THE UNIVERSITY of TENNESSEE
HEALTH SCIENCE CENTER™
COLLEGE of MEDICINE

Department of Urology
Program Handbook
2024-2025

Table of Contents

Section 1. Program Information

I. General Information and Mission Statement

Mission Statement:

The Urology residency's program mission is to train residents with a well-rounded and broad-based knowledge necessary to independently practice Urology, whether the resident chooses to enter a fellowship program, private practice, or academic teaching program. Implement an environment that promotes continuous Quality Improvement and Patient Safety (QI&PS). Be recognized as a Center of Excellence to Urology through the promotion of education, research, patient care, and service to Tennesseans and the global community.

Program Aims:

Our program aims to meet this mission with emphasis on Faculty development in Quality Improvement and Patient Safety with resident involvement on these projects as well as research projects. Residents attend hospital-based teaching clinics at four distinct participating training sites. Didactics include a strong focus on medical knowledge. Evaluating residents' technical operative skills; professional communication skills; and system-based learning with integrated healthcare team development

II. Department Chair, Program Director, and Associate Program Directors

Robert W. Wake, MD
Department Chair
Phone: (901) 448-1026
Email: rwake@uthsc.edu

Christopher Ledbetter,MD
Program Director
Phone: (901) 448-1010
Email: cledbet2@uthsc.edu

Robert W. Wake, MD
Associate Program Director
Phone: (901) 448-1026
Email: rwake@uthsc.edu

III. Office Contact

Matthew Isaacs, PhD
Program Manager
University of Tennessee Health Science Center (UTHSC)
Address: 910 Madison Ave. Room 421 Memphis, TN 38163
Phone: (901) 448-1010
Email: misaacs4@uthsc.edu

IV. Core Faculty (alpha order)

John Carraher, MD
Urology
VA Medical Center
Phone: (901) 448-1026
Email: jcarrahe@uthsc.edu

Dana Giel, MD
Urology
LeBonheur Children's Hospital
Phone: (901) 287-5954
Email: dwilkers@uthsc.edu

Nikhil Gopal, MD
Urology
University Hospitals
Phone: (901) 448-1026
Email: ngopal@uthsc.edu

Gerald Jerkins,MD
Urology
LeBonheur Children's Hospital
Phone: (901) 287-5954
Email: gjerkins@uthsc.edu

Mary (Ellie) Killian,MD
Urology
LeBonheur Children's Hospital
Phone: (901) 287-5954
Email: mkillia3@uthsc.edu

Christopher Ledbetter,MD
Urology
Program Director
University Hospitals
Phone: (901) 448-1026
Email: cledbet2@uthsc.edu

Anthony Patterson,MD
Urology
University Hospitals
Phone: (901) 448-1026
Email: apatter1@uthsc.edu

Ava Saidian, MD
Urology
University Hospitals
Phone: (901) 448-1026
Email: asaidian@uthsc.edu

Robert W. Wake, MD
Urology
Department Chair
University Hospitals
Phone (901) 448-1026
Email: rwake@uthsc.edu

V. 2024-2025 Resident Contact Information

PGY-1

Emma Fenner, MD
Phone: 217-883-7226
Email: efenner1@uthsc.edu

Kevin Healey, DO
Phone: 850-896-7658
Email: khealey@uthsc.edu

Ranger Kile, MD
Phone: 817-994-6517
Email: rkile1@uthsc.edu

PGY-2

Khaled Aldabek, MD
Phone: 304-777-6746
Email: kaldabek@uthsc.edu

Shimron Brown, MD
Phone: 718-432-9284
Email: sbrow201@uthsc.edu

Sohail Dhanji, MD
Phone: 713-382-7843
Email: sdhanji@uthsc.edu

PGY-3

Jimmy Latham, MD
Phone: 803-468-5565
Email: platham1@uthsc.edu

Ronkino McCoy, MD
Phone: 210-517-6638
Email: rmccoy8@uthsc.edu

Nico Nordin, MD
Phone: 262-565-3233
Email: nnordin@uthsc.edu

PGY-4

Meredith Bernhard, MD
Phone: (901) 491-2068
Email: mberha2@uthsc.edu

Will Fry, MD
Phone: (615) 483-5058

Email: wfry@uthsc.edu

Katherine (Katie) Houle, MD
Phone: (843) 860-9763
Email: khoule@uthsc.edu

PGY-5

Jeffrey Bierly, MD
Phone: (937) 903-7871
Email: jbierly1@uthsc.edu

Paul Irons, MD
Phone: (757) 376-1116
Email: airons2@uthsc.edu

Genesis Nieves, MD
Phone: (305) 803-9468
Email: gnieves@uthsc.edu

University of Tennessee
Urology
Block Diagram

The American Board of Urology mandates a minimum of 5 clinical years of postgraduate medical training. Training must include:

- A PGY1 (URO 1) year in an ACGME or RCPS(C) approved surgical or urology program including the following rotations:
    - 3 months of general surgery
    - 3 months of additional surgical training. Recommended rotations include surgical critical care, trauma, colorectal surgery, transplantation, plastic/reconstructive surgery. Alternate rotations may be accepted on a case-by-case basis based on educational value.
    - Minimum 3 months of urology (we schedule 4 months of urology at the VA)
    - 3 months of other rotations, not including dedicated scholarly activity. This time may include additional urology, other surgical rotations, or appropriate nonsurgical rotations such as interventional radiology, nephrology, and anesthesiology.
- 4 years in an ACGME or RCPS(C) approved urology program, including at least 12 months as a chief resident in urology with the appropriate clinical responsibility and under supervision during the last two years of training. The resident must have a minimum total of 48 months dedicated to urology training. Up to 3 months of urology in the PGY1 year may be counted toward the 48 months.

Year-1

Block	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Site	**Site 4**	**Site 4**	**Site 4**	**Site 4**	**Site 4**	N/A	**Site 1**	**Site 3**	**Site 3**	**N/A**	**Site 3**	**Site 3**
Rotation Name	Urology	Urology	Urology	Urology	Nephrology	Gen Surg	Intv Rad	Gen Surg	Gen Surg	Gen Surg	Gen Surg	Gen Surg
% Operative	20	20	20	20	20	20	20	20	20	20	20	20
% Non-Operative	80	80	80	80	80	80	80	80	80	80	80	80
% Research	0	0	0	0	0	0	0	0	0	0	0	0

Year-2

Block	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Site	2	2	2	2	4	4	4	4	4	4	4	4
Rotation Name	Ped Uro	Ped Uro	Ped Uro	Ped Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro
% Operative	40	40	40	40	40	40	40	40	40	40	40	40
% Non-Operative	60	60	60	60	60	60	60	60	60	60	60	60
% Research	0	0	0	0	0	0	0	0	0	00	0	0

Year-3

Block	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Site	1	1	1	1	3	3	3	3	3	3	3	3
Rotation Name	Gen Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro
% Operative	60	60	60	60	60	60	60	60	60	60	60	60
% Non-Operative	40	40	40	40	40	40	40	40	40	40	40	40
% Research	0	0	0	0	0	0	0	0	0	00	0	0

Year-4

Block	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Site	2	2	2	2	4	4	4	4	1	1	1	1
Rotation Name	Ped Uro	Ped Uro	Ped Uro	PedUro	Gen Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro
% Operative	70	70	70	70	70	70	70	70	70	70	70	70
% Non-Operative	30	30	30	30	30	30	30	30	30	30	30	30
% Research	0	0	0	0	0	0	0	0	0	00	0	0

Year-5

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	1	1	1	1	3	3	3	3	4	4	4	4
Rotation Name	Gen Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro	Gen Uro
% Operative	80	80	80	80	80	80	80	80	80	80	80	80
% Non-Operative	20	20	20	20	20	20	20	20	20	20	20	20
% Research	0	0	0	0	0	0	0	0	0	00	0	0

Notes:
Sites:
1=Methodist University Hospital
2=LeBonheur Children's Hospital
3=Regional One Hospital
4= VA Medical Center

Vacation: One week vacation will be taken in 3 different blocks

Abbreviations:
Gen Surg= General Surgery
Intv Rad=Interventional Radiology
Gen Uro= General Urology
Ped Uro= Pediatric Urology

Additional Notes
Year 1 Blocks 6 and 10 site is a non-participating site (Baptist) for urology-doing general surgery rotation.
Year 5 at sites 1, 3 and 4 are chief months.

Section 2. Site Information

1. **Methodist University Hospital**
   Christopher Ledbetter, MD – Site Director
   Address: 910 Madison Room 409
   Phone: (901) 448-1026
   Fax: (901) 448-1122
   Email: cledbet2@uthsc.edu

2. **LeBonheur Children's Hospital**
   Dana Giel, MD – Site Director
   50 N. Dunlap
   6th Floor
   Memphis, TN 38103
   Phone: (901) 448-1026
   Fax: (901) 448-1122
   Email: dwilkers@uthsc.edu

3. **Regional Medical Center**
   Christopher Ledbetter, MD– Site Director
   Address: 910 Madison Ave. Room 409
   Phone: (901) 448-1026
   Fax: (901) 448-1122
   Email: cledbet2@uthsc.edu

4. **Veterans Administration Medical Center**
   Anthony L. Patterson M.D. – Site Director
   Address: 910 Madison Ave. Room 409
   Phone: (901) 448-1026
   Fax: (901) 448-1122
   Email: apatter1@uthsc.edu

Section 3. Educational Activities

I. Didactic Lectures

Day/Time	2nd and 4th Thursday of each month at 7:00 am
Location	LeBonheur Children's Hospital
Description	Pediatric Conference
Attendance %	100%

Day/Time	1st Friday of each month at 7:00 am
Location	910 Madison Room 413 (conference room)
Description	M&M Conference
Attendance %	100%

Day/Time	Each Friday in every month (except last Friday) at 8:00 am
Location	910 Madison Room 413 (conference room)
Description	Chairman's Conference
Attendance %	100%

Day/Time	2nd Friday of each month at 7:00 am
Location	910 Madison Room 413 (conference room)
Description	Uro-Radiology
Attendance %	100%

Day/Time	Last Friday of each month at 8:00 am
Location	910 Madison Room 413 (conference room)
Description	Grand Rounds
Attendance %	100%

Day/Time	Third Thursday of each month at 6:00 pm
Location	To Be Determined
Description	Adult Journal Club
Attendance %	100%

Day/Time	Fourth Friday of each month at 7:00 am
Location	910 Madison Room 413 (conference room)
Description	Research Conference
Attendance %	100%

Conference Schedule

All conferences are part of the residents' educational experience, and **all** have mandatory attendance. Any resident who does not attend the conferences should have prior approval from the faculty conducting the conference. Repetitive absence or tardiness without prior permission will result in disciplinary action. Attendance at these conferences must be documented according to the ACGME requirements. Residents

must sign in as they arrive at each conference. The URO-5 resident at the University service is responsible for having the sign-in sheet available at the beginning of every conference as well as assuring that everyone present signs in.

There will be no scrubs allowed at any conferences. No exceptions.

Chairman's Interdisciplinary Conference: Each Friday except last Friday of month 8:00 a.m.- 9:00 a.m. at academic office. Conference director is Dr. Robert Wake, Chairman of the Department of Urology.

All urology faculty, residents and occasionally medical students and volunteer clinical faculty attend. In addition, the conference is attended by individuals (fellows and faculty) from medical oncology, Uro-radiology, and occasionally other specialties depending on the case presentation. The conference is structured as an educational assessment tool of the residents.

The resident assigned to present a case, generally a URO-5 resident, describes the chief complaint, along with a complete history & physical exam. Other residents are then called on in an oral exam format. These residents must ask questions concerning the patient and then determine a course of action to establish a differential diagnosis. They ask for x-ray and laboratory evaluations which will be provided.
They must interpret all the information, establish the diagnosis, and then develop a treatment plan.
Dr. Wake and other faculty will quiz the resident and evaluate his or her performance. Once this is completed then the original presenting resident gives a 15-30-minute summary of the case which includes a literature review on the subject. Each faculty member then comments on the case and any resident questions are answered.

The Chairman and other faculty will switch off with the residents in presenting this conference. They will review AUA Updates and Guidelines going through SASP questions from the AUA for review of the annual AUA in-service exam. This will be the primary focus from August through November.

M & M Conference: 1st Friday of each month 7:00 a.m. - 8:00 a.m. at academic office. Conference director is Dr. Anthony L. Patterson.

The residents turn in a comprehensive list of potential M&M candidates from all urology residency training sites. Presentations are made by the residents, critiqued by Dr. Patterson and other faculty in attendance, and then summarized by Dr. Patterson. Topics of the M&M conferences are maintained in the departmental files, and each resident keeps records of their own M&M cases in their resident portfolio.

Uro-Radiology: 2nd Friday of each month 7:00 a.m. - 8:00 a.m. at academic office. Conference director is Dr. Christopher Ledbetter, Program Director for Urology Residency Program.

This conference is staff run and attended by all residents. It utilizes a combination of clinically current urological images of actual case presentations, as well as a teaching data bank of representative x-rays including:

1. Prostate MRI – meeting with the radiologists who read them.
2. Organ specific –
    a. Example – renal mass- CT vs MRI
    b. protocol for adrenal mass
    c. Retrogrades
    d. RUG
    e. IVP

The residents' skills are tested periodically with both written and oral exams.

Adult Journal Club: 3rd Thursday of each month 6:00 p.m. - 8:00 p.m. at academic office vs off campus (site to be announced). Conference director is Dr. Robert Wake.

Journal Club is a critical review of selected urology journal articles from various sources including the Journal of Urology, Gold Journal, and various other subspecialty journals. A different faculty member and the chief residents (URO-5) are assigned on a rotational basis by Dr. Wake to select the articles for Journal Club and lead the discussion. This is a mandatory conference attended by all residents and faculty.

Research Conference: 4th Friday of each month 7:00 a.m.-8:00 a.m. at academic office. Conference directors are Drs. Ava Saidian and Nihil Gopal.

Research Conference is a required monthly review and discussion of projects, new and current, that the residents are accumulating data for submission to various papers, journals, meeting presentations, textbooks, etc. Below are various reviews to be discussed.

1. Project updates monthly to make sure everyone is working on a project.
2. Resource update – Berd clinic (statisticians)
3. Basic IRB meeting (at beginning of the year)

Urology Grand Rounds: Last Friday of each month 8:00 a.m. - 9:00 a.m. at academic office. Conference director is Dr. Robert Wake.

A resident is assigned monthly to select a presentation topic for this conference which is reviewed by the conference director. The resident is responsible for an extensive literature search and review of the topic. A lecture including slides and video is then presented by the resident. Invited guests including Uro-radiologists, Uro-pathologists, and medical oncologists attend this conference on a routine basis. The faculty members critique and discuss the salient points of each presentation.

PEDIATRIC CONFERENCES:

Surgical Indications Conference: 2nd and 4th Friday of each month 12:30-2:30 at LeBonheur OPC East Location, 100 N. Humphreys Blvd (First-Floor Conference Room). Conference director is Dr. Mary Elaine Killian.

This is a one-hour conference held biweekly to review the scheduled cases, the indications for surgery, the type of surgical approach to be used, and pertinent labs and x-rays. The patients are individually presented by urology residents rotating on the pediatric urology service, supervised by the Pediatric Urology Fellow. Following each patient presentation, the residents are given the opportunity to systematically review diagnoses, as well as the appropriate work-up and management of various pediatric urologic problems. This conference is designed to increase the urology resident's understanding of pediatric urology and surgical approaches/decision-making.

Topic in Pediatric Urology Conference: 2nd Thursday of each month 7:00 – 8:00 a.m. at Le Bonheur Clinic Conference Room #848, Adams Room L325. Conference director is Mary Elaine Killian.

This conference is attended by the pediatric urology staff, the pediatric urology resident, and all the general urology residents. Assorted topics pertinent to pediatric urology are selected to be reviewed in detail, and questions are posed to the residents following the conclusion of the conference (to serve as post-test material). This conference incorporates current literature reviews, reviews of various radiographic imaging modalities pertaining to the topic, and pathologic image reviews. When appropriate, guest speakers serving as experts in an area are invited to lecture on selected topics.

Pediatric Urology Multidisciplinary Conference: 4th Thursday of each month 7:00 – 8:00 a.m. at LeBonheur Clinic Conference Room #848, Adams Room L325. Conference director is Mary Elaine Killian.

This conference is attended by the pediatric urology staff, the pediatric urology resident, all general urology residents, and members of other disciplines including pediatric nephrology, radiology, endocrine, and surgery. The urology residents are then expected to systematically evaluate the case, select appropriate work-up, and develop differential diagnoses. The final diagnosis is then discussed in detail, and the forum is then opened for discussion of management of the clinical problems presented.

Pediatric Urology Journal Club: 2nd Tuesday quarterly 5:30-7:30 p.m. at LeBonheur Faculty Office Building, 1st floor, Auditorium. Conference director is Mary Elaine Killian.

This conference is attended by the pediatric urology fellows, the pediatric urology staff, and all urology residents. In addition, the adult urology staff are also invited to participate. Current articles from pertinent major medical journals with an emphasis on pediatric urology (Journal of Urology, Urology, British Journal of Urology, Pediatrics, Journal of Pediatric Urology, etc.) are selected for discussion; additionally, relevant historical articles are also selected for discussion. This conference is moderated by the pediatric urology faculty on an alternating basis.

Pediatric Urology M & M Conference: 2nd Friday Quarterly 12:30-1:30 p.m. at LeBonheur OPC East Location, 100 N. Humphreys Blvd (First-Floor Conference Room). Conference director is Mary Elaine Killian.

The feloows and residents on pediatric urology rotation discuss M & M cases that occurred at LeBonheur hospital. Presentations are made by the fellows and residents, critiqued by faculty in attendance, and then summarized by Dr. Giel.

Program Meetings

Faculty Departmental Meetings: Monthly to include 2 peer selected resident representatives.
PSQI at Methodist University: Monthly- attended by 2 upper-level residents.
CCC: Semi-annually – December and May
PEC : Semi-annually- December and May
APE: Annually to include 1 resident
New Year Orientation: Annually

II. Required Reading

Journal of Urology https://aua.net.org
Gold Journal

AUA Core Curriculum https://aua.auanet.org/core

AUA Update Series (not required but highly recommended)

SAU Lecture Series https://sauweb.org/

SASP-Test Review

III. Research and Scholarly Activity

Residents will complete at least one scholarly activity project during residency. Residents are encouraged to develop their own scholarly activity projects, as well as to take an active role in scholarly activity being led by Urology faculty.

Scholarly activity may include participating in a research study, preparing a medical publication, presenting at annual conferences, participating in a substantial quality improvement initiative, or other scholarly activity of comparable scope. Residents are educated on research methodology, statistical analysis, and critical analysis of the medical literature, and have abundant support services through the University of Tennessee to help with research design and analysis, data collection, etc. Residents are expected to work on scholarly activity projects throughout their entire residency.

Abstracts must be submitted SES and/or AUA for publication before June of each year, even if in conjunction with someone else.

Section 4. Examinations

I. Documenting Exam Results

Documentation of exam results should be forwarded to the Program Coordinator as soon as received for inclusion in Resident personnel file. Photocopies of the original documentation or PDFs are both acceptable.

USMLE 1, 2 and 3– Prior to the start of their Residency, all Residents are expected to have taken and passed Step 1 and Step 2. All residents are required to pass USMLE Step 3 before they can advance to the PGY3 level. All residents on the standard cycle must register for Step 3 no later than February 28 of the PGY2 year. Failure to pass the exam prior to June 30 at the end of the PGY2 year will result in the resident being placed on leave without pay until proof of passage is provided to the Program Director and GME office. Failure to do so will result in non-renewal of the resident's contract and the resident will be terminated from the program.

For more information on UTHSC USMLE requirements, please visit the GME website:
https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/mle-requirements.pdf

II. In-Service Training Exam

The annual in-service examination (ISE) is constructed by the ABU/AUA Examination Committee and comprises questions to identify areas of content to test each urology resident's knowledge on a national level. This helps to identify strengths and weaknesses of our training program and plays an important role in determining a resident's educational progress.

The exam is typically held on the 3rd Saturday in November. The ISE is taken as an electronic examination. All residents will be assigned a computer station for the exam which takes place at the UT Kaplan Testing Center in the 920 Madison building. Proctors are assigned by the Program Director and must be full time faculty or part time faculty.

The areas of knowledge tested include Calculus Disease, Congenital Anomalies, Embryology, Anatomy, Core Competencies, Geriatric, Radiation Safety and Ultrasound, Fluid and Electrolyte, Transplant, Hypertension, Vascular Disease, Nephrology, Infection and Inflammatory Disease, Neoplasm, Neurogenic Bladder, Voiding Dysfunction, Incontinence, Obstructive Uropathy, Laparoscopy, Robotic Surgery, Physiology, Immunology and Adrenal, Sexual Dysfunction, Endocrinopathy, Fertility, Trauma, Fistulae and Urinary Diversion as well as Pathology. The tools used to help residents' study for this exam include weekly and monthly conferences; an AUA Self-Assessment Study Program and AUA Update Series which we purchase for their use.

Once the exam results are available, they are reviewed by the Program Director and shared with the faculty during evaluation process. As an incentive, any resident who scores lower than the 30th percentile will not be given a 3rd week of vacation.

III. Board Examination

Applicants must be a graduate of a medical school approved by the Liaison Committee on Medical Education (LCME) or a school of osteopathy approved by the Bureau of Professional Education of the American Osteopathic Association, and have completed a urology residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or Royal College of Physicians and Surgeons of Canada [RCPS(C)]. ACGME training programs in urology are described in the American Medical Association Graduate Medical Education Directory, Section II, "Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements."

The American Board of Urology mandates a minimum of 5 clinical years of postgraduate medical training. Training must include:

- A PGY1 (URO 1) year in an ACGME or RCPS(C) approved surgical or urology program including the following rotations:
    - 3 months of general surgery
    - 3 months of additional surgical training. Recommended rotations include surgical critical care, trauma, colorectal surgery, transplantation, plastic/reconstructive surgery. Alternate rotations may be accepted on a case-by-case basis based on educational value.
    - Minimum 3 months of urology (we schedule 4 months urology at the VA)
    - 3 months of other rotations, not including dedicated scholarly activity. This time may include additional urology, other surgical rotations, or appropriate nonsurgical rotations such as interventional radiology, nephrology, and anesthesiology.
- 4 years in an ACGME or RCPS(C) approved urology program, including at least 12 months as a chief resident in urology with the appropriate clinical responsibility and under supervision during the last two years of training. The resident must have a minimum total of 48 months dedicated to urology training. Up to 3 months of urology in the PGY1 year may be counted toward the 48 months.

- For the above requirements, a month is defined as a calendar month. Up to 3 months of scholarly activity is allowed, excluding the PGY1 and chief years.
- For residents who completed 3 months of urology in the PGY1 year, up to 6 months of dedicated scholarly activity is allowed, excluding the PGY1 and chief year.
- A resident who has completed a PGY-1 year in an ACGME-approved general surgery program that included 3 months of general surgery and 3 months of additional surgical training as described above prior to entering urology residency training has fulfilled the "general surgery" requirements. A minimum of 48 months of clinical urology training must be completed in the urology residency.
- All rotations must have been approved by the candidate's program director.

Research rotations cannot interfere with the mandated 12 months of general surgery or the 48 months of clinical urology.

Residents must comply with the guidelines in place at the time he/she enrolled in the program.

All rotations listed above that are not part of the core urology training must have been approved by the candidate's program director. As part of the core urology training, the candidate must have completed at least 12 months as a chief resident in urology with the appropriate clinical responsibility and under supervision during the last two years of training in an ACGME- approved program.

Qualifying Exam: TBD

Certifying Part 2 exam: TBD

Section 5. Policies and Procedures

All UTHSC Programs follow the UTHSC/GME institutional policies. For more information, please visit the GME website: https://www.uthsc.edu/GME/documents/policies

Academic Appeal Process	New Innovations Protocols
Academic Performance Improvement Policy	Observership
Accommodation for Disabilities	Offsite Rotation Approval - In Tennessee
ACLS	Offsite Rotation Approval - Out of State
Affirmative Action	Offsite Rotation Approval - International
Agreement of Appointment	Outside Match Appointments
Aid for Impaired Residents	Pre-Employment Drug Testing
Background Checks	Program Closure/Reduction
Certificate	Program Director Protected Time Policy
Clinical and Educational Work Hours	Program and Faculty Evaluation
Code of Conduct	Program Goals and Objectives
Disciplinary and Adverse Actions	Resident Evaluation Policy
Drug and Alcohol Use	Resident Non-Compete
Drug Free Campus and Workplace	Resident Reappointment and Promotion
Fatigue Mitigation	Resident Selection Guidelines
Fit for Practice	Resident Supervision
Fit Testing	Resident Transfers
Grievances	Resident Wellbeing
Handoffs and Transitions of Care	Salary
Hospital Procedures for Handling	Sexual Harassment and Other Forms of Discrimination
Resident Disciplinary Issues	Social Media
Infection Control	Stipend Level
Infection Control - Tuberculosis	Student Mistreatment
Insurance Benefits	Substantial Disruption in Patient Care or Education
Internal Rotation Agreement for ACGME Programs	Support Services
Leave	Technical Standards
Licensure Exemption and Prescribing Information	UT Travel
Malpractice Coverage	Vendor/Industry Conflict of Interest
Medical Licensing Examination Requirements	Visas
Moonlighting	Visiting Resident Approval

Workers' Compensation Claims Process: Supervisor

- The TN Division of Claims and Risk Management will assess a $500 departmental penalty each time an employee or employer does not report a work injury within (3) business days after sustaining that injury.
- Contact the CorVel nurse triage line: 1-866-245-8588 (option #1 – nurse triage (resident) or option #2 – report claim (supervisor))
- A departmental fine of $500 will be charged each time a claim report is not completed by a supervisor.an injured worker seeks non-emergency medical treatment prior to treatment (unless it is an emergency) prior to calling Corvel.

On-the-Job Injury Reporting Procedures

Injured Worker

1. Report injury to your supervisor *when it happens.*
2. Report your injury to CorVel (even minor injuries)
   - Call 1.866.245.8588 Option #1 (nurse line)
   - If you need medical care, the nurse will send you to an authorized doctor. You MAY NOT seek treatment with an unauthorized provider!
   - DO NOT go to the doctor before you report to CorVel.
3. Complete an Incident Report online via the Origami Portal
4. You will receive an email confirmation from Notifications@OrigamiRisk.com

Supervisor

1. **You will receive email notification from Notifications@OrigamiRisk.com of the new injury after the injured worker's submission is complete.**
2. **Follow the instructions in the email to submit Supervisor Statement and complete the reporting process.**
3. **Follow up with injured worker for the doctor's return to work status.**
4. **Contact campus Human Resources Workers' Compensation Coordinator to process the return to work.**

For Life-Threatening or Serious Bodily Injury *ONLY*:
Immediately Call Campus Police or Go to the Nearest Emergency Room!

Supervisor - Must report emergency on-the-job injuries on behalf of injured worker:

1. **Firstly, ensure injured worker has appropriate medical care (nearest ER)**
2. **Call immediately to report worker's injury to CorVel (24/7)**
   - **Call 1.866.245.8588 Option #2**
3. **Report the incident to:**
   -
     - **Campus Safety Officer**
     - **Supervisor**
     - **UT System Office of Risk Management**

Injured Worker - Must initiate the online reporting process as soon as possible:

1. **Obtain the CorVel claim number from your supervisor**
2. **Complete an Incident Report online via the Origami Portal**

NOTE: CorVel offers a PPO Lookup website to assist in locating the closest State of TN-authorized treating physician. This link will allow the injured worker to locate a physician or facility via zip code, city/state, and within a certain radius of their current location. This PPO Lookup website does not replace the requirement to call CorVel to report the injury. All injuries must be reported to CorVel to avoid the penalty.

Program-Specific Policies and Procedures:

I. Wellbeing

The Department of Urology recognizes that wellbeing is important throughout residency training. We provide several ways to show appreciation and fellowship which includes an annual Holiday Party at the Chairman's home (Dr. Wake) which is usually theme oriented. Everyone can participate in karaoke and awards are given out for various categories. We also have an annual Fall Party hosted by Dr. Patterson at his farm. This is a family- oriented event and residents can bring their children. Several events are offered which includes a hayride, bonfire, fishing, pony rides, petting zoo, and catered food. Once a month, we recognize residents' birthdays which occur that month which includes a birthday cake during our Friday morning conference. During in-service, the resident who scores highest receives a gift card to a restaurant from the Program Director.

The resident must be unimpaired and fit for duty to engage in patient care. If the resident is unable to engage in his or her duties due to fatigue or impairment, he or she must transition his/her duties to other health care providers. It is the responsibility of peers, supervising attendings and faculty to monitor the resident for fatigue and ensure that necessary relief or mitigation actions are taken when necessary.

The program provides the resident with facilities for rest/sleep and access to safe transportation home. When the resident is too fatigued to continue his or her duties, relief by back-up call systems with transition of duties to other providers is available. All new residents are required to complete the on-line training module, SAFER (Sleep Alertness and Fatigue Education in Residency) video in New Innovations. This education module addresses the hazards of fatigue and ways to recognize and manage sleep deprivation.

II. Leave

The UTHSC Urology Residency Program follows the UTHSC institutional policy on Resident leave. For more information on the UT Resident Leave Policy, please visit the GME website: http://www.uthsc.edu/GME/policies/leave.pdf

The American Board of Medical Specialties (ABMS) establishes requirements for candidates to become eligible for Initial Certification. Effective July 1, 2021, a new parental leave policy will allow for a minimum of 6 weeks away from training for the purposes of parental, caregiver, or medical leave at least once during training, while maintaining at least 2 weeks of vacation without extension of training. Currently, the American Board of Urology (ABU) stipulates that a urology resident must work at least 46 weeks during each year of residency to be eligible for board certification with extension of training if this requirement is not met. While the current ABU policy is more flexible than many other specialties, the new ABMS policy requires the ABU to reassess their requirements to ensure compliance.

Program-specific policy items:

1. In July each resident should request a **Vacation Request Form** from the Program Manager. These forms should be used to apply for your first, second and THIRD week of vacation. Of course, not every resident will earn their third week of vacation, but everyone will turn in a third week of vacation request anticipating that they will earn it. If it is not earned based on criteria noted below, then it will be denied.

The forms for the first two requested vacation weeks must be received by the Program Manager and approved by the Program Director by July 31. Forms for the third vacation week should be submitted as soon as possible, but at the latest by October 31. The Chief Residents will collect and review all the vacation requests for everyone's three weeks of vacation. The more senior a resident, then the higher the priority for getting their vacation week if there are conflicts. All issues should be resolved by the three Chief residents if possible. However, if that proves to be impossible, then the seniors will bring this matter to the Program Director for final resolution. Once the completed dates are agreed upon by the three Chief Residents, the forms must be sent to the Program Manager to be approved/signed by the Program Director.

DO NOT make plans for your vacation like booking flights, booking hotels, telling family you are in, etc. until you have received final written approval by the Program Director.

All vacation **requests should be turned in by October 31. If this is not done, the vacation request will be denied.**

Vacation may be taken anytime in July through November and January thru the first two weeks of June of each year. Vacation should not be taken in December due to holiday scheduling which requires all residents to be available to divide up the holiday schedule coverage. Vacation will not be approved the last two weeks of June for any resident due to graduation events and turn over responsibilities.

You should plan to take no more than one week vacation per each 4-month rotation. Meaning the three blocks you must schedule your two (possible 3) weeks of vacation are July thru Oct, Nov thru Feb. or March thru the first two weeks of June. Exceptions will need to be approved by the Program Director and should rarely be necessary. Vacations may not be broken up without the prior approval of the Program Director.

NO more than 2 residents can be on vacation during the same week! Any conflicts with this will need to be discussed and resolved with the Program Director. The only exception with this is the URO-1 residents while on non-urology rotations.

All accommodations will be made to give everyone their first choice for vacation but have a second option available in case that cannot be done. A senior resident will have higher priority regarding vacation selection.

We are no longer able to provide administrative days off for the senior residents; however, we will allow the senior residents the option to divide one of their 2 or 3 weeks of vacation to schedule interview trips for future employment.

All seniors should understand that their last day of work will be JUNE 30th of every year. Please do not plan to leave before your time here is completed.

In keeping with the American Board of Urology Policy on Resident Leave Time a resident must work forty- six (46) weeks each year of residency; that is, one year of credit ***must*** include at least forty-six weeks of full-time urologic education. Vacation or leave time may not be accumulated to reduce the total training requirement. If a circumstance occurs in which a resident does not work the required forty-six weeks, the program director must submit a plan to the ABU for approval on how the training will be made up, which may require an extension of the residency.
http://www.abu.org/

EDUCATIONAL LEAVE: The program will allow educational leave for PGY 1 or URO 1 residents to take their Step 3 USMLE. Also, residents who will present an accepted paper at a national or local conference will be allowed educational leave to attend these meetings.

III. Family Medical Leave

All UTHSC programs follow the following UTHSC/GME policies for Parental and Bereavement.

Residents who have been employed for at least twelve months and have worked at least 1,250 hours during the previous twelve-month period are eligible for qualified family and medical leave ("FML") under provisions of the federal Family Medical Leave Act ("FMLA"). FMLA provides eligible employees up to twelve (12) weeks of protected unpaid leave for the birth or adoption of a child or a serious health condition affecting the employee or his or her spouse, child, or parent. Except as set forth in Section IV, below, Residents may use all available sick and annual leave days to be paid during FML leave.

UTHSC Human Resources ("HR") office has administrative oversight for the FML program. The Program Manager or Program Director should notify HR when a resident may qualify for FML leave. HR will coordinate

with GME and the Program Manager or Program Director to approve or disapprove a resident's request for FML leave. Resident rights and responsibilities under FMLA can be found on the GME website: http://uthsc.edu/GME/pdf/fmlarights.pdf. Health and disability insurance benefits for residents and their eligible dependents during any approved FML shall continue on the same terms and conditions as if the resident was not on leave. After all available paid sick, annual and other paid leave under Section IV has been taken, unpaid leave may be approved under FML and Tennessee law provisions, addressed below.

A. Tennessee State Law ~ 4-21-408. Under Tennessee law, a regular full-time employee who has been employed by the university for at least twelve (12) consecutive months is eligible for up to a maximum of four (4) months leave (paid or unpaid) for adoption, pregnancy, childbirth, and nursing an infant. After all available paid sick and annual leave has been taken, unpaid leave may be approved under FML and Tennessee law provisions. The state benefit and FML benefit run concurrently with paid leave or any leave without pay.

The Program Director and resident should verify whether the length of leave will require extending training to meet program or board eligibility criteria. UTHSC Human Resources office has administrative oversight for the FML program. The Program Manager or Director should notify HR when it appears a resident may qualify for FML leave. HR will coordinate with GME and the Program Manager or Director to approve or disapprove a resident's request for FML leave. Resident rights and responsibilities under FMLA can be found on the GME website: http://uthsc.edu/GME/pdf/fmlarights.pdf.

IV. Six Week Paid Medical, Parental (Maternity/Paternity), and Caregiver Leave

Each resident will be provided six (6) weeks (42 calendar days) of paid, approved medical, parental, and caregiver leaves of absence for qualifying reasons that are consistent with applicable laws, at least once and at any time during the resident's Program, starting on the day the resident is required to report, the first day of payroll for the resident (frequently July 1 of the academic year). A resident, on the resident's first approved six (6) weeks of medical, parental, or caregiver leave of absence shall be provided the equivalent of one hundred percent (100%) of his or her salary.

Health and disability insurance benefits for residents and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence shall continue on the same terms and conditions as if the resident was not on leave.

A. Parental Leave. Paid parental leave is available to a resident for the birth or adoption of a child. Each resident, in an ACGME or non-standard Program, is eligible for six (6) weeks (42 calendar days) of paid parental leave one time during the Program. A resident's six (6) weeks of paid parental leave is available in addition to annual and sick leave and should be used prior to any remaining annual and sick leave. Paid medical and caregiver leave, below, is part of the same six-week benefit and not in addition to paid six-week parental leave.

The paid parental leave benefit will renew for a second period of eligibility if a resident continues to another Program; but parental leave does not accumulate (for example, for a total of 12 weeks of paid parental leave) if unused by a resident during a Program. In the event a resident uses the total of the six (6) week paid parental leave benefit and has or adopts another child while training in the same Program, only the remaining annual and sick leave are available to the resident as paid time off. All FMLA and other protected unpaid time may still be available to the resident for leave.

Parental leave may be used in increments of two-week blocks. Requests for utilization of leave that are less than a two-week block period must be approved in advanced by the Designated Institutional Official. In the event both parents are residents, the residents may each use their leave concurrently, overlapping, or consecutively. If desired, this leave may be deferred to a later birth or adoption. Any remaining annual and sick leave may be added after this six-week benefit.

It is the responsibility of the resident and Program Director to discuss, in advance, what effect taking time off from the training program may have on Board or ACGME requirements dictating a possible extension of training.

B. Resident Medical. Resident medical leave is available to a resident for a serious health condition that makes the resident unable to perform his or her job. This additional six (6) week (42 calendar days) leave is available one time during the ACGME training Program. Paid medical or caregiver leave is part of the same six-week benefit as the six-week paid parental leave above. This leave will renew for a second period if a resident continues to a different training Program but the paid time off for medical or caregiver leave does not accumulate if unused. Resident Medical leave may be used in increments of two-week blocks. Requests for utilization of leave that are less than a two-week block period must be approved in advanced by the Designated Institutional Official. It is the responsibility of the resident and Program Director to discuss, in advance, what effect taking time off from the training program may have on Board or ACGME requirements dictating a possible extension of training.

C. Caregiver Leave. Caregiver leave is available for any resident that needs to take time off for the care of a parent, spouse, or child. This additional six (6) week (42 calendar days) leave is available one time during the ACGME training Program. Paid medical or caregiver leave is part of the same six-week benefit as the six-week paid parental leave above. This leave will renew for a second period if a resident continues to a different training Program but the paid time off for medical or caregiver leave does not accumulate if unused. Caregiver leave may be used in increments of two-week blocks. Requests for utilization of leave that are less than a two-week block period must be approved in advanced by the Designated Institutional Official. It is the responsibility of the resident and Program Director to discuss, in advance, what effect taking time off from the training program may have on Board or ACGME requirements dictating a possible extension of training.

V. Bereavement Leave

Bereavement Leave residents may take up to three (3) days of paid leave due to the death of an immediate family member. Immediate family shall include spouse, child or stepchild, parent or stepparent, grandparent, grandchild, parent-in-law, foster parent, brother, sister, brother-in-law, sister-in-law, daughter-in-law, or son-in-law of the trainee. With approval of the Program Director, additional time for bereavement may be taken using annual leave or leave without pay.

VI. Moonlighting Procedure

UT/GME Policy #320 – Residents must not participate in Moonlighting if it violates the GME Work Hour scheduling and reporting requirements described below. PGY-1 residents are not allowed to Moonlight and Programs are prohibited from requiring residents to Moonlight. Residents on J-1 or J-2 visas are not permitted to Moonlight activities. Residents on H-1B visas cannot moonlight under their University of Tennessee sponsorship. Any resident requesting to Moonlight must be in good academic standing. Residents on active Performance Improvement Plans are not eligible for moonlighting experiences. Each resident is responsible for maintaining the appropriate state medical license where moonlighting occurs (see GME Policy #245 – Licensure Exemption) and separate malpractice insurance. The Tennessee Claims Commission Act does not cover residents who are moonlighting.

VII. Discrimination, Intimidation, Fear of Retaliation, Professionalism and Due Process Policy

The Department of Urology policy is that each resident will have a safe work environment. Residents are expected to always act in a professional manner. The Program Director has discussed in several settings with residents and faculty that intimidation or fear of retaliation in this program does not exist. There is a chain of command which starts with the Chief Resident. If at any time a resident is concerned about these issues, he/she should discuss with their chief resident. If the issue cannot be resolved, the resident and/or Chief Resident will meet with the Program Director to try to resolve the issue. If the resident feels he/she cannot discuss the issue with their Chief Resident, then the Program Director will be the point of contact.

VIII. Discrimination, Harassment, and Abuse Policy

The Department of Urology will in no way tolerate any form of discrimination, harassment, or abuse. If a resident feels this has occurred, the process will go through the proper channels. There will be a discussion with the Program Director who will then report the findings to the UTHSC Office of Equity and Diversity. At this point, an investigation will be conducted by that office.

IX. Resident Eligibility and Selection Policy

I. Eligibility – Applicants must meet one of the following criteria:

A. Be a graduate (or anticipated as such for senior students) of a US or Canadian medical school accredited by the Liaison Committee for Medical Education (LCME).

B. Be a graduate (or anticipated as such for senior students) of a US college of osteopathic medicine accredited by the American Osteopathic Association (AOA).

C. Be a graduate (or anticipated as such for senior students) of a medical school outside the US or Canada certified by the Educational Commission for Foreign Medical Graduates (ECFMG) and meet one of the following additional criteria:

1. Be a US citizen
2. Have permanent legal residency status in the US (green card)
3. Have or be eligible to hold a J-1 Clinical Visa sponsored by the ECFMG; or an Employment Authorization Document (EAD)

UTHSC will not sponsor an H-1 Visa (temporary worker)

II. Additional requirements, expectations, screening criteria and selection procedures:

A. Applications are accepted only via ERAS. Only complete applications are reviewed. Complete ERAS applications must include:

Medical School Transcript
Three Letters of Recommendation (one from Chair of Department)
Personal Statement
Step I USLME score (COMLEX not accepted)
AOA Status
Curriculum Vitae
Applicants currently in another post-graduate training program must include a letter from their current Program Director in ERAS

B. We participate in the American Urological Association (AUA) and Society of Academic Urologists (SAU) sponsored Early Match Program for Urology to fill each new class of residents on the standard annual academic cycle.

C. The Program Director reviews all applications received via ERAS. The UTHSC Residency Program does not practice or tolerate illegal or unethical discrimination in any form. We do not arbitrarily exclude international graduates or those from osteopathic schools from our application review process. Nor do we base any aspect of our application review process on matters of race, color, creed or religion, disability, gender, age, national origin, sexual orientation, gender identity or expression, marital status, military obligations, or any other legally protected status nor other considerations aside from appropriate medical education and the *overall merit* of an applicant's qualifications for training in Urology.

D. Applicants to the program must be physically capable of performing all clinical care duties and procedures routinely required of urologists both during training and in practice to be considered for appointment.

E. At the day of interview, all applicants will be asked to sign the *GME Applicant Acknowledgement and Attestation* form, which will be stored in the permanent file of each matched candidate.

F. Exceptions to II.A. II.B. and II.C. may be made at the discretion of the Program Director with permission from the DIO under unusual circumstances, i.e., an unexpected open position in the residency due to loss of a current resident. The selection of residents is both demanding and exciting. We have developed a resident selection method which involves our faculty as well as our residents. Characteristics such as gender, age, religion, color, national origin, disability or veteran status or any other applicable legally protected status will not be used in the selection procedure. Each year we receive approximately 250-300 applications for the three available positions in our program. These include applications from a very diverse group of minorities who are given the same consideration as any other applicant. We strive to provide sensitivity to all ethnic and minority groups. Our objective is to create a climate that fosters belonging, respect, and value for all and encourage engagement and connection throughout the department and university throughout their training.

The *first step* in the selection process is narrowing the field of applicants to interview. This difficult task is the responsibility of the Program Director. The Program Director reviews all the applications and through various criteria, selects approximately 50-60 applicants who will be granted an interview.

Once this has been accomplished, the *second phase* of the selection process involves inviting approximately 50-55 applicants to interview with our faculty. Usually, we offer four dates to interview. The interview process allows the applicants to experience firsthand what we have to offer. Each applicant has an opportunity to meet the faculty as well as spend time with all our residents. The interview process is taken very seriously, as noted by the fact that the faculty limits scheduling conflicts during these days.

The *third step* is the ranking of the interviewed applicants. This process takes into consideration input from the entire faculty as well as resident input. The ranking procedure is completed by early January of each year and forwarded to the AUA Residency Match Program. We are then notified of the results.

X. Resident Supervision Policy

Level of Supervision

There are three levels of supervision to ensure oversight of resident supervision and graded authority and responsibility:

Levels of Supervision – To promote appropriate supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

1. **Direct Supervision:** The supervising physician is physically present with the Resident during the key portions of the patient interaction or, the supervising physician and/or patient is not physically present with the Resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

2. **Indirect Supervision:** The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Resident for guidance and is available to provide appropriate direct supervision.
3. **Oversight:** The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Residents are responsible, under supervision, for total patient care, including admission, initial evaluation, diagnosis, selection of therapy and management of complications for patients at ROH, VAMC, Methodist Healthcare and Le Bonheur Hospital. The residents encounter these patients in the out-patient clinics of these facilities, arrange the admission, the initial evaluation and diagnosis, and select the appropriate therapy under supervision. Complications are managed by the residents under supervision. They are responsible for continuity of care of these non-private patients throughout their rotation. This includes night and weekend responsibility (when on call) and long-term care within the limits of the length of the rotation.

Rotation Specific Supervision

In all the training sites, residents are also responsible, under supervision, for the total patient care of private patients. However, due to the diversity of volunteer faculty office sites, they may not be associated with the decision for patient admission and similarly, they may not be available to participate in the office follow-up and long-term continuous care of these private patients. On the other hand, many of the private patients, especially those of the full-time faculty, are initially seen as inpatient consultations. In these instances, the resident is responsible, under supervision, for the initial evaluation, diagnostic studies, and therapy plan. In addition, more senior residents (URO-3 and URO-4) are encouraged, time permitting, to attend faculty private clinics. This allows them an opportunity to participate in the post hospitalization care of those patients they were responsible for during hospitalization, as well as to experience other office procedures. These include renal/transrectal ultrasonography/prostate biopsies, vasectomies, flexible/rigid cystoscopy, complex video urodynamics and other techniques that supplement their training.

ROH Rotation: This rotation is carried out in Regional One Health, also known as **The MED.** Overall, resident supervision during the ROH rotation is provided by Dr. Christopher Ledbetter. Three residents participate in this rotation: one URO-5 and two URO-3 level residents. The teaching service averages between 4-6 patients or approximately 2-3 patients per resident. However, as an increasing number of diagnostic and operative procedures are performed in an ambulatory or outpatient basis, the actual resident/patient teaching volume is higher than would be anticipated from an in-patient census. This reflects a busy and productive service educating urology residents in both in-patient and outpatient care. This does not include the urology consultations, which average two per day. Teaching rounds are conducted daily by the service chief, with all residents in attendance, for all patients at ROH including trauma patients and consults. Individual cases requiring subspecialty attention are staffed by appropriate members of the urology faculty. The office of the chief of service is adjacent to the ROH hospital and less than 50 yards from the sponsoring institution.

VA Hospital: The VA Medical Center is one of the primary sites of surgical training and education concerning in-patient and outpatient care. The hospital serves as a regional (tertiary) referral center for Tennessee, Arkansas, Mississippi, and Missouri as well as a multi-state spinal cord injury and stone disease facility. The teaching service is under the overall supervision of Dr. Anthony L. Patterson, Chief of Urology at this institution. This service is staffed by a URO-5, URO-4 and two URO-2 residents as well as a URO-1 resident for 4 months. Also, the clinic staff is comprised of a head nurse who supervises 5 nurses, 4 urology technicians, 3 clerical staff and a urology liaison nurse.

In addition, research nurses interact with the residents on a regular basis. The VA Hospital is located one block from the sponsoring institution. The URO-5, URO 4 and two URO-2 residents as well as the URO-1 on rotation during their 4 months are responsible for the outpatient (clinic) and in-patient urology service in the main VA Hospital. The URO-5 resident serves as chief for the spinal cord injury and stone center which are physically connected to the main hospital. There are a great number of outpatient procedures. There are approximately 6 in-patients per week at the main hospital and approximately 2 per week at the spinal cord injury part of the hospital (approximately 2 patients per resident). Dr. Anthony L. Patterson conducts teaching rounds in the main hospital. Other faculty, supervise the residents and conduct teaching rounds on patients with which they were involved.

Le Bonheur Children's Hospital: The pediatric urology rotation is located at Le Bonheur Children's Medical Center and its outpatient and surgical center facilities. This hospital is a freestanding hospital but is now a part of the Methodist Health Care System. The hospital provides the only full-service pediatric emergency department in the city. In addition, there is a Newborn Intensive Care Unit located adjacent to The Med where frequent consults are handled. A similar arrangement is made with The St Jude's Pediatric Research Hospital for answering consultations.

Two residents, a URO-4 and URO-2, are assigned to this rotation and are responsible for all urology patient care, with most of the care being provided in an outpatient setting. Resident supervision occurs daily and continuously by four (4) full time faculty members**.** The pediatric hospital is located one block from the sponsoring institution. It is important to note that housed within this hospital are the pediatric teaching faculty, and consultative sub-specialty medical and surgical services, required to support the training program and the hospital.

Methodist University Hospital: The Methodist University Hospital is the largest private downtown hospital in Memphis, Tennessee. It functions as a tertiary care and regional referral center for western Tennessee, Arkansas, and Mississippi. This facility is approximately 5 blocks from the sponsoring institution. The teaching service at the Methodist University Hospital is under the supervision of Dr. Christopher Ledbetter. URO-5, URO-4, and URO-3 residents are assigned to this institution. The residents are responsible for the non-private in-patient teaching service as well as the private patients of the full-time faculty. All clerical support, subspecialty medical and surgical services, radiology, and library with internet access, are available to support the institution and the training program.

The program policy regarding supervision is that residents are always supervised at all locations, both in-patient and outpatient, in which they carry out their functions as a urology resident. This policy is implemented by The University of Tennessee GME office and the Urology Program Director, and it is the responsibility of the Program Director and the faculty to always ensure compliance.

XI. Transitions of Care Policy

Week day Check-out: Each weekday (Mon-Thurs) at approximately 6:00 pm there is a verbal checkout from junior to junior and chief to chief at each rotation site.

Friday Check-Out: Each Friday afternoon at approximately 6:00 pm patient hand-offs are discussed via phone chief to chief.

At approximately 5:30 pm each Friday, an email is sent to all 4 residents covering call at each rotation site to discuss patient hand-off.

Uro-3 residents at Methodist University and Regional One send the email to residents covering Methodist University and Regional One.

Uro-2 residents at LeBonheur and VA send the email to residents covering LeBonheur and VA.

Sunday Check-Out: Each Sunday at approximately 6:00 pm the chief's check out with each other via phone.

An email is sent at approximately 6:00 pm to the regular day team regarding the weekend check out.

Uro 3 resident on call sends the email to the LeBonheur and Methodist rotation team.

Uro-2 resident on call sends the email to the Regional One and VA rotation team.

Gaps in Supervision

●If for any reason, a resident is unable to contact his or her supervising physician, they are to notify the program director or associate program director immediately.
●The program director or associate program director will then activate the faculty-specific chain of command to ameliorate the gap in supervision.

XII. Process by which faculty receive resident feedback.

Residents complete an electronic faculty evaluation annually which is anonymous. This provides an opportunity for residents to be honest and truthful about faculty performance. The faculty each can review these evaluations in the electronic evaluation system, New Innovations. Residents also can discuss any faculty issues with the Program Director at any time.

XIII. Method by which faculty performance is evaluated by Department Chair.

Formal faculty evaluations are performed annually one-on-one by the Department Chair with input from the Program Director. These faculty evaluations are uploaded in an electronic evaluation system; Digital Measures and includes the following mission areas; service, teaching, clinical and research. Scholarly activity is reviewed as well. This is required by UTHSC policy with the process beginning in January and with completion in March providing time for recommendations by the Department Chair for faculty promotion, tenure, and/or reappointment of the faculty member. The Department Chair must consider each faculty member's teaching ability, service activities, clinical abilities, and the performance of scholarly activities. Each faculty member must submit to the Department Chair an assessment of his/her accomplishments for the year. Likewise, the Department Chair evaluates each faculty member as to the above criteria and evaluates the faculty members' assessment of their accomplishments.

The Department Chair obtains commentary from medical students and peers, and formal input is obtained from the residents. The Department Chair utilizes these materials to prepare a formal evaluation for presentation and discussion with the faculty members, as well as for submission to the Dean of the College of Medicine. If the faculty member disagrees with the Department Chair's evaluation, such disagreement may be transmitted in writing to the Dean and attached to the Chair's evaluation.

XIV. Method for reporting improper behavior in a confidential manner

Residents are encouraged to bring any concerns of improper behavior or unprofessionalism to the Program Director. They are assured this discussion will be confidential and an investigation will be conducted by the Program Director. Additionally, there is an anonymous reporting link on the Urology Department Website.

XV. Assessment Instruments and Methods

Methods of resident evaluation include the following: (1) annual AUA In-Service examination taken in November of each year, (2) performance of the residents in those conferences requiring participation, and (3) performance of the residents on assigned rotations regarding skills concerning patient care, medical knowledge, professionalism, interpersonal and communication skills, practice-based learning and improvement and systems-based practice. Multiple assessment tools have been implemented to improve resident evaluation.

The above parameters are utilized by the Program Director and faculty to evaluate residents. The process of resident evaluation includes the following: (1) during formal faculty meetings which occur at least quarterly, overall resident performance is discussed; (2) each faculty member completes an evaluation form for every resident at the end of each 4-month resident rotation. This evaluation form evaluates the resident's performance on achieving the education goals and objectives of the rotation. This form becomes a part of the resident's permanent record maintained by the Program Director; (3) each faculty member completes a surgical evaluation form for every procedure performed by each resident throughout the various 4-month rotations; and (4) formal quarterly individual resident evaluations are conducted by the Program Director. All evaluation forms are part of the resident's permanent record, which each resident has access to at any time.

The quarterly formal resident evaluation conducted by the Program Director is a vital tool in assuring that the resident is demonstrating skills in all 6 core competencies and achieving the goals and objectives established for each rotation. These evaluations occur shortly after each quarter ends (October, February and June). During these evaluations, the Program Director utilizes all the available tools to assess the resident's performance. These available evaluation tools include the following: (1) Urologic training in-service exam scores; (2) individual faculty evaluation forms for each resident on a specific rotation; (3) information concerning resident progress based on faculty meeting discussions; (4) individual faculty surgical evaluation forms for the various procedures performed by that resident during a specific 4-month rotation; (5) for more senior level residents, the evaluation form completed by their junior residents and the evaluation forms completed by ancillary faculty (i.e. 360° evaluation); and (6) each resident keeps a "portfolio" which includes information on self-evaluation, medical records, morbidity and mortality information for each month of the 4- month rotation, a list of surgeries/procedures for the 4-month rotation with completed faculty evaluation forms/ratings for each surgery, Grand Round presentations, meeting attendance/ presentations, and other information which the Program Director will use in the resident's evaluation.

A formal end-of-year evaluation is conducted for all residents. This allows a critique of the entire year's performance, which allows us to determine if the resident should advance to the next phase of learning. If the resident has demonstrated an achievement of the goals and objectives for his/her level of training as it applies to (1) Patient Care, (2) Medical Knowledge, (3) Practice Based Learning Improvement, (4) Interpersonal and Communication Skills, (5) Professionalism, and (6) System Based Practice, based on available assessment tools, then he/she is promoted to the next year of training. For the URO-4 level resident this would mean completion of the program. After satisfactory completion of the Residency Education Program, the URO-5 level resident receives a diploma signed by the Program Director, the Chairman of the Department of Urology, the Dean of the Medical School, and the Chancellor of The University of Tennessee. This diploma signifies that the senior resident has met all the goals and objectives for the training program and has demonstrated the essential competencies for the practice of urology.

FACULTY EVALUATION

The Program Director communicates (verbally) with the faculty members concerning their yearly evaluations by the residents and their overall performance. Any concerns are addressed, and only negative evaluations require written documentation of resolution. All faculty members have access to their own evaluations.

Residents formally contribute to the faculty evaluation process by the anonymous completion of a multiple-choice questionnaire, annually, in which they assess the strengths and weaknesses of each faculty member. These completed questionnaires are retained in the faculty member's permanent record. Residents are ensured confidentiality in this process in that: (1) the questionnaire is set up as an anonymous report in the New Innovations on-line system, requiring no writing by the resident, (2) the questionnaire is entirely multiple choice, (3) all 12 residents complete the questionnaire at the same time, and (4) the completed questionnaires are printed directly from the New Innovations system by the residency coordinator and given to the Program Director in a single envelope.

ANNUAL PROGRAM EVALUATION

Residents and faculty provide confidential evaluations and critiques of the urology residency program at the conclusion of each year. Each resident and all faculty complete a "Residency Program Evaluation" form which is not site specific, but rather asks questions which can be answered by check marks for yes or no, which provides the residents and faculty the opportunity to evaluate the entire program. Anonymity is likewise ensured in that this confidential questionnaire is completed on-line in the New Innovations program and then printed directly from this system by the department secretary, placed in a single envelope and delivered to the Program Director. In addition, this annual program evaluation by all residents and faculty also provides for optional comments, which, as stated above, are strictly confidential. The results are discussed with the evaluation committee during our Annual Program Evaluation meeting.

XIII. DUTY HOURS – All duty hours are required to be entered in New Innovations on a weekly basis

Delinquent duty hours are subject to withholding of pay.

See attached instructions for entering duty hours in New Innovations.

Clinical Competency Committee (CCC)	
Responsibilities: Appointed by the Program Director to review all resident evaluations; determine each resident's program on achievement; of Urology Milestones; meet prior to resident's semi-annual evaluation meetings; and advise Program Director regarding resident's progress. **NOTE:** Files reviewed by the CCC are protected from discovery, subpoena, or admission in a judicial or administrative proceeding.	
CCC Chair – Anthony Lynn Patterson, MD	Urology Faculty Member
CCC Core Faculty Member – Robert Wake, MD	Urology Department Chair
CCC Faculty Member – Christopher Ledbetter, MD	Urology Residency Program Director

Program Evaluation Committee (PEC)	
Responsibilities: Appointed by the Program Director to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. The PEC also acts as an advisor to the program director, through program oversight; reviews the program's self-determined goals and progress toward meeting them; guides ongoing program improvement, including the development of new goals, based upon outcomes; and reviews the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.	
PEC Member – Matthew Isaacs, PhD	Residency Program Manager
PEC Core Faculty Member – Robert Wake, MD	Urology Department Chair
PEC Core Faculty Member – Anthony L. Patterson, MD	Urology Faculty Member
PEC Core Faculty Member – Christopher Ledbetter, MD	Urology Residency Program Director
PEC Faculty Member – Ellie Killian	Pediatric Urology Faculty Member
PEC Resident Representative – AY Chief Resident	URO-5 Resident

Section 6. Resident Benefits

I. Salary

Residents/Fellows in all UTHSC Programs are student employees of the University of Tennessee. As a student employee of the University of Tennessee, you will be paid by the University on a monthly basis – the last working day of the month. Direct deposit is mandatory for all employees.

2024-2025 RESIDENT AND FELLOW COMPENSATION RATES for ACGME-ACCREDITED PROGRAMS

PGY LEVEL	BASE ANNUAL	with Disability Life Benefits
PGY 1	$60,492.00	$61,152.00
PGY 2	$62,880.00	$ 63,540.00
PGY 3	$ 64,896.00	$ 65,556.00
PGY 4	$ 67,596.00	$ 68,256.00
PGY 5	$ 70,476.00	$ 71,136.00
PGY 6	$ 73,068.00	$ 73,728.00
PGY 7	$ 75,876.00	$ 76,536.00

* In addition to the base salary, those residents participating in the disability and group life insurance Programs provided through GME currently receive an additional $660 per year for disability and life Insurance benefits as shown above in Column 3. Residents not participating do not receive this Stipend.

For information on the UT Salary and Insurance please visit the GME website: https://www.uthsc.edu/graduate-medical-education/policies-and-procedures

II. Health Insurance

For information on UTHSC resident insurance benefits, please visit the GME website: https://uthsc.edu/graduate-medical-education/policies-and-procedures/documents/insurance-benefits.pdf

III. Liability Insurance

As a State of Tennessee student/employee, your professional liability coverage is provided by the Tennessee Claims Commission Act. For more information on the UT Malpractice Policy, please visit the GME website: http://www.uthsc.edu/GME/policies/claimscommission.pdf

IV. Stipends

The Department of Urology at UTHSC will cover annual fees for residents' AUA membership if there are sufficient funds available.

V. Travel

- Travel requests should be discussed with and approved by the Program Director before making any arrangements. Make sure the Program Manager receives your leave form to be signed by the Program Director.
- UTHSC Travel Policy must be followed at all times – with no exceptions.
- A travel request form must be completed well in advance of traveling to have a travel authorization (trip number) assigned by the GME office. This process is started by the Program Manager, make sure they are notified of your upcoming travel as soon as possible.
- The UTHSC Resident Travel Reimbursement form must be completed once you return. Make sure all pertinent receipts are delivered to the Program Manager as soon as possible so they can start the reimbursement process for you.
- Conference travel will require prior approval from UTHSC and the Program Director. Please see the GME travel policy for further information. http://policy.tennessee.edu/fiscal_policy/fi0705/

PERMITTED TRAVEL

1. SES/AUA annual meeting
2. AUA annual meeting

All submissions must go through the Program Manager, who compiles the list of abstracts being sent for the Program Director to approve.

DO NOT SEND ANY ABSTRACTS FOR SUBMISSION PRIOR

TO APPROVAL BY THE PROGRAM DIRECTOR

International Travel (Educational Purposes Only)

To better prepare for emergencies and aid the members of the UTHSC community traveling abroad, UTHSC requires all UTHSC travelers on official UTHSC business to complete a Travel Information Registration form prior to departure. This registration will enable UTHSC to communicate with faculty, staff, students, postdocs, residents, and fellows in the event of an emergency. Registration will also allow travelers to receive medical and emergency assistance from International SOS, a medical and travel security service company.

Who is Required to Register?

- **Faculty/Staff:** All faculty and staff traveling abroad using UTHSC funds or on UTHSC business without university funds (example: a faculty member is invited to give a keynote address at a conference and his/her costs are fully paid by the conference).

- **Students/Postdocs/Residents/Fellows:** All students, postdocs, medical residents, and clinical fellows traveling abroad to participate in official UTHSC-sponsored programs (including research, for-credit electives, travel to conferences and non-credit educational activities sponsored by UTHSC).

All travelers to *U.S. territories* are also required to register. These territories include Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, and Northern Mariana Islands. Travel to countries bordering the U.S., Canada, and Mexico, is international travel and requires compliance with this registration program.

Individuals traveling for solely personal reasons (vacation, medical mission trips, etc.) are not eligible for coverage through this program.

UTHSC officially discourages international travel, by faculty/staff/students when on official university business, to destinations that are subject to a U.S. Department of State Travel Warning and/or Centers for Disease Control and Prevention (CDC) Level 3 Warning.

How to Register

- Complete the online **Travel Information Registration** to provide information about your travel plans and contact information in the destination country(ies) for UTHSC administration use if emergencies arise either in the U.S. or in the country(ies) visited. This step will confirm that you can access referral services from International SOS.

Section 7. Curriculum

I. ACGME Competencies

The core curriculum of the UTHSC programs is based on the 6 ACGME Core Competencies:

- **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.
- **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.
- **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.
- **Interpersonal and Communication Skills**: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
- **Professionalism**: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
- **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.

II. Milestones

The Milestones are designed only for use in evaluation of Resident physicians in the context of their participation in ACGME accredited Residency programs. The Milestones provide a framework for the assessment of the development of the Resident physician in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context. ACGME Milestones are located at: https://www.new-innov.com/

III. Rotation Goals and Objectives

A copy of the rotation specific goals and objectives will be given to each resident however can also be found by visiting New Innovations https://www.new-innov.com/

IV. **Resident (Procedural) Supervision by Program (see chart below)** can be found at: https://www.uthsc.edu/graduate-medical-education/current-residents/supervision-by-program.php

PGY 1, 2, 3, 4 or 5 Urology trainees can perform procedures listed below with indirect supervision:

Urology Residency Program	PGY1 (URO-1)	PGY2 (URO-2)	PGY3 (URO-3)	PGY4 (URO-4)	PGY5 (URO-5)
I. **Differential Diagnosis:**					
A. Clinical History	X	X	X	X	X
B. Physical Exam	X	X	X	X	X
C. Bimanual and Speculum Pelvic Exam	X	X	X	X	X
D. Interpretation of Laboratory Studies	X	X	X	X	X
E. Interpretation of basic imaging studies (KUB, bladder ultrasound, renal and scrotal ultrasound, cystogram, retrograde urethrogram)	X	X	X	X	X
F. Write admission orders, pre-op and post-op orders and discharge orders	X	X	X	X	X
G. Coordination of treatment with other disciplines	X	X	X	X	X
H. Interpretation of all pre-op, intra-op and post-op imaging studies (KUB, IVP, bladder ultrasound, renal and scrotal ultrasound, cystogram, retrograde urethrogram, CT scan, MRI including trauma situation)			X	X	X
II. **Urologic Procedures:**					
A, Bladder catheterization (transurethral and suprapubic)		X	X	X	X
B. Introduction of NG tubes	X	X	X	X	X
C. Wound care (including incision and drainage of scrotal wall abscess or penile abscess and debridement)	X	X	X	X	X
D. Intravenous catheterization	X	X	X	X	X
E. Transrectal ultrasound guided prostate biopsies with or without anesthesia block		X	X	X	X
F. Venipuncture	X	X	X	X	X
G. **Bedside** cystoscopy as a nonoperative procedure to assist with difficulty Foley catheter placement and/or urethral dilation of urethral stricture disease		X	X	X	X
H. Cystoscopy with Double J ureteral stent placement				X	X
All other procedures are performed under direct supervision of a faculty member.					

Section 8. Resource Links

Site	Link
New Innovations	https://www.new-innov.com/Login/
UTHSC GME	http://www.uthsc.edu/GME/
UTHSC GME Policies	http://www.uthsc.edu/GME/policies.php
UTHSC Library	http://library.uthsc.edu/
GME Wellness Resources	https://uthsc.edu/graduate-medical-education/wellness/index.php
ACGME Residents Resources	https://www.acgme.org/residents-and-Residents/Welcome
GME Confidential Comment Form	https://uthsc.co1.qualtrics.com/jfe/form/SV_3NK42JioqthlfQF
ACGME Program Specific Requirements	https://www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcatid/26/Urology

Section 9. Appendix

I. GME Information and Dates
II. Moonlight Approval Form
III. Handbook Agreement
IV. Urology Additional Documents--- Pages 45-52 (Pages Will Be Added at Urology Orientation 6/28/2024)
    a. Rotation Schedules
    b. Assigned Grand Rounds Schedule
    c. Assigned Journal Club Schedule
    d. Yearly Calendar
    e. Duty Hour Entry Instructions

GME Information and Dates

Graduate Medical Education
920 Madison Avenue, Suite 447
Memphis, TN 38163

Natascha Thompson, MD
Associate Dean
ACGME Designated Institutional Official

Phone: 901.448.5364
Fax: 901.448.6182

Resident Orientation Schedule

New Resident Orientation for 2024 will be held on the following dates:

Date	Time	Title
June 21, 2024	8:00 am - 12:00 pm	VA Orientation
June 21, 2024	1:00 pm - 5:00 pm	Baptist
June 24 & 25, 2024	8:00 am - 5:00 pm	UT PGY 1 Orientation
June 26, 2024	8:00 am - 12:00 pm	ROH Orientation
June 30, 2024	7:30 am - 5:00 pm	PGY-2 - 7 Orientation

Resident Request for Approval to Moonlight

(External: non-UTHSC affiliated, non-rotation site)

Name _____

PGY Level _____

Site of Activity or Service _____

Start Date _____

End Date _____

Estimated average number of hours per week _____

Supervisor's Name _____

Supervisor's Title _____

Supervisor's Phone Number _____ **Supervisor's Email** _____

- **The ACGME and UTHSC GME policies require program director pre-approval of all moonlighting activities. Any Resident moonlighting without written pre-approval will be subject to disciplinary action.**
- **Residents on a J-1 visa are not allowed to moonlight.**
- **All moonlighting counts towards the weekly 80-hour duty limit.**
- **The Resident is responsible for obtaining separate malpractice insurance. The Tennessee Claims Commission Act does not cover Residents' external moonlighting activities.**
- **Moonlighting activities must not interfere with the Resident's training program. It is the responsibility of the trainee to ensure that moonlighting activities do not result in fatigue that might affect patient care or learning.**
- **The program director will monitor trainee performance to ensure that moonlighting activities are not adversely affecting patient care, learning, or trainee fatigue. If the program director determines the Resident's performance does not meet expectations, permission to moonlight will be withdrawn.**
- **Each Resident is responsible for maintaining the appropriate state medical license where moonlighting occurs.**

By signing below, I acknowledge that I have carefully read and fully understand the moonlighting policies of my program, UTHSC GME and ACGME. I will obtain prior approval from my program director if any information regarding my moonlighting activity changes, including hours, location, type of activity or supervisor.

Signature of Resident: _____ **Date:** _____

Signature of Program Director: _____ **Date:** _____

AGREEMENT for HANDBOOK OF UROLOGY

I. I have received the 2024-2025 Handbook for the UTHSC Urology Residency Program.

II. I have been informed of the following requirements for house staff:

1. Requirements for each rotation and conference attendance
2. Formal teaching responsibilities
3. Reporting of duty hours and case logging
4. Safety policies and procedures
5. On call procedures
6. Vacation requests

III. I understand that it is my responsibility to be aware of and follow the policies/procedures as stated in the handbook.

Name: _____

Signature: _____

Date: _____

*** Please submit this signature page to the Program Manager no later than July 2, 2024.**