Operating Room

All patients undergoing elective or emergent surgery will be directly supervised in the operating room by an approved attending urologist.

VI.D.4. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

   VI.D.4.a) The program director must evaluate each resident’s abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.

   VI.D.4.b) Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the residents.

   VI.D.4.c) Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

Specific urology index cases are identified in the ACGME Resident Operative Experience Log. For each index case, a required number of cases is listed. Residents are required to update their operative log by the end of each month. The program director will review operative logs quarterly. When the resident accrues the required number of cases for a specific index case, the resident will be extended Teaching Assistant privileges for that case. This privilege will be documented in the “Quarterly Resident Supervision Report.” The attending surgeon of record is required to be present for all operative cases, but he or she may delegate to a resident with Teaching Assistant privileges the “supervisory” role of the case for another more junior resident.

VI.D.5. Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

   VI.D.5.a) Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

      VI.D.5.a.(1) In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available.

On-call junior residents will notify the on-call Chief Resident, and the Chief Resident will notify the on-call attending urologist under the following circumstances:

- Evaluation of an outpatient in the urology clinic who requires admission or emergent surgery.
- Evaluation of a patient as a result of consultations from other services or the emergency department who require immediate urologic treatment.
- Evaluation of an inpatient on the urology service who requires transfer to a higher level of care within the medical center.
- Death of an inpatient on the urology service.
VI.D.6. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.

At the sponsoring institution, an attending urologist will supervise residents in the urology clinic for one half day each week and for two days each week in the operating room on average. In addition, attending urologists will rotate weekly on call. Over the course of the 2.5 years of training each resident spends at the sponsoring institution, this schedule will provide sufficient duration to assess the knowledge and skills of each resident in order to delegate to him/her the appropriate level of patient care. All faculty members attend the academic conferences scheduled on Wednesday afternoon of every week and morning report daily on weekdays. These forums provide another opportunity for faculty members to assess knowledge of each resident.

At participating sites, the residents on rotations of 2 or 3 months in duration will be supervised primarily by 1 or 2 attending surgeons. Multiple attending urologists will supervise residents on the Urology San Antonio rotation, but the rotation is 9 months in duration. At all participating sites, the duration of the rotation correlates with the number of attending urologists and allows for sufficient time to assess the knowledge and skills of the resident with appropriate delegation of patient care authority and responsibility.