

## ***Policies and Procedures***

<i>Section:</i> <b>School of Medicine</b>		<i>NO.</i>				
<i>Chapter:</i> <b>Urology</b>	<i>Issued:</i> <b>4/12/2023</b>	<i>REV. A</i>	<i>REV. B</i>	<i>REV. C</i>		
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### **PURPOSE**

Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

### **SCOPE**

This policy applies to all Creighton University Urology residents.

### **POLICY**

#### ***Resident Supervision***

1. *CUMC Bergan, Immanuel, & Mercy CB*

The Section of Urology has a protocol requiring that the attending of record see in-patients each day.

Daily and before any surgical procedure is performed on an in-patient or emergency patient, the attending should ideally write or cosign a note.

An attending faculty member directly supervises every surgical procedure. A chief resident is allowed to insert ureteral catheters on their own with faculty available. Indirect supervision must always be provided, and an attending must always be on call. In the urology clinic each patient is assigned to an attending who directly supervises the resident's care of the patient.

For serious illnesses or operations, the attending is always contacted.

2. *VA*

Under the guidance of the resident who is overseen by the chief resident or other urological faculty, every patient is admitted to the urology service. Consultations, in-patient notes, and out-patient notes are endorsed by the registered attending.

Attending faculty directly supervises every surgical procedure.

At the time of their annual evaluation, the faculties' supervision is assessed.

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For serious illnesses or operations, the attending is always contacted.

3. Phoenix Children's  
Each patient is admitted to the urology service by an attending. All surgical procedures are directly supervised by an attending faculty. In the urology clinic each patient is assigned to an attending who directly supervises the resident's care of the patient. For serious illnesses or operations, the attending is always contacted.

At these stages, each resident will become proficient in performing outpatient treatments. All initial procedures will be carried out either with the assistance of a more senior level resident scrubbed in for the case or directly under the direct supervision of an attending physician. The resident will be given more autonomy as the senior staff is persuaded that they can carry out the procedures with the proper pre-procedure planning, consent counseling, local anesthesia use, instrument handling, surgical technique, follow-up planning, and documentation/coding. The complication rate, patient evaluations, and 360-degree evaluations by auxiliary staff may all be considered when judging a resident's suitability to perform a certain surgery. Since the learning environment will always be overseen, no certain number of cases is necessary to demonstrate proficiency. No matter how many more senior residents are available, at least one attending physician will supervise every procedure clinic on-site. The intended outcome of the residency is independent practice regarding bedside and clinic procedures. Individual institutional regulations may mandate attending presence for procedures, but if residents are deemed competent to do so based on prior training, they will be permitted to advance to independence in performing procedures without the attending scrubbing in for the case. Every case in the operating room will have an attending present, and residents will be given increasing levels of responsibility until they are deemed competent to carry out the surgery on their own. Throughout this development, daily or weekly postoperative evaluations will be discussed with the residents. The attending staff will be expected to monitor progress but not actively scrub in on the cases during the chief resident year (PGY-5), when residents will be expected to teach fundamental urologic operations in the clinic, at the bedside, and in the OR to the more junior residents.

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**LEVEL:** PGY-1. PGY 2

**SUPERVISION:** PGY-1 & 2 → PGY 3, 4, 5 → Urology Attending  
All management decisions will be discussed with the Urology Attending.

The resident will be able to demonstrate:

- 1) Knowledge of general surgical principals as they apply to urology.
- 2) The ability to perform endoscopic procedures, including but not limited to the following:
  - Cystourethroscopy
  - Ureteroscopy (flexible and rigid)
- 3) The ability to perform open procedures, including but not limited to the following:
  - Simple penile surgery, including circumcision.
  - Scrotal surgery
- 4) The ability to perform ambulatory procedures, including but not limited to the following:
  - E.S.W.L.
  - Retrograde pyelograms
  - Retrograde urethrograms
  - Ureteral stent placement and removal
  - Transrectal ultrasound guided prostate biopsy.
  - Peripheral (skin) biopsies
  - Vasectomy
- 5) The ability to perform additional procedures, including but not limited to the following:
  - Cystoscopy
  - Prostate ultrasound and biopsy
  - Use of dilators, filiform, and followers
  - Urodynamics

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**LEVEL:** PGY-3

**SUPERVISION:** PGY-3 → Pediatric Urology Attending

All management decisions will be discussed with the Urology Attending.

Perform basic skills in selected surgical procedures.

*Objectives:* During the first three month of the rotation, demonstrate the ability to perform basic pediatric surgical procedures, including but not limited to the following:

- Simple penile surgery, including pediatric circumcision.
- inguinal
- scrotal
- pediatric cystoscopy
- hydrocelectomy, herniorrhaphy
- orchiopexy, all categories
- subcutaneous deflux injections

During the second three month of the rotation, demonstrate the ability to perform advanced pediatric surgical procedures, including but not limited to the following:

- renal surgery, partial or total nephrectomy
- urethral
- bladder augmentation
- pediatric cystoscopy
- intermediate
- scrotal
- hypospadias
- pyeloplasty
- ureteroneocystostomy
- urinary diversion

At this level, additional complicated clinic treatments are added to those of the lower level. Nearly all outpatient operations should be mastered by the conclusion of the PGY-3 year, with continuing skill development through graduation. As previously mentioned, competence for independent practice will be documented. Additional Outpatient Clinical Procedures

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**LEVEL:** PGY-4, PGY 5

**SUPERVISION:** PGY-4 → Chief Resident (PGY 5) → Urology Attending  
All management decisions will be discussed with the Urology Attending.

Perform advance skills in selected surgical procedures.

*Objective:* The resident will be able to demonstrate the ability to perform surgical procedures, including but not limited to the following:

- 1) Transurethral resection of the prostate
- 2) Radical cystectomy
- 3) Radical prostatectomy (open and robotic)
- 4) Microsurgery
- 5) Laparoscopy

Before a resident can transition to indirect supervision by higher level residents or faculty, they generally need to document procedures under direct supervision.

### **REFERENCES**

ACGME

### **AMENDMENTS OR TERMINATION OF THIS POLICY**

Creighton University reserves the right to modify, amend or terminate this policy at any time.

*The GME policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.*