

Loma Linda Surgery Residency

Urology Intern Rotation Goals and Objectives

PGY 1

Goals:

Loma Linda University Medical Center will provide a learning environment for the resident to learn common adult and pediatric urologic conditions presenting to the ER or from the inpatient services. The resident is expected to evaluate the patient, recommend appropriate diagnostic testing, and formulate an assessment and plan for the urologic condition in question. The resident will also become proficient in managing adult and pediatric urologic patients in the perioperative period and learn to effectively coordinate patient care with a multidisciplinary team (nurse practitioner, case manager, social worker, etc.).

Objectives:

Medical Knowledge

1. Describe the components of a focused genitourinary history and physical examination in evaluating and appropriately managing the following urologic problems:
 - a. Pain (flank, abdominal, suprapubic, testicular, penile)
 - b. Hematuria
 - c. Urinary incontinence
 - d. Masses (Kidney, testicular, bladder)
 - e. Voiding problems (retention, incontinence, etc.)
 - f. Kidney / ureteral / bladder stones
 - g. Drain/tube problems (Foley catheter, nephrostomy tube, ureteral stents)
 - h. Urologic emergencies (testicular torsion, stones, urinary retention, priapism, paraphimosis, hemorrhagic cystitis, etc.)

2. Discuss the evaluation and management of the following urologic infections:
 - a. Cystitis
 - b. Prostatitis
 - c. Pyelonephritis

3. Discuss the evaluation and management of urologic trauma/injuries involving the following:
 - a. Kidney
 - b. Ureter
 - c. Bladder
 - d. Penis/urethra
 - e. Scrotum/testicle

4. Summarize the indications for diagnostic procedures/imaging in urology including:
 - a. Ultrasound (U/S) – renal, bladder, testicular, penile
 - b. CT Urogram (CTU)
 - c. Retrograde urethrogram (RUG)
 - d. Cystogram / Voiding cystourethrogram (VCUG)
 - e. Transrectal ultrasound (TRUS)
 - f. Nuclear renal scan (MAG-3, DMSA)
 - g. MRI
 - h. Angiography

5. Discuss the nature and indication for the following therapeutic procedures:
 - a. Bladder catheterization – Standard, coude, 3-way, council tip
 - b. Meatal / urethral dilation
 - c. Cystourethroscopy
 - d. Suprapubic tube (SPT) placement
 - e. Percutaneous nephrostomy (PCN) tube placement

6. Discuss the following Pediatric Urologic conditions including the evaluation and management of the following:
 - a. Hypospadias
 - b. Ureteropelvic junction obstruction (UPJ obstruction)
 - c. Hydronephrosis
 - d. Vesico-ureteral reflux (VUR)
 - e. Posterior urethral valves
 - f. Spina bifida / myelomeningocele
 - g. Cryptorchidism
 - h. Hernia/hydrocele
 - i. Ambiguous genitalia / disorders of sexual differentiation (DSD)

7. Describe the types of incisions and exposure required for the following operations:
 - a. Nephrectomy
 - b. Radical cystectomy
 - c. Simple vs. Radical orchiectomy
 - d. Robotic / laparoscopic urologic cases

8. Discuss common peri-operative complications and their management of the following operations:
 - a. Robot assisted laparoscopic prostatectomy (RALP)
 - b. Radical vs partial nephrectomy (open vs lap vs robotic)
 - c. Radical cystectomy (open vs robotic) with ileal conduit vs neobladder

- d. Inguinal lymph node dissection
- e. Retroperitoneal lymph node dissection (RPLND)
- f. Transurethral resection of the prostate (TURP)
- g. Transurethral resection of bladder tumor (TURBT)
- h. Percutaneous nephrolithotomy (PCNL)
- i. Pelvic prolapse repair with mesh vs. autologous tissue
- j. Urethral stricture repair
- k. Prosthetic devices (artificial urinary sphincter, penile prosthesis)
- l. Open vs. robotic pyeloplasty
- m. Bladder augment
- n. Ureteral reimplant

Patient Care

Establish basic proficiency in providing pre-operative and post-operative care (writes appropriate pre-op and post-op orders for floor patients, handles nursing calls appropriately, and manages most routine post-operative care with appropriate supervision).

Prioritize ER and floor consults in order of acuity and provide timely assessment and services.

Take an appropriate focused history to evaluate patients with urologic complaints to include:

- a. A complete history of present illness
- b. Relevant past medical history and presence of any co-morbidities
- c. A review of social and family history impacting the present problem
- d. A complete review of systems
- e. Focused physical exam

Develop proficiency in ordering appropriate and interpretation of the diagnostic studies to confirm the diagnosis and provide appropriate recommendations.

Discuss treatment options, risks and potential complications of patients with urologic surgical issues.

Chiefing ALL adult and pediatric consults and curbside management questions with your senior resident or chief resident and/or on-call urology attending to finalize patient care plan. If unable to reach the adult or pediatric urology attending on call, please call one of the other adult or pediatric urology attendings, respectively.

Communication with the consulting service to ensure our recommendations are conveyed and close the loop.

Recognize and manage postoperative urologic surgical complications, including wound infection, dehiscence and leaks, and lymphocele, seroma and hematoma formation. Recognize and troubleshoot basic Foley catheter problems, including "poor urine output" or lack of urine drainage. These issues can be time sensitive especially in postop pediatric patients.

All admitted pediatric urology post-op patients need to be rounded on 4-6 hours after their

surgical procedure and the attending updated (“postop check”). Can coordinate with pediatric urology resident on service.

Coordinate pre and post-surgical operative care for patients in the urology rotation with hospital NP and case manager

Assist in urologic procedures.

Demonstrate skill in basic surgical techniques, including:

- Patient positioning
- Knowledge of instrumentation
- Incisions
- Tissue handling
- Exposure and retraction
- Wound closure / Dressings

Be able to apply and remove the different types of dressings and wound vacs.

Make and close a variety of incisions and tie knots using sterile technique. Resident should be able to two hand tie with both hands. Knots need to be square.

Professionalism

The resident should be receptive to feedback on performance, attentive to ethical issues and be involved in end-of-life discussions and decisions.

Understand the importance of honesty in the doctor-patient relationship and other medical interactions.

Communicate with your team members, senior residents, and attendings regularly.

Treat each patient, regardless of social or other circumstances, with the same degree of respect you would afford to your own family members.

Learn how to participate in discussions and become an effective part of rounds, attending staff conference, etc.

Complete all assigned patient care tasks for which you are responsible or provide complete sign out to the on-call resident.

Be a team player

Maintain a presentable appearance that sets the standard for the hospital this includes but is not limited to adequate hygiene and appropriate dress. Scrubs should be worn only when operating or while on call.

Assist with families of critically injured/ill patients and guidance of families towards or through difficult decisions.

Demonstrate mentoring and positive role-modeling skills.

Provide an appropriate orientation and guide all medical students as to their roles and responsibilities during the rotation.

Provide an appropriate orientation to other PGY 1's that are about to rotate through the urology service.

Systems-Based Practice

Understand, review, and contribute to the refinement of clinical pathways

Understand the cost implications of medical decision-making

Partner with health care management to facilitate resource efficient utilization of the hospital's resources.

Describe in general terms the benefits of clinical pathway implementation

Develop a cost-effective attitude toward patient management

Develop an appreciation for the benefits of a multi-disciplinary approach to management of critically ill surgical patients.

Comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations regarding patient privacy and confidentiality.

Demonstrate knowledge in steps and conduct during major surgical procedures.

Have clear indications and know when it is appropriate to perform a surgical procedure.

Understand when it is not appropriate to operate.

Demonstrate knowledge of steps to be taken to have a patient ready for surgery including pre-op workup and medical clearance.

Practice Based Learning & Improvement

Demonstrate the ability to:

- Evaluate published literature in critically acclaimed journals and texts
- Apply clinical trials data to patient management
- Participate in academic and clinical discussions

Accept responsibility for all dimensions of routine patient management on the wards

Apply knowledge of scientific data and best practices to the care of the surgical patient

Facilitate learning of medical students and physician assistant students on the team.

Use the LLUMC online library and databases on on-line resources to obtain up to date information and review recent advances in the care of the surgical patient.

Demonstrate a consistent pattern of responsible patient care and application of new knowledge to patient management.

Demonstrate a command and facility with on line educational tools.

Interpersonal & Communication Skills

Work as effective team members

Cultivate a culture of mutual respect with members of nursing and support staff

Develop patterns of frequent and accurate communication with team members and attending staff

Gain an appreciation for both verbal and non-verbal communication from patients and staff

Demonstrate consistent respectful interactions with members of nursing and support staff

Demonstrate consistent, accurate and timely communication with members of the surgical team

Demonstrate sensitivity and thoughtfulness to patient concerns and anxieties.

Demonstrate the ability to provide and request appropriate consultation from other medical specialists.