

Urology (Elective)

Length: 1 month of PGY- 2, -3, or -4 year
Location: The Queen ' s Medical Center
Primary Supervisor: D. Gary Lattimer, M.D.
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Goals

Upon completion of the Urology rotation, the Resident will be able to:

1. Understand the anatomy, physiology, and pathophysiology of common disorders involving the genitourinary system.
2. Manage routine and emergency genitourinary problems in a variety of clinical settings.

Objectives

At the end of this rotation, the resident will be able to:

Medical Knowledge

1. Demonstrate understanding of the specialized instruments that make difficult catheterization possible.
2. Demonstrate understanding of the basic concepts in the diagnosis and treatment of urinary calculi, genitourinary tumors (transitional cell, renal cell carcinoma), benign prostatic hypertrophy, genitourinary tract injuries, hydroceles, the acute scrotum, hematuria, and congenital anomalies.
3. Demonstrate understanding of the role of Prostate Specific Antigen (PSA) assays in the screening and evaluation for prostate cancer.

Patient Care

1. Evaluate and suggest treatment plans for all types of genitourinary trauma.
2. Integrate trauma assessments of genitourinary systems with all organ systems, including those affected by general surgical, orthopaedic, or neurosurgical trauma.
3. Understand the role of and interpret genitourinary pathology on CT scans, intravenous pyelograms, and ultrasound.
4. Understand and perform suprapubic cystostomy tube placements in an emergency situation when urethral catheterization is not possible.
5. Perform basic workups for people with common urological problems such as hematuria, recurrent infection, difficulty voiding, and pain in the genitourinary system. Understand and perform difficult urethral catheterizations in both males and females.
6. Demonstrate skill in the preoperative, operative, and postoperative care of the urologic surgical patient.

7. Understand and utilize the unique diagnostic and therapeutic instruments available to urologic surgery.

Professionalism

1. Interact with patients and their families in a respectful, sensitive, and ethical manner.
2. Interact with other members of the Urologic Surgery Team and ambulatory clinic personnel in a respectful, responsible, and professional manner.

Systems-based Practice

1. Understand the multidisciplinary role of the Urologic Surgeon, Nurses, Kidney Stone Center personnel, Clinic staff, and the Operating Room Team in the provision of safe and high quality urologic surgery care.

Practice-based Learning and Improvement

1. Demonstrate ability to utilize scientific studies to provide high quality urologic surgical care.
2. Appropriately utilize Hospital information technology systems to manage patient care, and to access on-line medical information to deliver high quality urologic care.
3. Facilitate and support the education of Medical Students, Junior Residents, and other healthcare team members on the Urologic Service.

Interpersonal and Communication Skills

1. Demonstrate skill in effective information exchange with patients, their families, and other members of the Urologic Surgery Team.
2. Demonstrate ability for accurate and timely information exchange between other members of the healthcare team, both verbally and in writing, with appropriate use of the medical record.

Implementation

The one-month Urology rotation will be split into two phases. Phase I will consist of strictly clinic exposure to common urologic problems and the benefits of continuity of care. This first week will be based at a clinic setting facility, or Queen Emma Clinic.

Phase II will consist of a hospital-based rotation, under the supervision of the Urology specialty Division Chief. Residents will respond to urology emergency room call to assist in evaluating emergent conditions. Residents will further receive maximum exposure to difficult urethral catheterization during this phase. They will also be responsible for making rounds with a supervising Faculty Attending on urologic surgical patients to become adept in the perioperative and postoperative care of the urology patient. Specifically, Residents will learn how to handle complex postoperative patients and complications. They will maintain daily contact with the Chief of Urology or his designee during this phase.

Also during Phase II, Residents will be required to spend time at the Kidney Stone Center of the Pacific to acquire a working knowledge of the diagnosis and treatment of urinary calculi. This will also be a good place for familiarization with many of the specialized urologic instrumentations available.

Residents will not be expected to handle complex urologic problems in the emergency room or elsewhere without proper teaching and supervision by Attending Faculty members. Residents will have exposure to and will assist in some operative surgical procedures. However, Residents will not spend the entire rotation assisting in the operating room, as more than an adequate number of cases are acquired through rotations in general surgery.

Required Readings

Residents will be expected to maximize their educational opportunities by reading about anticipated and real conditions encountered in their training. Suggested reference material for this reading is found in Smith's *General Urology*. More advanced readings will be available in Gillenwater et al., *Adult and Pediatric Urology*, volumes I and II. A copy of Gillenwater's is available through the Division Chief of Urology office. Residents will also be expected to supplement textbook reading with current peer reviewed publications.

Performance Measures and Competency Assessment

Global Evaluation at end of rotation and Focused Review during the rotation.