schedule, including milestones with dates, and a budget covering all necessary supplies, equipment, and labor necessary to achieve project objectives.

The resident will submit the project plan to the advisory committee for approval. The committee will review the project's objectives, the methods proposed to achieve the objectives, a resource list of necessary equipment, supplies, facilities and materials, and a timetable listing project milestones with dates. The plan cannot be changed after approval without the review and consent of this committee. The proposal will be presented at the Department of Urology Professor's Lecture during the first month of research rotation.

d. Research Rotation Activities

During the research rotation, the resident's activities will focus on achieving project objectives. The research advisor will provide the resident with guidance in achieving the objectives and the DURL will monitor the weekly progress to ensure milestones are met and all necessary resources are available to the resident. Any vacation during the research rotation needs prior approval of the DURL. The resident shall attend all Urology Research Laboratory meetings, present data, and participate in all laboratory functions. The resident will also provide a monthly summary of activities and accomplishments to the advisory committee. This summary shall serve as a progress report for the project.

Should the resident encounter problems or in any way exhibit a lack of progress during any period of the research rotation, the committee will meet with the resident to discuss activities or suggest revisions of the project to allow the resident to complete the project objectives.

In the last month of the rotation, the resident shall complete a project review document in manuscript format. This document will summarize the project and the results achieved during the rotation. The resident will complete this regardless of whether the original project objectives were met, or if he/ she anticipates continuing the project beyond the research rotation. The advisory committee shall critique the project manuscript and provide a written evaluation to the resident on performance and accomplishments during the rotation. This evaluation will be part of the resident's semi-annual evaluation. The resident will then present the research accomplishments at a Urology Grand Rounds/ Professor's Lecture.

Timetable

Month of research rotation	Activity
Month prior to beginning of rotation	Meet with DURL to discuss research opportunities
First month of research	<ul style="list-style-type: none"> • Develop research proposal • Create a Research Advisory Committee • Present Research Plan at Professor's Lecture
Each month	<ul style="list-style-type: none"> • Attend monthly research meetings, present progress • Weekly meetings with DURL and research mentor
Last month	Write research manuscript
End of research rotation	Present final work at Grand Rounds / Professor's Lecture

e. Summary

This document provides a plan for guiding Urology residents during the research rotation and outlines the requirements they must fulfill prior to and during the rotation. These requirements are expected to guide the research efforts, giving the resident an opportunity to experience a research environment in both the clinical and basic science areas, and complete a project. It also provides a framework for allowing a consistent evaluation of the resident's performance during the rotation.

VIII. POLICIES AND PROCEDURES

Policy on Resident, Faculty, and Program Evaluation

The UCSD Department of Urology utilizes the ACGME Milestones for Evaluation of Competencies in Residencies-Urology (SECURE). This is an on-line competency-based resident evaluation system developed by urologists. This evaluation system is confidential.

Resident Evaluation

Global Resident Competency Rating Form – This tool is used to assess resident performance in all six competencies and will be completed by clinical faculty. In response to specific questions, residents are rated on a nine-point scale for each. An example of this form is included at the end of this document as Appendix A

360 Degree Rating Form – This form is completed by any person in the resident's sphere of influence and usually includes other physicians, nurses, clerical and ancillary staff. This tool assesses two competencies, Professionalism and Interpersonal and Communication Skills.

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.

Residents will be rated using these forms irrespective of their training level, rather than rating them against peers in the same year level. This will allow tracking of performance over the entire length of training and should permit the documentation of progressive improvement in performance over time.

Faculty Evaluation

The urology residents perform anonymous, confidential, semiannual evaluations of each member of the Urology Program faculty using the Faculty Evaluation form on the ACGME Secure System. Necessary plans are formulated for improving the faculty member's performance. Faculty members do not view the individual evaluation forms completed by the residents.

Program Evaluation

The Section Chief, Program Director and faculty meet both formally and informally to discuss the program. The residents are informally asked for input throughout their residency but are asked for specific recommendations at their semiannual summative review. Residents are also asked to formally complete an anonymous on-line program evaluation semiannually on the ACGME Secure System.

Supervision of Residents

The Department of Urology is structured with a clear chain of command. There is always a responsible attending surgeon of record for any resident/patient interaction, and attending surgeons are readily available for any circumstance. Direct attending interaction is required during operations as mandated by hospital, state, and national standards. The program director of Urology delegates responsibility of the supervision among the division clinical faculty at both UCSD and the VAMC.

Throughout their training, the residents are supervised at each clinical site. The provisions of supervision are as follows.

A. Operating Room

A teaching attending surgeon will be present or immediately available in the operating room for all urology procedures and use personal judgment to interpret the level of participation of residents in the key portions of the procedure. It is understood that a teaching attending will be present or immediately available for the entire procedure or have an identifiable backup surgeon available to be present. The attending surgeon will write operative notes explaining his/her level of involvement in the case as well as dictate all operative notes or supervise this dictation.

B. Ambulatory Sites and Clinics

Each patient is seen and evaluated in the clinic by an attending physician and resident staff. The attending physicians will supervise and appropriately document the care provided to all patients by housestaff physicians, including the urology resident. The attending physician will personally see, supervise, and document recommendations for care of all patients referred for consultation, as well as see and supervise all patients referred for post-operative care.

C. Inpatients

The primary management of patients in the inpatient setting will be implemented by the urology chief resident under the supervision of attending physicians. No major decision will be made by resident housestaff without consultation with an attending surgeon. Each attending surgeon is ultimately responsible for the inpatient care of his/her patients. Each day, in addition to the above, a designated attending urology surgeon will make rounds with the urology chief resident and the resident team. During these teaching rounds, each patient will be examined, care plans will be reviewed, and the responsible attending physician will document this care plan in the patient's chart.

An attending faculty will personally see and supervise inpatient consultations and new admission patients referred to his/her service and ensure appropriate documentation. On-call schedules for attending faculty are structured to assure that supervision is easily available to housestaff on duty day and night.

D. Emergency Room/Outpatient Procedures

All patients seen in the ER by the urology team will also be seen and evaluated by an attending surgeon. All care plans, invasive procedures, and admissions will be determined by the attending surgeon on call for that particular day. An attending surgeon will supervise and use personal judgment to determine the level of participation in procedures performed in the emergency room. Each attending physician will document the clinical impressions and care plan in writing for all ER patients, whether they require admission or not.

Duty Hours

Duty hours are defined as all clinical and academic activities related to the residency program, such as patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences.

Residents are expected to be available for contact 24 hours per day on all rotations. When call is shared the resident must formally transfer responsibility to the covering resident with relevant details on all hospitalized patients.

The following policies apply to Urology Resident duty hours:

- a. Duty hours are limited to 80 hours per week arranged over a 4-week period.
- b. Residents will have one day in seven free from all educational and clinical responsibility, averaged over a four-week period, inclusive of call.
- c. There is no in-house call in Urology; residents will take call from home. The frequency of call from home is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident.
- d. Continuous on-site duty must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
- e. A 10-hour minimum rest period will be provided between all periods of duty.
- f. Because call is from home, travel time to the hospital will count towards weekly duty hour limits.

Monitoring of Duty Hours

- a. Residents and attending faculty will be provided copies of the rules pertaining to ACGME requirements for limited resident duty hours.
- b. Every week, urology residents will be asked to enter their hours per the UCSD Graduate Medical Education office on the New Innovations website- www.new-innov.com/Login (Exhibit 1) assessing "How to log Duty Hours". The hours will be reviewed by the Program Director quarterly to assure compliance with ACGME resident duty hour requirements.
- c. Residents will formally meet with the Program Director quarterly for feedback on their performance. At this time, the Program Director will review the results of the resident work hours. During this meeting, the resident is free to express any concerns he/she would have about duty hours or level of fatigue. A written record will be kept documenting each of these meetings. Any necessary changes in resident work hours or violation of limited resident duty hours will be addressed at the Clinical Competency Committee meeting.

Policy and Procedures to Support Physical Well-being of Residents

- a. Faculty and residents are encouraged to recognize fatigue. Residents should report to the attending faculty when they feel too tired to carry out patient care responsibilities. When a resident becomes too tired to perform clinical duty, he is sent home to rest.
- b. Attending surgeons will be alert for signs of excessive fatigue amongst the residents, and may excuse residents from operations and patient care duty if they feel the resident is too tired to function safely.
- c. Residents are encouraged to spend free time outside the hospital pursuing non-patient care activities, like spending time with their families or pursuing a hobby.

Backup Support Systems for Residents

At the present time, backup support for patient care will be provided by the attending surgical staff. Ultimately each surgeon is responsible for his/her own patients. Backup support for activities such as morning and afternoon rounds, teaching of surgical house staff, and coverage of new consults and the emergency room for urologic trauma will be provided by the attending on call for the day.

Moonlighting

It is the policy of the department that moonlighting (employment in addition to the regular residency assignments) may detract significantly from the resident's ability to concentrate on his/her training, and from his/her ability to fulfill the required responsibilities for patient care. Therefore, such employment is forbidden unless it has been specifically approved by the Chairman of the Department. Engagement in unapproved moonlighting activities is grounds for possible termination of your contract.

Educational Financial Support

Each resident entering the urology program will be given an allowance of \$500 per academic year to utilize during the current year or any time during their urology residency. These funds are designed to enhance each resident's graduate medical education training.

The categories of permitted use with **prior approval from the Program Director** of the \$500 stipend include and are limited to:

- a. Professional Society Membership
- b. Journals, Books, Educational Software
- c. Trips to Academic Meetings, Educational Conferences/Programs
- d. Board Examination Preparation
- e. Photocopying/Manuscript Preparations
- f. Slide Making and AV Services
- g. Educational Equipment
- h. Other (within these educational parameters)

Meetings and Travel

Residents are encouraged to participate in active research and writing, and to submit abstracts to appropriate meetings. The Department will attempt to support any resident to attend one meeting in the United States per academic year for the purpose of presenting an **accepted** abstract. Resident travel to academic meetings is subject to available funding and is at the discretion of the Department Chair. The resident must arrange his/her travel with the residency coordinator at least **30 days** in advance to secure the lowest possible airfare. The department will pay or reimburse the cost of a 30 day advance fare for any travel arranged less than 30 days. The department support will include roundtrip airfare, lodging, meals, and ground transportation for one night per day of presentation. **Additional days must be taken on approved vacation time and paid through the resident's educational or personal funds.**

With the approval of the program director, residents may be granted up to five work days of leave with pay, per academic year to attend any educational meetings or conferences. Time not taken does not carry over to the next academic year and are forfeited. Any days over 5 must **be taken on approved vacation time**. For multiple requests of attendance to the AUA, WSAUA, and other conferences or if multiple residents have accepted abstracts to a specific meeting, priority will be given to allow appropriate resident coverage at the hospitals (at least one PGY4, 5 or 6 to cover the VA Hospital and one to cover the University/Thornton Hospitals).

Residents may use their educational stipend to attend conferences or meetings. It is recommended that the resident arrange his/her travel 30 days in advance with the residency coordinator to secure the lowest possible fare. Amounts in excess of the resident's allowance/balance and expenses for spouses are the resident's responsibility.

The department adheres to the policies of the UCSD Travel Department and reimbursements will be processed only with provided receipts. Food will be reimbursed up to \$71.00/day with provided receipts. Lodging will be shared when possible. All travel must be coordinated with the other residents to ensure that each rotation is adequately covered in their absence.

The following procedure should be followed in order to obtain proper approval:

1. Send a formal request to the residency coordinator and inform the Chief resident on the service. The request should include the dates, the cost of the meeting and a copy of the abstract, if the resident is presenting. The attending who is mentoring the project should also be aware of the abstract. If there is a time line that is important in order to receive a favorable fare, please include that in your request. If there is existing funding for the request, such as presenting data from a funded project, please also include that information.
2. No plane reservations or other commitments should be made until the request is approved.
3. For common recurring meetings, AUA, WSAUA, SUO etc. where multiple residents will request to attend, we may not approve all requests, or we may ask that residents attend portions of meetings so we can balance clinical responsibilities.
4. The Residency Program Director and Assistant Residency Director will review all submitted requests and approve.

Board Examination Preparation

In preparation for board exams, chief residents are allowed to attend one review course for the written AUA Board Examination. The Department of Urology will not fund courses that are held after graduation (June 30). **Residents are highly encouraged to use their educational stipend for this purpose.** Any amounts in excess of the resident's balance must be paid through personal means.

If the resident chooses to use their educational stipend, the arrangements must be scheduled with the residency coordinator at least 30 days in advance in order to obtain the lowest possible fare. Additional courses must be done as scheduled vacation time and at the additional cost of the individual.

Vacations

- The chief resident is responsible for soliciting requests from the other residents. The vacation schedule must be submitted for six months at a time. (July – December and January – June) These requests must be done by the first week of July and by the first week of June. The residency coordinator must be emailed.
- Each resident is allowed to take up to 4 weeks of paid vacation per year.
- Vacations must be scheduled in week blocks (7 consecutive days). Vacations are to start on Saturday morning to avoid any coverage issues on that Friday. (exemptions may be granted per the chief residents for Friday evening start)
- No resident may take more than 1 week of vacation at a time.
- Residents should never schedule vacations during the first or last week of any rotation period or during the week of the Western Section Meeting or the Annual AUA Meeting.
- At no time should there be two residents on vacation at the same time during the same rotation period.
- Priority will be given to the highest level resident first, unless the 60-day notice policy is violated.
- Chief residents cannot schedule vacation at the same time.
- Residents may not schedule vacation during the month of June and July.
- Vacations must be reported to the residency program coordinator and approved with the program director to avoid conflicts and to assure proper coverage.
- For outside rotations such as pediatrics, formal notification of vacation time must be sent to the site director 3 months in advance.
- Special requests for days off that are work days but not a vacation require discussion with the chiefs and final approval by the residency director. It will only be considered if asked in advance.

Leave of Absence:

Leave of absence due to illness, injury, pregnancy or childbirth, or the illness of a child must be approved on an individual basis by the Chair of the Department. Maternity or paternity leave will be limited to a maximum of 6 weeks, unless longer leave is medically required. Residents will be expected to use vacation and sick time to cover such leave. Because the adequate training of a urologic surgeon requires extensive patient care experience, no rotation is considered “dispensable.” Therefore any resident who is absent from the program for > 6 weeks in an academic year (including vacation time, but excluding attendance at meetings), may be required to repeat the year or extend his/her residency program to make up for the lost time. Such absences are extremely difficult to accommodate within a small program, and should be electively undertaken only in extremely rare situations and after great thought.

Rotation Schedules

Rotation schedules will be published annually by the Department office. Rotations may be changed at the discretion of the Department.

Call Schedule

The call schedule for Children’s Hospital, VA Hospital and the University/Thornton Hospital rotations will be published each month. **There must be at least one resident on call for each rotation.**

1. Call schedule to remain as it currently is structured except for the following:
2. PGY6 back up PGY2
 - This call is for all intents and purposes a regular call night for the Chief. The PGY6 is ultimately responsible for evaluation and management of the patients and for communicating with the on call attending. Therefore, no additional call will be assigned to the Chief to cover vacations.
3. No change to the Chief resident schedule
4. PGY4- research resident will take call one weeknight during vacation weeks in addition to the one weekend of call each month. This will amount to an additional 6-7 nights of call per six months.
5. UCVA on call resident will be available to back each other up in the event one hospital is particularly busy. The decision to ask for assistance will be made in consultation with the on call attending.

Attire, Attitude and Decorum:

It is expected that all residents will present a neat appearance at all times, and behave in a professional manner. Identification badges should always be worn. White coats are strongly encouraged. On rounds with the attending physician, the resident should always introduce the physician to the patient by name. Urology residents are expected to treat all other physicians,

patients, and ancillary personnel with complete respect. At no time will rude or disrespectful behavior be tolerated. Complaints about resident behavior will be investigated fully and may result in disciplinary action.

Teaching:

All residents will be involved in teaching medical students and more junior residents and interns throughout their residency program. Medical students and interns are on the service to learn Urology within a relatively short time span. Although students are part of the care-giving team, their primary role is not patient care. Every effort should be made to optimize the students' learning experience, and to introduce them to a wide variety of urologic disease processes.

Excellence in teaching is a high priority to the Department, and residents are routinely held accountable for teaching activities (both content and methods). Each resident's teaching abilities will be evaluated by students and junior residents on a routine basis, and such evaluation will be part of the resident's overall performance.

Residents on services with medical students will also be required to evaluate the process of each student in writing in a timely manner. Such evaluations are heavily relied upon by the attending staff in completing the official student evaluation for that rotation.

Harassment:

Because residents are directly involved in teaching and evaluating medical students, junior residents and interns, there exists a potential for abuse of that power in the form of harassment or unprofessional conduct. Examples of such conduct include:

- belittling comments or public humiliation
- racially or sexually derogatory comments or jokes
- request for sexual favors (including dates) in a situation where the subordinate (rightly or wrongly) does not feel free to say no
- unwanted physical or verbal sexual advances
- creating an intimidating, hostile or offensive working environment

In-Service Examination:

All residents are required to take the yearly In-Service examination offered by the American Board of Urology. This examination allows for objective testing of the resident's progress in acquiring a working knowledge of Urology, and also prepares the resident for the required American Board of Urology examination, which is given at the end of the chief resident year. Residents are expected to perform in the 25th percentile: performance below that may result in the resident being placed on Probation.

Academic Probation:

A resident who fails to comply with the above rules, or demonstrates unsatisfactory performance on one or more clinical rotations or the In-Service examination may be placed on probation by the Division Chief. Residents will be notified of this decision in writing and in person, and may appeal the decision according to the policies set out by the UCSF Office of Graduate Medical Education. Persistent unsatisfactory performance during the probationary period (not to exceed 12 months) may result in termination of the resident's contract.

California Medical Board Licensure

- May train unlicensed in an accredited training program for a maximum of 24 months
- Must be licensed after 24 months in order to continue training.

- Qualify for licensure after completing 12 months of training.
- Must have 12 consecutive months of training at one institution

USMLE III

- Computerized, given 5 days a week at a local center.
- Required to complete this exam to qualify for licensure.
- Required to be completed by your intern year.
- Submit USMLE Step 3 transcript to Program Director and Residency Coordinator for file.

DEA License

- Eligible for Federally issued DEA (narcotic number) when licensed in California
- Application instructions can be found on OGME website.
- Fee waived if done on-line per instructions on OGME website.
- Fee exempt DEA is only valid at UCSD Medical Center and Affiliate Hospitals when used with in the course and scope of training.
- After receiving your DEA, the residency coordinator will order your Controlled Substance prescription pads.

Handbook Receipt Certification

I hereby certify that I have received a copy of the **2015-2016** Edition of the UCSD Department of Urology Residency Handbook. I have read and understood all of its contents.

Name (please print)

Signature

Date