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Welcome

On behalf of the faculty of the Department of Urology of New York Medical College, we welcome you to our resident staff.

Residency is a unique educational opportunity. It is a time to gain the knowledge and expertise in medicine, surgery and research required to serve your future patients well. Residency is a time of personal and professional growth and of challenges. Our goal is to provide you with the support, guidance, and information required making the most of your experience.

We have prepared a booklet where you will find important information regarding the goals and objectives of each clinical rotation, work duty hours requirements, departmental policies regarding supervision and moonlighting, and other services, and academic expectations. You will also find information related to personal and mental health, stress management, professional development, and policies regarding work environment. As with any other issue which influences or affects your time and training here at New York Medical College, you are encouraged to ask the faculty and the Program Director at any time for advice, guidance, or suggestions.

Our Department

The Department of Urology is located on the 4th floor of the Munger Pavilion, New York Medical College. Our staff coordinates the many different rotations, clinical experiences, and educational opportunities during your training; will help you with your transition to NYMC and the year leading up to your urology residency, and thereafter. Our department is dedicated to your well-being and learning, and is there to help in all aspects of the administrative component of your training. Please see the references telephone numbers at the end of this booklet. Our web page is located at www.nymc.edu/urology.
I. FACULTY- ADULT UROLOGY

Muhammad Choudhury, MD, FACS
Chairman, Department of Urology, NYMC
Professor of Urology, NYMC
Director of Urology, Westchester Medical Center (WMC)
Fellowship: Roswell Park Memorial Institute, Buffalo, NY

Dr. Choudhury’s internationally recognized expertise on urologic oncology spans a quarter century. Residents will participate in Dr. Choudhury’s clinics, and in all major in-patient and ambulatory procedures including radical cystectomy and neobladder construction, radical prostatectomy, and partial nephrectomy. All experiences are graded for level of resident year. Residents will become trained in the multi-disciplinary work-up and management of cancers of the genitourinary tract. Under Dr. Choudhury’s tutelage and direction, previous residents have been published first authors in peer-reviewed journals including the Journal of Urology, and the British Journal of Urology.

MAJID ESHGHI, MD, FACS, MBA
Chief, Endourology and Stone Disease,
Professor of Urology, NYMC
Director, Endourology Fellowship, WMC

Dr. Eshghi’s field of expertise includes comprehensive management of urolithiasis and endourology, and laparoscopic surgery. Dr. Eshghi was one of the first surgeons in the U.S. to successfully perform and develop the technique of percutaneous stone surgery and ureteroscopic lithotripsy. Residents are given graded responsibilities for these procedures depending on their growth in the program and level of skill.
COMPETENCY EVALUATION SHEET

Please Xerox this sheet if not provided in order to evaluate any educational activity. Completed copy should be given to the Program Coordinator.

Name: ________________________________

Activity: Grand Rounds Publication Module Research Other

Title (if any): ________________________________

Date: ___/___/____

☐ Patient Care
☐ Professionalism
☐ Medical Knowledge
☐ Interpersonal and Communication Skills
☐ Systems-Based Practice Indicate systems discussed during activity

☐ Practice-Based Learning and Improvement Specify how activity may influence and/or improve patient care

☐ Self-Reflection and Improvement Consider how activity may improve or change educational experience

Activity was
☐ Above Level of Training
☐ At Level of Training
☐ Needs Improvement

Other: __________________________________________

____________________________________________

Proctoring Faculty or Program Director Date

Dr. Matthews is an expert on andrology, sexual dysfunction & infertility and provides a unique training opportunity at NYMC. Residents will participate in Dr. Matthews’ office practice, and in ambulatory and in-patient microsurgical procedures. All experiences are graded for level of resident year. Residents will become sophisticated in the work-up and management of complex problems in male infertility, varicocele repair, microsurgical vasectomy reversal, prosthetics, tertiary referrals, and reconstruction.

GERALD MATTHEWS, MD, FACS
Chief, Andrology and Male Infertility
Assistant Professor of Urology, NYMC
Chief, Urology Department, Metropolitan Hospital Center
Fellowship: New York Hospital, Cornell Medical Center, New York

Dr. Matthews is the Program Director. His expertise is in urologic oncology and robotic surgery. He trains the resident in laparoscopic and robotic approaches to urologic malignancies, including robotic...
prostatectomy, partial nephrectomy, and radical cystectomy. Dr. Phillips’ experience at the NIH in research provides residents the opportunity to participate in translational laboratory work. Under his mentorship, residents have been awarded local, state-wide, and New York Academy of Medicine grant support and have gone on to be first authors in peer-reviewed journals and national meetings of the AUA.

SEAN FULLERTON, MD
Assistant Professor, NYMC
Chief, Urology Department Clinic, NYMC

Dr. Fullerton is a specialist in prostatic enlargement, or Benign Prostatic Hyperplasia (BPH), and the difficulties it causes such as obstructive uropathy. He treats complex urinary stones, bladder dysfunction in men and women, kidney obstruction, and prostatitis. Dr. Fullerton supervises the resident clinic run on a weekly basis at NYMC. In this respect, Dr. Fullerton ensures that residents build their own ‘patient panels’ and practice a continuity of care that will prove invaluable. Dr. Fullerton will train the residents in urodynamics, office cystoscopy and prostate biopsy, and ambulatory surgery.

DENTON ALLMAN, MD
Clinical Assistant Professor NYMC
Attending, Metropolitan Hospital Center
Fellowship: Mt. Sinai Medical Center

Dr. Allman is a specialist in neuro-urology, pelvic floor reconstruction, and incontinence. He treats patients with problems related to bladder dysfunction, incontinence, fistula, or impotence. Dr. Allman supervises training in urodynamics, female urology, and open techniques for cystocele and rectocele repair.
### FREQUENTLY USED PHONE NUMBERS

<table>
<thead>
<tr>
<th>Department/Education</th>
<th>Number</th>
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<tbody>
<tr>
<td><strong>Department of Urology:</strong></td>
<td></td>
</tr>
<tr>
<td>Fax</td>
<td>914-594-2440 914-594-2430 914-594-2431</td>
</tr>
<tr>
<td>Cindy Christiano, Program Coordinator/Administrator</td>
<td>914-594-2440</td>
</tr>
<tr>
<td>John Phillips, MD Program Director</td>
<td>914-610-5637</td>
</tr>
<tr>
<td>Shea Dixon, Administrative Secretary</td>
<td>914-594-2440</td>
</tr>
<tr>
<td>New York Medical College</td>
<td>914-594-4000</td>
</tr>
<tr>
<td>Security</td>
<td>914-594-4226</td>
</tr>
<tr>
<td>Library</td>
<td>914-594-4200</td>
</tr>
<tr>
<td><strong>Graduate Medical Education</strong></td>
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<tr>
<td>Richard McCarrick, MD Vice Dean</td>
<td>914-594-4503</td>
</tr>
<tr>
<td><strong>Mental Health Counseling</strong></td>
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<tr>
<td>Office of Research Administration (ORA)</td>
<td>914-594-4480/4694</td>
</tr>
<tr>
<td><strong>Westchester Medical Center</strong></td>
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<tr>
<td>Emergency Room Adult</td>
<td>914-493-6000</td>
</tr>
<tr>
<td>Children</td>
<td>914-493-6001</td>
</tr>
<tr>
<td>Operating Room Adult</td>
<td>914-493-7718</td>
</tr>
<tr>
<td>Children</td>
<td>914-493-6140</td>
</tr>
<tr>
<td>Post-Anesthesia Care Unit (PACU)</td>
<td>914-493-7476</td>
</tr>
<tr>
<td>Surgical Intensive Care Unit (SICU)</td>
<td>914-493-7478</td>
</tr>
<tr>
<td>7 Northwest</td>
<td>914-493-8405</td>
</tr>
</tbody>
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### FACULTY- VOLUNTARY AND ASSOCIATE MEMBERS

- **David Schwalb, MD, FACS**
  - Clinical Associate Professor NYMC
  - Chief of Service, Urology, Lincoln Health Center, Bronx NY
  - Fellowship: Memorial Sloane Kettering Cancer Center (MSKCC), New York, NY

- **Michael Grasso, III, MD, FACS**
  - Professor of Urology, NYMC
  - Lenox Hill Hospital
  - New York NY

- **Chris Dixon, MD, FACS**
  - Lenox Hill Hospital
  - New York NY

### FACULTY- PEDIATRIC UROLOGY

- **Edward Reda, MD, FACS**
  - Chief, Department of Pediatric Urology, Westchester Medical Center
  - Professor of Clinical Urology, NYMC
  - Fellowship: Boston Children’s Hospital, Harvard

- **Israel Franco, MD, FACS**
  - Professor of Urology NYMC
  - Voiding disorders; robotic surgery
  - Fellowship: Children’s Memorial Hospital, Chicago
must inform the program coordinator of the preferred e-mail address and/or cell phone number. Internet usage on campus must abide by the hospital policy restricted to educational and/or patient care purposes. Information Technology support at Westchester Medical Center can be reached at 493-1543; at Metropolitan Hospital Center, 646-672-3400.

Beeper replacement policy
Regarding the replacement of lost beepers, a consensus policy is to use a ‘departmental charge-back system’. In the charge-back system, all beeper losses will be charged by the hospital to the department to which it was issued. The cost of replacement is currently $195.00, and this is usually assumed by the physician to whom the beeper has been assigned. When reporting a lost or stolen beeper, please go immediately to Security in Westchester Medical Center. Replacements for long-range beepers are usually filled within two weeks, in-house replacements may take a little longer.

Critical Care Beeper Policy. Beeper 5002 is a ‘critical care’ beeper and is used by the hospital and caregivers to inform the urology department of critical care issues such as critical lab abnormalities, emergent consultations, codes that affect urology, etc. The beeper can not be time be left unattended. There must be a person who can carry the 5002 beeper and answer pages to it at all times. It is a resident’s responsibility to personally assign and hand off the 5002 beeper to another caregiver prior to the resident scrubbing into a case. It is not permissible to have an operating room nurse return pages while the resident assigned to the beeper is scrubbed.

Sleep Deprivation Awareness. The department wants to ensure that all residents are aware of how to recognize the signs of fatigue and sleep deprivation and how to prevent and manage fatigue to avoid adverse effect on patient care. To this effect, all residents and attendings should look out for these signs:

- Falling asleep at conferences, on rounds, in the operating room, etc
- Having difficulty focusing on the care of patients
- Being irritable with patients, staff, colleagues
- Lack of interest in activity occurring
- Difficulty focusing in writing notes

These may not be all the signs of fatigue and sleep deprivation. If, however, any resident or faculty member or any other staff member recognizes a resident suffering from signs of fatigue and sleep deprivation it should be reported immediately to the Program Director or to the attending on call.
Teaching Practice
The Teaching Practice must be attended to in a prompt, professional manner. Any issues relating to the operations of the Adult Teaching Practice should be brought to the attention of the department administrator.

Dress Code
Residents are expected to wear lab coats available from the Laundry Service when they are rounding on the wards, or out of the OR. Male residents are expected to wear a lab coat and tie within the medical center. Scrubs without cover are not condoned outside of the operating room suite or while traveling between medical center sites. *Even if a resident is to change scrubs before entering a hospital or operating room, it is a violation to walk into the hospital in scrubs.*

Counseling and Support.
While education is a rewarding experience, the experience of residency can be stressful, challenge one’s physical and mental health, and disincline the individual from focusing on sleep, rest, and personal well-being. The Departmental asks you to reach out if you need help by calling any of the following numbers:

<table>
<thead>
<tr>
<th>Human Resources for all House Staff Issues</th>
<th>914-493-7292</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Assistance Program</td>
<td>914-995-6070</td>
</tr>
<tr>
<td>Occupational Health</td>
<td>914-493-8580</td>
</tr>
<tr>
<td>GME Office, NYMC</td>
<td>914-594-3010</td>
</tr>
</tbody>
</table>

**PERSONAL HEALTH AND NEEDLE STICK POLICY**
The resident must follow hospital and medical school policy whenever there is a personal injury, exposure, or needle stick sustained during patient care activities. The resident must inform their supervisor and call employee health immediately at the following numbers:

<table>
<thead>
<tr>
<th>Daytime (0730-1430 M-F) Occupational Health Center</th>
<th>914-493-8580</th>
</tr>
</thead>
<tbody>
<tr>
<td>After Hours/Weekend/Holidays</td>
<td>914-493-7307</td>
</tr>
</tbody>
</table>

**TECHNOLOGY, E-MAIL, INTERNET USEAGE**
The resident is not provided a cell phone or a personal computer. The resident is provided a New York Medical College e-mail address. The resident

II. MILESTONES, ‘CORE COMPETENCIES’, and GOALS & OBJECTIVES

A. **Milestones and ‘Core Competencies’** The goal of New York Medical College Urology Training program is to educate and train residents in an environment that is based upon the acquisition of progressive knowledge, clinical skills, responsibility and professionalism. The residents completing the program will have gained and demonstrated competence in each of the six ‘Core Competencies’ as established by the ACGME’s “Outcomes Project”. The acquisition of competence in each of these domains occurs throughout the entire resident education process by achieving certain Milestones. How a resident reaches each milestone takes into account multiple factors, evaluations, and performance benchmarks. The Milestones are important clinical and academic benchmarks that serve as goals to reach for each year of the program. Excellence in the ‘Core Competencies’ are critical at all times in the life of a physician and should be incorporated into all aspects of one’s practice:

1. **Patient Care:** Residents will acquire the skills to provide and demonstrate compassionate, appropriate and effective care for the treatment of health problems and diseases of the genitourinary tract, and the promotion of general and urologic health. Competence will be assessed by direct observation, 360° evaluations and global evaluations.

2. **Medical Knowledge:** The residents will demonstrate knowledge about established and evolving general and urologic biomedical, clinical sciences and the application of this knowledge to patient care. Competence will be assessed by performance on departmentally administered examinations and in-service examinations, the formation of differential diagnoses and treatment plans, as well as, formal and informal presentations.

3. **Practice-Based Learning and Improvement:** The resident will learn how to apply findings in the literature, studies, trials, and guidelines to clinical practice and self-improvement. Residents will participate in quality & improvement (Q & I) activities, journal club, local and national meetings, and outside speakers.

4. **Interpersonal and Communication Skills:** The resident will gain the skills to effectively exchange information with patients, patients’ families, and other health professionals. Competence will be demonstrated by direct observation and 360° evaluation.

5. **Professionalism:** Residents will demonstrate professional, ethical, and compassionate care, which is sensitive and responsive to patient needs and diversity. Residents and nurses spend more time with patients than any other health care practitioner. It is critical to view
Travel Requests

All travel requests must be submitted for approval TWO MONTHS prior to travel. A TRAVEL AUTHORIZATION FORM must be submitted for approval. Upon return, the resident must submit a travel voucher with all original receipts attached. You must share hotel room if more than one resident is attending the conference. If residents choose not to share rooms, they will reimburse ½ of the cost of the room. The processing of travel requests and vouchers is handled by the Department Administrator (see expenditure guidelines).

COURSES AND CONFERENCES:
The department reimburses the resident for the following conferences:

1. Basic Science Review Course: (Uro 1)
2. ALA Annual Meeting: (Uro 3)
3. ALA Annual Meeting: for any resident with an accepted abstract.
4. Post-Graduate Course (Board Prep): (Uro 4)
5. If the DEPARTMENT’S Chair initiates that you attend a course i.e. Cleveland Clinic: Pelvic Floor course, then the department will reimburse the resident.

Service Consultations
All resident consults will be tracked by the Junior Resident and given to the Chief Resident at the end of the Month.

Service Consultations will be obtained through the in-house pager. In an attempt to improve the efficiency of obtaining urology consults, the Department of Urology has instituted a new system for obtaining consultations.

Consultations during off-hours or on weekends may be obtained through the paging system via the standard mechanism (please refer to the on-call schedule).

If the appropriate consult resident is not available and another member of the House Staff is contacted, it is his/her responsibility to assess the patient, leave the note, and pass it on to the consult resident. It is not acceptable to say ‘….it is not my responsibility’. All in-house and emergency room consults must be discussed with the attending physician on-call, at the time of the consult.

Surgical Logs
Completion of ALL duties is required before leaving the institution and on an on-going basis during training. This information is required by the ACGME (www.acgme.org). Failure to complete surgical logs is grounds for censure or dismissal. It is expected that residents will log their cases faithfully each week.

6. Systems Based Practice: A hospital is a complex organization and the resident must know how to safely, efficiently, and economically utilize hospital services and systems for patient benefit. Competence will be demonstrated by direct observation, academic presentations, 360° evaluation and portfolio development.

B. Goals and Objectives. The specific goals and objectives of each resident assignment at each level of the program are as follows:

1) Urology Year I (PGY II). The milestones of the first year in urology will be to gain competency in general urology as measured by the acquisition of level-appropriate knowledge, skills, and attitudes. Assignments are hospital-based rotations.

   a. Westchester Medical Center (6 months). The rotation at the main campus is to provide the resident with exposure to in- and out-patient general and subspecialty urology under the close tutelage of a faculty mentor. An emphasis is made on continuity of care, ambulatory practice, systems-based practice, as well as subspecialty medical knowledge, skills, and attitude as follows.

   i. Knowledge: The goals specific to the medical knowledge domain of each of these rotations will be for the resident to learn:

      CALCULUS DISEASES
      1. Normal Anatomy and physiology of the upper urinary tract.
      2. Pathophysiology of stone disease.
      3. Imaging modalities involved in the evaluation and treatment of calculus disease.
      4. Medical and surgical treatment strategies for stone disease.
      5. Algorithms for the application of laparoscopy in the treatment of urologic diseases.

      INFERTILITY/SEXUAL DYSFUNCTION
      1. Normal Anatomy and physiology of the male reproductive tract.
DEPARTMENT ACTIVITIES

Departmental Teaching Conferences
It is the responsibility of the Senior Resident to summarize (to one paragraph) the contents of weekly department teaching conferences including Morbidity & Mortality and Tissue Review. A concise and legible summary should be submitted to the Residency Manager. Forms required for each conference are:
1. Conference Notes (1 page summary)
2. Competency Evaluation Form
3. Speaker Evaluation Form
4. Outside Speaker Disclosure Form
5. Attendance Sign in Sheet

On-Call Schedules
For timely distribution of the monthly on-call schedule, it MUST be submitted to the office no later than the 15th of the preceding month and be in compliance with the New York State 405 Regulations. Therefore, any special requests must be given to the Senior Resident prior to the 15th of the month.

Vacation and Emergency Travel Schedules
The Chief Resident is the vacation scheduling coordinator. In general, all vacation requests must be submitted in writing no later than 8 weeks before. This is to allow timely and appropriate call schedule structures. For vacation requests after this time, priority for coverage will fall on the resident who may be asked to switch call schedule and dictated by the educational program, clinical prudence and mutual respect. Emergency travel plans are always tolerated in good faith but must be discussed with the Program Director and Chairman as soon as the need arises. Vacation requests for the outside rotations (i.e. MSKCC or HUMC) must be cleared with the outside and home Program Directors. Be sure to also let the Urology Department at NYMC know when you are not in (i.e. sick, vacation, conference, etc.).

INTERVIEW POLICY: The department will accommodate requests for time for the urology-4 resident to arrange interview dates for post-graduate planning. Given the need to balance vacation, work hours, and the educational program, the resident will be allotted a maximum of 4 dates for interviews. The resident should make every opportunity to arrange interview dates so as to least interfere with their training requirements at the sponsoring or participating institution. The resident should request approval for the interview dates from the program director and/or chairman no less than 1 month prior to the dates of absence.

3. Diagnostic treatment strategies for erectile dysfunction.
4. Treatment strategies for erectile dysfunction including non-urologic interventions.
5. Evaluation of Male Reproductive dysfunction-Algorithms for each of the major categories of semen abnormalities.
6. Treatment strategies for male reproductive dysfunction.
7. Basic female reproductive function and anatomy.
8. Strategies for coordinating care and communication.
UROLOGIC ONCOLOGY
1. Indications for screening, testing, and detection of urologic malignancies.
2. Knowledge of TMN staging and pathology
3. Indications and utility of imaging.
4. Treatment strategies and their side effects.
5. Strategies for coordinating care.
6. Compassionate communication strategies

BASIC SCIENCE
The resident attends a week-long session at the University of Virginia to teach principles of basic science research in urology. In addition, didactic and literature based methods ensure knowledge of the following is achieved:
1. Principles of Hypothesis-based research
2. Research methodology
3. Statistical techniques and data mining
4. The scientific method
5. Process of peer review
6. Development of research hypothesis

ii. Skills: The resident will demonstrate skills of:
1. practice and time management
2. patient interviewing
3. coordination of ambulatory treatment and diagnoses
4. incorporating psychosocial aspects of disease diagnosis and management in the context of the patient social circumstances
5. Introduction to basic urologic surgical and endoscopic skills.

iii. Attitudes: Urologic care requires excellent communication skills and professionalism as well as the ability to integrate complex treatment plans with other treating specialties, disciplines and services. The house officer will participate in a clinical rotation, which will emphasize the provision of competent, compassionate care in an environment of cooperation and further acquire competency in each of the 6 competency domains and demonstrate collaboration with other disciplines to enhance patient care.

b) Metropolitan Hospital Center (6 months) – Six months of the year is spent at this major urban medical center with a large urologic primary care population. The rotation is intended to introduce the resident to a preliminary level of autonomy in organizing a clinic, booking cases, seeing consultations, and arranging follow up, under the guidance and supervision of the faculty

XIII. Department of Urology: LEAVE OF ABSENCE POLICY
In accordance with the Family Leave Act, residents may take a ‘leave of absence’ for personal or family related medical illnesses. However, residents must fulfill the requirements as outlined by the American Board of Urology for completion of the program. This may result in the need to extend the program beyond 4 years. This policy is included in the Resident Handbook.

XIV. Department of Urology: TRANSFER OF CARE POLICY
Transfer of care refers to those steps taken to ensure the adequate, safe, and timely transition of primary care givers of admitted patients. A transfer should include the transferring team and the accepting team who will meet at the same location. Clinical issues must be communicated in a stratified, structured, and concise format that allows for effective prioritization of clinical needs, identification of responsible attending and contact numbers, and ensure availability of proper lines of supervision.

XIV. Department of Urology: SPECIAL REQUIREMENTS

ACADEMIC ACTIVITIES

In-Service Resident’s Examination
All residents are required to take the American Board of Urology In-Service Resident’s Examination normally scheduled for mid-November. Vacation is not an excuse for not taking this examination. Failure to successfully complete the examination is cause for dismissal or censure.

F.C. Valentine Essay Contest
The F.C. Valentine Essay Contest is normally scheduled for early April. Sponsors and topics should be identified by August 15th. All residents are required to submit their essays to the Residency Coordinator no later than the second week of December.

ABSTRACTS: Residents are encouraged to write papers throughout their residency training. You must show your abstract to the Program Director prior to submitting an abstract for submission in a journal or for a conference.
The Department of Urology will monitor compliance with these regulations as part of its quality improvement program and will indicate hours of duty to assure compliance. The chief resident is charged with assuring that residents are provided with appropriate non-working time as proscribed in the regulations as cited above.

- The monthly average work hours shall not > 80 hours/week
- Shall not work > 24 consecutive hours
- Shall have > 16 hours off duty after night shift "on call"
- In between shifts shall be > 8 non-working hours.
- Shall have at least one 24-hour period/week off

XII. Department of Urology: MOONLIGHTING POLICY
Any resident physician who is working as a physician beyond the scope of the authorized training program (i.e. “moonlighting”) must: 1) obtain prior approval from their program director for such work; and 2) make notification of such work hours to the proper authority as prescribed by WMC. Any resident or fellow who moonlights must be in compliance with all components of New York State Health Code, Part 405.4, as well as the ACGME duty hours regulations. Specifically, any resident who is working an average of 80 hours per week over a four week period within a residency training program is prohibited by the New York State Health Code, part 405.4 from working at any other job as a physician providing patient care services. Permission to moonlight can be withdrawn by the program director at any time, based on deficiencies in performance. No resident or fellow can be mandated to moonlight. THERE IS NO MALPRACTICE INSURANCE COVERAGE FROM WESTCHESTER MEDICAL CENTER FOR ANY MOONLIGHTING ACTIVITY. Please refer to the program manual for the full description of the WMC and departmental moonlighting policy. Failure to adhere to this policy and procedure will lead to disciplinary action, up to and including termination.

2. Urology Year II (PGY III) The milestones of the second year of urologic training is to begin developing level-appropriate surgical skills including basic open, laparoscopic, and microscopic approaches, research, and emergency evaluation skills. The resident will gain insight into the presentation of urologic diseases, and learn the evaluation of common and complex urologic problems and their management. In addition to 6 months at Lincoln Medical Center (LMC), there is a 3 month laboratory research rotation, and a 3 month rotation at Memorial Sloane Kettering Cancer Center (MSKCC).

a) Lincoln Hospital Center (2 3-month rotations)
   i. Knowledge. The Uro II year at Lincoln is to expose the resident to stone and oncologic disease in an urban environment. The center serves one of the largest
communities in New York; the exposure to cancers of the testis, prostate, and bladder, and complex stone disease management should mature the resident knowledge base.

ii. Skills. The resident will begin to learn open prostatectomy and cystectomy skills. The general urology procedures such as TURP and TURBT will also be carried out under supervision with progressive autonomy.

iii. Attitudes. LMC is a busy, urban environment which will require the resident to work with diverse patients from challenging social and economic backgrounds.

b) Memorial Sloan Kettering Cancer Center (MSKCC) (3-month rotation)

i. Knowledge. The Uro II year at MSKCC is to expose the resident to urologic oncologic disease and complex, multi-disciplinary care. MSKCC is one of the largest cancer-care centers in the world and the resident is to take full advantage of the expert knowledge base and clinical volume the rotation provides. A research project should be discussed with a faculty member before the end of the rotation. A case must be presented each month at Grand Rounds at NYMC.

ii. Skills. The resident will begin to learn techniques in
   a. Orthotopic urinary diversion
   b. Retroperitoneal lymph node dissection
   c. Open and laparoscopic partial nephrectomy
   d. Open and robotic radical prostatectomy
   e. Radiation Therapeutic Approaches to Cancer
   f. Intravesical Management of Bladder Cancer
   g. MRI imaging in kidney and prostate cancer
   h. Ablative therapies in kidney and prostate cancer

iii. Attitudes. MSKCC will require the resident to work with patients with challenging social, economic, and medical backgrounds. The resident is expected to document experience working with palliative care, psychology, dietary management, and/or grief counseling.

c) Research Rotation. A three-month rotation dedicated research block in the departmental laboratory at New York Medical College provides the residents with the opportunity to develop their own research projects under the supervision of a faculty mentor and the laboratory director, Dr. Konno. The expectation is that the resident will publish at least one paper

report should be provided to the Departmental Chair immediately.

The residents are to maintain log on all consults. At the end of the month submit log with the on-call schedule to the Residency Manager.

XI. Department of Urology: 405 WORK HOUR REGULATIONS POLICY

The goal of the ‘work hour’ policy is to provide excellent, safe and appropriate medical care and maintain an environment of learning and training which is in full compliance with the Regulation of the State of New York (see below).

Effective since July 1, 1989, schedules of postgraduate trainees with inpatient care responsibilities needed to meet the following criteria:

(a) The scheduled work week shall not exceed an average of eighty hours per week over a four week period;

(b) such trainees shall not be scheduled to work for more 24 consecutive hours; and “on call” duty in the hospital during the night shift hours by trainees in surgery shall not be included in the 24-hour limit and the 80-hour limit contained in clause (a) of this subparagraph if:

1. The hospital can document that during such night shifts postgraduate trainees are generally resting and that interruptions for patient care are infrequent and limited to patients for whom the postgraduate trainee has continuing responsibility;

2. Such duty is scheduled for each trainee no more often than every 3rd night;

3. A continuous assignment that includes night shift “on call” duty is followed by a non-working period of no less than 16 hours; and

4. Policies and procedures are developed and implemented to immediately relieve a postgraduate trainee from a continuing assignment when fatigue due to an unusually active “on call” period is observed.

(c) The medical staff shall require that scheduled on-duty assignments be separated by not less than 8 non-working hours. Post-graduate trainees shall have at least one 24-hour period of scheduled non-working time per week.

(d) Post-graduate trainees who have worked the maximum number of hours permitted shall be prohibited from working additional hours as
Extramural Process:

1. Residents have representation on the New York Medical College Housestaff Committee. This body meets on a monthly basis.

2. The GME Committee has appointed an “ombudsman” to respond to resident concerns and needs.


X. Department of Urology: PRIVILEGES & LINES OF SUPERVISION POLICY.

‘Privileges’ refers to those specific activities which are permitted for a resident to perform under supervision; ‘lines of supervision’ refer to how that supervision must be carried out. Privileges for each resident are available for review at the WMC I-care home page. Go to net.wcmc.com and “Clinical Departments and Topics”. Click on “Clinical and Academic Affairs” to find the section Resident/Fellows Privileges. There, your file can be found with your privileges listed.

The goal of the Lines of Supervision policy is to provide excellent, safe and appropriate medical care and maintain an environment of learning and training.

Each resident activity is to be supervised by a resident or attending credentialed to perform the activity in question and who can provide safe and effective supervision.

A supervising resident or attending must be available by telephone or in person.

All surgical procedures must be supervised by an attending that must be present in person during the critical portions of the procedure.

Non-operative procedures may be performed by residents by the discretion of Supervising Attending.

The Chief resident or the senior resident on call provides immediate supervision. The attending on call provides supervision for the senior and/or chief resident.

If the supervising resident or attending on call can not be reached, the full-time faculty member on call should be contacted. In such an event, a formal paper per year in a peer reviewed journal. The research rotation must be maximized to ensure a project is begun well before the actual rotation and brought to fruition even if the rotation has ended. The faculty and Dr. Konno will provide those resources required to allow your research efforts to reach their potential.

i. Knowledge: The resident will gain appropriate knowledge in: Hypothesis basis research Current research topics in stone disease, prostate and bladder cancer, and embryology; Statistics; Scientific Methods

ii. Skill: The resident will gain skills in: Tissue culture techniques; Protein electrophoresis; IRB-protocol writing

iii. Attitude: Resident will gain: awareness of human subjects protection; IRB-priorities; Ethics and Research Guidelines
3. **Urology Year III (PGY IV)** The milestones of the third year of training is designed to introduce the resident to pediatric urology, develop skills as the chief resident at Metropolitan Hospital, and continue experiential learning at Hackensack University Medical Center:

a) **Pediatric Urology** - A three-month rotation at Maria Fareri Children’s Hospital at Westchester Medical Center provides the resident with an in-depth intensive exposure to pediatric urology. An emphasis is made on continuity of care, ambulatory practice, systems-based practice, as well as subspecialty medical knowledge, skills, and attitude as follows:

i. **Knowledge:** The resident will learn relevant embryology, developmental anatomy, malformations, pediatric radiologic procedures, and diagnostic modalities

ii. **Skills:** The resident will demonstrate competence in: the evaluation, presentation and management of pediatric urologic diseases

iii. **Attitude:** The resident will demonstrate ability to: communicate effectively with pediatric patients of all ages; convey medical and social issues to the parents of patients and awareness of the special stresses relating to parents of ill children; respond to the differences in the family unit of different cultural groups

b) **Metropolitan Hospital Center** – (two 3-month rotations) The residents will spend a total of 6 months at MHC as the ‘chief’ resident and will be provided progressive autonomy and surgical exposure to increase knowledge, skills, and attitudes as follows:

i. **Knowledge:** The resident will broaden their empiric knowledge base in ambulatory pediatric and adult consultation; advanced urologic oncology and stone management; urodynamics and incontinence.

ii. **Skill:** The resident will gain expertise in: Advanced pelvic and retroperitoneal surgery; Laparoscopic surgery (e.g. adrenalectomy, nephrectomy); incontinence surgery; microsurgical techniques; surgical management of stones

iii. **Attitude:** The resident will demonstrate enhanced abilities in cooperation, communication, availability, professionalism, education of colleagues and patients


7. The residency evaluation committee will develop a plan for remediation for any deficiency identified by the review process. The plan will include: measures to be taken by the resident, a time frame for correction, and a monitoring process. An attending will be appointed to assist the resident in the remediation process if indicated. All aspects of the remediation process will be formally submitted to the resident for acknowledgement and acceptance.

8. Any breach of ethics relating to patient care or an individual’s conduct is grounds for immediate dismissal.

9. If the Evaluation Committee feels, that the resident does not have the technical skills and/or knowledge to perform as a urologic surgeon, and there has been no substantive improvement in two consecutive review cycles in spite of the remediation process, the recommendation may be made for voluntary withdrawal from the program or non-renewal. If the resident does not voluntarily withdraw, it is the responsibility of the program to dismiss the resident in a timely fashion.

10. The Departmental Executive Committee will review any recommendation by the residency evaluation committee for formal disciplinary action or dismissal. Approval of the Executive Committee is required prior to implementing the above-cited action.

11. The resident has the ability to appeal such recommendation as outlined in the New York Medical College House staff Manual.

IX. Department of Urology: RESIDENT APPEAL PROCESS

Intramural Process:

1. Residents are encouraged to discuss all concerns and difficulties with departmental faculty during informal sessions and in private sessions with the Departmental Chairman.

2. The faculty maintains an ‘open door’ policy.

3. Junior residents can register concerns with the Chief Resident who is the administrative chief of the resident service.

4. All residents complete quarterly anonymous faculty assessments.
VII. Department of Urology: RESIDENT PROMOTION GUIDELINES

A promotion to the next level of residency is based on a review of the following:

1. Quarterly reviews
2. Completion of in-service exam
3. Completion of academic assignments (e.g. F.C. Valentine Essay Contest, House staff Research day submission)
4. Completion of medical records
5. Attendance
6. Completion of 3 core curriculum modules per year.

Promotion to the next level of training is dependent on satisfactory completion with or performance in each of these areas of review. Upon satisfactory completion of the program, a formal statement by the program is made, kept in the resident’s permanent portfolio, referring to the program’s belief that “the resident is qualified to begin the practice of urology.”

VIII. Department of Urology: REMEDIATION AND DISMISSAL GUIDELINES

1. A Resident’s performance is reviewed by the Department Resident Evaluation Committee (DREC) on a quarterly basis.

2. Web-based grading is performed by full-time and voluntary attending, results reviewed by the DREC and provided to residents by e-mail.

3. Quarterly written evaluations are reviewed with the resident. A copy of the evaluation form is attached. A copy of the review is given to the resident. The resident signs the original document, indicating the date of the review. Any areas of deficiency are highlighted and any corrective action is indicated.

4. If an area of inadequacy of a serious nature is noted on two consecutive evaluations, the resident is given a formal additional notification of non-compliance.

5. All residents must complete the annual in-service examination.

6. Failure to pass the in-service examination (a score above the 10th percentile) in conjunction with a prior notification of noncompliance in 2 consecutive quarterly evaluations is grounds for dismissal at the completion of the next academic year if subsequent evaluations do not show substantial improvement.

rotations at HUMC, the first rotation during the URO-III year, and the second as a chief resident. Cases and clinical responsibilities will be shared with residents from University of Medicine and Dentistry of New Jersey (UMDNJ).

i. Knowledge. The Uro III year at HUMC is designed to introduce the resident to the medical knowledge required to master female urology, robotic surgery, major open surgery, and endoscopy.

ii. Skills. The resident will begin to build skills in at-the-console robotic surgery, endoscopy, and major open approaches to the retroperitoneum.

iii. Attitudes. The resident is expected to continue a systems-based learning experience, learn from holistic, alternative, and palliative caregivers, and understand the unique requirements of nutrition in cancer care.

4. Urology Year IV (PGY V) The milestones of the final year of formal training is as the Chief resident, to provide leadership, be a model of professionalism, be an educator, and attain the skills necessary to deliver excellent, effective care as a practicing urologist. The chief resident year is spent at WMC, LMC and Hackensack University Medical Center (HUMC).

a) Westchester Medical Center (one 6 month rotation)

i. Knowledge: The chief resident will have gained: the fundamental knowledge necessary to function as the administrative and clinical Chief resident and confidence necessary to evaluate and treat complex urologic disorders

ii. Skills: The resident will demonstrate greater expertise in: teaching, leadership, time management, assessment of medical practice, advanced endoscopic and open surgical skills

iii. Attitude: The resident will demonstrate their understanding of their greater role in society by:

b) Lincoln Medical Center (one 3 month rotation). The chief resident rotation at LMC is to provide progressive autonomy, more experience in open and complex stone and pelvic surgery, and a supervising capacity of the Uro II resident.

i. Knowledge: The chief resident will have gained: progressive knowledge in stone diseases, urologic oncology, outpatient general urology, and pelvic surgery

ii. Skills: The resident will demonstrate greater expertise in: teaching, leadership, and surgery: incontinence, stones, pelvic surgery
These portfolios will be presented to the evaluation committee at the time of the quarterly review and will be part of the evaluation process.

V. EVALUATIONS- RESIDENTS OF FACULTY

Resident feedback is critical in assessing faculty contribution to the residency training program. It is hoped that the evaluation process will encourage faculty to participate actively in the program and enable them to improve areas of deficiency. The evaluation of the faculty is provided in a confidential fashion. In general, we aim to assure that the faculty contributes to the education of the residents in a progressive, graduated, and supportive manner while manifesting the principles of discovery, dissemination, and exploration.

Goals: Provide an ongoing opportunity for residents to evaluate the quality of the urology residency faculty. This must be performed in a confidential fashion.

Frequency: Every 4 to 6 months

Procedure: Each resident is provided the internet-based evaluation software at www.new-innov.com by the residency coordinator. The web-based data is accessed and the summative data is provided to the residency director. The curriculum committee will be informed of unfavorable evaluations. The residency director sends a summative letter to each attending evaluated. When areas of concern are identified the residency director will discuss evaluations with the individual faculty member.

VI. EVALUATIONS- RESIDENTS OF PROGRAM

Goals: 1. Provide an ongoing opportunity for residents to evaluate the quality of the urology residency-training program. This must be performed in a confidential fashion. 2. Provide the outgoing resident (Chief resident) the opportunity to evaluate the program.

Procedure: 1. Formal evaluation: The chief resident is charged with completing and returning a program evaluation form to the residency coordinator prior to departure. 2. Ongoing evaluation occurs: Monthly curriculum committee & quarterly resident evaluation/interviews. The program director reviews evaluations (verbal and written) with the curriculum committee.

The Chief Resident is expected to be a role model for the junior residents, to assist in the administration of the teaching program, and:

1. Utilize practice based learning and improvement in clinical care
2. Contribute to medical knowledge and literature.
3. Improve medical care and standards
4. Participate in the Quality Improvement (QI) committee activities. The resident will be prepared to participate in a complex.
5. Consider and implement methods to improve upon the educational program.

iii. **Attitude**: The resident will demonstrate a professional, mature compassion for a diverse urban patient population.

1. **Knowledge**: The chief resident will have gained: progressive knowledge in robotics, female urology and incontinence surgery, and open urologic oncology.
2. **Skills**: The resident will demonstrate greater expertise in robotic surgery, urinary cancer surgery, and pelvic reconstruction.
3. **Attitude**: The resident will demonstrate a professional, mature, team-oriented and respectful attitude to colleagues.

c) Hackensack University Medical Center (one 3 month rotation). The NYMC chief resident at HUMC is of a larger, structured urologic team involving the faculty of HUMC and residents from the University of Medicine and Dentistry of New Jersey (UMDNJ).

i. **Knowledge**: The chief resident will have gained: progressive knowledge in robotics, female urology and incontinence surgery, and open urologic oncology.
ii. **Skills**: The resident will demonstrate greater expertise in robotic surgery, urinary cancer surgery, and pelvic reconstruction.
iii. **Attitude**: The resident will demonstrate a professional, mature, team-oriented and respectful attitude to colleagues.
IV. EVALUATIONS: FACULTY AND STAFF OF RESIDENTS

Goals: Provide an ongoing opportunity for the faculty to evaluate resident performance and provide a confidential method for the resident to reflect, and consider further methods of improvement with faculty guidance.

Frequency: Quarterly

Procedure: The resident will be evaluated by the faculty on a quarterly basis using the on-line survey located at www.new-innov.com. On an annual basis, a “360 degree evaluation” is performed which includes support staffing, nursing, and administration. The evaluation will take into account your accomplishing excellent patient care, self-learning, and the six ACGME competencies (see above). In addition, materials of your educational activity will be used to establish a long-term documentation of your educational growth as follows.

Resident Portfolio
During your residency there will be a portfolio kept as a record of your educational and professional growth. Your resident portfolio should include virtually anything that you have used as an educational tool. On each item, a form is provided which indicates the competencies covered by the activity:

1) Grand rounds presentations
   a. Slides
   b. Handouts
   c. Research materials
2) All research manuscripts submitted for presentation or publication
3) Core curriculum participation. Three (3) core curriculum ‘modules’ must be completed each year. A module is simply a short training experience designed to achieve specific goals, e.g. laparoscopy lab, ethics, research.
4) Letters of commendation from peers, patients and or attendings
5) Annual Observed History and Physical evaluation
6) Tracked Patient Interaction: copy of ambulatory, in-patient, and post-op patient care and assessment should be documented on an annual basis.
7) Valentine Lectures
8) Video Presentations
9) Cultural and/or Ethic Self-Assessment Sheets

III. RESIDENT SCHEDULES

Daily Residents A.M. Rounds
6:30am – 7:15am

Residents, as a team, round to discuss each patient on the service and each known issue along with laboratory data and the plan of care for each patient. Please note, these rounds must be completed on Thursdays with enough time to walk to the academic conferences on time at 7:30 A.M. Hand-offs of care must be done in person using manual or digital formats that preserve patient privacy and communicate patient care in clear and organized language.

Operating Room (daily schedule)
7:30am – 3:30pm Westchester Medical Center

Resident Afternoon Rounds
As arranged by the Chief Resident, afternoon rounds require the presence of the on-call resident who will receive sign-out from the most senior resident available. Work-hour limitations hold precedence over any other sign-out schedule and the time for sign out should be changed accordingly. For example, a post-call resident must sign out and be dismissed from the premises before a 36 hour consecutive work hour limit is reached.

Grand Rounds & Departmental Teaching Conference
The faculty, in coordination with the Chief Resident, is responsible for the organization of the conference schedule, the selection of guest speakers, and the didactic subject. In general, the calendar will achieve to cover the AUA’s Core Curriculum over the course of the year (i.e. journal club, Campbell’s chapter, didactic lectures). The other component of Grand Rounds is case presentations: the junior resident is expected to present for their rotation when assigned in coordination with their attending and chief resident. Sub-interns are expected to present on the junior resident level as befitting their ability.

Morbidity & Mortality (M & M) conference is a critical review of the department’s monthly surgical statistics, a review of pathological tissue reports, and outcomes. It is the responsibility of the junior resident to compile these statistics and to submit them to the Residency Coordinator No later than one week prior to presentation. M & M statistics spreadsheets should be completed and handed in at the same time.
Thursday 7:30 AM Resident Conferences. An important log book exists to sign-in to all Grand Rounds conferences and return to the log book to the Program Coordinator immediately thereafter for proper coding and CME credit.
Monday Morning ‘Breakfast Club’ 7:30 AM ABP Cafeteria Conference Room
Wednesday Mornings 7 AM Tumor Board Radiation Med Conference Room
1st Thursday Pediatric Journal Club MFCH Conference Room
2nd – 4th Thursday Journal Club 7:30 AM Munger 238
5th Thursday Research Conference Munger 238

Thursday Grand Rounds 8:30-10:00 AM Munger 238

Thursday Quality & Improvement (Q & I) Conference 10:30-11:30 AM
This session is designed to engage the resident in a Q & I project from inception to completion, monitor safety & practice issues in the hospital, and maintain an effective and transparent clinical care pathway for patients who are currently on the urology ward at WMC. The session is proctored by the Chairman or available faculty member.

Thursday Adult Teaching Practice. 1-5 P.M. The resident clinic is

- Located in Cedarwood Hall.
- Supervised by a faculty attending who reviews and signs each chart or note.
- Administered by the chief resident or fellow
- Surgical cases should be ‘booked’ by only the chief resident, fellow, or attending.
- Residents are expected to develop a patient ‘panel’, a list of patients for whom the resident will serve as the primary urology care giver

Pathology Microscope Conference Lab [Arranged once per semester]
A formal review of urologic histology and pathology will be carried out by a teaching attending from the department of pathology on a didactic level every 3rd Thursday in January, March and odd numbered months thereafter. The Chief resident is responsible for arranging with the department of pathology.

Journal Club
The Chief Resident or Fellow proctors a weekly journal club session on the 2nd to 4th Thursdays of the month. Residents and staff select articles for discussion from peer reviewed journals such as the Journal of Urology, Urology, or JAMA. This session is designed to instruct residents in the evaluation of data, principles of study design and the objective assessments of articles. Twice a year special articles will be chosen on ethics, cultural competency, resource management, and systems-based practice.

Quizzes
Periodic quizzes, generated by the staff, on-line apps, or convenient educational games, will be given to the residents to review the topics discussed during Grand Rounds and Teaching Rounds. This will help to instruct the resident in areas of weakness that require further study in addition to reinforce principles previously learned and prepare for the In-Service Exam.

Modules
The educational program has special sessions which focus on specific aspects of the curriculum. In general, these are carried out on a tri-monthly, meaning that the Chief Resident is responsible for organizing and arranging 2 per rotation. The modules include

Laparoscopic and Robotic Skills Lab. The module is conducted in the surgical skills lab of WMC and involves the teaching of knot tying skills and laparoscopic tasks, robotic technology, trouble shooting, safety, and console operation.

Wet Animal Lab. The annual module is conducted in the accredited, licensed surgical skills laboratories of Montefiore Hospital (Bronx, NY) to instruct students in surgical laparoscopy. Every effort must be made for all non-chief residents, to attend this off-site session.

Bioethics, Cultural Competency, and Socioeconomics. The module instructs the resident in aspects of ethical considerations of patient care, the impact of cultural background on providing excellent patient care, and economic, political, social, and administrative issues related to patient care. Also see https://cccim.thinkculturalhealth.org/

‘Breakfast Club’. Each Monday at 7:30 AM, any resident on the WMC campus, and within a reasonable distance from their participating site, is invited to participate in a seminar to review an AUA Update Series publication relevant to the month’s chosen didactic theme. The junior resident on the WMC service will be expected to review the chosen update and the relevant Campbell chapter. After each session, the junior resident will ‘log’ the covered core in the Core Curriculum Spreadsheet kept with the Program Coordinator.