

THE UNIVERSITY of TENNESSEE 

HEALTH SCIENCE CENTER™

COLLEGE of MEDICINE

**Department of Urology
Program Handbook
2020-2021**

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Section 1. Program Information

General Information and Mission Statement

The Department of Urology at the University of Tennessee Health Science Center (UTHSC) offers a five-year ACGME accredited Urology residency program in Memphis, Tennessee.

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 global community.

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University of Tennessee
Urology Residency
Block Diagram

| YEAR 1 | | | | | | | | | | | | |
|-----------------|---------|---------|---------|----------|-----------|---------|---------|---------|---------|---------|---------|----------|
| Block | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Site | 1 | 1 | 1 | 1 | 2 | 3 | 4 | 4 | 4 | 4 | 4 | N/A |
| Rotation Name | Vasc | Trans | Onc | Intv Rad | Surg Peds | Trauma | Gen Uro | Gen Uro | Gen Uro | Nephro | Anesth | 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 | 0 | 0 | 0 |
| YEAR 3 | | | | | | | | | | | | |
| Block | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Site | 1 | 1 | 1 | 1 | 1 | 1 | 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 | 0 | 0 | 0 |
| YEAR 4 | | | | | | | | | | | | |
| Block | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Site | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 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 | 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 | 0 | 0 | 0 |
| YEAR 5 | | | | | | | | | | | | |
| Block | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Site | 1 | 1 | 1 | 1 | 1 | 1 | 4 | 4 | 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 | 0 | 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:

Vasc=General Surgery Vascular

Trans= General Surgery Transplant

Onc=General Surgery Oncology

Intv Rad=Interventional Radiology

Surg Peds=General Surgery Pediatric

Trauma=General Surgery Trauma

Nephro= Nephrology

Anesth= Anesthesia

Gen Uro= General Urology

Additional Notes

Year 1 Block 12 site is a non-participating site for urology-doing general surgery rotation

Year 5 at sites 1 and 4 are chief months

Section 2. Site Information

1. Methodist University

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2. Le Bonheur Children’s Hospital

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4. VA Medical Center

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Section 3. Educational Activities

Didactic Lectures

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.

Conference Schedule

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

All urology faculty, residents and occasionally volunteer clinical faculty attend this excellent conference. 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. CME credits will be awarded with attendance.

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 especially focused on heavier August through November.

Combined M&M: 1st Friday of each month 7:00 a.m. - 8:00 a.m. at academic office. Conference leader 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. The resident evaluation occurs as a chart stimulated recall format. CME credits will be awarded with attendance.

Uro-Radiology: 2nd Friday of each month 7:00 a.m. - 8:00 a.m. at academic office. Conference leader is Dr. Chris Ledbetter.

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. CME credits will be awarded with attendance

Pediatric Conference: 2nd and 4th Thursday of every month 7:30 a.m. - 9:00 a.m. at LeBonheur Children's Hospital. Conference leader is Dr. Dana Giel.

This mandatory conference is held bi-monthly and is an interdisciplinary conference consisting of case presentations and didactic sessions on various pediatric urology topics. The conference is also attended by pediatric nephrology and radiology faculty and residents.

Journal Club: 3rd Thursday of each month 6:00 p.m. - 9:00 p.m. at academic office vs off campus (site to be announced). Conference leader 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. CME credits will be awarded with attendance.

Research Conference: 4th Friday of each month 7:00 a.m.-8:00 a.m. at academic office
Conference leader is Dr. Maurizio Buscarini

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.

This monthly conference is held in our academic office and it is led by a faculty member. With faculty supervision, residents select a topic for presentation for this conference. 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. CME credits will be awarded with attendance.

Pediatric Journal Club

This required conference occurs at least every other month and it is led by Dr. Joe Gleason or Dr. Dana Giel. It is attended by all residents and the pediatric urology faculty. Residents are assigned articles for review and then are critiqued by the pediatric faculty.

Program Meetings

Faculty Departmental Meetings: Monthly
CCC: Semi-annually
PEC and APE- Annually
New Year Orientation with residents: Annually

Required Reading

Journal of Urology
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

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 their scholarly activity project 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

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.

| Exam | Time Frame | Notes |
|---------------------------------|-----------------------|---|
| USMLE 1 and 2 or COMLEX 1 and 2 | Prior to residency | Residents are expected to have taken and passed both Step 1 and 2 prior to residency. |
| USMLE 3 or COMLEX 3 | By March of PGY2 year | Per UT policy, all UT residents must pass USMLE Step 3 or COMLEX 3 by March 1 st of their PGY2 level year. Failure to meet this requirement will result in non-renewal of the resident's appointment. For more information on UT USMLE requirements, please visit the GME website: https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/mle-requirements.pdf |

In-Service Examination

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 their monthly meeting. The results are then shared with each resident and also discussed with them during their evaluation process. As an incentive, any resident who scores lower than the 30th percentile will not be given a 3rd week of vacation.

American Board of Urology

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:

- 48 months in an ACGME- or RCPS(C)- approved urology program spent in clinical urology.
- 3 months of general surgery in an ACGME- or RCPS(C)- approved surgical program.
- 3 months of core surgical training (e.g. intensive care unit, trauma, vascular surgery, cardiac surgery, etc.) in an ACGME- or RCPS(C)- approved surgical program.
- 6 months of other rotations, not including dedicated research time, in an ACGME- or RCPS(C)- approved core surgery program.

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 of enrollment 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: Delayed until January 2021 due to COVID 19

Certifying Part 2 exam: February 2021

Section 5. Policies and Procedures

I. Academic Appeal Process

The UTHSC Urology Residency Program follows the UTHSC institutional policy on Academic Appeals. For more information on the UT Academic Appeals Policy, please visit the GME website: <https://www.uthsc.edu/GME/documents/policies/academic-appeal.pdf>

II. Clinical and Educational Work Hours

The UTHSC Urology Residency Program follows the UTHSC institutional policy on Clinical and Educational Work Hours. For more information on the UT Resident Clinical and Educational Work Hours Policy, please visit the GME website: <https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/clinical-and-educational-work-hours.pdf>

ACGME Resident Clinical and Educational Work Hours

- Limit of 80 hours/week (averaged over 4 weeks), inclusive of all in-house call activities and all moonlighting.
- 1 day free every 7 days (averaged over 4 weeks), at-home call cannot be assigned on these free days.
- 8 hours off between scheduled clinical work and education periods.
- Duty periods may be scheduled to a maximum of 24 hours of continuous duty in the hospital. It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period-of-time must be no longer than an additional four hours. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
- 14 hours off free of clinical work and education after 24 hours of in-house call.
- In-house call must be scheduled no more frequently than every third night.
- All clinical work from home and time called into the hospital during home-call must be counted in the 80-hour weekly limit.

Clinical and Educational Work Hours Logging and Monitoring Procedures

Residents must log clinical and educational work hours including internal and external moonlighting and annual, sick and educational leave on a weekly basis in New Innovations. When residents and fellows have not logged any hours for 5 days, they will receive an automatic email reminder from New Innovations. Program Coordinators must check every Monday to ensure that all residents/fellows have logged their hours for the previous week using either the "Weekly Usage" or "Hours Logged" report in New Innovations. The Program Coordinator will send email reminders to those residents/fellows who have not logged their hours for the previous week. The Program Director should be copied on the email. If the resident/fellow has not updated his/her hours in New Innovations to be current by the following Monday, he or she will receive a written leave without pay notice. For each violation, the Program Director or Coordinator must enter a comment into New Innovations that describes the action taken to remedy the violation. A Clinical and Educational work hours Subcommittee will review the hours on a regular basis and look for any problem areas. On a quarterly basis, the Chair of this Subcommittee will present a report that outlines any problem areas and makes recommendations for GMEC action. The GME office also monitors hours through the New Innovations Dashboard.

III. Disciplinary and Adverse Actions

The UTHSC Urology Residency Program follows the UTHSC institutional policy on Disciplinary and Adverse Actions. For more information on the UT Disciplinary and Adverse Action Policy, please visit the GME website: <https://www.uthsc.edu/GME/documents/policies/disciplinary.pdf>

IV. Diversity

Through faculty development, we promote a work environment where individuals and group differences are valued. We conduct group meeting that are inclusive of all stake holders in our educational program. Our faculty leaders invest in diversity training that is supplied through our GME and UTHSC Diversity office. We have two peer-selected residents attend faculty meetings. They are often asked to lead the meeting by providing their view of an issue and their solution is discussed. We create a family type atmosphere where everyone's opinion is heard and matters.

V. Duties and Responsibilities

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. Maurizio Buscarini. Two residents participate in this rotation: URO-4 and 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. 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. A URO-5 (chief), URO-4, two URO-2 residents as well as URO-1 residents 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.

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 the majority of 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. A URO-5 and two 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. Volunteer faculty admits to this institution as well, and they will residents when it concerns their private patients. All clerical support, subspecialty medical and surgical services, radiology and library with internet access, are available to support the institution and the training program.

VI. Required Documentation for each Rotation

In order to satisfy residency review requirements for Urology Residency training, the following documentation must be completed during or at the completion of each rotation and submitted to the residency coordinator or submitted in New Innovations in a timely manner:

Evaluations conducted at the end of each rotation. Residents must complete their Self-Assessment evaluation in New Innovations. After meeting with PD, residents must sign off on final evaluation from Program Director in New Innovations. All Duty Hours are to be entered on a weekly basis in New Innovations. All operative case logs must be completed prior to the end of the rotation.

VII. Faculty Evaluation Plan

The UTHSC Urology Residency Program follows the UTHSC institutional policy on Program and Faculty Evaluation. For more information on the UT Faculty Evaluation Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/program-evaluation.pdf>

VIII. Fatigue Management

The UTHSC Urology Residency Program follows the UTHSC institutional policy on Fatigue Management. For more information on the UT Fatigue Management Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/fatigue2011.pdf>

All new residents and fellows are required to complete the on-line training module on fatigue. This education module addresses the hazards of fatigue and ways to recognize and manage sleep deprivation.

The resident must be unimpaired and fit for duty to engage in patient care. If the resident is unable to engage in patient care due to fatigue or impairment, he or she must transition his/her patient care to other healthcare 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 UT Pathology Residency Program provides the resident with facilities for rest/sleep and access to safe transportation home. When the resident is too fatigued to continue to care for his or her patient, relief back-up call systems with transition of care to other providers is available.

IX. Grievances

The UTHSC Urology Residency Program follows the UTHSC institutional policy on Grievances. For more information on the UT Grievances Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/grievances2010.pdf>

X. HIPAA

The Health Insurance and Portability and Accountability Act (HIPAA) necessitated updating and standardizing our privacy and security practices to comply with the federal regulations. The HIPAA Privacy Rule came into effect in April 2003 and the Security Rule came into effect in April 2005.

The Privacy Rule regulates the use and disclosure of certain information held by “Covered Entities” and establishes regulations for the use and disclosure of Protected Health Information (PHI). The Security rule complements the Privacy Rule. While the Privacy Rule pertains to all PHI including paper and electronic, the Security Rule deals specifically with Electronic Protected Health Information (E PHI). The general Security Rule is defined by three types of security safeguards required for compliance: administrative, physical, and technical.

XI. Immunization Requirements

The UTHS Urology Residency Program follows the UTHSC institutional policy on Immunization Requirements. For more information on the UT Immunization Requirements, visit the GME website:

<http://www.uthsc.edu/GME/policies/infectioncontrol.pdf> and <http://www.uthsc.edu/GME/policies/ic-tuberculosis.pdf>

XII. Aid to Impaired Residents (AIR) Program

The UTHSC Urology Residency Program follows the UTHSC institutional policy on Aid for the Impaired Physician. For more information on the AIRS program, please visit the GME website: <http://www.uthsc.edu/GME/policies/airs2012.pdf> The AIRS Program is a confidential program, which functions in coordination with the nationally recognized Aid for Impaired Medical Student Program (AIMS) developed at the University of Tennessee. The program is a cooperative effort with the Tennessee Medical Foundation's Physicians Health Program and is designed to assess any psychological or substance abuse problem that may be affecting a resident's health or academic performance.

Tennessee Medical Foundation (TMF)

5141 Virginia Way, Ste. 110

Brentwood, TN 37027

(615) 467-6411 P

www.e-tmf.org

XIII. 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>

Program-specific policy items:

1. In July each resident should request a **Vacation Request Form** from the program coordinator. 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. **URO-1 residents will receive 2 weeks' vacation during the first year of training.**

The forms must be received and approved by the Program Director or Chairman at least TWO months in advance of the actual vacation date. 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.

2. 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 the end of January. If this is not done, the vacation request will be denied.

3. 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.**

4. You should plan to take no more than one week vacation per each 4 month rotation. Meaning the three blocks you have to 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.

5. 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.

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.

6. We no longer are able to provide administration 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/>

XIV. Medical Licensure/Prescribing (DEA, NPI)

The UTHSC Urology Residency Program follows the UTHSC institutional policy on Licensure Exemption and Prescribing Policies. Resident DEA numbers will be assigned by the GME office and must be documented on every prescription along with the hospital's DEA number. For more information on the UT Licensure Exemption and Prescribing Policy, please visit the GME website: http://www.uthsc.edu/GME/policies/Lic_Exempt_Prescrip2008.pdf

XV. Mentorship / Advisors

The UTHSC Urology Residency Program aims to foster an environment of life-long career development and values faculty mentorship of residents. All faculty member are available to mentor any resident at any given time. Development of other mentor-mentee relationships are also encouraged, outside of the formal program.

XVI. Moonlighting

The UTHSC Urology Residency Program follows the UTHSC institutional policy on Moonlighting. For more information on the UT Moonlighting Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/moonlighting201.pdf>

PGY-1 residents are not permitted to moonlight. Residents on J-1 or J-2 visas cannot participate in moonlighting activities. Residents on H-1B visas cannot moonlight under their University of Tennessee sponsorship. 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.

To ensure that professional activities outside the program do not interfere with the ability of the resident to achieve the goals and objectives of the educational program, all extramural professional activities must be approved in advance by the program director. If approved, the program director will include a written statement of permission in the resident's file and will monitor the effect of these moonlighting activities. Adverse effects on the resident's performance may lead to withdrawal of permission.

XVII. Patient Handoffs/Transition of Care

The UTHSC Urology Residency Program follows the UTHSC institution policy on Patient Handoffs and Transition of Care. For more information on the UT Handoffs and Transitions of Care Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/handoffs2011.pdf>

XVIII. Professional Conduct

The UTHSC Urology Residency Program follows the UTHSC institutional policy on Professional Conduct. For more information on the UT Code of Conduct Policy, please visit the GME website: http://policy.tennessee.edu/hr_policy/hr0580/

XIX. Resident Academic Performance Improvement

The UTHSC Urology Residency Program follows the UTHSC institutional policy on remediation and performance improvement. For more information on the UT Remediation policy, please visit the GME website: <http://www.uthsc.edu/GME/documents/policies/academic-performance-improvement-policy.pdf>

XX. Resident Candidate Eligibility and Selection

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

Application Process and Interviews:

- All applications will be processed through the Electronic Residency Application Service (ERAS) except in those programs in specialty matches or those fellowship programs which handle their own application process.
- Opportunities for interviews will be extended to applicants based on their qualifications as determined by USMLE scores, medical school performance, and letters of recommendation.

The UTHSC Urology Residency Program engages in recruitment and retention practices of a diverse workforce (Black, Hispanic, Pacific Islander, Native American, Women) of residents and faculty. The final decision is made by the Program Director in consultation with the Associate Program Directors and core faculty.

Program Eligibility and Selection Criteria

The UT-Memphis Urology Residency Program follows the UTHSC institutional policy on Resident Selection.

For more information on the UT Resident Selection Policy, please visit the GME website:

<http://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/resident-selection.pdf>

Urology Program-specific policy items:

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 200 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. The criteria used in this selection process includes :

GPA
Board scores
Medical school evaluations
Letters of recommendation
AOA status

Once this has been accomplished, the *second phase* of the selection process involves inviting approximately 50-55 applicants to come to our institution for an interview. Usually we offer four dates to interview, and these dates are always on a Monday. The interview process allows the applicants to experience firsthand what we have to offer. Each applicant meets the faculty as well as spends the day with all our residents. They also have an opportunity to tour the urology facilities. 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

Application Process and Interviews:

All applications will be processed through ERAS, following ERAS's timetable for application submission availability; unsolicited applications received via e-mail, mail, or fax will not be considered. The Department of Urology requires a minimum of 3 letters of recommendation, one of which should come from a Department of Urology Chairman

XXI. Resident Reappointment and Promotion

The UTHSC Urology Residency Program follows the UTHSC institutional policy on Resident Evaluation and Promotion. For more information on the UT Resident Evaluation and Promotion Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/resident-evaluation.pdf> and <http://www.uthsc.edu/GME/policies/reappointment2011.pdf>

Appointments are made on a yearly basis with the expectation of continuation within the one-year appointment and of reappointment yearly throughout the duration of the residency period. Reappointment and promotion of a resident to the subsequent year of training requires satisfactory cumulative evaluations by faculty that indicates progress in scholarship and professional growth. Individual programs must establish criteria for promotion and completion of the program. This includes demonstrated proficiency in:

- Each of the ACGME competencies:
 - Patient Care
 - Medical Knowledge
 - Practice-based Learning and Improvement
 - Interpersonal and Communication Skills
 - Professionalism
 - Systems-Based Practice
- Ability to teach others
- Attendance, punctuality and availability

- Adherence to rules and regulations in effect at the UTHSC and each health care entity to which assigned
- Other examples include satisfactory scores on examinations if designated for that purpose by specialty, research participation, etc.

USMLE Step 3 Requirement

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.

Residents that are off cycle must register for the exam no later than the end of the eighth month of training during the PGY2 year or be placed on leave without pay until registered proof of passage must be provided no later than the last day of the PGY2 year or the resident contract will not be renewed and the resident will be terminated from the program.

XXII. Resident Supervision

The UTHSC Program Name Residency Program follows the UTHSC institutional policy on Resident Supervision. For more information on the UT Resident Supervision Policy, please visit the GME website: http://www.uthsc.edu/GME/policies/supervision_pla2011.pdf

Resident and Faculty Policy Awareness

Residents and faculty will be educated on supervision policies and procedures, including the ACGME requirement that residents and faculty members should inform patients of their respective roles in each patient's care. The program will annually review faculty supervision assignments and the adequacy of supervision levels.

In the clinical learning environment, each patient must have an identifiable, appropriately credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for the patient's care. This information should be available to residents, faculty members, and patients. Residents and faculty members should inform patients of their respective roles in each patient's care. The program will provide the appropriate level of supervision for the residents who care for patients. The clinical responsibilities for each resident and level of supervision will be based on patient safety, severity and complexity of patient illness/condition, available support services and resident education and experiences.

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

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.

XXIII. Safety Policies and Procedures

| | |
|---|---|
| <p>Needlestick/Exposure Policy</p> | <p>Residents must report to Employee Health immediately for any needlestick or other injury occurring while on duty. After hours, residents should report to the Emergency Department for such occurrences. Any exposure to communicable diseases will be addressed in accordance with the applicable hospital's Infection Prevention and Control policies.</p> <p>Program-specific policy items: Residents must call CorVel (worker's comp claim) at 1-866-245-8588 option 1 immediately following the occurrence. You must also notify the program coordinator and a Report of On the Job Injury or Illness form must be completed which can be located at http://riskmanagement.tennessee.edu/</p> |
| <p>Adverse Event</p> | <p>To report an adverse event or "near miss" event contact:</p> <p>ROH Olivia Johnson 545-8617 Karen Freeman 545-7878 QI data Michele Whitehead 545-6106</p> <p>MUH Call "Hot Line" 901-581-8066 and nursing supervisor will take information or enter it via "Safeguard" that can be accessed on MOLLI.</p> <p>QI data Charlotte Jenkins 901-516-8279 charlotte,Jenkins@mlh.org Elaine Gardner, RN, Urology QI Specialist, 901-516-9069 Quality Project Coordinator Joanna Hudson 901-516-9070</p> <p>Methodist South Contact Bridget Bulloch 901-516-3715</p> <p>LeBonheur Elesia Turner, Director of Risk Management 901-287-4573 850 Poplar Ave Building</p> <p>QI Data Donna Vickery, Director Quality Improvement 901-287-5137 850 Poplar Ave Building</p> <p>VA CARE line (ext 2273* or 5816) or complete electronic incident report; alternatively, contact Anita Garrison (Anita.Garrison@va.gov) or Mary Hammonds QI data Ann Eaton (ext 6848) Anita Garrison (Anita.Garrison@va.gov)</p> <p>The following is required at VA as well: Immediate call to COS (Chief of Staff) office (ext 7202), and Risk Mgmt (ext 6589), Chief of Surgery office (ext 2123), and Dr. Patterson for the following:</p> <p>. ID error leading to significant harm</p> |

- | | |
|--|--|
| | <ul style="list-style-type: none"> . Death or code during a procedure or in OR or immediately afterwards . Procedure or bedside procedure with complication requiring OR or higher level of care. . Procedure requiring greater than expected transfusion requirements or proceeding to an unexpected procedure (like adding a IABP) . Retained object post procedure, even if it is discovered before the skin is closed. . Treatment reaction leading to serious harm |
|--|--|

XXIV. Travel

The UTHSC Urology Residency Program follows the UTHSC institutional policy on Resident Travel. For more information on the UT Resident Travel Policy, please visit the University of Tennessee policy website:

http://policy.tennessee.edu/fiscal_policy/fi0705/

Travel Reimbursement Form:

<https://www.uthsc.edu/graduate-medical-education/administration/documents/resident-travel-request-form.pdf>

Important Guidelines:

- Travel requests should be discussed with and approved by the Program Director before making any arrangements.
- UT Travel Policy must be followed at all times – with no exceptions.
- A travel request form must be completed well in advance of traveling in order to have a travel authorization (trip number) assigned by the GME office.
- The UT Resident Travel form must be completed for reimbursement.
- Conference travel will require prior approval from UT and the Program Director. Please see the GME travel policy for further information.

PERMITTED TRAVEL

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

All submissions must go through the educational office. A compiled list of what is being sent must be approved by the Program Director.

**DO NOT SEND ANY ABSTRACTS FOR SUBMISSION PRIOR
TO APPROVAL BY THE PROGRAM DIRECTOR**

Section 6. Resident Benefits

XXV. Salary

Residents in the UTHSC Urology Residency Program 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.

2020-2021 RESIDENT COMPENSATION RATES for ACGME-ACCREDITED PROGRAMS

| PGY LEVEL | BASE ANNUAL | with Disability Life Benefits | Monthly |
|------------------|---------------------|--------------------------------------|--------------------|
| PGY 1 | \$ 54,024.00 | \$ 54,684.00 | \$ 4,557.00 |
| PGY 2 | \$ 55,860.00 | \$ 56,520.00 | \$ 4,710.00 |
| PGY 3 | \$ 57,600.00 | \$ 58,260.00 | \$ 4,855.00 |
| PGY 4 | \$ 60,120.00 | \$ 60,780.00 | \$ 5,065.00 |
| PGY 5 | \$ 62,400.00 | \$ 63,060.00 | \$ 5,255.00 |
| PGY 6 | \$ 64,800.00 | \$ 65,460.00 | \$ 5,455.00 |
| PGY 7 | \$ 67,200.00 | \$ 67,860.00 | \$ 5,655.00 |

For information on the UT Salary Policy, please visit the GME website:

<https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/salary.pdf>

XXVI. Health Insurance

The UTHSC Urology Residency Program follows the UTHSC institutional policy on Resident Insurance Benefits. Health insurance is mandatory. Health, dental, and vision coverage is provided by Cigna Health care for residents and eligible dependents. Coverage is effective on the resident’s first recognized day of the residency program. Residents are responsible for approximately 20% of the premium. Residents with existing coverage may decline UT health insurance by completing the declination form.

Life and Disability Insurance are also available through UT GME.

For more information on the UT Resident Insurance Benefits, please visit the GME website:

<https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/insurance-benefits.pdf>

XXVII. Liability/Malpractice 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>

XXVIII. Stipends

The Department of Urology at UTHSC will cover annual fees for AUA membership as long as there are sufficient funds available.

Section 7. Curriculum

ACGME Competencies

The core curriculum of the UTHSC Urology Residency program 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.

Milestones

The Milestones are designed only for use in evaluation of resident physicians in the context of their participation in ACGME accredited residency or fellowship 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. 2020 ACGME Milestones for Urology Residency are located at: <https://www.acgme.org/Specialties/Milestones/pfccatid/26/Urology>

Competency Based Goals – The UTHSC Urology Residency Program follows the mandate of ACGME competency based education and training. Residents will be evaluated during their training in the six general competencies as defined by the ACGME guidelines.

Assessment Instruments and Methods

Resident Evaluation of Program and Faculty

Residents are given the opportunity to evaluate their program and teaching faculty at least once a year. This evaluation is confidential and in writing.

Program Director's Evaluation of Faculty

Each program director must evaluate the teaching faculty on an annual basis. The program director must provide feedback to the faculty based on evaluation data and approve continued participation of faculty in the educational program. Feedback should include information garnered from resident evaluation of rotations.

Faculty Evaluation of Program and Residents

Faculty have the opportunity to annually evaluate the program confidentially and in writing. The results will be included in the annual program evaluation.

Annual Program Evaluation

Each ACGME-accredited residency program must establish a Program Evaluation Committee (PEC) to participate in the development of the program's curriculum and related learning activities, and to annually evaluate the program to assess the effectiveness of that curriculum, and to identify actions needed to foster continued program improvement and correction of areas of non-compliance with ACGME standards.

Procedure:

- 1) The Program Director must appoint the Program Evaluation Committee (PEC) to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process.
- 2) The PEC will be composed of at least 2 members of the residency program's faculty, at one of who is a core faculty member, and include at least one resident (unless there are no residents enrolled in the program). The PEC will function in accordance with the written description of its responsibilities, as specified in item 3, below.
- 3) The PEC's responsibilities include:
 - a. Acting as an advisor to the program director, through program oversight.
 - b. Review of the program's self-determined goals and progress toward meeting them.
 - c. Guiding ongoing program improvement, including development of new goals, based upon outcomes.
 - d. Review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.
- 4) The PEC should consider the following elements in its assessment of the program:

- a. Curriculum
- b. Outcomes from prior Annual Program Evaluations
- c. ACGME letters of notification, including citations, areas for improvement, and comments
- d. Quality and safety of patient care
- e. Aggregate resident and faculty: well-being; recruitment and retention; workforce diversity; engagement in quality improvement and patient safety; scholarly activity; ACGME Resident and Faculty Surveys; and written evaluations of the program.
- f. Aggregate resident: achievement of the Milestones; in-training examinations (where applicable); Board pass and certification rates; and graduate performance.
- g. Aggregate faculty: evaluation and professional development

A copy of the annual program evaluation must be sent to the DIO. If deficiencies are identified, the written plan for improvement should be distributed and discussed with teaching faculty and residents.

PEC Members

| | |
|---------------------------|----------------|
| Christopher Ledbetter, MD | PEC Chairman |
| Anthony L. Patterson, MD | Faculty |
| Maurizio Buscarini, MD | Faculty |
| | PGY 5 Resident |

Quality Improvement/Clinical Competency Committee

Peer review evaluation by a Quality Improvement (QIC)/Clinical Competency Committee (CCC) is integral to the graduate medical education process. The CCC will review all resident/fellow performance evaluations and assessments of progress at least semi-annually. The QIC/CCC will advise the Program Director regarding resident progress, including promotion, remediation, and dismissal. Under the Tennessee Patient Safety and Quality Improvement Act of 2011, the records of the activities of each QIC/CCC are designated as confidential and privileged. Resident/fellow evaluation documentation and files that are reviewed by a program's QIC/CCC are protected from discovery, subpoena or admission in a judicial or administrative proceeding.

Procedure

- a. A Clinical Competency Committee must be appointed by the program director.
 - i. At a minimum, the Clinical Competency Committee must include three members of the program faculty, at least one of whom is a core faculty member.
 - ii. Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents.
- b. The Clinical Competency Committee must:
 - i. Review all resident evaluations at least semi-annually.
 - ii. Determine each resident's progress on achievement of the specialty-specific Milestones.
 - iii. Meet prior to the residents' semi-annual evaluations and advise the Program Director regarding each resident's progress.

CCC Members

| | |
|---------------------------|--------------|
| Christopher Ledbetter, MD | PEC Chairman |
| Anthony L. Patterson, MD | Faculty |
| Maurizio Buscarini, MD | Faculty |

Resident Evaluation

The program utilizes the following methods for resident evaluation:

1. Competency-based formative evaluation for each rotation, including competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems based practice.
2. All residents are expected to be in compliance with University of Tennessee Health Science Center (UTHSC) policies which include but are not limited to the following: University of Tennessee personnel policies, University of Tennessee Code of Conduct, sexual harassment, moonlighting, infection control, completion of medical records, and federal health care program compliance policies.

Formative Evaluation

1. Faculty must directly observe, evaluate and frequently provide feedback on resident performance during each rotation or similar educational assignment. Each program is required to use the web-based evaluation system in New Innovations to distribute a global assessment evaluation form.
2. Evaluation must be documented at the completion of the assignment. For block rotations of greater than three months in duration, evaluation must be documented at least every three months. Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion.
3. These evaluations should be reviewed for completeness by program leadership, with follow-up by the program director or coordinator to address inadequate documentation; e.g., below average performance ratings without descriptive comments or inconsistencies between written assessments and statistical data.
4. Completed electronic evaluations are reviewed by the resident. Any evaluations that are marginal or unsatisfactory should be discussed with the resident in a timely manner and signed by the evaluator and resident.
5. In addition to the global assessment evaluation by faculty, multiple methods and multiple evaluators will be used to provide an overall assessment of the resident's competence and professionalism. These methods may include narrative evaluations by faculty and non-faculty evaluators, clinical competency examinations, in-service examinations, oral examinations, medical record reviews, peer evaluations, self-assessments, and patient satisfaction surveys.
6. The program must provide assessment information to the QIC/CCC for its synthesis of progressive resident performance and improvement toward unsupervised practice.
7. Using input from peer review of these multiple evaluation tools by the QIC/CCC, the program director (or designee) will prepare a written summary evaluation of the resident at least semi-annually. The program director or faculty designee will meet with and review each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones and strengths as well as plans for improvement. The program director (or designee) and resident are required to sign the written summary that will then be placed in the resident's confidential file. The resident will receive a copy of the signed evaluation summary and will have access to his or her performance evaluations.
8. If adequate progress is not being made, the resident should be advised and an improvement plan developed to provide guidance for program continuation. The improvement plan must document the following:
 - Competency-based deficiencies;

- The improvements that must be made;
- The length of time the resident has to correct the deficiencies; and
- The consequences of not following the improvement plan.

Improvement plans must be in writing and signed by both the program director and resident.

9. If unacceptable or marginal performance continues and the resident is not meeting program expectations, another review should take place in time to provide a written notice of intent to the resident at least 30 days prior to the end of the resident's current if he or she must extend training at the current level or will not have their contract renewed. If the primary reason(s) for non-promotion or non-renewal occurs within the last 30 days of the contract period, the residency program must give the resident as much written notice as circumstances reasonably allow.

Summative Evaluation

1. At least annually, the program director will provide a summative evaluation for each resident documenting their readiness to progress to the next year of the program, if applicable. This evaluation should assess current performance based on written evaluations, faculty observations and other documented performance measures that have been reviewed by the program's QIC/CCC. The summative evaluation will be discussed with the resident and a copy signed by the program director and resident will be placed in the confidential resident file.

2. The program director will also provide a final evaluation upon completion of the program. This evaluation will become part of the resident's permanent record maintained in the GME office and will be accessible for review by the resident. The end-of-program final evaluation must:

- Use the specialty-specific Milestones, and when applicable the specialty-specific case logs, to ensure residents are able to engage in autonomous practice upon completion of the program.
- Verify that the resident has demonstrated knowledge, skills, and behaviors necessary to enter autonomous practice.
- Consider recommendations from the CCC.

Rotation Goals and Objectives

Competency-based goals and objectives based on performance criteria for each rotation and training level will be distributed annually to residents and faculty either in writing or electronically and reviewed by the resident at the start of each rotation. For more information on Program and Faculty Evaluation requirements, please visit the GME website: <https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/program-evaluation.pdf>

The 2020-2021 rotation block schedule is given below, followed by a brief description of the rotations.

| PGY1 Rotations | # of Months |
|--------------------------|--------------------|
| General Surgery | 6 months |
| Interventional Radiology | 1 month |
| Nephrology | 1 month |
| Anesthesia | 1 month |
| Urology | 3 months |

| PGY2 Rotations | # of Months |
|-----------------------|--------------------|
| VA | 6 months |
| LeBonheur | 6 months |

| PGY3 Rotations | # of Months |
|-----------------------|--------------------|
| Methodist University | 8 months |
| Regional One | 4 months |

| PGY4 Rotations | # of Months |
|-----------------------|--------------------|
| VA | 4 months |
| Regional One | 4 months |
| LeBonheur | 4 months |

| PGY5 Rotations | # of Months |
|-----------------------|--------------------|
| Methodist University | 6 months |
| VA | 6 months |

Core Rotations in Urology

Common Program Objectives can be found in New Innovations. Select More, Resources and then select Department Manuals

See the link below.

<https://www.new-innov.com/Login/Host.aspx?Control=DepartmentManuals>

PGY-Specific Educational Experience Showing Level of Progression

Definition

ACGME Common Program Requirements IV.A.2 states the following: “Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to residents and faculty annually in either written or electronic form. These should be reviewed by the resident at the start of each rotation.”

Purpose

Each rotation has specific competency-based goals and objectives. In addition, the following list of year-specific goals defines specific goals either in skills, knowledge, or professionalism that are appropriate for each year of training. Residents must strive to achieve these goals, as well as the overall educational goals described in the previous pages. Goals may vary somewhat between levels depending on individual rotation schedules.

The Urology PGY year and Rotation specific goals can be found on the link below in New Innovations

Select More, Resources and then select Department Manuals

<https://www.new-innov.com/Login/Host.aspx?Control=DepartmentManuals>

Supervision and Graded Responsibility of Urology Residents

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

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.

The privilege of progressive authority and responsibility, conditional independence and a supervisory role in patient care delegated to each resident is determined by the program director and faculty members.

The program director must evaluate resident's abilities based on specific criteria, guided by the Milestones.

Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident.

Senior residents or fellows should server in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

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 (transurethrally and subrapubic) | | 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 |
| 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 and Fellows Resources | https://www.acgme.org/Residents-and-Fellows/Welcome |
| GME Confidential Comment Form | https://uthsc.co1.qualtrics.com/jfe/form/SV_3NK42JiogthlfQF |
| Urology Specific Links | https://www.auanet.org/myaua/login https://www.acgme.org/ https://www.abu.org/ https://sauweb.org/ |
| AUA Ethics Module | https://auau.auanet.org/content/clinical-ethics-urologists-2020 |

Section 9. Appendix

Resident Travel Reimbursement Processing Form:

<https://www.uthsc.edu/graduate-medical-education/administration/documents/travel-reimbursement.pdf>

The University of Tennessee Health Science Center
Department of Urology
Leave and Travel Request Form

Name: _____

A. Vacation:

Dates Requested: _____

Total number of days _____
(excluding weekends and holidays)

B. Sick:

Dates: _____ If partial days, specify whether A.M. or P.M. and
the hour (s) _____

Total Number of days _____
(excluding weekends and holidays)

C. UT Activities:

Dates requested: _____

Total Number of days away from campus _____

Destination: _____

Purpose: _____

D. Coverage: Who will assume your responsibilities during your planned absence? _____

Signed: _____ Date: _____

Approved: _____ Date: _____
Program Director or Chairman

The University of Tennessee Health Science Center

Department of Urology
Moonlighting Contract

Due to the fact my in-service exam score has dropped below the minimum required for moonlighting privileges; I have been informed that I am no longer allowed to moonlight. I realize that if I do moonlight, I can be released (fired) from the residency program due to violation of this rule.

Resident Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

**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.
 - PGY1 residents and/or 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 RESIDENT PROGRAM

- I. I have received the 2020-2021 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 Residency Coordinator no later than July 10, 2020.**