RESIDENT MANUAL

DEPARTMENT OF UROLOGY

SECTION OF PEDIATRIC UROLOGY

EMORY UNIVERSITY

2020-2021

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INTRODUCTION

The mission of the Section of Pediatric Urology is to provide superb compassionate patient care which remains state of the art through education and research.

This residency manual describes the commitment of the faculty to a comprehensive training program in pediatric urology that includes direct supervision of patient care, clinical teaching including regular didactic conferences and mentoring the trainee in development and conduct and manuscript preparation of research projects. It is the resident's responsibility to adequately prepare for and participate in the educational process and to abide by the regulations of the Emory University School of Medicine Department of Urology, Children's Healthcare of Atlanta and the Pediatric Urology Fellowship Program.

The curriculum of the Emory Pediatric Urology Fellowship Program is understood to be continuously in a process of re-evaluation with the objective of insuring excellence in patient care, patient safety, and improving the educational experience of the fellow. The goals and objectives of the program are included in this manual. The Resident Manual undergoes at least annual revision under the direction of the Program Evaluation Committee. In this manual the trainee of the pediatric urology fellowship program is referred to as the pediatric urology resident.

SELECTION

The selection of residents for the Pediatric Urology Residency Program at Emory University is based on multiple criteria that are assessed during the initial application process and reviewed again during the time of applicant interviews. It is our policy to grant interviews to all applicants who meet the threshold requirements for application and who have submitted a completed application before the deadline date of the AUA supported match.

The prerequisites for application include:
Completion or expected completion of an ACGME approved residency in urology
Letters of recommendation from the Chair of the Department of Urology and Director of Pediatric Urology at the applicant's institution
Current curriculum vitae
In-service board scores for the previous year
Personal statement

Selection is ultimately based on the strength of the applicant's interview and supporting documentation. Professionalism, interpersonal skills, motivation, and

past performance as a clinician and academician are assessed. As a group the faculty evaluates each individual applicant and then compiles a rank list. Our policy is to select residents without regard to gender, race, color or creed. All matches for the resident positions are completed through the American Urological Association Residency Matching Program. The applicants from across the country are notified on the same day of their selection to individual pediatric urology residency programs.

PROMOTION

Residents are evaluated on a continual daily basis with constant feedback throughout their training. Serious issues of competency are addressed as they arise. The program follows a system of graded responsibility with quarterly written evaluation and a formal semiannual review of resident performance. The Clinical Competency Committee is responsible for compiling all evaluations and ensuring that all Residents complete their required competencies for promotion to the second fellowship year. Resident Contracts are renewed once a year. Academic issues are discussed with the individual Resident and the Program Director and Academic Fellowship Director. Residents are free to discuss any specific issues regarding their education with the Program Director at any time.

Residents that are at risk for not completing expected Goals and Objectives will be placed on remediation following a verbal and/or written warning from the Program Director. Residents on remediation will undergo an individualized program established in combination with the Resident by the Clinical Competency Committee. Outlined objectives and evaluation points will be discussed to ensure the Resident completes all requirements. Once the Resident has demonstrated compliance with the remediation process, as determined by the Program Director, the remediation period will end. Residents that do not complete the needed steps for remediation will be discussed with the Department Chairman and the Emory Graduate Medical Education Office. In the event the Resident is incapable of performing duties, he or she may be considered for dismissal from the Program.

DISMISSAL

Should serious questions regarding a Resident’s ability and/or character arise, he or she could possibly be considered for dismissal from the program. Thorough documentation of individual counseling of the Resident should be complete prior to consideration of dismissal. Any Resident considered for dismissal will undergo a full disclosure hearing with the Program Director and the Department Chairman. Due process will be ensured. Any resident considered for dismissal will be discussed with the Emory Graduate Medical Education Office prior to termination.

Policy is consistent with the *House Staff Policies and Orientation Manual* from the Emory University School of Medicine Graduate Medical Education Office (http://www.med.emory.edu/GME/house_staff_policies.cfm).

PROCESS OF GRIEVANCES AND DUE PROCESS

Residents that encounter difficulties or problems during the course of their employment should first bring the matter to the Program Director for resolution. Examples would include difficult relationships with other residents, faculty or ancillary staff. An initial private meeting with the Program Director is suggested for evaluation. Possible subsequent steps would include arbitrary hearings between the involved parties.

Matters that involve difficulties with the Program Director should be addressed directly with the department Chairman. Likewise, difficult issues requiring further resolution will be brought to the attention of the department Chairman by the Program Director. Meetings between the involved resident, Program Director, and Department Chairman will subsequently be scheduled.

Issues involving the global functioning of the urology residency program should be addressed with the Emory Graduate Medical Education (GME) Office.

Issues that the resident does not wish to discuss directly with the Program Director will be discussed with the department Chairman or GME Office. Meanwhile, the Program Director will maintain a record of all discussions and resolutions, as appropriate. The Program Director is also responsible for ensuring that due process involving a hearing with residents is promoted.

Policy is consistent with the *House Staff Policies and Orientation Manual* from the Emory University School of Medicine Graduate Medical Education Office.

RESIDENT RULES

There are three mandatory rules:

1. Do not, under any circumstance, ever conceal the truth from the staff or from your fellow residents. Your integrity is taken for granted, for it cannot be otherwise. The entire service runs on trust. Your colleagues will back you to the extreme as long as you tell the truth. This also demands that you document any care that you have given to a patient.

2. Do not, under any circumstance, take advantage of your position as a physician. You are a professional and are expected to behave as such.

3. No internal nor external moonlighting is permitted.

GENERAL PRINCIPLES

-The purpose of clinical training is to provide direct experience with patient care. The old adage that “the physician cannot prescribe by letter but must feel the pulse” still holds true. Self study is an integral part of residency training; you must use your clinical experiences to stimulate reading outside of work.

DOCTOR is derived from the Latin word “docere” which means teacher. We have an obligation to teach. This includes teaching your patient about his/her illness…teaching the nurses how to care for your patients…. teaching the medical students how to complete a proper urologic H and P…. teaching the more junior house staff how to care for urologic patients……and teaching the faculty. Make a commitment to teach somebody everyday. This will serve you and your education well since before you can teach something you must first know it.

Every patient/patient family should know the identity of his doctor, the reason for hospital admission, and the proposed treatment plan. This requires taking the time to talk to your patients.

-Every patient admitted to the pediatric urology service must have an admission note written within 12 hours of admission. Consultation must be completed within 24 hours of request. This note will include a brief summary of the patient’s history and physical examination and will form a diagnosis or differential diagnosis with treatment plan.

-Our approach to patient care should be to follow the “GOLDEN RULE”. Think of the patients as though they were your own family members. Try not to ever alter the patient’s activities for your own convenience.

-The secret of caring for the patient is caring for the patient. In the field of pediatrics this extends to caring for the concerns and satisfying the needs of the family so that they can best care for their child. Rapport is probably one of the most important aspects of the practice of Pediatric Urology. Rapport can be defined in various ways including “a harmonious relationship between physicians and patient.” Patients and their families know intuitively if you genuinely care about them or not. Rapport takes time, sometimes hours, sometimes weeks to establish.

CLINICAL ACTIVITY

Supervision

The Emory University School of Medicine Pediatric Urology Residency Program depends on continuous and consistent supervision of the fellow by the pediatric urology attending staff, Emory University School of Medicine Urology faculty members. Fellows gain increasing autonomy as they progress through the residency program, but they are still subordinate to faculty members in terms of clinical care, teaching and research. Therefore, all decisions in these areas remain the ultimate responsibility of the faculty members.

The Urology Clinic. This is the lifeblood of your residency. This is the opportunity to learn and become a competent urologist. It is not possible to fully understand preoperative and postoperative care without attending clinic. The need for refinements in hospital and intra-operative care are often only evident during close follow-up of your patients. **You are expected to attend an average of two office sessions at the Glenridge office (one full day) per week.**

The Scottish Rite Myelomeningocele Clinic meets on three Thursday mornings of the month and the second Monday morning of the month from 9 to 12AM. It is a multidisciplinary clinic including Neurosurgery, Orthopedics and Urology. Drs. Smith, De, Garcia-Roig, and Cerwinka represent the Urology Service on the first, third and fourth Thursdays of the month respectively. Dr. Garcia-Roig represents the second Monday of the month. You are expected to attend one clinic per month. **You are required to document your office experience**. **The record of your attendance to office sessions of various attendings, the number of patients, age distribution and variety of diagnoses should be available at quarterly log reviews.**

Consults. **A consult must be completed within 24 hours of the request.** When someone asks for a consultation, there are only two possible reasons: either that person is unable to care for or unwilling to care for the patient. In either case it is an appropriate consult for that patient. There are no inappropriate consults. It is important to prioritize patients and if they have pain or pressing problems they should be cared for appropriately. Consultations performed by the pediatric urology fellow must be promptly reported to the attending urologist on call at the time of the consultation.

-If a patient is discharged after consultation or admission, their discharge plan should be clearly outlined, and follow-up arranged appropriately. Specifically, any lab or imaging studies necessary before a return appointment should be requested through the office staff along with an appointment date. **The record of your consult interactions, patient identifier other than name, date of birth and diagnosis should be available at quarterly log reviews.**

Operative Experience. The pediatric urology fellow is responsible for review of posted surgical cases for the upcoming week and for coordination for coverage of cases by the fellow and rotating residents that may require two surgeons or cases that carry important educational experience. Preparation for the operative management of a patient requires preparation of a history and physical that includes a careful review of the preoperative evaluation with review of labs and imaging. At the conclusion of the case there should be verbal agreement between the attending and fellow with regard to forming a prompt and accurate surgical note. The fellow's diligence in recording the specific details of an operative case and making certain that the design and execution of the case is understood will accelerate both the educational experience and the process of increasing graded responsibility.

Urodynamics Lab. The pediatric urology resident is provided guidance in the performance and interpretation of urodynamic studies by Shannon Suarez, CPNP and Dr. Edwin Smith. Urodynamic studies are conducted every Monday and Wednesday in our Glenridge location. Studies are also conducted at Scottish Rite on the 2nd Tuesday of each month. These cases normally require sedation. It is your responsibility to become familiar with the equipment and software that is used to perform these studies. Urodynamic studies are intended to ask specific questions about bladder function and must be tailored to the patient's diagnosis in order to gain the best information about lower tract functional parameters. Interpretation and recommendations are entered by the urodynamicist on the urodynamic computer in the Glenridge office. **You must complete performance and interpretation of at least 10 urodynamic studies during the course of your fellowship.**

Conduct on Service. Maintain at all times a sense of propriety. The complexities of medical care demand a team approach. Nurses, administrators, and other physician's deserve respectful communication. Foster relationships that will allow you to give the best care to your patients. These people are a necessary ingredient for your ultimate success. If you find yourself in a confrontational position, bring your concerns immediately to the attention of the senior staff and who will address these problems for you.

Continuity of care is an essential principle of clinical education. You are responsible for following your patients from their preoperative period to their postoperative period. Our institution is fortunate to have two campuses and our residents are given the liberty to follow patients at both institutions in order to secure the experience that is needed to gain competency in pediatric urology practice. Although some travel may be involved, the two campuses are a mere 10 miles apart and the time spent seeing your patients each day is invaluable. You cannot discern subtle deviations in the usual therapeutic course of a patient unless you have a framework built on experience.

Verbal sign outs should occur between the pediatric urology fellow and resident on call during the weekdays. Likewise, verbal communication is expected between covering residents and fellows at the beginning and end of the weekend period.

LIST OF ADMINISTRATIVE DUTIES and RECORDS

1. Coordinate coverage of cases with junior residents on pediatric service
2. Coordinate weekly Friday morning conference
    - with attendings, select cases for presentation at case conference
    - oversee case presentations by junior residents
    - select and distribute journal club articles
    - update faculty on status of research projects

THE ROTATIONS

The first year of your residency is focused on acquiring the necessary skills to be an expert in the practice of pediatric urology. Your job description is, however, equally focused on your service to your patients, their families and your coworkers. In the process of attending to their needs you will develop the skills that will carry forward after your residency is complete. The educational goals and objectives of the Pediatric Urology Residency Program are described below.

The second year of your residency is dedicated to clinical research. As mandated by the Society for Pediatric Urology the research resident must commit 80% of her/his time to research. The research fellow is credentialed as a member of the professional medical staff and is employed by Children's Healthcare of Atlanta and reports to Kris Rogers, Director of Graduate Medical Affairs for Children's Healthcare of Atlanta. The clinical staff maintain oversight for the second year and have a genuine interest in your efforts. Presentation of the immediate goals and results of your research are to be given every 8 weeks during Friday morning conferences.

GOALS:

Pediatric Urology is a clinical field of medicine that requires comprehensive clinical training with dedication to excellence in patient care and advancement of our specialty through research as the primary goals. Education during the pediatric urology residency recognizes six essential competencies including patient care, medical knowledge, practiced based learning and improvement, communication skills, professionalism, and systems-based practice.

OBJECTIVES\ METHODS FOR TEACHING AND EVALUATING 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.

- *Gathering information*
- *Synthesis*
- *Partnering with patients and families*

Key components of patient care competency

- gather essential and accurate information about their patients through medical interviewing and physical examination, appropriate diagnostic work-up and access and use of information technology
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- develop and carry out patient management plans
- use information technology to support patient care decisions and patient education
- perform competently all medical and invasive procedures considered essential for the practice of pediatric urology
- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- counsel and educate patients and their families
- provide health care services aimed at preventing health problems or maintaining health

1. It is the responsibility of the attending staff to foster a culture that promotes these concepts and our recognition of this obligation is set forth in the Commitments of Faculty in the *Compact Between Resident Physician's and Their Teachers.* This document defines the commitments of residents and Staff to our Pediatric Urology Training Program. This document has been reviewed in detail and contractually signed by residents and faculty. Competency in effective, caring interactions with patients is evaluated by Global Competency Rating Form, 360 Rating form completed by peers, other professionals (nursing staff), Patient\Parent Interaction Survey Form.

2. The clinical activities of the resident provide an opportunity to practice these components of patient care on a nearly constant basis throughout each day. The resident must demonstrate the ability to accurately collect data from a patient's history and physical exam leading to a differential diagnosis, select

and/or perform appropriate studies to secure the diagnosis, discuss treatment options and plans with the patient's family, implement medical or surgical treatment with precision, and analyze and respond to the outcome. Opportunities to perform these activities occur in the office setting, outpatient surgery center, inpatient care areas, during hospital consults and emergency department. Patients that are seen by the resident are invariably also seen by an attending physician. The patient evaluation, assessment and management plan are reviewed, and feedback is provided.

3. Residents become facile at the use of internet resources which are available at workstations throughout the hospital system so that the most current literature is available for consideration during management decisions. These resources are also used regularly for case presentations which occur at our Weekly Pediatric Urology Case Conference and at the General Urology Grand Rounds. Immediate feedback for presentations is invariably given. Competency is evaluated by the Global Competency Rating Form.

4. Competency in operative procedures is gained through progressively graded responsibility which is reflected in the Operative Skills Rating Form. As a general trend, residents progress from a primary surgical assistant during the first 6 months of the year to primary surgeon during the second half of the year. This transition is individualized and occurs as the resident gains competency in various parts of a procedure. Checklists are verbally used and are in the process of formal development to insure consistency and thoroughness in this exercise.

5. Preventative medicine is practiced as we manage patients with recurrent urinary tract infections, voiding dysfunction, metabolic stone disease, neurogenic bladder dysfunction or discuss the potential long-term problems that may persists with operative therapy and counseling parents about diseases that carry a genetic basis. These discussions occur daily in our office and in the hospital setting. Competency is evaluated by Global Competency Rating Form, 360 Rating form completed by peers, other professionals (nursing staff), Patient\Parent Interaction Survey Form.

6. Residents work as a member of the team in the care of patients with myelomeningocele, genitourinary tumors, multisystem trauma, and when there is compromised renal function that requires nephrologic management. Competency is evaluated by the Global Competency Rating Form.

7. A critical element of patient care exercises is the resident's ability to perform self assessment and direct his\her efforts to gaining competency in areas that they perceive as weaknesses. Due to the willingness of the attendings to allow schedule flexibility for the resident, it is possible for the resident to take advantage of clinical opportunities that may arise.

Assessment methods: global competency rating form, 360 rating form, patient/parent interaction survey,

MEDICAL KNOWLEDGE

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

- *Acquisition*
- *Analysis*
- *Application*

Residents are expected to:

- Know and apply the basic and clinically supported sciences appropriate to the practice of pediatric urology including the pathophysiology and epidemiology of disease, clinical and laboratory findings, differential diagnosis and therapeutic options including preventative measures and procedural knowledge.
- demonstrate an investigatory and analytic thinking approach to clinical situations
- know and apply the basic and clinically supportive sciences which are appropriate to the discipline of pediatric urology
- apply principle of evidence-based medicine to patient care (conscientious, explicit and judicious use of current best evidence to make decisions about patient care in the clinical setting).

1. Patient management decisions arise constantly in the office, operative experience, emergency room and hospital floors. The resident is expected to form a treatment plan independently and then review this plan with the attending staff before implementation. Experience is provided in all major areas of pediatric urologic practice including perinatal urology, fluid and electrolyte management, oncology, trauma, genitourinary reconstructive surgery, intersex, urolithiasis, endourology, obstructive uropathy, voiding dysfunction, neurogenic bladder dysfunction and urinary tract infection. This exercise exists in the portfolio form as residents present their clinical experience at the Weekly Case Conference. In this forum they both demonstrate their competency in investigatory and analytical thinking and facilitate the learning of others, especially the general urology residents.

2. A comprehensive reading list is covered with assignments that extend throughout the entire year. The resident is expected to achieve mastery of

current “book” knowledge and the resident meets with a designated attending to discuss the monthly topic and verify competency. Evaluation of the resident’s book knowledge is recorded through post review assessment tests and feedback is provided.

3. The Global Competency Rating form includes assessment of this competency on a quarterly basis.

4. A mock oral exam is performed at the beginning and conclusion of the residency program. Attendings are assigned topics in which they have special expertise and follow a standard case presentation with the resident describing each step of evaluation, development of differential diagnosis, and appropriate management plan.

PRACTICE-BASED LEARNING AND IMPROVEMENT

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

- *Lifelong learning and practice improvement*
- *Appraisal and assimilation of scientific literature (evidenced based medicine)*
- *Quality improvement (plan-do-study-act to improve patient care)*
- *Teaching skills*

Residents are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology
- locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems
- obtain and use information about their own population of patients and the larger population from which their patients are drawn
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- use information technology to manage information, access on-line medical information; and support their own education
- Actively participate in the education of patients and their families, medical students, residents and other health care professionals

1. The Pediatric Urology Weekly Case Conference is held on the first, second, third and fourth Friday mornings from 7:00 to 8:00AM. The conference is held

by teleconference on both campuses. The format of the conference is that of case presentations introduced as an “unknown.” The case may be presented by the Pediatric Urology Fellow with the General Urology Resident serving as the discussant or vice versa with the Pediatric Urology Resident serving as the discussant. The case begins by providing some elements of the chief complaint and then the discussant must work their way through the pertinent details of the history and physical examination. Appropriate labs and imaging are “ordered” and interpreted. Finally, a differential diagnosis and treatment plan is developed. Once this exercise has been completed, the faculty members are asked to comment on the accuracy and completeness of the resident’s answers and provide further instruction concerning the clinical problem presented. A review of the pathophysiology of the disease process and review of recent evidenced based literature relevant to the case is presented. The experience reflects a portfolio exercise that reveals the learning efforts of the presenter while stimulating and instructing the audience with up to date medical knowledge of a disease process. The conference is given in power point format and an electronic record of the meeting is kept in an electronic library. The conference is attended by all clinical faculty members, general urology residents rotating on the service at the time, and at times by staff Radiologists, Nephrologists and Pathologists. The learning goals include the recognition of the presenting signs and symptoms of various disease processes, understanding appropriate and cost effective evaluation, understanding pathophysiology, gaining a perspective of other specialists who participate in the care of our patients, recognizing controversies and areas in need of further research, compilation of current literature and presentation to peers in an effective teaching form. The pediatric urology service is also responsible for presenting the General Urology Grand Rounds once per month. Well prepared lectures derived from presentations at the weekly conference are presented to the departmental meeting.

The general urology resident receives assistance from the pediatric urology resident in preparation of the conference. There is significant discussion of patient care, scientific basis, and effective presentation which is then reinforced during the conference by the experience of presentation as well as the input of the attending staff.

2. Journal clubs are organized as topic discussions and usually proceed from recent case experience or recognition of an emerging major area of controversy within our specialty. Journal Club is conducted every other month, alternating with the Research Conference. This conference is topic directed and reviews current literature about a particular clinical problem. The articles are selected by the Pediatric Urology Resident and are distributed to the rotating general urology residents and faculty members two weeks in advance of the meeting. The resident discusses the study purpose, design, results, and conclusions. Papers are judged for their quality. The resident is expected to have a grasp of the current opinion and controversies. Critical

analysis of the validity of study design and accuracy of conclusions is expected. A working knowledge of statistical analysis is demonstrated.

3. The resident with faculty assistance should develop a clinical study, compile and analyze data, derive conclusions, and make a presentation on the results of the study in oral form at section or national meeting and\or written form in peer review journals. This experience should instill a spirit of inquiry and develop the requisite skills for independent study after completing the residency program. Competency is reflected by successful completion and presentation of a clinical research project. Other measures of these skills include the Global Competency Rating Form, 360-degree rating form. An external measurement of outcome is provided by the ongoing scholarly activities of former residents after they complete our program.

4. The Morbidity and Mortality Conference is held once per month on the Third Friday of the month. Pediatric cases are presented in this conference. The discussion centers on development of constructive criticism that will stimulate improvements in patient management. Frequently, experience with similar complications as reported in the literature is discussed to provide a more comprehensive and multicenter view of important morbidities.

INTERPERSONAL AND COMMUNICATION SKILLS

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients' families, and professional associates. Residents are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- work effectively with others as a member or leader of a health care team or other professional group

1. Interpersonal and communication skills are a prerequisite of interactions between our residents, patients and their families, hospital staff, attendings and residents of other services and our faculty. Effective communication with other services is essential to well-coordinated patient care. By interacting with consulting services, the resident has an opportunity to teach and be taught which will improve their capacity to manage patients with similar problems in the future. On a nearly daily basis the pediatric urology resident interacts with the General Pediatric Service, Pediatric Radiology, Pediatric Anesthesia, Pediatric Nephrology, and Pediatric Surgery. Communication skills are promoted by: attendings that serve as effective role models, discussion and

contractual agreement with the Compact Between Resident Physicians and Their Teachers, innumerable opportunities to interact with patients and their parents.

2. Service as a teacher of general urology residents is dependent on effective communication. The pediatric urology resident provides guidance and serves as a resource to the more junior residents as they rotate on our service. Presentation of clinical experiences during conferences, section and national meetings are also dependent on communication skills in the form of public speaking.

3. A skills module advancing the understanding of interpersonal skill has been developed by the General Urology Program (Dr. Akanksha Mehta). Our residents participate in this exercise to improve their sensitivity in communicating to patients and parents of different backgrounds. This competency is evaluated by the 360 Global Competency Rating Form, Patient\parent interaction rating form.

PROFESSIONALISM

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

Professionalism must be modeled by the faculty in order to form an environment in which this critical competency can flourish. Particular areas our program has focused on include ethics in complex medical scenarios, understanding how medical errors develop and our obligation to inform patients appropriately when on-toward events occur, and use of the Barry Questionnaire to stimulate discussions pertinent to our specialty.

1. A Medical Ethics course is sponsored by the Pediatric Surgery Residency program and is attended by our residents. This conference involves a reading assignment to familiarize the resident with complex decision making in such scenarios as prenatal diagnoses of severe congenital anomalies, conflicts

between faith beliefs and medical care, supportive care in the setting of fatal malignancies. Evaluation of skills acquisition is provided by a pre and post conference self assessment.

2. A Medical Errors discussion is held to discuss how physicians should respond when errors occur. “Medical Errors” lecture is watched from a CD recording. The discussion that follows centers on recognition of current national physician trends and the barriers to appropriate disclosure that must be overcome.

3. The Barry Questionnaire is used as a spring board for discussion of ethical considerations in academic practice. Subjects such as separation of physician benefits from patient enrollment in scientific studies and interactions with drug companies are reviewed. Care of the adolescent patient and physician responsibility to the privacy of medical records for an adolescent are also reviewed. Competency is this area is also evaluated by 360 degree rating, Global competency rating form.

SYSTEMS BASED PRACTICE

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance

The goals of system-based practice are realized in multiple settings in our training program. For example:

1. Our discussions in our weekly case conference of the most effective evaluation of patients presenting with various clinical scenarios is directed, in part, at providing cost effective patient care.

2. Residents learn to develop and implement a quality improvement (guideline) project. This exercise involves recognizing the steps in formulating a QI project including literature review, determining parameters to be measured and how data will be analyzed. Quality improvement projects should review and subsequently report back to referring physicians trends that are particularly valuable. This year's project involved trends in diagnostic studies in patients referred for urinary tract infection evaluation.

3. Original research is conducted in collaboration with the Children's Healthcare Radiology Department and explores the cost effectiveness and efficacy of MRI imaging in obstructive uropathy, renal dysplasia and reflux nephropathy.

4. The resident demonstrates the ability to function in a multispecialty clinic in which partnering between healthcare providers of various specialties is essential to effective patient care.

5. Residents participate in the care of international charity cases and learn the limitations of care in third world health systems.

6. Journal Club discussions focus on optimizing patient care.

http://www.acgme.org/outcome/comp/compFull.asp#5

This blueprint for resident experience is given further description under the heading of conferences, rounds and reading list. In addition, there are certain abiding responsibilities for the pediatric urology resident that must be honored as listed below.

-Medical Records – accurate and timely recording of progress notes is essential to patient care and protects both the patient and you. Outside parties may have the notion that "if it wasn't documented it didn't occur." Operative notes deserve immediate dictation. You should discuss with the attending who is responsible for the note before you leave the operating room.

-Coordination of the inpatient service is the responsibility of the pediatric urology resident. Learning to delegate responsibility to junior residents and medical students will be important for delivering patient care and for developing management skills. Share your knowledge of pediatric urology. Teaching others often brings your own knowledge into sharper focus.

-Morning rounds should be completed before participating in the operating room. Rounds should be completed again before leaving in the afternoon.

-Review all labs, pathology reports and imaging results in a timely fashion.

-Since you are not on call during the weeknights and cover only one out of three weekends thorough sign outs are essential to maintaining continuity of care. Inform the on-call resident of ongoing inpatient concerns before leaving the hospital. On Monday morning the residents returning to their duties and appropriate attending staff should be updated regarding patient care concerns.

-Read about the problems that you are seeing in your patients. Digesting current literature when you are caring for a patient will make your learning more meaningful and enduring. A program for comprehensively covering the scope of pediatric urology will be provided during the year with attending supervision. Your discussions with attendings will be more productive if you have made an effort to understand current opinions and especially current controversies.

-Residents are in a unique position to see deficiencies in delivery of medical care. Your identification of system-based problems is encouraged so that the quality of patient care continues to progress.

CONFERENCES

Friday Morning conference – Case Presentation

This conference is held on the first, second, third and fourth Friday mornings from 7:00 to 8:00AM. The conference is held by teleconference at both campuses (Egleston and Scottish Rite). The format of the conference is that of case presentations introduced as an “unknown.” The case may be presented by the Pediatric Urology Fellow with the General Urology Resident serving as the discussant or vice versa with the Pediatric Urology Resident serving as the discussant. The case begins by providing some elements of the chief complaint and then the discussant must work their way through the pertinent details of the history and physical examination. Appropriate labs and imaging are “ordered” and interpreted. Finally, a differential diagnosis and treatment plan is developed. Once this exercise has been completed, the faculty members are asked to comment on the accuracy and completeness of the resident’s answers and provide further instruction concerning the clinical problem presented. A review of the pathophysiology of the disease process and review of recent literature relevant to the case is presented. The experience reflects a portfolio exercise that reveals the learning efforts of the presenter while stimulating and instructing the audience with up to date medical knowledge of a disease process. The conference is given in power point format and an electronic record of the meeting is kept in an electronic library. The conference is attended by all clinical faculty members, general urology residents rotating on the service at the time, and at times by staff Radiologists, Nephrologists and Pathologists.

Research Conference

The second year Pediatric Urology Resident provides an update on the progress of research projects on every other month basis. This falls on the third Friday of the month. The purpose of the conference is to bring the faculty up to date with progress, obstacles, and changes in direction in the course of research efforts.

Journal Club

Journal club is conducted on every other month basis alternating with the Research Conference on the third Friday of the month. This conference is topic directed and reviews current literature about a particular clinical problem**. The articles are selected by Pediatric Urology Resident and are distributed to the rotating general urology residents and faculty members two weeks in advance of the meeting.** The resident discusses the study purpose, design, results and conclusions. Papers are judged for their quality. The resident is expected to have a grasp of the current opinion and controversies. Critical analysis of the validity of study design and accuracy of conclusions is expected. A working knowledge of statistical analysis should be demonstrated.

Grand Rounds

The Pediatric Urology Service is responsible for presenting Urology Grand Rounds on the second Thursday of every month. The conference is held from 7 to 8 AM. Usually the most instructive cases from the weekly Pediatric Urology conference are further developed so that they introduce a topic discussion. Ample time is left for discussion and comments by the Pediatric Urology staff as appropriate for the topic. This conference is attended by entire Emory Urology Department staff and residents.

Morbidity and Mortality

The pediatric urology resident is responsible for presenting complications of patient management at the Morbidity and Mortality Conference that is attended by the entire Urology Department. This conference is held on the first Thursday of each month from 7:00 to 8:00 AM. The number of major and minor cases and number of morbidities and mortalities are reported to Jenny Alf, general residency coordinator one week before the conference. Patient identifiers such as name, initials, medical record number and date of birth are not disclosed. At the time of the conference a brief summary (delivered orally without written record) of the patient's clinical course and events which may have contributed to a morbidity or mortality are reviewed. This is a presentation that is delivered with the intent of stimulating constructive criticism for decision making in clinical management, not for generating personal criticism toward the resident. The goal is to identify opportunities for individual patient care improvements and system

improvements to advance the quality of care. The pediatric section presents first and therefore punctuality is essential.

Other conferences

Other various conferences that are attended when urology patients or urology issues are being discussed include patient care conferences, DSD clinic meetings, medical ethics board, renal transplant evaluation, Tumor Board, and Pediatrics Grand Rounds.

Call

The pediatric urology resident does not take night call during the weekdays. Call is limited to every third weekend and extends from 5:00 PM Friday to 7:00 AM on Monday. The pediatric urology resident receives all calls whether originating from outside or inside the hospital and must be immediately reachable. Rounding on the inpatient service and seeing patients in consultation on the floor or emergency rooms at Children's Healthcare of Atlanta are responsibilities during call. Call is taken from home but availability to both Children's Hospital campuses within twenty minutes is expected. Learning to ask the appropriate questions and providing careful directions are essential telephone skills. At all times there is a designated attending available that can assist with questions, concerns or inpatient care. There is no weakness in contacting your attending at anytime of the day or night. Attendings must be notified of admissions, significant emergency room consults or any adverse events for inpatients. You are not responsible for seeing consults at institutions outside of the CHOA Healthcare System. Such calls should be directed to the attending on call.
Requests for transfer of care to Children's Healthcare by an outside institution should be cleared by the attending on call. Attendings may periodically exchange weekends with each other. The resident call schedule will not be affected by these changes.

Vacations

As provided by the Emory University School of Medicine Residency policy, three (3) weeks paid vacation time are allowed during the academic year (July 1 to June 30). This arrangement does not apply to residents that are not compensated through the Graduate Medical Education Program. Vacation time that has not been used does not carry forward to the next year.

The following vacation policies are set forth in an effort to make the system as fair as possible to all residents while assuring the least disruption in coverage of the Pediatric Urology Service.

a. No more than seven consecutive days may be taken. As an exception, if you are not on call on the weekend before beginning a week of vacation you may effectively have 9 days off.
b. At least two of the three weeks should be taken during the first six months of the year
c. The pediatric urology resident should coordinate vacation time with the general urology resident that is rotating on the pediatric service so that both are not on vacation simultaneously.
d. Vacation time should be requested in writing, dated and submitted to Justice Farmer at least one month in advance of the date requested. Emergency situations should be brought to Dr. Cerwinka.
e. Meetings, sickness and maternity leave are not included in vacation time.
f. Vacation requests are handled on a first come, first serve basis between the general urology resident rotating on our service and the pediatric urology resident. The earlier the request is in the better.
g. If there is a conflict between a resident going on vacation and the general urology resident presenting at a meeting, the presentation takes precedence.
h. Residents may not be absent during visiting professorships for the pediatric urology residency program.
i. It is the responsibility of the pediatric urology resident to make sure that general urology resident is fully informed about the status and care plan of each hospital patient before leaving on vacation.

Paid Sick Leave

The School of Medicine provides paid sick leave to those residents registered in the training program that receive a stipend. this paid sick leave is intended for those who are unable to complete their duties for short periods of time due to personal illness or injury. Residents have up to 12 calendar days of sick leave per one-year position agreement period. Unused sick leave does not carry forward from one position agreement period to the next. Proof of the medical need may be required at the discretion of the Program Director.

Meetings

You are encouraged to submit abstracts and papers to meetings. This includes the Southeastern Section Meeting of the AUA, AUA National Meeting, American Academy of Pediatrics, Society for Pediatric Urology, and the Society for Fetal Urology. Presentations should be rehearsed at a Friday morning conference prior to the meeting for constructive criticism. Following the meeting, your presentation should be in a form suitable for submission within sixty days after the meeting. Funding for attendance at meetings is dependent on following through with this process.

Resident reimbursement will not exceed $1000.00 per meeting for total expenses. Any additional expenses must be self-subsidized. Any obviously non-work-related expenses will not be subsidized. The following limitations are to be followed.

Airline – coach fare, 21-day advance
Meals - $40.00 per day (no alcoholic beverages)
Hotels – rate depending on location
Registration fee

If you wish to be reimbursed for any expenses that you incur, you must turn in all of your receipts to Justice Farmer within ten days of your return from your trip. This includes receipts or plane tickets, hotel stays, registration fees, and meals. The expense reimbursement form should also be completed at this time.

December Holiday Schedule

The Holiday schedule extends for a minimum ten-day period and encompasses December 24 and January 1. The beginning and end of this period is determined each year depending on the relationship of these dates to weekend days that would otherwise be covered as usual weekend call. The pediatric urology resident is allotted three days off during this period but will cover call either on December 24, 25 or December 31, January 1.

Duty Hours Policy

Residents will comply with the ACGME Guidelines regarding Duty Hours. Strict adherence to the “80-hour work week” will be enforced.

Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

Residents will be given at least 1 full day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period

Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all

daily duty periods and after in-house call.

Call as described above is taken from home. Duty hours are accumulated for time spent at the hospital during weekend call and are included in the 80-hour work week limitation. If your weekend call places you in jeopardy of exceeding this limit, the attending on call will relieve you of further weekend duties.

Compliance to the Duty Hour requirement will be assessed by the Program Director on a periodic basis with written logs from each resident. If this program has caused you to be in non-compliance with the duty hours requirements it is your obligation to report this incident to the Program Director. If the issue either involves the Program Director or is not resolved by meeting with the Program Director, please contact the institutional GME committee. If these efforts above do not resolve the issue, contact the ACGME Complaint Officer to discuss submitting a formal complaint.

Policy is consistent with the *House Staff Policies and Orientation Manual* from the Emory University School of Medicine Graduate Medical Education Office and reflects the duty hours description as outlined by the ACGME: *http://www.acgme.org/acWebsite/dutyHours/dh_Lang703.pdf.*

Resident Supervision Policy

The Emory University Pediatric Urology Residency Program depends on continued and consistent supervision of individual residents by the appointed faculty of the Pediatric Urology Residency Program sponsored by the Emory University School of Medicine Urology Department. All residents gain increasing autonomy as they progress through the residency program, but they are still subordinate to faculty members in terms of clinical care, teaching and research. Therefore, all decisions in these areas remain the ultimate responsibility of the faculty members. All residents are required to have a temporary Georgia Medical License.

Evaluations

Residents are evaluated by the Faculty formally and informally throughout their residency. Quarterly, residents will meet with the Program Director to review their evaluations and to provide feedback on the training program. Residents may also request additional meetings as needed. Specific evaluations (written and/or practical) will also be performed to ensure objectives regarding the ACGME Resident Competencies are met. The six Core Competencies for resident training include: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice. In 2014 the Milestone project was implemented for

pediatric urology. The curriculum committee will assess the resident's progress according to this evaluation tool biannually and determine areas of strength weakness for the individual resident with the goal of helping the resident progress at the expected rate. The milestone evaluation also serves as a means for identifying strengths and weaknesses in the teaching program that should lead to program improvement.

Residents will also be asked to provide honest evaluations of the Faculty and program annually. This survey is conducted by Dr. Akanksha Mehta, Program Director of the general urology program.

Operative Logs

Residents are required to maintain strict records of their operative cases throughout their residency as a requirement for promotion. Individual cases are entered through the ACGME internet site (www.acgme.org) into the Resident Case Log System. At the completion of residency, a signed operative log is required of each resident.

Residents are expected to remain current on entering cases and random spot checks may be performed by the Program Director. The log will be reviewed quarterly to ensure that both the pediatric urology resident and general urology residents are receiving fair and equally appropriate operative education for level.

Consult and Clinic Logs

Residents are required to maintain records of their hospital consult and outpatient clinic experience. Records should include the date of encounter, a patient identifier (medical record number) and diagnosis.

Maintenance of Records

Records of the following activities are maintained with the assistance of the pediatric urology resident.

I. Weekly responsibilities

General Urology Grand Rounds

1. Download presentations to electronic library (Emory Blackboard), directions provided by Justice Farmer.

Weekly Case Conference

1. Present QR code to log in. (Updated annually and provided by Justice.)

2. In order for the staff to get CME credit a meeting face sheet must be completed. Justice will provide electronic copies of these required forms.
3. Email the conference face sheet to Justice Farmer at Jhudson@gaurology.com.

Operative cases

1. All operative cases should be submitted electronically, and all entries must be complete by the end of the week.

II. Monthly responsibilities

Turn in **Operative log, Consult log and Clinic log** to Justice Farmer at the end of each month.

Research Conference.
Prepare power point presentation describing the current status of research. Download the presentation to electronic library.

Journal Club. Articles are chosen by the clinical fellow and should be distributed electronically **2 (two) weeks** in advance of conference. Articles should be recorded in standard bibliography format. Give copy of article list to Justice and fill out Continuing Education form to allow CME credit.

III. Quarterly evaluations

The following assessments are made on a quarterly basis. The results of these evaluations will be reviewed with the resident by Dr. Cerwinka.

1. 360 Evaluations of professionalism and interpersonal skills

2. 360 Global Rating Score

3. Patient satisfaction survey

4. Ethics conference. Collect sign in sheet, copies of articles and pre and post evaluation sheets and give to Justice Farmer.