



Beth Israel Deaconess  
Medical Center



HARVARD MEDICAL SCHOOL  
TEACHING HOSPITAL

# **Beth Israel Deaconess Medical Center Urology Residency Program**

## **Educational Goals and Objectives**

### **Post Graduate Year 5**

## ***PGY 5 Educational Goals and Objectives***

### **Adult Clinical - Chief Resident**

**Length: 12 months**

**Location: BIDMC**

The final year of residency is spent entirely at Beth Israel Deaconess Medical Center as Chief resident. The chief residents split their time among the sub-specialty services and directly supervise the junior urology residents. During this time the trainee is the operating surgeon for most procedures.

Chief Resident will oversee the care of patients and the junior residents. He/she will demonstrate complete knowledge of didactic urology, an understanding of different healthcare systems and how they apply to various patients, and administrative and leadership skills. He/she will demonstrate exceptional communication, attitudinal and professional standards as well as ethical standards. He/she will be able to manage patients effectively in the system of health care, will demonstrate excellence of teaching and will present his/her scholarly activity at peer reviewed forums. The resident will understand quality of care issues and provision of this care in a cost effective manner. The resident will be knowledgeable about patient safety issues and conduct a safe practice. The resident will assess and understand assessment methods of evaluating patient care activities, his/her learning, and patient outcomes.

The trainee provides senior consultation for inpatients and oversees the inpatients. The trainee participates in the educational process of grand rounds and the education of junior residents and medical students. During this period, the resident reviews surgical cases that are booked from the resident clinic to ensure the correct information has been gathered and the procedure is appropriate.

During this period, the resident functions as the administrative resident who manages and takes responsibility for the weekly conferences, helps in inviting internal and external speakers and prepares the resident call schedule.

Objectives for Rotation:

**Medical Knowledge: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.**

1. To gain an in-depth fund of knowledge regarding both uncomplicated and complex urologic pathology
2. Have an intimate knowledge of the necessary preoperative and postoperative management of all urologic problems
3. To gain an understanding of the organization and construction of a didactic conference schedule with attention to provision of a comprehensive learning experience for both chief level and junior level residents

Methods of Assessment:

1. Direct observation

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2. Evaluation by other providers and staff
3. Case log review
4. In-service scores
5. Mock oral boards will be organized at the end of the academic year to assess the residents' knowledge and assist the resident in preparation for the American Board of Urology certification oral exam.

### **Patient Care/Medical Knowledge**

1. Perform a complete urologic history and physical examination and a microscopic evaluation of the urinary sediment; based on this information, the resident should be able to order appropriate diagnostic procedures in a cost-effective manner and recommend therapy
2. To gain confidence in the performance of major urologic procedures including radical surgical procedures for urologic disease and complex reconstructive procedures sufficient to allow the performance of these procedures unsupervised following graduation
3. Perform retroperitoneal and pelvic lymph node dissections
4. Perform radical prostatectomy, radical cystectomy and diversion procedures, both continent and incontinent
5. Perform a radical nephrectomy with removal of vena cava tumor thrombus
6. Perform percutaneous nephrolithotomy
7. Perform incontinence procedures, both suspensions and slings
8. Perform endoscopic surgery procedures such as TURP, ureteroscopy, laser lithotripsy, etc.
9. Performance of minimally invasive abdominal surgical procedures
10. Highly efficient in gathering information, synthesizing the information and formulating a plan of care
11. Manipulates, repairs and/or excises internal structures with appropriate instrument selection for majority of routine and complex urologic cases
12. Performs complex diagnostic and therapeutic outpatient procedures
13. Creates a differential diagnosis that includes common, uncommon and rare urologic complaints
14. Demonstrates evidence of advanced knowledge of subspecialties within urology consistent with an independent practicing physician

Methods of Assessment: As listed above.

**Practice-based Learning and Improvement: 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 life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:**

1. Identify strengths, deficiencies, and limits in one's knowledge and expertise;
2. Set learning and improvement goals;
3. Identify and perform appropriate learning activities;

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4. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
5. Incorporate formative evaluation feedback into daily practice;
6. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
7. Use information technology to optimize learning; and,
8. Participate in the education of patients, families, students, residents and other health professionals.
9. Capably leads health care team
10. Understands role as team leader
11. Increased awareness of cost for optimal delivery of care
12. Masterfully uses highly specialized operative equipment
13. Able to receive feedback and effectively incorporate into clinical practice

Methods of assessment:

1. Portfolio review
2. One-on-one evaluation by program director

**Interpersonal and Communication Skills: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:**

1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
2. Communicate effectively with physicians, other health professionals, and health related agencies;
3. Work effectively as a member or leader of a health care team or other professional group;
4. Act in a consultative role to other physicians and health professionals; and,
5. Maintain comprehensive, timely and legible medical records, if applicable.
6. Effectively leads a team and able to assign tasks
7. Able to set an example as a team leader by effective communication with patients and their families
8. Effectively critiques residents and peers

Methods of assessment:

1. Direct observation
2. 360 degree evaluation
3. Review of medical records

**Professionalism: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:**

1. Compassion, integrity, and respect for others;

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2. Responsiveness to patient needs that supersedes self-interest;
3. Respect for patient privacy and autonomy;
4. Accountability to patients, society and the profession; and,
5. Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
6. Effectively completes all required documentations
7. Fosters continuous collaborative communication

Methods of assessment:

1. Direct observation
2. 360 degree evaluation

**Systems-based Practice: 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:**

1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty;
2. Coordinate patient care within the healthcare system relevant to their clinical specialty;
3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
4. Advocate for quality patient care and optimal patient care systems;
5. Work in inter-professional teams to enhance patient safety and improve patient care quality; and,
6. Participate in identifying system errors and implementing potential systems solutions.

Methods of Assessment

1. Structured case discussion (M&M conferences)
2. Direct observation
3. Evaluation by other providers and staff