The Resident

Direct Supervision:
- The supervising physician is physically present with the resident and patient.
- (*) A faculty physician, other than another resident, is physically present during the key portions of the procedure or is immediately available.

Indirect Supervision:
- With direct supervision immediately available—the supervision physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
- With direct supervision available—the supervision physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

Oversight:
- The supervision physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The Residents at this Level Should:
- Place Central Lines (Subclavian or Jugular Veins) [1,2]
- Obtain Oropharyngeal Control of the Airway and Provide Ambu Ventilation [2]
- Perform Tracheal Intubation* [2]
- Administer Local Anesthetics [2]
- Learn Basic Techniques of Dissection and Handling of Tissues [2]
- Repair Simple Lacerations [2]
- Perform Wound Closure (suture and skin staples) [2]
- Serve as Operative Assistant [2]
- Perform Needle or Open Biopsies (Breast Masses, Prostate Nodule, Superficial Lymph Nodes, etc.) [2]
- Excise or Biopsy Superficial Skin Lesions [2]
- Perform Incision and Drainage of Superficial (or Deep*) Fluid Collections and/or Abscesses [2]
- Place (Via Percutaneous or Open Techniques)*, Maintain, and Remove Thoracostomy Tubes [2]

The Residents at this Level Should:
- Perform and Document Histories and Physical Exams [1,2,3,4,6]
- Order & Interpret Findings of Diagnostic Tests (Radiology, Electrocardiographic, and Laboratory) [1,2,3,4,5]
- Develop and Document Fluid & Electrolyte Therapy [1,2,3,4,5]
- Monitor Vital Signs and Intake / Output [1,2,3,4,5]
- Request and Review Consultations [1,2,3,4,5,6]
- Obtain & Document Informed Consent [1,2,3,4,6]
- Order Transfusions of Blood & Blood Products [1,2,3,4,5]
- Order Pain Management Therapy [1,2,3,4,5]
- Order Medications and Monitor for their Effects and for Possible Adverse Reactions [1,2,3,4,5]
- Develop and Document Pre- and Postoperative Care Plan [1,2,3,4,5]
- Understand and Practice Sterile Technique and Scrub, Gown, Glove,
- Document Patient Status by Clear and Legible Notes [1,2,3,4,5]
- Dictate Discharge Summaries [1,2,3,4,5,6]
- Dictate Operative Notes [1,2,3,4,5,6]
- Learn & Apply Appropriate ICD / CPT Codes & Understand Documentation Needed [1,2,3,4,5,6]
- Collect Specimens (Urine, Sputum, Drainage, etc.) for Submission to Laboratory or for Examination [1,2,5]
- Maintain Correct & Complete Medical Record [1,2,4,5,6]
- Use & Understand the Nursing Notes & Patient Data [1,2,4,5]
- Utilize the Institutional Resources & Case Management Services for Discharge Planning & Follow-Up [4,5,6]
- Understand the Methods of Outcomes Assessment [3]
- Be Aware of the Principles of Peer Review
- Practice Informed Consent [1,2,3,4,5,6]
- Participate in Consultations [1,2,3,4,5,6]
- Interact with Laboratory and Imaging Personnel [1,2,3,4,5,6]

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Core Competencies [Insert #’s of core competencies evaluated with each learning objective.] The page numbers following the core competency below correspond to the Milestones for Urology.

1) Medical Knowledge (p. 36)
2) Patient Care Skills (pp. 1-10)
3) Practice-based learning (pp. 17-23)
4) Interpersonal and communication skills (pp. 24-29)
5) Systems-based practice (pp. 11-16)
6) Professionalism (pp. 30-35)
- Perform and Interpret Paracentesis and Diagnostic Peritoneal Lavage [1,2]
- Perform and Interpret Thoracentesis [1,2]
- Perform Diagnostic Lumbar Puncture [1,2]
- Obtain and Apply Split Thickness Skin Grafts [2]
- Repair Umbilical and Inguinal Hernias [2]
- Perform Flexible Endoscopy of Upper / Lower Gastrointestinal Tract [2]
- Perform Extremity Amputation* [2]
- Draw Arterial Blood Samples [2]
- Place Arterial Blood Pressure Monitoring Lines [2]
- Insert* and Manage Gastrostomy and Jejunostomy Feeding Tubes [2]
- Remove Superficial Foreign Bodies [2]
- Perform Appendectomies* [2]
- Perform Laser Vaporization of Superficial Skin Lesions [2]

The following additional procedures may be performed under supervision during Urologic Surgical Subspecialty Rotations during the PGY-1 year:

- Clamp & Surgical Circumcision [2]
- Rigid & Flexible Cystoscopy [2]
- Endoscopic Cold Cup Bladder Biopsy [2]
- Retrograde Pyelography & Placement of Ureteral Stents [2]
- Percutaneous Suprapubic Cystostomy Placement* [2]
- Transrectal Ultrasound-Guided Prostate Needle Biopsy [2]
- Sclerotherapy - Hydrocele [2]
- Extracorporeal Shock Wave Lithotripsy (ESWL)* [2]
- Pharmacologic Erection Therapy [2]
- Dilation of Urethral Strictures with Sounds or Balloons [2]
- Vasectomy * [2]
- Perform and Interpret Urodynamics (Uroflow, Cystometry, Pressure-Flow Studies, etc.) [1,2]

- Manage Surgical Tubes and Drains [1,2]
- Understand and Practice Universal Infection Control / Safety Precautions [1,2]
- Understand Principles of Triage [1,3,4,5]
- Understand / Utilize Principles of Mechanical Ventilation [1,2,5]
- Understand the Basic Principles of Anesthesia & Interpret the Anesthesia Record [1,2,4,5]
- Assess Preoperative Risks and Assign ASA Classification [1,2]
- Interpret Normal & Common Abnormal Findings on X-Rays of Chest, Abdomen, Soft Tissues, & Skeleton [1,2,5]
- Position Patient Properly for Operative Exposure & Protect from Pressure / Traction [1,2]
- Be familiar with Common Surgical Instruments & Suture Materials & their Proper Uses [1,2]
- Know the Indications, Applications, & Risks of Lasers, & Become Trained in Basic Laser Use [1,2]
- Perform Venipuncture [2]
- Start Peripheral IV Lines [2]
- Draw Blood Cultures [2]
- Place Foley Catheters [2]
- Perform Oral / Nasal – Gastric Intubation [2]
- Understand Principles & Applications of Electrocautery [1,2]
- Perform Wound Dressing & Daily Wound Care [2]

Additionally, Residents at this Level:

Should Begin to Acquire Knowledge of the Six Core Clinical Competencies and the Evaluation Process Used to Monitor Their Progress Toward Achieving Success in the Following Domains:

- **Patient Care** - Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. [1]

- **Medical Knowledge** - Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents are expected to perform at, or above the National Average of Peers on the Annual AUA-sponsored In-Service Examination. [2]

- **Practice-based Learning and Improvement** - Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
Residents are expected to develop skills and habits to be able to meet the following goals: [3]

- identify strengths, deficiencies, and limits in one’s knowledge and expertise; [3]
- set learning and improvement goals; [3]
- identify and perform appropriate learning activities; [3]
- systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; [3]
- incorporate formative evaluation feedback into daily practice (including SECURE’s Observed Patient Encounters and Operative Performance Rating Forms); [3]
- locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems; [3,5]
- use information technology to optimize learning; and, [3,5]
- participate in the education of patients, families, students, residents and other health professionals. [3,4]

• Interpersonal and Communication Skills - Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, & health professionals. [4]

Residents are expected to:

- communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds; [4]
- communicate effectively with physicians, other health professionals, and health related agencies; [4]
- work effectively as a member or leader of a health care team or other professional group; [4]
• **Systems-based Practice** - Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:
  - work effectively in various health care delivery settings and systems relevant to their clinical specialty; [5]
  - coordinate patient care within the health care system relevant to their clinical specialty; [5]
  - incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate; [5]
  - advocate for quality patient care and optimal patient care systems; [5]
  - work in inter-professional teams to enhance patient safety and improve patient care quality; [5] and
  - participate in identifying system errors and implementing potential systems solutions. [5]

• **Professionalism** - Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:
  - compassion, integrity, and respect for others; [6]
  - responsiveness to patient needs that supersede self-interest; [6]
  - respect for patient privacy and autonomy; [6]
  - accountability to patients, society and the profession;[6] and,
- sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.[6]