Lenox Hill Hospital  
Department of Surgery  
Urology Rotation Goals and Objectives

Medical Knowledge and Patient Care

PGY-1

Demonstrate effective patient history taking and physical examination.
• Clearly present patient information on rounds and in conferences.
• Demonstrate responsibility for the care of inpatients (exclusive of intensive care patients) on the urology service, with faculty and senior resident supervision.
• Demonstrate appropriate initial evaluation of outpatients with urologic disease including plans for initial diagnostic evaluation.

Clinical skills

PGY-1 and PGY-2 residents are expected to gain a basic understanding of and ability to perform all of the components of a focused genitourinary history and physical examination:

History

1. Pain (flank/groin/scrotum, quality, duration, etc.)
2. Hematuria (painful/painless, micro/macro, initial/terminal/total, presence of clots
3. Genitourinary discharge (quality, duration, associated symptoms, etc.) relation to menses in females
4. Dysuria/difficulty of urination (initiation/termination)/incontinence (stress/urge)
5. Inguinal/scrotal changes (mass, pain, skin changes)
6. Sexual history (partners/diseases/dysfunction)
7. Signs and symptoms of kidney failure/uremia
8. Previous genitourinary operations

Physical examination
1. Kidneys (flank/abdominal masses or tenderness, peritoneal signs)
2. Bladder (fullness, pain, etc.)
3. Penis (deformities, lesions, abnormal urethral opening, etc.)
4. Scrotum and contents (size, consistency of testis/epididymis/cord, pain, skin changes, etc
5. Rectal examination to include prostate: blood, masses, prostate size/consistency, nodules, pai
6. Pelvic examination in female
7. Every male patient is to have a digital rectal exam and genital exam unless medically contraindicated.
Disease-based learning objectives:

**Urinary retention**: Residents are expected to learn the basics of bladder catheterization and the indications for this procedure, along with the signs and symptoms of urinary retention.

**Hematuria**: Rotating residents will be expected to learn the urologic workup of both gross and microscopic hematuria including upper tract imaging, urine cytology, and cystoscopy. Junior residents will be expected to learn the technical skills to perform for rigid and flexible cystoscopy.

**Nephrolithiasis**: Residents will gain a basic understanding of the pathophysiology and typical presentation and management of renal and ureteral stones, in both non-urgent and urgent settings. Acquisition of basic cystoscopy and ureteroscopy skills are also expected during the rotation.

**Benign prostate hyperplasia**: Residents will be expected to learn the basics of managing symptoms secondary to bladder outlet obstruction from BPH. A basic understanding of the medical and surgical therapeutics is expected.

**Genitourinary infection**: urethritis, cystitis, pyelonephritis, epididymitis, infections related to anatomic variation or disease (obstruction, reflux, kidney failure, genitourinary instrumentation), infections related to chronic instrumentation of the GU-tract, scrotal abscess and Fournier’s gangrene, including common bacteriology and antibiotic management.

**Urologic oncology**: learn the basics of the major urologic cancers and subtypes including prostate, bladder, renal, testicular, and adrenal. Understanding the basics of surgical options and being able to describe the incisions required is expected.

**Erectile dysfunction**: Acquire a basic understanding of the normal physiology of erections and causes of erectile dysfunction.

**Urinary incontinence**: Learn the basic distinctions between urge and stress urinary incontinence and the basic management options for treatment of both. An initial understanding of neurogenic bladder is also expected.

**Venereal disease**: Understand the basics of venereal disease transmission, presentation of genitourinary skin lesions, and treatment.

**Urologic trauma**: Learn the basics of urologic trauma including renal, ureteral, bladder, urethra, and genitalia. An understanding of how to initiate evaluation of each is expected.
Operations by Level:

PGY-1:
Foley catheter insertion and removal
Coude catheter insertion
Continuous and intermittent bladder irrigation
Circumcision

PGY-2:
Cystoscopy
Ureteroscopy
Ureteral stent insertion

Practice Based Learning:

Objectives:
Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to develop skills and habits to be able to:

- Identify strengths, deficiencies and limits in one’s knowledge and expertise
- Set learning and improvement goals
- Incorporate formative evaluation feedback into daily practice
- Use information technology to optimize learning
- Systematically analyze practice, using quality improvement methods, and implement changes with the goal of practice improvement
- Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems
- Participate in the education of patients, families, students, residents and other health professionals, as documented by evaluations of resident’s teaching abilities by faculty and/or learners

Teaching Methods:
Residents are encouraged to develop an individualized learning plan and are assigned a mentor to determine if those goals are being achieved. The mentor, along with program director/assistant program directors at the semi-annual review, guides residents to incorporate self-assessment and feedback of others as part of their learning portfolio. Residents also get departmental lectures on quality improvement
methodology as well as online research tools available at the medical library. A monthly journal club is used to teach and promote use of evidence-based medicine principles. They also receive a departmental lecture on research methodology, and are encouraged to apply the principles of research methodology and statistical analysis to their own research projects. Case presentations by residents at Morbidity and Mortality conferences allow them to analyze practice, using evidence based medicine and quality improvement methods. Participation in an animal lab on a semi-annual basis, where residents practice and teach to junior residents, basic and advanced laparoscopic surgery in animal models, allows overall practice improvement.

**Assessment:**

Monthly core-competency based evaluations are used by faculty to evaluate residents. Also collective faculty feedback is given semi-annually where all the attendings collectively discuss individual resident strengths and weaknesses, and ways for improvement.

**Systems Based Practice:**

**Objectives:**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

- Work effectively in various health care delivery settings and systems, including private offices of surgeons
- Coordinate patient care within the health care system
- Incorporate considerations of cost awareness and risk-benefit analysis in patient care
- Use system resources to advocate for quality patient care and optimal patient care systems
- Work in interprofessional teams to enhance patient safety and improve patient care quality
- Participate in identifying systems errors and in implementing potential systems solutions

**Teaching Methods:**

Residents get departmental lectures of health care finance and cost-effective resource allocation, as well as on different health care delivery systems to help understand the financial underpinnings of various insurance models. They also participate in discussion of medical errors or “near-miss” events at general surgical conferences. There is a lecture on patient safety and medical liability for residents to better understand provision of quality patient care.
Assessment:

Monthly core-competency based evaluations are used by faculty to evaluate residents. Also collective faculty feedback is given semi-annually where all the attendings collectively discuss individual resident strengths and weaknesses, and ways for improvement.

Professionalism:

Objectives:

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

They must demonstrate:

- Compassion, integrity and respect for others, including accountability to patients and society, and professional commitment to excellence.
- Adherence to ethical principles by practicing patient-centered care that encompasses confidentiality, respect and autonomy via appropriate informed consent and shared decision making
- Cultural competence, by being sensitive and responsive to a diverse patient population as well as colleagues, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Teaching Methods:

Professionalism is taught

- primarily during clinical experiences where residents observe and adopt the behavior of senior residents and faculty
- by assigning mentors who are positive role-models
- using departmental lectures at the Monday morning conferences (Schwartz lecture series) by a member of the hospital Ethics committee and risk management team
- giving an institutional lecture to the incoming intern class on cultural sensitivity and diversity.

Assessment:

A global 360 degree multi-rater evaluation is used to assess resident performance with respect to professionalism and interpersonal and communication skills. These are filled out anonymously by health care professionals, including nurses, and by their colleagues. The residents are also assessed at semiannual meetings, where they get collective faculty assessment and feedback about professionalism and interpersonal and communication skills, in addition to other competencies.
Interpersonal and Communication Skills:

Objectives:
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families and professional associates. They must demonstrate that they can:

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds
- Communicate effectively with physicians, other health professionals, and health related agencies
- Work effectively as a member or leader of a health care team
- Maintain comprehensive, timely and legible medical records

Teaching Methods:

Interpersonal and communication skills are taught primarily during clinical experiences where residents observe the faculty and senior residents, and participate in, delivering bad news, holding family meetings to discuss ongoing care, educating patients and their families, and resolving conflict. Also daily meetings of the junior residents with social workers and case managers, as well as conversations with consultants, refine the skill of communication with other health care professionals to provide better patient care.

Communication with colleagues is encouraged by having a standardized method of hand-off between junior and senior residents to help reduce medical errors and promote continuity of care. The junior residents receive ongoing lectures from the chief residents to develop and refine the skill of seamless hand-off of patient care. The residents also get a lecture at the Schwartz lecture series about case management and documentation.

Scholarly communication is taught by having residents present cases and literature search at Morbidity and Mortality conferences, as well as General and Vascular Surgery conferences on Thursday and Friday mornings. These conferences help develop effective lecture and teaching skills, as they communicate effectively to their colleagues by presenting cases, associated complications and data, as well as teach the medical students. The residents are also given a talk on research methodology and opportunities, and are encouraged to present their scholarly work via presentations, abstracts, or publications.

Assessment:

A global 360 degree multi-rater evaluation is used to assess resident performance with respect to professionalism and interpersonal and communication skills. These are filled out anonymously by health care professionals, including nurses, and by their colleagues. The residents are also assessed at semiannual meetings, where they get collective faculty assessment and feedback about professionalism and interpersonal and communication skills, in addition to other competencies.