

**SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE  
DEPARTMENT OF UROLOGY  
RESIDENT HANDBOOK**

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## **INTRODUCTION**

### **GENERAL GUIDELINES**

The mission of the St Louis University School of Medicine is the pursuit of excellence in education, research, clinical care, and community engagement through professional development, collaboration and social justice. Adhering to this mission, the primary educational objective of the Division of Urology at Saint Louis University is to train residents in urologic surgery. This requires you to assimilate an extensive body of knowledge, including anatomy, pathology, physiology and surgical technique. As a complement to this educational objective, our overall mission is to provide the best care to our patients. As a specialist in training, you should also never hesitate to consult with attending physicians and more senior residents whenever you need assistance or advice. In addition, remember at all times that you are professionals, and behave accordingly. This is especially important since you will rotate at four hospitals, and interact with other doctors, nurses and health care providers. During these interactions, we will always expect you to represent the Division of Urology in the best manner possible.

### **EDUCATIONAL GOALS**

Each of you should take responsibility for your education, recognizing your own strengths and weaknesses. Our goal is not to just prepare you for the annual in-service exam or the ABU Qualifying Exam, but to give you the skills to be life-long learners.

The division runs a full schedule of didactic sessions, outlined below, and all residents are required to attend these teaching activities on time. Absences or delays will require explanation, and repeat offenses will not be tolerated. We expect that you will take the preparation of lectures or journal club articles seriously, and provide yourself enough time for these tasks, despite your clinical duties.

Of course, this is a surgical training program, and operative experience is also a major part of your education. Senior residents and attending surgeons are expected to allow the junior residents the chance to participate to the limit of their abilities. Of course, we also expect that ALL residents will arrive to the operating room on time, and knowledgeable about the patient and the procedure to be performed. If at any time residents have concerns that a specific site or surgeon is not allowing appropriate participation in the operating room, this should be brought to the Program Director's attention. In addition, we will be monitoring your surgical logs regularly to ensure sufficient variety and volume of cases.

Finally, in order to pursue your long term goal to become a board certified urologist you will need to be able to qualify for an unrestricted state medical license by the time of your graduation. As such, you are expected to sit for USMLE step III before the end of your PGY-1 year. Exceptions can be made to this at the discretion of the residency director.

## FACULTY

### Urology Faculty

### Clinical Faculty

<b>Name</b>	<b>Role</b>	<b>Area(s) of Expertise</b>
Sameer Siddiqui, MD	Division Chief	Robotic Surgery
Robert McDonough, MD	Program Director	Reconstructive and Female Urology
Lindsey Lombardo, DO	Faculty	General Urology
Barry Duel, MD	Faculty	Pediatric Urology
Zack Hamilton, MD	Faculty	Urologic Oncology
Tim Philips, MD	Faculty	Pediatric Urology
Fah Che Leong, MD	Adjunct Faculty	Urogynecology
Mary McLennan, MD	Adjunct Faculty	Urogynecology
Andrew C. Steele, MD	Adjunct Faculty	Urogynecology
Eugen Cristian Campian, M.D., Ph.D., FACOG	Adjunct Faculty	Urogynecology
Jennifer Bickhouse, MD	Adjunct Faculty	Urogynecology
Mike Marcus, MD	Adjunct Faculty	General Urology

## BLOCK DIAGRAM BY YEAR

	1	2	3	4	5	6	7	8	9	10	11	12
<b>PGY-1</b>	General Surgery				Pediatric Urology		General Surgery		General Urology, Oncology, Reconstruction			
Site	St Louis University Hospital				Cardinal Glennon		St Louis University Hospital		St Louis University Hospital			
Outpatient	20%				40%		20%		20%			
Research	0%				0%		0%		0%			

	1	2	3	4	5	6	7	8	9	10	11	12
<b>PGY-2</b>	General Urology, Oncology, Reconstruction						Pediatric Urology					
Site	Saint Louis University Hospital						Cardinal Glennon					
Outpatient	20%						40%					
Research	0%						0%					

	1	2	3	4	5	6	7	8	9	10	11	12
<b>PGY-3</b>	General Urology, Oncology, Reconstruction						General Urology					
Site	Saint Louis University Hospital						St. Mary's Medical Center					
Outpatient	20%						40%					
Research	0%						0%					

	1	2	3	4	5	6	7	8	9	10	11	12
<b>PGY-4</b>	Pediatric Urology				Urogynecology		General Urology, Oncology, Reconstruction					
Site	Cardinal Glennon				St. Mary's Medical Center		Saint Louis University Hospital					
Outpatient	40%				40%		20%					
Research	0%				0%		0%					

	1	2	3	4	5	6	7	8	9	10	11	12
<b>PGY-5</b>	General Urology						General Urology, Oncology, Reconstruction					
Site	St Mary's Medical Center						St Louis University Hospital					
Outpatient	40%						20%					
Research	0%						0%					



## **CONFERENCE AND LECTURE SERIES**

The Program Director is responsible for designing the curriculum as specified by ACGME for resident education. Each faculty member will be assigned particular components of resident education throughout the year. The didactic component will be conducted every week on Wednesdays between 7 and 9 am. The first Wednesday of the month is dedicated to the Genitourinary Multidisciplinary Tumor Board. The second and third Wednesdays will consist of Pathophysiology Conference. Morbidity and Mortality Conference will also be held on the 4<sup>th</sup> Wednesday. Finally, if there is a 5<sup>th</sup> Wednesday in the month, the conference will consist of resident grand rounds. All conferences (other than the first week) will begin with a 30-minute preoperative session detailing the surgical cases for the following week. Journal Club will be held in the evenings off site on a monthly basis for 10 months of the year. Conference details are below.

### **MORBIDITY AND MORTALITY**

The senior resident assigned to each institution presents all cases resulting in death or with a complication. Faculty members and the residents discuss those cases with attention to alternate management strategies that would improve outcomes. Discussions also examine system improvements that may assist in enhancing patient safety, care and outcomes.

### **JOURNAL CLUB**

Four to five articles are chosen by a rotating faculty member and distributed to residents at least one week in advance. Each resident is expected to read all articles. During conference, each resident will be called on to present one of the articles with emphasis on study concepts, design, results and importance of the article in the urological world. Attendings are expected to read all articles prior to Journal Club and have active participation.

### **PATHOPHYSIOLOGY CONFERENCE**

On a rotating basis, faculty members are expected to present a didactic lecture on a urologic topic. The lecture series is a two-year cycle of lectures based on the American Urological Association online core curriculum. Guest lecturers from other services (such as nephrology or radiology) will also provide instruction. Conference consists of a lecture approximately one hour in length, followed by review of relevant self-assessment test questions to be discussed in a group format. Occasionally, this time slot will also include lectures on medical ethics, biostatistics, and research presentations.

### **GENITOURINARY MULTIDISCIPLINARY CONFERENCE**

Residents will also be expected to attend a bi-monthly genitourinary multidisciplinary conference where complex oncology cases are presented with radiation oncologists, medical oncologists, and pathologists. A resident will be assigned to add patients to the conference schedule. Presentations of cases at the conference will vary based on which specialty the patient originally presented.

### **RESIDENT GRAND ROUNDS**

Each resident from PGY-2 to PGY-5 will present a 1 hour lecture on a topic of their choice. These are expected to be a thorough examination of topics not specifically covered in the core curriculum. Presentation dates for residents will be determined at the start of the academic year.

## **DUTY HOUR AND CALL POLICY**

All residents must maintain a log of their daily duty hours. Each week, the resident will enter their duty hour data via New Innovations. The Program Director, Program Coordinator as well as the GME Office will review the data submitted. A monthly calculation will be tabulated and tracked to ensure ACGME compliance as follows:

1. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties. Each resident is must take their arranged day off.
4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

Any resident who fails to comply with the ACGME rules place the program at risk. Failure to adhere to program requirements may include administrative leave or a corrective action plan. If a resident fails to adhere to the corrective action plan, as a last resort, termination from the program will be considered.

Each resident is required to attend the annual Surgery Grand Rounds on the topic of Stress and Fatigue. The SAFER presentation is available for review at any time in the Surgery Education Office.

### **Urology Resident Duty Hours:**

- a. Residents will arrive at an appropriate time to allow rounding prior to operating room or clinic, Monday through Friday. Weekend rounding times will be determined by the senior resident on each service. You should not leave the hospital until all daily work is completed and generally never before 5:00 p.m.
- b. Night call is as follows:
  - PGY-1 - 18:00 - 20:00 to provide at least 10 hours of rest between duty.
  - PGY-2 – PGY-6 take home call from 18:00 – 6:00 the next day
- c. Residents rotate night call daily to cover Saint Louis University Hospital and Cardinal Glennon Children's Hospital. Call will be from home, but the on-call resident must always be available to respond to any in-house needs rapidly. At all times, back up from a chief resident and an attending staff urologist is available. Residents on the St Mary's rotation will also provide daytime call coverage (0600-1600 weekdays) for St Mary's Hospital. Residents are not

required to participate in rounds or operative cases at night or on weekends at St Mary's.

- d. In the event in-house coverage is required to adequately monitor a critically ill patient at one of the other participating institutions requiring a second resident to sleep in that hospital, this call is also arranged to occur no more than every third night.
- e. In case of emergency, the resident on call is expected to make prudent decisions and provide adequate care to the patient as needed. All decisions concerning admissions, operations and/or treatment that directly affect the patient are communicated to the senior resident and the attending on call.
- f. The senior administrative resident is responsible for providing the departmental secretary with a call schedule for each month before the 10<sup>th</sup> day of the preceding month.
- g. A general access call room with adequate space and sleeping accommodations is provided for the urology residents at the Saint Louis University Hospital.

### **Duty Hour Logging in New Innovations**

At the beginning of your residency, you will receive an e-mail from the Program Coordinator containing access information for the New Innovations website where you will need to record your duty hours:

<https://www.new-innov.com/login/login>

Institution login: SLU

Username: Initial of first name followed by full last name (all lower case; i.e. jsmith)

Password: Same as Username; system will prompt you to change it on first login

Tutorials and instructions are available on the website, if you need them. Please make sure you log your duty hours and operative cases weekly. This will be monitored by the Program Director and Program Coordinator. Monthly reports are submitted to the GME office.



## **DRESS CODE AND PROFESSIONALISM**

Your appearance and behavior are a way to show respect to your patients and colleagues. A professional appearance and manner are critical at all times for faculty, residents, and medical students. This is especially true since you will rotate at different hospitals, where you are a representative of the division.

While we do not require a specific dress code, in general male residents should wear a tie and white coat when not in the operating room, and female residents should dress in a correspondingly professional manner. Scrub suits should not be worn in teaching conferences or clinic.

## **VACATION, LEAVE AND OUT OF TOWN MEETINGS**

### **VACATION AND LEAVE**

Residents are allowed three weeks' vacation every year, which must be requested in writing and approved by the Program Director. Only one resident is allowed vacation during any given week. An entire week of vacation should not be taken by each resident during the following period: the week of the American Urologic Association Meeting, during In-Service examination, during Christmas or at the end of June or beginning of July. Vacation time that is not taken during each academic year is forfeited.

Residents are allowed to attend the AUA Annual Meeting only if an abstract has been accepted. However, you will be expected to turn in a draft manuscript to the sponsoring faculty member prior to leaving for the meeting

Interviews for fellowships or jobs must be scheduled in advance and will be considered vacation time. Likewise, long three-day weekends will also be considered as vacation.

### **OUT OF TOWN MEETINGS**

All residents attending scientific meetings, conferences or seminars must complete a conference request form prior to making travel arrangements if any reimbursement is expected. A copy of the letter stating the paper has been accepted for presentation and a copy of the meeting agenda must be attached to the request form. Approval on poster presentation will be granted on a case-by-case basis. The Program Director must approve the trip prior to making travel arrangements - allow 10 days for the approval to be processed, along with sufficient advance time to make travel and hotel reservations. Attendance at a scientific meeting is not considered vacation time if the resident is presenting a paper, and expenses incurred in attending the meeting will be covered by the division. These expenses include registration fees, airfare and one night hotel stay. Any absence longer than one day before and one day after the meeting is considered vacation time. Residents are allowed five conference days per year. Additional conference days will be considered vacation time.

## **SUPERVISION OF RESIDENTS**

The Program Director has total responsibility for assuring that the residents at all levels of their training are provided with expert supervision by a member of the urology attending staff. With this purpose in mind, the urology program has full-time faculty members on site at all the participating institutions. Guidelines to assure this are outlined below:

- a. All in-patients have or are assigned, an attending urologic surgeon upon admission or in-house consultation. He or she is responsible for the patient's welfare throughout the hospitalization and must approve all-important patient care decisions by the resident staff.
- b. All patients scheduled for surgery are seen by the supervising/attending surgeon who discusses the case with the resident and writes an admission note. A diagnostic and treatment strategy is delineated including a discussion of the rationale and alternatives pertinent to the case. The attending physician reviews and countersigns the resident's preoperative note and amends as necessary.
- c. All cases are directly supervised by an attending surgeon present on site who, depending upon the complexity of the case and the level of training of the operating resident, decides whether to scrub for the entire or key portions of the case. The supervising urologist remains on the premises for as long as the patient stays in the operating room and is readily available in case prompt assistance is required.
- d. The training program is designed so that independence in patient care, decision-making and surgical responsibilities are based upon the individual resident's level of training, knowledge, manual skills, surgical experience, intricacy of the patient's disease and/or illness and the risks of the operation.
- e. To assure prompt access to the attending physician, one is on call at all times during the week and a predetermined six-month weekend call schedule is arranged for the entire academic year.

## **DUTIES AND RESPONSIBILITIES OF THE SENIOR RESIDENT**

- Administration of the service including the assignment coverage in the operating room and the various ongoing clinics is the responsibility of the senior resident at his own hospital. The senior administrative resident is responsible for coordinating resident vacations and for the night and weekend call schedule.
- Coordination of clinical rounds with junior residents and attending staff.
- Instruction and clinical supervision of junior residents in the clinic, ward and operating room.
- Resident attendance at surgical cases should be determined at least one week in advance. At SLUH and Cardinal Glennon, surgery is scheduled/booked by the departmental secretaries and not by resident house officers.

## **OPERATING ROOM RESPONSIBILITIES**

- Cases will be distributed by the senior-most resident on each service by Friday the preceding week.
  - On rotations where there is a single resident, case assignment should be decided in consultation with attending staff to optimize your operative experience.
  - Operative logs should be updated online weekly. Case distribution will be based upon Op logs at the end of each month along with input from the attendings in regards to the resident's strengths and weaknesses.
- Residents who are finished with other clinical duties are expected to report to the OR to observe ongoing cases to potentially scrub in to case or observe operative techniques.

## GOALS AND OBJECTIVES

### Urology ACGME Core-Competency Goals and Objectives

#### Program Didactic Structure

The Program Director is responsible for designing the curriculum as specified by ACGME. This program is designed to incorporate the six ACGME Core Competencies, as outlined below. Conference structure is outlined elsewhere in this document.

#### THE SIX CORE COMPETENCIES

##### **1-Patient Care**

Urology residents should be able to demonstrate the ability to:

1. Provide comprehensive care to urology patients including the history & physical, diagnostic, medical, pre-surgical and post-operative management of outpatient and inpatients.
2. Demonstrate caring, respectful, and professional speech and actions when interacting with patients, families, and coworkers.
3. Carry out evidenced-based medical and surgical plans for patients with appropriate supervision.
4. Provide patients with handouts, literature, or educational information when available.
5. Emphasize wellness and promote health maintenance through prevention.
6. Have a firm understanding of the operative steps and complications of common urologic surgeries including:
  - a. Office flexible cystoscopy and transrectal ultrasound guided prostate needle biopsies, Trimix penile intracavernosal injection, LHRG agonist injections and implants, foley catheter placement, urodynamics with interpretation, and urethral stricture and bladder neck contracture dilations.
  - b. Endourology: cystourethroscopy, suprapubic tube placement, transurethral resection of the prostate and bladder tumor, ureteroscopy with stone manipulation, ureteral stenting, and interpretation of intraoperative radiographic studies, extracorporeal shock wave lithotripsy, percutaneous thermoablation of renal tumors, percutaneous nephrolithotomy, ureteral orifice and bladder neck cystoscopic bulking, retrograde nephroscopy, retrograde treatment of UPJ obstruction
  - c. Open, laparoscopic, and robot assisted laparoscopic nephrectomy, partial nephrectomy, nephroureterectomy, prostatectomy, cystectomy with urinary diversion, urethroplasty, vesico-vaginal fistula repair, adrenalectomy, urologic trauma & reconstruction, and penile and scrotal surgery.
  - d. Male and female incontinence including penile prosthesis, artificial sphincter, male and female urethral slings, and sacral neuromodulator placement.
  - e. Scrotal surgery including varicocelectomy, vasectomy, hydrocelectomy, orchiectomy, scrotoplasty, orchiopexy, and debridement secondary to infection or trauma.

- f. Pediatrics- hypospadias, UPJ/pyeloplasty, ureteral reimplant, cystoscopy/ureteroscopy, circumcision, orchiopexy, calculus disease, herniorrhaphy, enterocystoplasty, Monti urochannel construction, antegrade continent enema construction, and posterior urethral valve ablation.
- g. Radiologic- scrotal sonography, prostate sonography, intraoperative retrograde ureteropyelography, cystography and urethrography, retroperitoneal sonograms, CT, MRI and plain roentgenography.

## **2-Medical Knowledge**

Urology residents are encouraged to think critically and to consider alternatives, potential complications, and the evidence supporting their medical decisions.

The urology residents should be able to understand and manage the large group of urologic conditions they will cover as outlined by the American Urologic Association Core Curriculum, available at:

<http://www.auanet.org/education/modules/core/>

## **3-Practice Based Learning and Improvement**

Urology residents should demonstrate the ability to:

- Critically appraise the published literature and to determine if studies or trials can influence patient management in an evidence-based practice fashion.
- Draw from the patients in the St. Louis area and to scientifically analyze outcomes utilizing study designs and drawing on statistical support from within the surgery department.
- Self-audit and analyze urologic complications and present at Morbidity and Mortality conference.
- Study, survey the literature and review the data in preparation for clinical duties, operations, presentations, and conferences.
- To initiate and foster a healthy learning environment for the junior residents and medical students
- Provide in-service teaching to nurses, other medical and surgical services and ancillary staff regarding Foley catheter placement & care and general urologic presentations.

## **4-Interpersonal and Communication Skills**

Urology residents should demonstrate the ability to:

- Effectively communicate with and to actively listen to other medical and surgical services, residents, attendings, nurses, ancillary staff.
- Professionally and honestly discuss patients with faculty in formulating and instituting treatment plans.

- Effectively counsel the patients and families on urologic pathology, treatment options, potential risks, benefits, and complications of urologic disorders and management.
- Always employ the highest ethical standards in medical and surgical practice.
- Work as a “team-player” in a dynamic urologic treatment team including physicians, nurses, physician assistants, medical students, and ancillary staff.

### **5-Professionalism**

The urology resident should:

- Demonstrate commitment to their patients that supersedes personal self-interests including readiness to provide bedside and operative care to the patients irrespective of time of day.
- To respectfully practice medicine at a level of excellence that maintains a commitment to ethical principles without compromising patient integrity.
- Demonstrate sensitivity to age, gender, sexual orientation and culture of patients, their families and other health care professionals.
- Carry out professional responsibilities including operative dictations, urologic consultations, and call schedules in a time sensitive manner.
- Abide by duty hour and other regulatory guidelines.
- Responding to pages, phone calls, and consults in a timely fashion.
- Be on time for all scheduled rounds, surgical cases, didactics, and multidisciplinary conferences.
- Adhere to a professional code of dress.

### **6-Systems Based Practice**

The urology resident should be aware of the “big picture of healthcare” and must understand that different types of healthcare, resource allocation, the medical practices differences and the attempt to deliver cost-effective healthcare can greatly influence how medicine is practiced, but the quality of patient care cannot be compromised. Residents will have the opportunity to provide care in a variety of settings from treating underserved patients in a university hospital to those in a private hospital environment.

## Competency-based goals & objectives for each assignment at each educational level

### **PGY-2 Saint Louis University General Urology Rotation**

Preceptor: Dr. Robert McDonough

This PGY-2 general urology rotation provides the resident with a **solid foundation** in ambulatory and inpatient care in **General Urology** as well as progression in **conference participation and leadership**. The resident is introduced to fundamental problems in general urology, including stone disease, incontinence, sexual dysfunction, voiding dysfunction, and oncology. Surgical skills are introduced for endoscopic procedures and minor open surgery. The PGY-2 resident will attend ambulatory urology clinic staffed by the urology service, will participate in daily teaching rounds, and will take part in general urology surgical cases. The PGY-2 resident's surgical focus is to begin learning the fundamental techniques for endoscopic surgery and outpatient open urological surgery.

The rotation consists of 6 months at Saint Louis University Hospital. During duty hours, the urology resident is expected to be responsible for clinical and surgical duties of the urology service. The urology resident will remain in the general urology call pool covering St Louis University Hospital and Cardinal Glennon Hospital. They will also continue to attend weekly Wednesday morning urology academic conferences at St Louis University Hospital from 0700 to 0930. Residents will meet periodically with the faculty preceptor to review rotation specific topics (see Medical Knowledge section), and rotation progress will be discussed at those meetings as well.

### **Competency-based goals & objectives**

#### **Patient Care**

##### Goals

- Provide patient care that is compassionate, appropriate, and effective for the treatment of general urologic health problems.

##### Objectives

- **Develop an understanding** of the complexity of stone disease, sexual dysfunction, voiding dysfunction, and urologic oncology in a multidisciplinary care setting
- **Maintain continuity** of care with multidisciplinary care providers
- Demonstrate the ability to **develop** a focused urologic history and physical examination through clinic and consultation experiences
- Assimilate results of a history and physical examination, laboratory data, and radiologic imaging to develop a reasoned differential diagnosis



- Demonstrate an **ability** to educate and counsel the general urology patient and family, compassionately providing information on prognosis, treatment options and alternative therapies
- Weekly urology education conference

## Medical Knowledge

### Goals

- Residents must demonstrate knowledge of established and evolving concepts regarding general urologic conditions, as well as the application of this knowledge to patient care.

### Objectives

- **Understand** the pathophysiology of urologic disorders with a focus on stone disease, incontinence, sexual dysfunction, voiding dysfunction, and oncology.
- Develop reasoned algorithms for the management of **common** urologic conditions, including medical and surgical therapies and have the technical skills necessary to implement surgical treatment to include the following:
  - Cystoscopy (general; hematuria, mass, obstruction, stent placement)
  - Ureteroscopy (general; stones, obstruction, oncology)
  - Voiding Dysfunction (incontinence, urodynamics, neurogenic bladder)
  - Penile and scrotal surgery (hydrocele, spermatocele, circumcision)
- Review with Dr. McDonough AUA Clinical Guidelines: Stress Urinary Incontinence  
☐ Date:\_\_\_\_\_
- Review with Dr. McDonough AUA Clinical Guidelines: Urotrauma  
☐ Date:\_\_\_\_\_
- Review with Dr. McDonough AUA Clinical Guidelines: Incontinence: Non-Neurogenic Overactive Bladder ☐ Date:\_\_\_\_\_

## Practice-based Learning and Improvement

### Goals

- Residents must demonstrate the ability to investigate and evaluate their care of general urology patients, to appraise and assimilate scientific evidence, and to continuously

improve patient care based on constant self-evaluation and life-long learning.

#### Objectives

- Understanding that the best management strategy is a result of knowledge and experience, demonstrating a commitment to continuing education and learning
- Develop **broader understanding** of clinical quality initiatives using *micro-system approach*
- Attend weekly urology ambulatory clinic

#### Interpersonal and Communication Skills

##### Goals

- Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and multi-disciplinary health professionals.

##### Objectives

- Complete and maintain comprehensive and timely medical records
- Complete dictations and surgical case logs in a timely fashion
- Actively participate in pre-operative “time out” and post-surgical “team debriefing”
- Effectively communicate with patients, colleagues, students, and other health care professionals

#### Professionalism

##### Goals

- Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

##### Objectives

- Demonstrate an awareness that the delivery of medical care requires the provider to be at all times, professional, empathetic and respectful of the patients’ and their family’s rights to privacy and maintenance of dignity
- Demonstrate, through word and action, respect for the professionals involved with the delivery of health care
- Understand the ethical and moral issues involved in the management of patients with complex urologic dysfunction and the associated psychologic impact of disease.

- Participate in urology consults

## **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.

### Objectives

- Develop an awareness of his/her limitations and the self-assurance to seek consultation and assistance from colleagues and staff.
- Demonstrate the ***ability to effectively communicate***, educate, and cooperate with other healthcare members to include medical students, ancillary staff, house staff, and consulting services.
- Acquire a ***progressive understanding*** of the complexity of the care of general urology patients and the need for a comprehensive care approach.
- Attend weekly urology ambulatory clinic
- Participate in urology consults

Date Reviewed: \_\_\_\_\_

Preceptor (Robert McDonough): \_\_\_\_\_

Resident signature: \_\_\_\_\_

## **PGY-2 Pediatric Urology Rotation**

Preceptors: Dr. Barry Duel

The PGY-2 resident rotates for six months at Cardinal Glennon Children's Medical Center, and is exposed to a large volume and high complexity pediatric urology practice. Residents gain competence and confidence in the urologic and overall clinical evaluation of children, with particular attention to the physical examination and selection and interpretation of radiographic studies. The resident attends clinics and participates in surgery to the degree allowed by his or her experience and skills. The resident acts as the consultant for the inpatient service in concert with the physician's assistant and nurse practitioners, all under close supervision of the attending pediatric urologists. Residents also see patients in our spina bifida clinic and develop an understanding of the performance and evaluation of urodynamic studies in children.

The pediatric urology resident will remain in the general urology call pool covering St. Louis University Hospital and Cardinal Glennon Children's. They will also continue to attend weekly Wednesday morning urology academic conferences at St Louis University Hospital from 0700 to 0900.

### **Competency-based goals and objectives**

#### **Patient Care and procedural skills**

##### Goals

- Provide patient care that is skilled and compassionate for the children and their families, recognizing that family-centered care is a necessary component of pediatrics
- *Develop an understanding* of the differences between adult and pediatric urology, with particular attention to the medical, surgical and postoperative management of children
- *Acquire the skills* necessary for the urologic evaluation of the pediatric patient including history, physical exam and choice of diagnostic studies
- *Begin to learn the surgical skills* needed for successful pediatric surgery including fine motor skills, handling small sutures, knot tying and basic endoscopic techniques with miniaturized instruments.

#### **Medical Knowledge**

##### Goals

- Residents must begin to understand the pathophysiology of congenital urologic conditions and their basis in human embryology

##### Objectives

- ***Understand*** how the development anatomy of congenital urologic conditions dictates their surgical and medical treatment techniques through attending feedback, didactic instruction, and operative instruction.
- Develop evidence-based algorithms for the management of common problems, including review of relevant AUA guidelines:
- Bowel and bladder dysfunction (aka dysfunctional voiding)

- Vesicoureteral reflux
- Myelomeningocele
- Prenatal and congenital hydronephrosis

## **Practice-based learning and improvement**

### **Goals**

- The resident should use self-reflection, faculty feedback and other more objective sources of information to continuously improve their abilities

### **Objectives**

- Regularly attend monthly Nephrology/Urology/Radiology conference and weekly Fetal Care Institute conference to develop an appreciate for how collaboration among specialties can improve one's own skills and knowledge
- Develop a quality improvement project specific to the pediatric rotation

## **Interpersonal and Communication Skills**

### **Goals**

- Develop the unique skills needed to communicate with children and families of diverse economic and cultural backgrounds

### **Objectives**

- Competently explain surgical procedures to children and their families, taking into account the child's developmental stage and any cultural or language barriers
- Obtain surgical consent from families, carefully explaining all relevant risks, benefits and potential complications

## **Professionalism**

### **Goals**

- Residents should internalize and demonstrate behavior towards patients, families and colleagues that is appropriate and beyond reproach

### **Objectives**

- Gain a good command of urologic knowledge in preparation for the role of the primary consultant for the urologic services.
- Understand when to seek assistance from senior residents or attending urologists when faced with uncertainty and unfamiliar matters.
- Develop the ability to independently manage the clinical environment with ethical principles, compassionate patient care, professional interactions with clinical staff and timely completion of medical records. These skills will assist with a seamless transition into a role as the primary urologist for hospital based clinics.
- Provide optimal care, sensitivity and responsiveness to all patient populations, including gender, age, culture, race, religion, disabilities, and sexual orientation.

## **Systems Based Practice**

### **Goals**

- Residents must understand the urologist's role in the context of the overall healthcare system, what resources are available, and how make best use of them

Objectives

- Understand that the preoperative, inpatient and outpatient social environment of pediatric patients is very different than that of adults
- Understand the varied home environments our pediatric patients come from, and how that impacts their healthcare
- Assist patients with continued healthcare by providing cost conscious families with health care resources that provide optimal care at reduced rates.

Date Reviewed:\_\_\_\_\_

Preceptor (Barry Duel, MD):\_\_\_\_\_

Resident signature:\_\_\_\_\_

## PGY-3 Saint Louis University General Urology Rotation

Preceptor: Dr. Zachary Hamilton

This PGY-3 general urology rotation provides the resident with a **solid foundation** in ambulatory and inpatient care in **General Urology** as well as progression in **conference participation and leadership**. The resident is introduced to fundamental problems in general urology, including stone disease, incontinence, sexual dysfunction, voiding dysfunction, and oncology. Surgical skills are introduced for endoscopic procedures and minor open surgery. The PGY-3 resident will attend ambulatory urology clinic staffed by the urology service, will participate in daily teaching rounds, and will take part in general urology surgical cases. The PGY-3 resident's surgical focus is on the fundamental surgical treatment techniques for endoscopic surgery and outpatient open surgery.

The rotation consists of 6 months at Saint Louis University Hospital. During duty hours, the urology resident is expected to be responsible for clinical and surgical duties of the urology service. The urology resident will remain in the general urology call pool covering St Louis University Hospital and Cardinal Glennon Hospital. They will also continue to attend weekly Wednesday morning urology academic conferences at St Louis University Hospital from 0700 to 0930. Residents will meet periodically with the faculty preceptor to review rotation specific topics (see Medical Knowledge section), and rotation progress will be discussed at those meetings as well.

### **Competency-based goals & objectives**

#### **Patient Care**

##### Goals

- Provide patient care that is compassionate, appropriate, and effective for the treatment of general urologic health problems.

##### Objectives

- ***Develop an understanding*** of the complexity of stone disease, sexual dysfunction, voiding dysfunction, and urologic oncology in a multidisciplinary care setting
- ***Maintain continuity*** of care with multidisciplinary care providers
- Demonstrate the ability to ***develop*** a focused urologic history and physical examination
- Assimilate results of a history and physical examination, laboratory data, and radiologic imaging to develop a reasoned differential diagnosis
- Demonstrate an ***ability*** to educate and counsel the general urology patient and family, compassionately providing information on prognosis, treatment options and alternative therapies

- Weekly urology education conference

## Medical Knowledge

### Goals

- Residents must demonstrate knowledge of established and evolving concepts regarding general urologic conditions, as well as the application of this knowledge to patient care.

### Objectives

- **Understand** the pathophysiology of urologic disorders with a focus on stone disease, incontinence, sexual dysfunction, voiding dysfunction, and oncology.
- Develop reasoned algorithms for the management of **common** urologic conditions, including medical and surgical therapies and have the technical skills necessary to implement surgical treatment to include the following:
  - Cystoscopy (general; hematuria, mass, obstruction)
  - Ureteroscopy (general; stones, obstruction, oncology)
  - Percutaneous nephroscopy (access, general treatment)
  - Penile and scrotal surgery (ambulatory procedures)
- Review with Dr. Hamilton AUA Clinical Guidelines: Surgical Management of Lower Urinary Tract Symptoms Attributed to Benign Prostatic Hyperplasia  
☐ Date:\_\_\_\_\_
- Review with Dr. Hamilton AUA Clinical Guidelines: Diagnosis, Evaluation and Follow-up of Asymptomatic Microhematuria (AMH) in Adults  
☐ Date:\_\_\_\_\_
- Review with Dr. Hamilton AUA Clinical Guidelines: Surgical Management of Stones: AUA/Endourology Society Guideline  
☐ Date:\_\_\_\_\_
- Review with Dr. Hamilton AUA Core Curriculum: Bladder Neoplasm Non-Muscle Invasive Bladder Cancer, Penile Neoplasms, Testis Neoplasms, Infertility, BPH, and Urinary Incontinence and Overactive Bladder  
☐ Date:\_\_\_\_\_

## Practice-based Learning and Improvement

### Goals



- Residents must demonstrate the ability to investigate and evaluate their care of general urology patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

#### Objectives

- Understanding that the best management strategy is a result of knowledge and experience, demonstrating a commitment to continuing education and learning
- Develop ***broader understanding*** of clinical quality initiatives using *micro-system approach*
- Attend weekly urology ambulatory clinic

### Interpersonal and Communication Skills

#### Goals

- Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and multi-disciplinary health professionals.

#### Objectives

- Complete and maintain comprehensive and timely medical records
- Complete dictations and surgical case logs in a timely fashion
- Actively participate in pre-operative “time out” and post-surgical “team debriefing”
- Effectively communicate with patients, colleagues, students, and other health care professionals

### Professionalism

#### Goals

- Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

#### Objectives

- Demonstrate an awareness that the delivery of medical care requires the provider to be at all times, professional, empathetic and respectful of the patients’ and their family’s rights to privacy and maintenance of dignity
- Demonstrate, through word and action, respect for the professionals involved with the delivery of health care

- Understand the ethical and moral issues involved in the management of patients with complex urologic dysfunction and the associated psychologic impact of disease.
- Participate in urology consults

### **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.

#### Objectives

- Develop an awareness of his/her limitations and the self-assurance to seek consultation and assistance from colleagues and staff.
- Demonstrate the **ability to effectively communicate**, educate, and cooperate with other healthcare members to include medical students, ancillary staff, house staff, and consulting services.
- Acquire a **progressive understanding** of the complexity of the care of general urology patients and the need for a comprehensive care approach.
- Attend weekly urology ambulatory clinic
- Participate in urology consults

Date Reviewed:\_\_\_\_\_

Preceptor (Zachary Hamilton):\_\_\_\_\_

Resident signature:\_\_\_\_\_

## PGY-3 Saint Mary's General Urology Rotation

Preceptor: Dr. Lindsay Lombardo

This PGY-3 general urology rotation provides the resident with a **solid foundation** in ambulatory and inpatient care in **General Urology**. The resident is introduced to fundamental problems in general urology, including stone disease, incontinence, sexual dysfunction, voiding dysfunction, and oncology. Surgical skills are introduced for endoscopic procedures and minor open surgery and assisting in laparoscopic surgery. They will also be introduced to clinic procedures such as cystoscopy, prostate biopsy and ultrasound, and vasectomies. The PGY-3 resident will attend ambulatory urology clinic staffed by the urology service, will round daily on postoperative inpatients, and will take part in general urology surgical cases. The PGY-3 resident's surgical focus is on the fundamental surgical treatment techniques for endoscopic surgery and outpatient open surgery and assisting in laparoscopic and robotic cases as well as clinic procedures.

The rotation consists of 6 months at SSM Health Saint Mary's Hospital. During duty hours, the urology resident is expected to be responsible for clinical and surgical duties of the urology service. The urology resident will remain in the general urology call pool covering St Louis University Hospital and Cardinal Glennon Hospital and will not be expected to cover St Mary's Hospital for call. They will also continue to attend weekly Wednesday morning urology academic conferences at St Louis University Hospital from 0700 to 0930. Residents will meet periodically with the faculty preceptor to review rotation specific topics (see Medical Knowledge section), and rotation progress will be discussed at those meetings as well.

### **Competency-based goals & objectives**

#### **Patient Care**

##### Goals

- Provide patient care that is compassionate, appropriate, and effective for the treatment of general urologic health problems.

##### Objectives

- ***Develop an understanding*** of the complexity of stone disease, sexual dysfunction, voiding dysfunction, and urologic oncology in a multidisciplinary care setting
- ***Maintain continuity*** of care with multidisciplinary care providers
- Demonstrate the ability to ***develop*** a focused urologic history and physical examination
- Assimilate results of a history and physical examination, laboratory data, and radiologic imaging to develop a reasoned differential diagnosis

- Demonstrate an **ability** to educate and counsel the general urology patient and family, compassionately providing information on prognosis, treatment options and alternative therapies
- Weekly urology education conference

## Medical Knowledge

### Goals

- Residents must demonstrate knowledge of established and evolving concepts regarding general urologic conditions, as well as the application of this knowledge to patient care.

### Objectives

- **Understand** the pathophysiology of urologic disorders with a focus on stone disease, incontinence, sexual dysfunction, voiding dysfunction, and oncology.
- Develop reasoned algorithms for the management of **common** urologic conditions, including medical and surgical therapies and have the technical skills necessary to implement surgical treatment to include the following:
  - Cystoscopy (general; hematuria, mass, obstruction)
  - Ureteroscopy (general; stones, obstruction, oncology)
  - Percutaneous nephroscopy (access, general treatment)
  - Penile and scrotal surgery (ambulatory procedures)
  - Prostate biopsy
  - Clinic cystoscopy
  - Vasectomy
- Review with Dr. Lombardo AUA Clinical Guidelines: Surgical Management of Lower Urinary Tract Symptoms Attributed to Benign Prostatic Hyperplasia  
☐ Date:\_\_\_\_\_
- Review with Dr. Lombardo AUA Clinical Guidelines: Diagnosis, Evaluation and Follow-up of Asymptomatic Microhematuria (AMH) in Adults and UTIs  
☐ Date:\_\_\_\_\_
- Review with Dr. Lombardo AUA Clinical Guidelines: Surgical Management of Stones: AUA/Endourology Society Guideline  
☐ Date:\_\_\_\_\_

## Practice-based Learning and Improvement

### Goals

- Residents must demonstrate the ability to investigate and evaluate their care of general urology patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

### Objectives

- Understanding that the best management strategy is a result of knowledge and experience, demonstrating a commitment to continuing education and learning
- Develop **broader understanding** of clinical quality initiatives using *micro-system approach*
- Attend weekly urology ambulatory clinic

## Interpersonal and Communication Skills

### Goals

- Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and multi-disciplinary health professionals.

### Objectives

- Complete and maintain comprehensive and timely medical records
- Complete dictations and surgical case logs in a timely fashion
- Actively participate in pre-operative “time out” and post-surgical “team debriefing”
- Effectively communicate with patients, colleagues, students, and other health care professionals

## Professionalism

### Goals

- Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

### Objectives

- Demonstrate an awareness that the delivery of medical care requires the provider to be at all times, professional, empathetic and respectful of the patients’ and their family’s rights to privacy and maintenance of dignity

- Demonstrate, through word and action, respect for the professionals involved with the delivery of health care
- Understand the ethical and moral issues involved in the management of patients with complex urologic dysfunction and the associated psychologic impact of disease.
- Participate in urology consults

### 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.

#### Objectives

- Develop an awareness of his/her limitations and the self-assurance to seek consultation and assistance from colleagues and staff.
- Demonstrate the ***ability to effectively communicate***, educate, and cooperate with other healthcare members to include medical students, ancillary staff, house staff, and consulting services.
- Acquire a ***progressive understanding*** of the complexity of the care of general urology patients and the need for a comprehensive care approach.
- Attend weekly urology ambulatory clinic
- Participate in urology consults at St. Mary's if the operating attending has consults to see.

Date Reviewed:\_\_\_\_\_

Preceptor (Lindsay Lombardo, DO) :\_\_\_\_\_

Resident signature:\_\_\_\_\_

## PGY-4 Saint Louis University Pediatric Urology Rotation

Preceptor: Dr. Timothy Phillips

This PGY-4 pediatric urology rotation provides the resident with a **mastery foundation** in ambulatory and inpatient care in **Pediatric Urology** as well as progression in **conference participation and leadership**. The resident is continually exposed to fundamental problems in pediatric urology, including disorders of sexual development, hypospadias, pediatric genitourinary trauma, congenital genitourinary tract anomalies, voiding dysfunction, and pediatric urologic oncology. Surgical skills are emphasized for complex open and minimally invasive pediatric urologic reconstructive procedures, including complex hypospadias repair, continent urinary diversion, and ureteral reimplantation. The PGY-4 resident will attend ambulatory pediatric urology clinic staffed by the urology service, will participate in daily rounds with the pediatric urology team, and will take part in advanced surgical cases. The PGY-4 resident's surgical focus is on the advanced surgical treatment techniques for complex genital reconstruction, continent and incontinent urinary diversion, and improving laparoscopic/robotic skill sets as applicable to pediatric urology.

The rotation consists of 6 months at Cardinal Glennon Children's Hospital. During duty hours, the urology resident is expected to be accountable for all clinical and surgical duties of the urology service. Most clinical decisions will go through the PGY-4 resident, and the resident will have significant clinical independence. The urology resident will remain in the general urology call pool covering St Louis University Hospital and Cardinal Glennon Hospital and will not be expected to cover St Mary's Hospital for call. They will also continue to attend weekly Wednesday morning urology academic conferences at St Louis University Hospital from 0700 to 0930. Residents will meet periodically with the faculty preceptor to review rotation specific topics (see Medical Knowledge section), and rotation progress will be discussed at those meetings as well.

### **Competency-based goals & objectives**

#### **Patient Care**

##### Goals

- Provide patient care that is compassionate, appropriate, and effective for the treatment of advanced pediatric urologic health problems.

##### Objectives

- ***Develop an understanding*** of disorders of sexual development, hypospadias, pediatric genitourinary trauma, congenital genitourinary tract anomalies, voiding dysfunction, and pediatric urologic oncology
- ***Maintain continuity*** of care with multidisciplinary care providers
- Demonstrate the ability to ***develop*** a high quality pediatric urologic history and physical examination

- Assimilate results of a history and physical examination, laboratory data, and radiologic imaging to develop a well-established plan of care.
- Demonstrate an **ability** to educate and counsel the advanced care pediatric urology patient and family, compassionately providing information on prognosis, treatment options and alternative therapies
- Weekly urology education conference
- Monthly combined pediatric urology and nephrology conference

## Medical Knowledge

### Goals

- Residents must demonstrate knowledge of established and evolving concepts regarding advanced pediatric urologic conditions, as well as the application of this knowledge to patient care.

### Objectives

- **Understand** the pathophysiology of pediatric urologic disorders with a focus on disorders of sexual development, hypospadias, pediatric genitourinary trauma, congenital genitourinary tract anomalies, voiding dysfunction, and pediatric urologic oncology
- Develop reasoned algorithms for the management of **advanced** pediatric urologic conditions, including medical and surgical therapies and have the technical skills necessary to implement surgical treatment to include the following:
  - Advanced pediatric endoscopic techniques (DELFLUX injection, ureterocele puncture, PUV ablation)
  - Pediatric genital reconstruction (hypospadias repair, varicocele ligation, chordee correction, orchiopexy)
  - Open pediatric urologic reconstructive procedures (bladder augmentation, continent stoma, ureteral reimplantation)
  - Basic pediatric laparoscopic/robotic surgical techniques (pyeloplasty, nephrectomy, lap orchiopexy)
- Review with Dr. Phillips AUA Clinical Guidelines: Management and Screening of Primary Vesicoureteral Reflux in Children  
☐ Date:\_\_\_\_\_
- Review with Dr. Phillips AUA Clinical Guidelines: Evaluation and Treatment of Cryptorchidism



☐ Date:\_\_\_\_\_

- Review with Dr. Phillips AUA Policy Statement and AAP Policy Statement on Male Circumcision

☐ Date:\_\_\_\_\_

- Review with Dr. Phillips The multidisciplinary consensus on the classification of prenatal and postnatal urinary tract dilation (UTD classification system)

☐ Date:\_\_\_\_\_

## Practice-based Learning and Improvement

### Goals

- Residents must demonstrate the ability to investigate and evaluate their care of advanced pediatric urology patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

### Objectives

- Understanding that the best management strategy is a result of knowledge and experience, demonstrating a commitment to continuing education and learning
- Develop **broader understanding** of clinical quality initiatives using *micro-system approach*
- Attend weekly pediatric urology and multidisciplinary myelomeningocele ambulatory clinics

## Interpersonal and Communication Skills

### Goals

- Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and multi-disciplinary health professionals.

### Objectives

- Complete and maintain comprehensive and timely medical records
- Complete dictations and surgical case logs in a timely fashion
- Actively participate in pre-operative “time out” and post-surgical “team debriefing”
- Effectively communicate with patients, colleagues, students, and other health care professionals

## Professionalism

### Goals

- Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

### Objectives

- Demonstrate an awareness that the delivery of medical care requires the provider to always be professional, empathetic and respectful of the patients' and their family's rights to privacy and maintenance of dignity
- Demonstrate, through word and action, respect for the professionals involved with the delivery of health care
- Understand the ethical and moral issues involved in the management of patients with complex urologic dysfunction and the associated psychologic impact of disease.
- Participate in urology consults

## 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.

### Objectives

- Develop an awareness of his/her limitations and the self-assurance to seek consultation and assistance from colleagues and staff.
- Demonstrate the **ability to effectively communicate**, educate, and cooperate with other healthcare members to include medical students, ancillary staff, house staff, and consulting services.
- Acquire an **advanced understanding** of the complexity of the care of complex urology patients and the need for a comprehensive care approach.
- Attend weekly pediatric urology and multidisciplinary myelomeningocele ambulatory clinics
- Participate in pediatric urology consults

Date Reviewed:\_\_\_\_\_

Preceptor (Timothy Phillips):\_\_\_\_\_

Resident signature:\_\_\_\_\_

## PGY-4 Uro-gynecology Rotation

Preceptor: Dr Clay McDonough

This PGY-4 rotation provides the resident with a **solid foundation** in ambulatory and inpatient care in **Uro-gynecology** as well as progression in **conference participation and leadership**. The resident is introduced to fundamental problems in uro-gynecology, pelvic prolapse, and female voiding dysfunction. The PGY-4 resident will attend ambulatory uro-gynecology clinic staffed by the St Mary's Uro-gynecology service, will participate in daily teaching rounds, and will take part in uro-gynecology surgical cases. The PGY-4 resident's surgical focus is on the fundamental surgical treatment techniques for female vaginal prolapse and voiding dysfunction.

The rotation consists of 2 months at St Mary's Hospital. During duty hours, the urology resident is expected to be responsible for clinical and surgical duties similar to the gynecology resident on service. The urology resident will remain in the general urology call pool covering St Louis University Hospital and Cardinal Glennon Hospital and will not be expected to cover St Mary's Hospital for call. They will also continue to attend weekly Wednesday morning urology academic conferences at St Louis University Hospital from 0730 to 0930.

### Competency-based goals & objectives

#### Patient Care

##### Goals

- Provide patient care that is compassionate, appropriate, and effective for the treatment of female urologic health problems and the promotion of health.

##### Objectives

- **Develop an understanding** of the complexity of uro-gynecology and voiding dysfunction in a multidisciplinary care setting
- **Maintain continuity** of care with multidisciplinary care providers
- Demonstrate the ability to **develop** a focused female urogynecologic history and physical examination
- Assimilate results of a history and physical examination, laboratory data, and radiologic imaging to develop a reasoned differential diagnosis
- Demonstrate an **ability** to educate and counsel the uro-gynecology patient and her family, compassionately providing information on prognosis, treatment options and alternative therapies
- Weekly uro-gynecology attending clinic

## Medical Knowledge

### Goals

- Residents must demonstrate knowledge of established and evolving concepts regarding female specific urologic conditions, as well as the application of this knowledge to patient care.

### Objectives

- **Understand** the pathophysiology of urologic disorders with a focus on urogynecology and voiding dysfunction.
- Develop reasoned algorithms for the management of **common** urogynecologic conditions, including medical and surgical therapies and have the technical skills necessary to implement surgical treatment to include the following:

- Pubovaginal slings
- Periurethral bulking agents
- Interstim placement and use
- Correction of vaginal prolapse

- Review with Dr. McDonough AUA Best Practice Guidelines for treatment of stress urinary incontinence

☐ Date:\_\_\_\_\_

- Review with Dr. McDonough AUA/SUFU Best Practice Guidelines for adult urodynamics

☐ Date:\_\_\_\_\_

- Review with Dr. McDonough AUA Best Practice Guidelines for overactive bladder

☐ Date:\_\_\_\_\_

## Practice-based Learning and Improvement

### Goals

- Residents must demonstrate the ability to investigate and evaluate their care of urogynecology patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

### Objectives

- Understanding that the best management strategy is a result of knowledge and experience, demonstrating a commitment to continuing education and learning

- Develop ***broader understanding*** of clinical quality initiatives using *micro-system approach*
- Attend weekly uro-gynecology attending clinic

## **Interpersonal and Communication Skills**

### Goals

- Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and multi-disciplinary health professionals.

### Objectives

- Complete and maintain comprehensive and timely medical records
- Complete dictations and surgical case logs in a timely fashion
- Actively participate in pre-operative “time out” and post-surgical “team debriefing”
- Effectively communicate with patients, colleagues, students, and other health care professionals

## **Professionalism**

### Goals

- Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

### Objectives

- Demonstrate an awareness that the delivery of medical care requires the provider to be at all times, professional, empathetic and respectful of the patients’ and their family’s rights to privacy and maintenance of dignity
- Demonstrate, through word and action, respect for the professionals involved with the delivery of health care
- Understand the ethical and moral issues involved in the management of both female urologic patients and patients with neurologic voiding dysfunction
- Participate in uro-gynecology consults

## 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.

### Objectives

- Develop an awareness of his/her limitations and the self-assurance to seek consultation and assistance from colleagues and staff.
- Demonstrate the ***ability to effectively communicate***, educate, and cooperate with other healthcare members to include medical students, ancillary staff, house staff, and consulting services.
- Acquire a ***progressive understanding*** of the complexity of the care of female urology patients and the need for a comprehensive care approach.
- Attend weekly uro-gynecology attending clinic
- Participate in uro-gynecology consults

Date Reviewed:\_\_\_\_\_

Preceptor (Robert Clay McDonough III):\_\_\_\_\_

Resident signature:\_\_\_\_\_

## PGY-4 Saint Louis University General Urology Rotation

Preceptor: Dr Zachary Hamilton

This PGY-4 general urology rotation provides the resident with a **mastery foundation** in ambulatory and inpatient care in **General Urology** as well as progression in **conference participation and leadership**. The resident is continually exposed to fundamental problems in general urology, including complex stone disease, prosthetic urology, major oncology, and laparoscopic/robotic surgery. Surgical skills are emphasized for complex endoscopic procedures, prosthetic devices, major open cases, and laparoscopic/robotic principles. The PGY-4 resident will attend ambulatory urology clinic staffed by the urology service, will participate in daily teaching rounds (with special emphasis on education of junior residents and medical students), and will take part in advanced surgical cases. The PGY-4 resident's surgical focus is on the advanced surgical treatment techniques for complex endoscopic surgery, major open cases, and laparoscopic/robotic skill sets.

The rotation consists of 6 months at Saint Louis University Hospital. During duty hours, the urology resident is expected to be the senior resident for all clinical and surgical duties of the urology service. The majority of clinical decisions will go through the PGY-4 resident, and the resident will have significant clinical independence. The urology resident will remain in the general urology call pool covering St Louis University Hospital and Cardinal Glennon Hospital and will not be expected to cover St Mary's Hospital for call. They will also continue to attend weekly Wednesday morning urology academic conferences at St Louis University Hospital from 0700 to 0930. Residents will meet periodically with the faculty preceptor to review rotation specific topics (see Medical Knowledge section), and rotation progress will be discussed at those meetings as well.

### **Competency-based goals & objectives**

#### **Patient Care**

##### Goals

- Provide patient care that is compassionate, appropriate, and effective for the treatment of advanced urologic health problems.

##### Objectives

- ***Develop an understanding*** of complex stone disease, prosthetic urology, major oncology, and laparoscopic/robotic surgery in a multidisciplinary care setting
- ***Maintain continuity*** of care with multidisciplinary care providers
- Demonstrate the ability to ***develop*** a high quality urologic history and physical examination
- Assimilate results of a history and physical examination, laboratory data, and radiologic imaging to develop a well-established plan of care.



- Demonstrate an **ability** to educate and counsel the advanced care urology patient and family, compassionately providing information on prognosis, treatment options and alternative therapies
- Weekly urology education conference

## Medical Knowledge

### Goals

- Residents must demonstrate knowledge of established and evolving concepts regarding advanced urologic conditions, as well as the application of this knowledge to patient care.

### Objectives

- **Understand** the pathophysiology of urologic disorders with a focus on complex stone disease, prosthetic urology, major oncology, and laparoscopic/robotic surgery.
- Develop reasoned algorithms for the management of **advanced** urologic conditions, including medical and surgical therapies and have the technical skills necessary to implement surgical treatment to include the following:
  - Advanced cystoscopy (large bladder tumors, advanced urinary obstruction)
  - Advanced ureteroscopy and nephroscopy (complex stone procedures)
  - Basic open oncologic procedures
  - Basic laparoscopic/robotic surgical techniques
- Review with Dr. Hamilton AUA Clinical Guidelines: Diagnosis and Treatment of Non-Muscle Invasive Bladder Cancer: AUA/SUO Joint Guideline AND Treatment of Non-Metastatic Muscle-Invasive Bladder Cancer: AUA/ASCO/ASTRO/SUO Guideline  
☐ Date:\_\_\_\_\_
- Review with Dr. Hamilton AUA Clinical Guidelines: Evaluation, Management, and Follow-up for Renal Mass and Localized Renal Cancers  
☐ Date:\_\_\_\_\_
- Review with Dr. Hamilton AUA: BLUS Handbook of Laparoscopic and Robotic Fundamentals  
☐ Date:\_\_\_\_\_
- Review with Dr. Hamilton AUA Core Curriculum: Bladder Neoplasms Muscle Invasive Bladder Cancer; Prostate Cancer, Renal Neoplasms  
☐ Date:\_\_\_\_\_

## Practice-based Learning and Improvement

### Goals

- Residents must demonstrate the ability to investigate and evaluate their care of advanced urology patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

### Objectives

- Understanding that the best management strategy is a result of knowledge and experience, demonstrating a commitment to continuing education and learning
- Develop **broader understanding** of clinical quality initiatives using *micro-system approach*
- Attend weekly urology ambulatory clinic

## Interpersonal and Communication Skills

### Goals

- Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and multi-disciplinary health professionals.

### Objectives

- Complete and maintain comprehensive and timely medical records
- Complete dictations and surgical case logs in a timely fashion
- Actively participate in pre-operative “time out” and post-surgical “team debriefing”
- Effectively communicate with patients, colleagues, students, and other health care professionals

## Professionalism

### Goals

- Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

### Objectives

- Demonstrate an awareness that the delivery of medical care requires the provider to be at all times, professional, empathetic and respectful of the patients' and their family's rights to privacy and maintenance of dignity
- Demonstrate, through word and action, respect for the professionals involved with the delivery of health care
- Understand the ethical and moral issues involved in the management of patients with complex urologic dysfunction and the associated psychologic impact of disease.
- Participate in urology consults

### 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.

#### Objectives

- Develop an awareness of his/her limitations and the self-assurance to seek consultation and assistance from colleagues and staff.
- Demonstrate the **ability to effectively communicate**, educate, and cooperate with other healthcare members to include medical students, ancillary staff, house staff, and consulting services.
- Acquire an **advanced understanding** of the complexity of the care of complex urology patients and the need for a comprehensive care approach.
- Attend weekly urology ambulatory clinic
- Participate in urology consults

Date Reviewed:\_\_\_\_\_

Preceptor (Zachary Hamilton):\_\_\_\_\_

Resident signature:\_\_\_\_\_

## PGY-5 Saint Mary's General Urology Rotation

Preceptor: Dr. Lindsay Lombardo

This PGY-5 general urology rotation provides the resident with a **mastery foundation** in ambulatory and inpatient care in **General Urology** as well as progression in **conference participation and leadership**. The resident is continually exposed to fundamental problems in general urology, including complex stone disease, prosthetic urology, major oncology, and laparoscopic/robotic surgery. Surgical skills are emphasized for complex endoscopic procedures, prosthetic devices, major open cases, and laparoscopic/robotic principles. They will also continue to perform and master clinic procedures such as cystoscopy, prostate biopsy and ultrasound, and vasectomies. The PGY-5 resident will attend ambulatory urology clinic staffed by the urology service, will round on postoperative patients at St. Mary's and will take part in advanced surgical cases. If there are no cases or inpatients at St. Mary's, the URO4 is expected to join daily educational rounds at St. Louis University Hospital (with special emphasis on education of junior residents and medical students). The PGY-5 resident's surgical focus is on the advanced surgical treatment techniques for complex endoscopic surgery, major open cases, and laparoscopic/robotic skill sets. Their clinical focus is on mastery of seeing patients in a timely manner, documenting on patients, and performing clinic procedures competently.

The rotation consists of 6 months at Saint Mary's Hospital. During duty hours, the urology resident is expected to be the senior resident for all clinical and surgical duties of the urology service at St. Mary's and when not busy at St. Mary's, participating in the same fashion at St. Louis University Hospital. The majority of clinical decisions will go through the URO4 resident, and the resident will have significant clinical independence. The urology resident will remain in the general urology call pool covering St. Louis University Hospital and Cardinal Glennon Hospital. They will also continue to attend weekly Wednesday morning urology academic conferences at St. Louis University Hospital from 0700 to 0930. Residents will meet periodically with the faculty preceptor to review rotation specific topics (see Medical Knowledge section), and rotation progress will be discussed at those meetings as well.

### **Competency-based goals & objectives**

#### **Patient Care**

##### Goals

- Provide patient care that is compassionate, appropriate, and effective for the treatment of advanced urologic health problems.

##### Objectives

- ***Develop an understanding*** of complex stone disease, prosthetic urology, major oncology, and laparoscopic/robotic surgery in a multidisciplinary care setting
- ***Maintain continuity*** of care with multidisciplinary care providers

- Demonstrate the ability to **develop** a high quality urologic history and physical examination
- Assimilate results of a history and physical examination, laboratory data, and radiologic imaging to develop a well-established plan of care.
- Demonstrate an **ability** to educate and counsel the advanced care urology patient and family, compassionately providing information on prognosis, treatment options and alternative therapies
- Weekly urology education conference

## Medical Knowledge

### Goals

- Residents must demonstrate knowledge of established and evolving concepts regarding advanced urologic conditions, as well as the application of this knowledge to patient care.

### Objectives

- **Understand** the pathophysiology of urologic disorders with a focus on complex stone disease, prosthetic urology, major oncology, and laparoscopic/robotic surgery.
- Develop reasoned algorithms for the management of **advanced** urologic conditions, including medical and surgical therapies and have the technical skills necessary to implement surgical treatment to include the following:
  - Advanced cystoscopy (large bladder tumors, advanced urinary obstruction)
  - Advanced ureteroscopy and nephroscopy (complex stone procedures)
  - Basic open oncologic procedures
  - Basic laparoscopic/robotic surgical techniques\
  - Prostate biopsy
  - Clinic cystoscopy
  - Vasectomy
- Review with Dr. Lombardo AUA Clinical Guidelines: Prostatitis  
☐ Date:\_\_\_\_\_
- Review with Dr. Lombardo AUA Clinical Guidelines: Hypogonadism: medical treatment  
☐ Date:\_\_\_\_\_

- Review with Dr. Lombardo AUA: Disorders of ejaculation and orgasm  
☐ Date:\_\_\_\_\_
- Review with Dr. Lombardo AUA Core Curriculum: interstitial cystitis and review pelvic pain syndrome  
☐ Date:\_\_\_\_\_

## Practice-based Learning and Improvement

### Goals

- Residents must demonstrate the ability to investigate and evaluate their care of advanced urology patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

### Objectives

- Understanding that the best management strategy is a result of knowledge and experience, demonstrating a commitment to continuing education and learning
- Develop ***broader understanding*** of clinical quality initiatives using *micro-system approach*
- Attend weekly urology ambulatory clinic

## Interpersonal and Communication Skills

### Goals

- Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and multi-disciplinary health professionals.

### Objectives

- Complete and maintain comprehensive and timely medical records
- Complete dictations and surgical case logs in a timely fashion
- Actively participate in pre-operative “time out” and post-surgical “team debriefing”
- Effectively communicate with patients, colleagues, students, and other health care professionals

## Professionalism

### Goals

- Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

#### Objectives

- Demonstrate an awareness that the delivery of medical care requires the provider to be at all times, professional, empathetic and respectful of the patients' and their family's rights to privacy and maintenance of dignity
- Demonstrate, through word and action, respect for the professionals involved with the delivery of health care
- Understand the ethical and moral issues involved in the management of patients with complex urologic dysfunction and the associated psychologic impact of disease.
- Participate in urology consults

#### 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.

#### Objectives

- Develop an awareness of his/her limitations and the self-assurance to seek consultation and assistance from colleagues and staff.
- Demonstrate the **ability to effectively communicate**, educate, and cooperate with other healthcare members to include medical students, ancillary staff, house staff, and consulting services.
- Acquire an **advanced understanding** of the complexity of the care of complex urology patients and the need for a comprehensive care approach.
- Attend weekly urology ambulatory clinic
- Participate in urology consults

Date Reviewed: \_\_\_\_\_

Preceptor (Lindsay Lombardo, DO): \_\_\_\_\_

Resident signature: \_\_\_\_\_

## PGY-5 Saint Louis University General Urology Rotation

Preceptor: Dr. Sameer Siddiqui

This PGY-5 general urology rotation provides the resident with a **mastery foundation** in ambulatory and inpatient care in **General Urology** as well as progression in **conference participation and leadership**. The resident is continually exposed to fundamental problems in general urology, including complex stone disease, prosthetic urology, major oncology, and laparoscopic/robotic surgery. Surgical skills are emphasized for complex endoscopic procedures, prosthetic devices, major open cases, and laparoscopic/robotic principles. They will also continue to perform and master clinic procedures such as cystoscopy, prostate biopsy and ultrasound, and vasectomies. The PGY-5 resident will attend ambulatory urology clinic staffed by the urology service, will round on postoperative patients at St Louis University Hospital and will take part in advanced surgical cases. The PGY-5 is expected to conduct daily educational rounds at St. Louis University Hospital (with special emphasis on education of junior residents and medical students). The PGY-5 resident's surgical focus is on the advanced surgical treatment techniques for complex endoscopic surgery, major open cases, and laparoscopic/robotic skill sets. Their clinical focus is on mastery of seeing patients in a timely manner, documenting on patients, and performing clinic procedures competently.

The rotation consists of 6 months at Saint Louis University Hospital. During duty hours, the urology resident is expected to be the senior resident for all clinical and surgical duties of the urology service at Saint Louis University Hospital. The resident will be the primary leader of the resident clinical team, and they will have significant clinical independence. The urology resident will remain in the general urology call pool covering St. Louis University Hospital and Cardinal Glennon Hospital and will not be expected to cover St Mary's Hospital for call. They will also continue to attend weekly Wednesday morning urology academic conferences at St Louis University Hospital from 0700 to 0930. . Residents will meet periodically with the faculty preceptor to review rotation specific topics (see Medical Knowledge section), and rotation progress will be discussed at those meetings as well.

### **Competency-based goals & objectives**

#### **Patient Care**

##### Goals

- Provide patient care that is compassionate, appropriate, and effective for the treatment of advanced urologic health problems.

##### Objectives

- ***Develop an understanding*** of complex stone disease, incontinence and voiding dysfunction, major oncology, and laparoscopic/robotic surgery in a multidisciplinary care setting
- ***Maintain continuity*** of care with multidisciplinary care providers



- Demonstrate the ability to **develop** a high quality urologic history and physical examination
- Assimilate results of a history and physical examination, laboratory data, and radiologic imaging to develop a well-established plan of care.
- Demonstrate an **ability** to educate and counsel the advanced care urology patient and family, compassionately providing information on prognosis, treatment options and alternative therapies
- Weekly urology education conference

## Medical Knowledge

### Goals

- Residents must demonstrate knowledge of established and evolving concepts regarding advanced urologic conditions, as well as the application of this knowledge to patient care.

### Objectives

- **Understand** the pathophysiology of urologic disorders with a focus on complex stone disease, incontinence, major oncology, and laparoscopic/robotic surgery.
- Develop reasoned algorithms for the management of **advanced** urologic conditions, including medical and surgical therapies and have the technical skills necessary to implement surgical treatment to include the following:
  - Advanced cystoscopy (large bladder tumors, advanced urinary obstruction)
  - Advanced ureteroscopy and nephroscopy (complex stone procedures)
  - Complex open oncologic procedures
  - Complex laparoscopic/robotic surgical techniques
  - Prostate biopsy
  - Clinic cystoscopy
- Review with Dr. Siddiqui AUA Clinical Guidelines: Prostate Cancer: Castration-Resistant  
☐ Date:\_\_\_\_\_
- Review with Dr. Siddiqui AUA Clinical Guidelines: Prostate Cancer: Clinically Localized  
☐ Date:\_\_\_\_\_

- Review with Dr. Siddiqui AUA Clinical Guidelines: Prostate Cancer: Adjuvant and Salvage Radiotherapy after Prostatectomy

☐ Date:\_\_\_\_\_

## Practice-based Learning and Improvement

### Goals

- Residents must demonstrate the ability to investigate and evaluate their care of advanced urology patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

### Objectives

- Understanding that the best management strategy is a result of knowledge and experience, demonstrating a commitment to continuing education and learning
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## Interpersonal and Communication Skills

### Goals

- Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and multi-disciplinary health professionals.

### Objectives

- Participate in the education of junior residents and medical students
- Complete and maintain comprehensive and timely medical records
- Complete dictations and surgical case logs in a timely fashion
- Actively participate in pre-operative “time out” and post-surgical “team debriefing”
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Date Reviewed: \_\_\_\_\_

Preceptor (Sameer Siddiqui, MD): \_\_\_\_\_

Resident signature: \_\_\_\_\_

## **EVALUATIONS**

Residents will be evaluated every 2 months, by both faculty and staff, with data collected in the New Innovations system. Each resident will meet with the Program Director biannually to discuss these evaluations, and receive any necessary advice or counseling. Rotation preceptors will meet with residents on their rotation periodically to provide face to face feedback (typically during the one on one teaching sessions provided in the goals/objectives section). In addition, the residents will evaluate the faculty via New Innovations, and, in a similar manner, this information will be discussed with each of the faculty regularly. In cases where a resident is problematic and shows no progress in meeting the institutional guidelines considered minimal for advancement or completions of the program, (guidelines for residents) he or she may be placed on probation which could lead to termination.

All residents are required to take the In-service exam given by American Urologic Association. The results of the tests are discussed with each resident in private to review weakness and strengths. Where necessary, a plan of corrective action and study can be developed with the assistance of faculty mentors. Repeated poor performance on the ISE may be grounds for probation.

## RESIDENT APPLICATION PROCESS

The Department of Surgery/Division of Urology strives to ensure a fair and non-discriminatory process for the selection of residents into the Surgery training program.

All applications are accepted through ERAS. Applicants who request information by mail, telephone, or e-mail are referred to ERAS and the Department of Surgery website <http://surgery.slu.edu/urology/>. Links to the ERAS program are found on the Urology website and the address is given to all applicants.

All applications must contain the following information:

- 1) Common Application Form
- 2) CV Report
- 3) Personal Statement
- 4) Medical School Transcript
- 5) Dean's Letter
- 6) Three Letters of Recommendation
- 7) Wallet-sized Color Photo (Optional)
- 8) USMLE Scores or Other Licensing Exam Scores
- 9) ECFMG Status Report (International grads only)
- 10) VISA Status (International grads only)

If applying while in another residency program (a recommendation letter from your program director/chair must follow).

The completed application will be reviewed by the program director. Candidates are selected on the basis of the above-information. Qualified candidates are invited to participate in the interview process. The candidates are informed by letter email that they have been selected for an interview. Each candidate is given information regarding salary, benefits, a copy of the contract, local information and lodging information.

Candidates meet with the Program Director and Department Chairman, Surgical faculty and residents. They are evaluated on the application materials and overall interview. At the end of the interview day candidates are reviewed and scores assigned. Interviews are conducted in November, December, and January.

Upon conclusion of scheduled interview days a ranking meeting will be held with all those involved in the interview process. A rank order list is then compiled. Residents are selected and ranked through the National Residency Matching Program (NRMP). A candidate will not be ranked on the match list unless he/she has had a formal interview.

If an applicant is applying for a position other than a PGY 1 position, he/she would need to provide all the above information but not go through ERAS. He/she would need a letter from his/her current program director and recommendation letters from his current program.

Saint Louis University is an equal opportunity/affirmative action institution and will not discriminate with regard to sex, race, age, religion, color, national origin, disability or veteran status.

## MISCELLANEOUS RESOURCES

Below is a synopsis of the resources which are available to the residents through the SLU Medical Library website, free of charge (often requiring a SLU NetID and Banner password). These may be accessed from SLU computers as well as remotely.

### **SLU Medical Library**

<http://www.slu.edu/libraries/hsc/index.html>

**Provides a portal to the following:**

Ovid

Pubmed

UpToDate

Access Medicine

MD Consult

CINAHL Plus (EBSCO)

Net Anatomy

E-Journal Portal

JAMAevidence

New Books

**On-line access to journal publication databases** such as PubMed and Medline via the MCL's Digital Document Delivery (D3) System)

<http://www.slu.edu/libraries/hsc/d3/d3.html>

### **On-line books**

<http://libraries.slu.edu/mcl/ebook/bksonline.cfm>

### **SLU E-mail**

SLU Net ID:

Initial password: last 6 digits of Banner #

### **Novell Login:**

SLU NetID:

Initial password: Idxxxxxx (last 6 digits of Banner #)

Change password at: [password.slu.edu](http://password.slu.edu)

Start-up page:

<http://partnerpage.google.com/slu.edu?tab=mS>

Problems:

977-8750

SLU IT Website:

<http://www.slu.edu/x29515.xml>

## **SAINT LOUIS UNIVERSITY RESIDENTS ASSOCIATION (SLURA)**

Saint Louis University Residents Association identifies ideas and concerns as they are related to the welfare of Saint Louis University housestaff. We facilitate change based on real concerns from residents and fellows. SLURA is committed to enhancing the educational environment for Graduate Medical Education here at Saint Louis University as well as improving work conditions through a team-based, problem solving approach. There are four (4) resident voting positions on the Graduate Medical Education Committee that are filled by representatives from SLURA.

The conference combines didactic presentations by nationally recognized experts and interactive case-based breakout sessions which will focus on maintaining professional industry relationships at all levels, from pharmaceutical representatives, to faculty consulting, and to corporate sponsorship of new technologies that will withstand patient, public, and regulatory scrutiny without compromising scientific innovation and discovery.

This meeting helps meet ACGME accreditation requirements for GME Programs and trainees, and offers CME Credit for participants. Open to all faculty and students of the University, the conference targets Medical School faculty and residents, and those with a particular interest Professional Interactions with outside industries. For more information, contact Missy White-Luster at 314-977-9851.

SLURA sponsors guest lectures to talk at their monthly meetings regarding various topics of interest ranging from “How to find a Job” to “Basics of Investing.”

How do I join?

As a house staff officer you are automatically a member.

Fees:

No fees are required; all support is from the Graduate Medical Education Office and with guidance from the Ombudsman.

Where can I attend the meetings?

Contact GME Office (577-9851) for dates, times, and locations.