

Department of Urology PGY 3 Resident Levels of Care			
	LEVEL OF CARE	SUPERVISION	ACGME COMPETENCY/ MILESTONE
Residents at this level Should be Proficient in the Tasks & Activities Commensurate with the PGY-1 to PGY-2 Levels. Additionally, Residents at this Level Should:	3	DS, IS, O	PC
Serve as Operative Assistant in Major Percutaneous, Pediatric, Oncological, & Reconstructive Urological Operations *	3	DS	PC
Perform Transurethral Resection of Deep Bladder Lesions / Tumors	3	DS	PC
Perform Transurethral & Laser Surgery of the Prostate	3	DS	PC
Perform Ureteroscopic Biopsy & Laser Incision & Destruction of Ureteric or Renal Strictures / Lesions	3	DS	PC
Place Percutaneous Nephrostomy Tube under Fluoroscopic Guidance	3	DS	PC
Perform Complex Scrotal & Inguinal Surgery (Radical Orchiectomy, Detorsion & Contralateral Fixation, etc.)	3	DS	PC
Should be Proficient in the Tasks & Activities Commensurate with the PGY-1 & PGY -2 Levels and should have developed the knowledge, skills, and competence be able to perform the following additional procedures under indirect supervision:			
Learn and Demonstrate Ability to Perform Complex Techniques of Surgical Dissection and Handling of Tissues [1,2]	3	IS	PC
Repair Complex Lacerations [2]	3	IS	PC
Serve as Operative Assistant in Major Percutaneous, Pediatric, Oncological, & Reconstructive Urological Operations [2]	3	IS	PC
Perform Transurethral Resection of Superficial Bladder Lesions / Tumors [2]	3	IS	PC
Perform Flexible & Semi-Rigid Ureteroscopy w/ Basket Extraction & Laser/EHL Lithotripsy [2]	3	IS	PC
Place Percutaneous Nephrostomy Tube Placement Under U/S & Fluoroscopic Guidance [2]	3	IS	PC
Perform Simple Scrotal Surgery (Hydrocelectomy, Scrotal Orchiectomy) [2]	3	IS	PC
Perform Open Suprapubic Cystostomy [2]	3	IS	PC
Perform Percutaneous Needle Biopsy of Kidney or Renal Mass Under U/S Guidance[2]	3	IS	PC

Residents should be Gaining Increased Knowledge of the Six Core Clinical Competencies and the Evaluation Process Used to Monitor Their Progress Toward Achieving Success in the following Domains:			
Patient Care: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. [1]	3	O	MK
Medical Knowledge: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents are expected to perform at, or above the National Average of Peers on the Annual AUA-sponsored In-Service Examination. [2]	3	O	PC
Practice-based Learning and Improvement: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals: [3]	3	O	PBL
identify strengths, deficiencies, and limits in one's knowledge and expertise; [3]	3	O	PBL
set learning and improvement goals; [3]	3	O	PBL
identify and perform appropriate learning activities; [3]	3	O	PBL
systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; [3]	3	O	PBL
incorporate formative evaluation feedback into daily practice (including SECURE's Observed Patient Encounters and Operative Performance Rating Forms); [3]		O	PBL
locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems; [3,5]	3	O	PBL
use information technology to optimize learning; and,[3,5]	3	O	PBL, SBP
participate in the education of patients, families, students, residents and other health professionals. [3,4]	3	O	PBL, ICS
Interpersonal and Communication Skills: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, & health professionals. [4] Residents are expected to:	3	O	ICS
communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds; [4]	3	O	ICS
communicate effectively with physicians, other health professionals, and health related agencies; [4]	3	O	ICS
work effectively as a member or leader of a health care team or other professional group; [4]	3	O	ICS
act in a consultative role to other physicians and health professionals;[4] and,	3	O	ICS
maintain comprehensive, timely, and legible medical records, if applicable.[4]	3	O	ICS

Systems-based Practice: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:			
work effectively in various health care delivery settings and systems relevant to their clinical specialty; [5]	3	O	SBP
coordinate patient care within the health care system relevant to their clinical specialty; [5]	3	O	SBP
incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate; [5]	3	O	SBP
advocate for quality patient care and optimal patient care systems; [5]	3	O	SBP
work in inter-professional teams to enhance patient safety and improve patient care quality;[5] and	3	O	SBP
participate in identifying system errors and implementing potential systems solutions. [5]	3	O	SBP
Professionalism: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:	3		
compassion, integrity, and respect for others; [6]		O	P
responsiveness to patient needs that supersede self-interest; [6]	3	O	P
respect for patient privacy and autonomy; [6]	3	O	P
accountability to patients, society and the profession;[6] and,	3	O	P
sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.[6]	3	O	P
Learn Complex Techniques of Dissection and Handling of Tissues [2]	2	DS	PC
Repair Complex Lacerations [2]	2	DS	PC
Serve as Operative Assistant in Major Percutaneous, Pediatric, Oncological, & Reconstructive Urological Operations* [2]	2	DS	PC
Perform Transurethral Resection of Superficial Bladder Lesions / Tumors [2]	2	DS	PC
Perform Flexible & Semi-Rigid Ureteroscopy w/ Basket Extraction & Laser/EHL Lithotripsy [2]	2	DS	PC
Place Percutaneous Nephrostomy Tube Placement Under Fluoroscopic Guidance* [2]	2	DS	PC
Perform Simple Scrotal Surgery (Hydrocelectomy, Scrotal Orchiectomy) [2]	2	DS	PC
Perform Open Suprapubic Cystostomy* [2]	2	DS	PC
Perform Percutaneous Needle Biopsy of Kidney or Renal Mass Under U/S Guidance*[2]	2	DS	PC
Perform Simple Scrotal Surgery (Hydrocelectomy, Scrotal Orchiectomy) [2]	2	DS	PC
Perform Open Suprapubic Cystostomy* [2]	2	DS	PC
Perform Percutaneous Needle Biopsy of Kidney or Renal Mass Under U/S Guidance*[2]	2	DS	PC
Vasectomy* [2]	2	DS	PC
Should be Proficient in the Tasks & Activities Commensurate with the PGY-1 Level and should have developed the knowledge, skills, and competence be able to perform the following additional procedures under indirect supervision:			

Clamp & Surgical Circumcision [2]	2	IS	PC
Rigid & Flexible Cystoscopy [2]	2	IS	PC
Endoscopic Cold Cup Bladder Biopsy [2]	2	IS	PC
Retrograde Pyelography & Placement of Ureteral Stents [2]	2	IS	PC
Percutaneous Suprapubic Cystostomy Placement [2]	2	IS	PC
Transrectal Ultrasound-Guided Prostate Needle Biopsy [2]	2	IS	PC
Sclerotherapy - Hydrocele [2]	2	IS	PC
Extracorporeal Shock Wave Lithotripsy (ESWL) [2]	2	IS	PC
Pharmacologic Erection Therapy [2]	2	IS	PC
Dilation of Urethral Strictures with Sounds or Balloons [2]	2	IS	PC
Perform and Interpret Urodynamics (Uroflow, Cystometry, Pressure-Flow Studies, etc.) [1,2]	2	IS	MK, PC
Residents should be Knowledgeable of the Six Core Clinical Competencies and the Evaluation Process Used to Monitor Their Progress Toward Achieving Success in the following Domains:			
Patient Care: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. [1]	2	O	PC
Medical Knowledge: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents are expected to perform at, or above the National Average of Peers on the Annual AUA-sponsored In-Service Examination. [2]	2	O	MK
Practice-based Learning and Improvement: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals: [3]	2	O	PBL
identify strengths, deficiencies, and limits in one's knowledge and expertise; [3]	2	O	PBL
set learning and improvement goals; [3]	2	O	PBL
identify and perform appropriate learning activities; [3]	2	O	PBL
systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; [3]	2	O	PBL
incorporate formative evaluation feedback into daily practice (including SECURE's Observed Patient Encounters and Operative Performance Rating Forms); [3]	2	O	PBL
locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems; [3,5]	2	O	PBL
use information technology to optimize learning; and,[3,5]	2	O	PBL, SBP
participate in the education of patients, families, students, residents and other health professionals. [3,4]	2	O	PBL, ICS

Interpersonal and Communication Skills: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, & health professionals. [4] Residents are expected to:	2	O	ICS
communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds; [4]	2	O	ICS
communicate effectively with physicians, other health professionals, and health related agencies; [4]	2	O	ICS
work effectively as a member or leader of a health care team or other professional group; [4]	2	O	ICS
act in a consultative role to other physicians and health professionals;[4] and,	2	O	ICS
maintain comprehensive, timely, and legible medical records, if applicable.[4]	2	O	ICS
Systems-based Practice - Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:			
work effectively in various health care delivery settings and systems relevant to their clinical specialty; [5]	2	O	SBP
coordinate patient care within the health care system relevant to their clinical specialty; [5]	2	O	SBP
incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate; [5]	2	O	SBP
advocate for quality patient care and optimal patient care systems; [5]	2	O	SBP
work in inter-professional teams to enhance patient safety and improve patient care quality;[5] and	2	O	SBP
participate in identifying system errors and implementing potential systems solutions. [5]	2	O	SBP
Professionalism: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:	2		
compassion, integrity, and respect for others; [6]	2	O	P
responsiveness to patient needs that supersede self-interest; [6]	2	O	P
respect for patient privacy and autonomy; [6]	2	O	P
accountability to patients, society and the profession;[6] and,	2	O	P
sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.[6]	2	O	P
Place central lines (subclavian or jugular veins)	1	DS	MK, PC
Obtain oropharyngeal control of the airway and provide Ambu ventilation	1	DS	PC
Perform Tracheal intubation	1	DS	PC
Administer local anesthetics [2]	1	DS	PC
Learn basic techniques of dissection and handling of tissues	1	DS	PC
Repair simple lacerations	1	DS	PC
Perform wound closure (suture and skin staples)	1	DS	PC
Serve as operative assistant	1	DS	PC

Perform needle or open biopsies (breast masses, prostate nodule, superficial lymph nodes, etc)	1	DS	PC
Excise or biopsy superficial skin lesions	1	DS	PC
Perform Incision and Drainage of Superficial (or Deep*) Fluid Collections and/or Abscesses	1	DS	PC
Place (Via Percutaneous or Open Techniques)*, Maintain, and Remove Thoracostomy Tubes	1	DS	PC
Perform and Interpret Paracentesis and Diagnostic Peritoneal Lavage	1	DS	MK, PC
Perform and Interpret Thoracentesis	1	DS	MK, PC
Perform Diagnostic Lumbar Puncture	1	DS	MK, PC
Obtain and Apply Split Thickness Skin Grafts	1	DS	PC
Repair Umbilical and Inguinal Hernias	1	DS	PC
Perform Flexible Endoscopy of Upper / Lower Gastrointestinal Tract	1	DS	PC
Perform Extremity Amputation*	1	DS	PC
Draw Arterial Blood Samples	1	DS	PC
Place Arterial Blood Pressure Monitoring Lines	1	DS	PC
Insert* and Manage Gastrostomy and Jejunostomy Feeding Tubes	1	DS	PC
Remove Superficial Foreign Bodies	1	DS	PC
Perform Appendectomies*	1	DS	PC
Perform Laser Vaporization of Superficial Skin Lesions	1	DS	PC
Clamp & Surgical Circumcision	1	DS	PC
Rigid & Flexible Cystoscopy	1	DS	PC
Endoscopic Cold Cup Bladder Biopsy	1	DS	PC
Retrograde Pyelography & Placement of Ureteral Stents	1	DS	PC
Percutaneous Suprapubic Cystostomy Placement*	1	DS	PC
Transrectal Ultrasound-Guided Prostate Needle Biopsy	1	DS	PC
Sclerotherapy - Hydrocele	1	DS	PC
Extracorporeal Shock Wave Lithotripsy (ESWL)*	1	DS	PC
Pharmacologic Erection Therapy	1	DS	PC
Dilation of Urethral Strictures with Sounds or Balloons	1	DS	PC
Vasectomy *	1	DS	PC
Perform and Interpret Urodynamics (Uroflow, Cystometry, Pressure-Flow Studies, etc.)	1	DS	MK, PC
Perform and Document Histories and Physical Exams	1	IS	MK, PC, PBL, ICS, P
Order & Interpret Findings of Diagnostic Tests (Radiology, Electrocardiographic, and Laboratory)	1	IS	MK, PC, PBL, ICS, SBP
Develop and Document Fluid & Electrolyte Therapy	1	IS	MK, PC, PBL, ICS, SBP
Monitor Vital Signs and Intake / Output	1	IS	MK, PC, PBL, ICS, SBP, P
Request and Review Consultations	1	IS	MK, PC, PBL, ICS, SBP, P
Obtain & Document Informed Consent	1	IS	MK, PC, PBL, ICS, P
Order Transfusions of Blood & Blood Products	1	IS	MK, PC, PBL, ICS, SBP

Order Pain Management Therapy	1	IS	MK, PC, PBL, ICS, SBP
Order Medications and Monitor for their Effects and for Possible Adverse Reactions	1	IS	MK, PC, PBL, ICS, SBP
Develop and Document Pre- and Postoperative Care Plan	1	IS	MK, PC
Understand and Practice Sterile Technique and Scrub, Gown, Glove, and Drape Properly	1	IS	MK, PC
Manage Surgical Tubes and Drains	1	IS	MK, PC
Understand and Practice Universal Infection Control / Safety Precautions	1	IS	MK, PC
Understand Principles of Triage	1	IS	MK, PBL, ICS, SBP
Understand / Utilize Principles of Mechanical Ventilation	1	IS	MK, PC, SBP
Understand the Basic Principles of Anesthesia & Interpret the Anesthesia Record	1	IS	MK, PC, ICS, SBP
Assess Preoperative Risks and Assign ASA Classification	1	IS	MK, PC
Interpret Normal & Common Abnormal Findings on X-Rays of Chest, Abdomen, Soft Tissues, & Skeleton	1	IS	MK, PC, SBP
Position Patient Properly for Operative Exposure & Protect from Pressure / Traction	1	IS	MK, PC
Be familiar with Common Surgical Instruments & Suture Materials & their Proper Uses	1	IS	MK, PC
Know the Indications, Applications, & Risks of Lasers, & Become Trained in Basic Laser Use	1	IS	MK, PC
Perform Venipuncture	1	IS	PC
Start Peripheral IV Lines	1	IS	PC
Draw Blood Cultures	1	IS	PC
Place Foley Catheters	1	IS	PC
Perform Oral / Nasal – Gastric Intubation	1	IS	PC
Understand Principles & Applications of Electrocautery	1	IS	MK, PC
Perform Wound Dressing & Daily Wound Care	1	IS	PC
Document Patient Status by Clear and Legible Notes	1	O	MK, PC, PBL, ICS, SBP
Dictate Discharge Summaries	1	O	MK, PC, PBL, ICS, SBP, P
Dictate Operative Notes	1	O	MK, PC, PBL, ICS, SBP, P
Learn & Apply Appropriate ICD / CPT Codes & Understand Documentation Needed	1	O	MK, PC, PBL, ICS, SBP, P
Collect Specimens (Urine, Sputum, Drainage, etc.) for Submission to Laboratory or for Examination	1	O	MK, PC, SBP
Maintain Correct & Complete Medical Record	1	O	MK, PC, ICS, SBP, P
Use & Understand the Nursing Notes & Patient Data	1	O	MK, PC, ICS, SBP
Utilize the Institutional Resources & Case Management Services for Discharge Planning & Follow-Up	1	O	ICS, SBP, P
Understand the Methods of Outcomes Assessment	1	O	PBL
Be Aware of the Principles of Peer Review & Cooperate with the GMCEC & CQI Processes & Activities	1	O	PBL, SBP
Understand the Concept of Risk Management & the Needed Documentation in the Medical Record	1	O	PBL, SBP
Understand the Principles of Clinical Research & Clinical Trials, & be Able to Perform Basic Statistical Analysis of Data & Interpretation of Published Results	1	O	MK, ICS, SBP
Develop Computer Skills & Use Available Resources	1	O	ICS, SBP
Obtain Basic & Advanced CPR (BCLS & ACLS / ATLS) Certification	1	O	MK, PC, SBP