



**Residency Goals & Objectives  
Adult Urology  
Erik P. Castle's Service**

**DESCRIPTION**

**PGY-2, PGY-4, PGY -5**

**Duration:** 2 months intervals PGY-2 & PGY 5  
3 months intervals PGY-4

**Institutions:** All

**Faculty:** Erik P. Castle, M.D.

All clinical activities are carried out under the supervision of the attending faculty. The resident is assigned with Dr. Erik Castle in the clinic and the OR each week.

**OVERVIEW**

Urology residents on this service have an opportunity to improve their knowledge base, technical skills, leadership abilities, decision making and organizational skills through direct participation in the care of patients, participation in conferences and one-on-one interaction with Dr. Castle.

Urology residents are expected to actively participate in all program conferences (GU Imaging/Tumor Board, Grand Rounds and Resident Conference).

All urology faculty and urology residents work within a framework of a large inter-professional team including nurses, physician assistants, dietitians, radiologists, pathologists, social workers, other medical specialists and clerical staff. The urology resident functions as a member of this team, learning the value of systems-based practice in assuring to the greatest possible extent a quality outcome.

Moreover, the extent to which the urology resident will be able to communicate his/her opinions regarding patient diagnosis and management plans to such a diverse team will prove integral to the function and cohesiveness of the team.

Residents gain clinical experience in the evaluation and management in the surgical skills in endourology, open surgery, and advanced laparoscopic urologic surgery and urologic disorders in adult patients across diverse ethnic, socioeconomic and gender groups. Residents participate in the management of patients at all stages of treatment; evaluation of presenting symptom complexes and associated co-morbidities, non-operative care, peri-operative care, and intra-operative care including emergent procedures, as well as secondary and delayed procedures. They are directly involved in the continuing care of patients in the office following discharge and in the office management of non-operative care. When a resident is involved in a patient's initial care it is expected that he/she will continue with subsequent care of that patient including

inpatient care and office visits. Residents participate in the care of many patients at all stages of treatment in the office setting, giving a broad exposure to the full continuum of patient management.

Through daily attending rounds and close supervision of outpatient care, the results of the urology residents' patient care interventions are subject to critical analysis with the expectation that improvement in practice will result from these interactions.

The resident is expected to actively participate in the educational continuum, teaching and mentoring students, nurses and other para-medical staff; progressively increasing the teaching and leadership role as they progress.

## **INTERPERSONAL AND COMMUNICATION SKILLS**

Residents should demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with colleagues, patients, and their families.

Residents should demonstrate competence to:

- Keep faculty and other members of the healthcare team informed of the status and progress of patients
- Provide a seamless transition of patient care during patient admission, discharge, and transfer
- Record legible, accurate, and complete but concise notes in the patients' medical record for all patient care events
- Communicate effectively with patients and families across all cultures, ethnicities, genders, and socioeconomic backgrounds
- Formally present clinical cases at conference
- Maintain comprehensive, timely, and legible medical records

## **MEDICAL KNOWLEDGE**

**Residents are expected to develop Competence in the following areas of Medical Knowledge:**

**Goal:**

An understanding of the scientific literature and contribute to urologic clinical research.

**Objectives:**

- Acquire, describe and demonstrate skills for the management of the postoperative urologic patient including the recognition, prevention, and management of postoperative complications.
- Learn the Benign pathophysiology and management of the following areas of urology: Urologic oncology (prostate, Urinary tract infections, prostatic hypertrophy, Critical issues with PSA kidney, bladder, testis, penile and ureteral) Obstructive Urinary incontinence, Impotence, Urolithiasis, Hematuria Pre-transplant donor nephrectomy, Fluid and electrolyte management uropathy, Trauma and emergency room urology evaluation
- Understand and describe the follow up for urologic patients with various disease processes
- Develop and an ability to assist and or perform with consultant or CRA supervision the key maneuvers on the following operations skills: 1. Cystoscopy and retrograde pyelography 2. Ureterscopy and associated endourologic procedures 3. Transurethral

resection of prostate - transurethral resection of bladder tumor 4. Pelvic surgery for the prostate and bladder 5. Urinary diversion including various neobladders 6. Open renal surgery including nephron-sparing surgery 7. Basic laparoscopic techniques 8. Advance laparoscopic surgery (radical nephrectomy, donor nephrectomy, RPLND, pyeloplasty, and prostatectomy) 9. Scrotal and penile surgery

- Learn and describe the pathophysiology and management of the following areas of urology: 1. Benign prostatic hypertrophy 2. Urinary tract infections 3. Urologic oncology (prostate, kidney, bladder, testis, penile and ureteral) 4. Critical issues with PSA 5. Hematuria 6. Urolithiasis 7. Impotence 8. Urinary incontinence 9. Obstructive uropathy 10. Fluid and electrolyte management 11. Pre transplant donor nephrectomy evaluation 12. Trauma and emergency room urology

## **PATIENT CARE**

### **Goal:**

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.

All Residents are expected to develop all patient care competencies as they progress through the program focusing on the patient population and clinical areas encountered on the current clinical assignment. No patient care competency is deferred to later years of training. It is however expected that residents will increase their command of the nuances, complexities and interrelationships with other competencies as they progress through the program.

Supervision and responsibility: all clinical activities (inpatient and outpatient, pre- and post-operative assessment as well as the operative and non-operative care) are under direct faculty supervision and instruction (as appropriate for each resident's ability and experience) with progressively increasing responsibility for patient care with progress through a program

### **Objectives:**

Residents are expected to develop Competence in the following areas of Patient Care:

- Learn and demonstrate skills for communicating with family and referring physicians patient profile: adults, both genders, all socio-economic and cultural groups
- Inpatient care: pre-admission care, hospital care, operative care, and follow-up care with involvement in all aspects of care of the same patient
- Understand and describe the follow up for urologic patients with various disease processes.
- Basic motor skills: proper use of surgical instruments, operative techniques with emphasized evaluation of new or experimental techniques and/or materials; integration into daily clinical activities, especially in the operating room
- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- gather essential and accurate information about their patients
- use information technology to support patient care decisions and patient education; perform competently all medical and invasive procedures considered essential for the area of practice
- provide health care services aimed at preventing health problems or maintaining health
- work with health care professionals, including those from other disciplines, to provide patient-focused care

- 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
- counsel and educate patients and their families
- demonstrate the ability to practice culturally competent medicine
- Acquire skills for the management of the postoperative urologic patient including the recognition, prevention, key maneuvers with and management of postoperative complications
- Learn and describe the pathophysiology and management of the following areas of urology: 1. Benign prostatic hypertrophy 2. Urinary tract infections 3. Urologic oncology (prostate, kidney, bladder, testis, penile and ureteral) 4. Critical issues with PSA 5. Hematuria 6. Urolithiasis 7. Impotence 8. Urinary incontinence 9. Obstructive uropathy 10. Fluid and electrolyte management 11. Pre transplant donor nephrectomy evaluation 12. Trauma and emergency room urology

## **PRACTICE BASED LEARNING AND IMPROVEMENT**

### **Goal**

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 lifelong learning.

Residents are expected to develop Competence in the following areas of Practice-Based Learning:

- Identify strengths, deficiencies and limits in one's knowledge and expertise
- Locate evidence from scientific studies related to their patients' health problems
- learn study design and statistical methods used in clinical studies of diagnostic and therapeutic effectiveness
- Build on strengths, correct deficiencies and limits in one's knowledge and expertise
- Appraise and assimilate evidence from scientific studies related to their patients' health problems
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness

### **Objectives**

- refer to the text books and the literature in order to determine the expected outcome in his/her patients
- to participate in research : join a project to review the literature, gather data and participate in analysis
- learn outcome measures e.g. disease-specific, patient-specific, global health, functional capacity
- practice-based learning and improvement will be routinely addressed on patient rounds, office visits and at case conferences

## **PROFESSIONALISM**

Residents must demonstrate a commitment to professional responsibilities and an adherence to ethical principles. Residents should conduct themselves with moral and ethical integrity consistent with an independently practicing orthopaedic surgeon. In the course of delivering

patient care, residents should establish relationships with multiple levels of ancillary medical professionals.

**Residents should demonstrate competence in:**

- Compassion, integrity, and respect for others
- Respect for patient privacy and autonomy
- Responsiveness to patient needs that supersedes self-interest

**SYSTEMS BASED PRACTICE**

**Goals**

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 develop Competence in the following areas of Systems-Based Practice:

- learn cost and risk-benefit analysis in patient care
- learn how interprofessional teams enhance patient safety and improve patient care quality
- learn the local institution's medical practice and health care delivery system, including healthcare costs and resources allocation
- incorporate considerations of cost awareness and risk-benefit analysis in patient care
- work in interprofessional teams to enhance patient safety and improve patient care quality
- know how types of medical practice and delivery systems differ from one another, including methods of controlling healthcare costs and allocating resources

**Objectives**

- Acquire, describe and demonstrate skills for the management of the postoperative urologic patient including the recognition, prevention, and management of postoperative complications
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- Develop and an ability to assist and or perform with consultant or CRA supervision the key maneuvers on the following operations skills: 1. Cystoscopy and retrograde pyelography 2. Ureteroscopy and associated endourologic procedures 3. Transurethral resection of prostate - transurethral resection of bladder tumor 4. Pelvic surgery for the prostate and bladder 5. Urinary diversion including various neobladders 6. Open renal surgery including nephron-sparing surgery 7. Basic laparoscopic techniques 8. Advance laparoscopic surgery (radical nephrectomy, donor nephrectomy, RPLND, pyeloplasty, and prostatectomy) 9. Scrotal and penile surgery

## **EVALUATION**

Global evaluation – Allied Health Staff of Resident

Rotation evaluation – Faculty of Resident

Yearly In-service Examination

Patient evaluation – Patient of Resident

Case review conference

Semi-Annual self-assessment