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School of Medicine

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Resident Manual

Last Updated
July, 2013
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Faculty:

James Cummings, M.D.: Professor
  Joined Faculty: May 2009
  Urology Residency: St Louis University 1984-1987
  Board Certification: 1989

Daniel S. Hoyt, M.D.: Assistant Professor
  Joined Faculty: September 2013
  Urology Residency: University of Missouri 2006-2010
  Board Certification: 2012

Naveen Pokala, M.D.: Assistant Professor
  Joined Faculty: August 2011
  Urology Residency: Vattikuti Urology Institute, 2007-2011
  Fellowship: Laparoscopic colorectal research fellow, Cleveland Clinic, June 2002-4.
  Board Certification: 2013

Gilbert Ross, Jr., M.D.: Professor Emeritus
  Joined Faculty: August 1963
  Urology Residency: University of Missouri, Jan 1960-Dec 1962
  Fellowship: Renal Transplant, UCLA, Aug 1969-Feb 1970
  Board Certification: 1965

Kurt Strom, M.D.: Assistant Professor
  Joined Faculty: July 2011
  Urology Residency: Urology, Rush University Medical Center, 2005-2009
  Fellowship: Endourology, University of Oklahoma, 2009-11
  Board Certification: 2013

Mark Wakefield, M.D.: Associate Professor, Div. Chief, & Renal Transplant Director
  Joined Faculty: August, 2004
  Urology Residency: Urology, University of Missouri, 1996-2000
  Board Certification: 2002

Stephen H. Weinstein, M.D.: Associate Professor
  Joined Faculty: August, 1979
  Urology Residency: University of Iowa, 1975-1979
  Fellowship: Urologic Oncology, University of Iowa, 1974-75
  Board Certification: 1981

Affiliated Faculty: Venkataraman Ramachandran, M.D.
Support Staff:

Kelly Bethel, Administrative Associate/Residency Program Coordinator
Ethel Howard, Service Coordinator: Assistant to Dr. Strom
Megan Dinino, Service Coordinator: Assistant to Dr. Pokala
Hope Dunnuck, Administrative Assistant: Assistant to Dr. Cummings
Tracy Jones, Administrative Assistant: Assistant to Dr. Weinstein and Dr. Hoyt
Shera Martin, Reimbursement Assistant-Cert.
Jeanne Shiner, Administrative Assistant: Assistant to Dr. Wakefield
Joan Tapp, Sr. LPN, Urodynamics Technician
Gina White, FNP-BC, – Nurse Practitioner
Joyce Wood Harter, FNP-BC, CUNP – Nurse Practitioner

DIVISION OF UROLOGY RESIDENTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Medical School</th>
<th>Resident Year (PGY)</th>
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<tbody>
<tr>
<td>Phillip Fuller, M.D.</td>
<td>The University of Oklahoma</td>
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</tr>
<tr>
<td>Bradley Moore, M.D.</td>
<td>University of Missouri-Columbia</td>
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<td>Scott Matz, M.D.</td>
<td>University of Missouri-Columbia</td>
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<tr>
<td>Jerry Trulson, M.D.</td>
<td>University of Missouri-Columbia</td>
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<tr>
<td>Danny Huynh, M.D.</td>
<td>Saint Louis University</td>
<td>3</td>
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<tr>
<td>Charles Snyder, M.D.</td>
<td>University of Oklahoma</td>
<td>3</td>
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<tr>
<td>Andrew Franklin, M.D.</td>
<td>University of Missouri-Columbia</td>
<td>2</td>
</tr>
<tr>
<td>Carrie Yeast, M.D.</td>
<td>University of Missouri-Columbia</td>
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Pre-Urology Residents

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<thead>
<tr>
<th>Name</th>
<th>Medical School</th>
<th>Resident Year (PGY)</th>
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<tbody>
<tr>
<td>Tyler Haden</td>
<td>University of Missouri-Columbia</td>
<td>1</td>
</tr>
<tr>
<td>Patricia Heller</td>
<td>Saint Louis University</td>
<td>1</td>
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RESIDENCY PROGRAM

The Division of Urology at the University of Missouri offers a fully accredited postgraduate residency training program focused on preparing physicians for their chosen career in either academic or community urology. A well-balanced training in both the techniques of genitourinary surgery and art of clinical practice is the foundation of this program. We provide quality patient care in all aspects of urology, including oncology, pediatrics, laparoscopy, endourology and stone disease, female urology, reconstruction, renal transplant, infertility and general urology. In addition, the Urology Division strives to create an environment of scientific curiosity, development and discussion.

The Urology Residency Program is a five year program including a one year General Surgery internship and four years of Urology. We are approved for eight residents, filled through the American Urologic Association Office of Education match. Our approval to change from a six to eight resident and six to five year program was made in 2007, and went into effect in 2009. We re-entered the match in 2008, for resident training positions in 2009. Matched residents must also register separately with the NRMP to be able to list University of Missouri-Columbia as their institution of choice for general surgery. Following satisfactory completion of this core training in General Surgery, resident physicians will begin four years of formal Urology training.

Our resident training program is structured through three hospitals, the University of Missouri Hospital and Clinics (UH), Women’s and Children’s Hospital (WCH) and the Harry S. Truman Memorial Veterans Administration Hospital (VA). Residents will alternate through the University service (UH + WCH) and the VA service depending on their year of training. Outlying clinics are also covered in Macon and Hermann.

This handbook describes many of the policies and procedures for the University of Missouri Columbia residency as well as the expectations for successful completion of the program. It will be updated annually. Any questions and concerns can be directed to Dr. Mark Wakefield, Division of Urology, One Hospital Drive Room MC301, Columbia, MO 65212, Telephone (573) 882-1151, Fax (573) 884-7453.

The residency program director is Mark R. Wakefield, MD – 1-866-783-7968 toll free or (573) 882-1151.

The residency program coordinator is Kelly Bethel (573)-882-1151 or 882-3081.
MISSION STATEMENT

The mission of the Division of Urology at the University of Missouri is to provide quality patient care and to educate resident physicians, medical students, clinical nursing staff and allied health professionals in the field of genitourinary surgery. Resident physicians will be trained in a focused yet well-balanced program in both surgical and clinical urology in preparation for either an academic or private practice. Medical students will be taught the basics of genitourinary surgery that can be applied across all medical fields. Clinical nursing staff and allied health professionals will be updated in the evolving field of urologic care and research. The section of Urology is dedicated to extending this mission through outstanding patient care, professional relationships within the hospital community and medical school, and education opportunities within the local, regional, national and international communities.
OVERALL EDUCATIONAL GOALS and OBJECTIVES

GOAL

The goal of the University of Missouri Urology Residency Program is to train outstanding urologic surgeons and clinicians. Expert training over a broad urologic curriculum will provide the foundation to pursue a variety of career options. An environment of creative thought and innovation is encouraged through conferences, clinical experience and research endeavors. Residents will also be competent in professional behavior, communication and hospital/office staff interaction.

OBJECTIVES

Our expectation is for each resident to accept graded responsibility in overall patient care, management of the urology team/service and professional representation of the Urology Division both within the university health system and within the community as he/she progresses through the program. By the completion of the program, residents will have accomplished all of the following.

1. Attain sufficient knowledge of the pathophysiology and management of urologic disease in the following domains: adrenal disease and endocrinology, andrology, calculus disease, endourology, extracorporeal shock wave lithotripsy, impotence, infertility, female urology, geriatric urology, infectious disease, laparoscopy, neurourology, obstructive disease, oncology, pediatric urology, renovascular disease, sexual dysfunction, renal transplantation, trauma and urodynamics.

2. Provide total care to the patient with graded responsibility by level of training, including initial evaluation, diagnosis, selection of appropriate therapy, performance of proper surgical technique, management of any adverse events and collaboration with all health care professionals for patient-focused care.

3. Become skilled at principles of basic and clinical urologic research.

4. Demonstrate competency, as defined by faculty review, in patient care, teaching, leadership, organization and administration.

5. Develop productive and ethical relationships with patients and families.

6. Work effectively as a member of entire health care team.

7. Be sensitive to patients’ culture, age, gender and disabilities.

8. Demonstrate integrity and responsibility in professional activities.
9. Comprehend multiple methods of health delivery systems and to strive to optimize these for patient benefit.

Furthermore, in compliance with ACGME guidelines and requirements, the University of Missouri Urology Division requires all residents to obtain competency in the following six categories by the completion of their residency.

1. Patient care\((PC)\) that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health;

2. Medical knowledge\((MK)\) about established and evolving biomedical, clinical and cognate sciences, as well as the application of this knowledge to patient care;

3. Practice-base learning and improvement\((PBL&I)\) that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care; using continuous oversight and reevaluation;

4. Interpersonal and communication skills\((IC)\) that result in the effective exchanges of information and collaboration with patients, their families, and other health professionals;

5. Professionalism\((P)\), as manifested through commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;

6. System-based practice\((SBP)\), as manifested by actions that demonstrate an awareness 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.

Faculty will evaluate each resident according to these objectives on a quarterly basis beginning with the first full urology year of training. The evaluations will be reviewed bi-annually with each resident by the Division Chair and/or resident program director.

**Common Program Requirements** can be found at:  
http://www.acgme.org/acgmeweb/Portals/0/dh_dutyhoursCommonPR07012007.pdf

**Program Requirements for Residency Education in Urology** can be found at:  
EDUCATIONAL GOALS AND OBJECTIVES BY YEAR

PGY-1 (pre-Urology)

1. Educational Goals
   a. Expand knowledge base of perioperative surgical care, critical care, and fluid and electrolyte management. (MK, PC)
   b. Become skilled at basic principles of general, vascular, trauma and minimally invasive surgery. (MK, PC)
   c. Gain preliminary skills in surgical techniques. (MK, PC)
   d. Refine interpersonal skills with support personnel. (P, IC, SBP)

2. Educational Objectives - By the end of the General Surgery preliminary years, the resident will be able to:
   a. Conduct proficient preoperative evaluations of surgical patients. (PC)
   b. Provide perioperative care for general, vascular, trauma and minimally invasive surgery patients, including fluid and electrolyte management. (MK, PC)
   c. Refine evaluation and management skills of patients of all ages and genders. (PC, IC, P)
   d. Master techniques of line placement and evaluation of invasive monitoring of critically ill patients. (PC)
   e. Assist or perform surgical procedures in general, vascular, trauma and minimally invasive surgery; develop surgical skills in minor procedures, and opening and closing surgical wounds. (PC)
   f. Initiate personal surgical log of cases. (SBP, PBL&I)
   g. Will work effectively with support personnel in pre-operative, operative, and post-operative settings. (P, SBP)
   h. Document clear and succinct medical records, including daily progress notes, operative records, clinic records, consults, etc. Sign all documents in a timely fashion. Keep dictations limited to pertinent information and do so within time restraints mandated by University policy. (SBP)
PGY-2 (Urology 1)

1. Educational Goals

   a. Obtain foundation of knowledge in urologic disease, including basics of renal and adrenal physiology, andrology, sexual dysfunction, neuromuscular and urodynamics, infertility, embryology, trauma, female urology, oncology, pediatrics, urinary stone disease and renal transplantation. (MK)

   b. Expand ability to accurately assess the Urologic patient using history and physical skills. (PC)

   c. Gain knowledge of basic skills of endoscopy of the lower urinary tract. (PC)

   d. Comprehend the role and techniques of transrectal ultrasonography of the prostate and prostate biopsy. (PC, MK)

   e. Develop teaching skills to assist in the education of medical students and junior residents. (P, SBP)

   f. Refine interpersonal skills with support personnel. (IC, SBP)

2. Educational Objectives – By the end of the Urology 1 year, the resident will be able to:

   a) Demonstrate knowledge of fundamental principles of urologic disease and pathophysiology through didactic lectures, conferences and urology curriculum for study. (MC, PBL&I)

   b) Provide pre- and postoperative care for urology patients with emphasis on open, endoscopic and laparoscopic surgery. (PC)

   c) Care for inpatients and outpatients at the VA Medical Center under supervision of senior residents and attending staff. (PC, MK, SBP)

   d) Perform cystoscopy, bladder biopsies, and ureteral catheter insertion with supervision of attending staff and senior residents. (PC)

   e) Perform basic office based procedures, including flexible cystoscopy, transrectal ultrasonography and prostate biopsies, vasectomy and neonatal circumcision. (PC)

   f) Perform basic pediatric urology cases, including orchidopexy, circumcision revision, hydrocelectomy, chordee repair and injection therapy for reflux disease. (PC)

   g) Demonstrate knowledge of basic laparoscopic and endoscopic skills. (PC)

   h) Increase surgical technical expertise in scrotal surgery and minor urologic surgery. Assist in major abdominal and laparoscopic surgery. (PC)

   i) Continue to improve skills in urologic and general trauma care. (PC, MK)

   j) Develop operative skills of renal transplant, exposure of iliac vessels, ureterovesical anastomosis, etc. (PC)

   k) Obtain experience in surgical aspects of and postoperative care of renal transplant patients. (PC, MK)

   l) Evaluate fund of basic urologic knowledge through the in-service exam with expected performance above 50th percentile. (MK)

   m) Identify a clinical/basic science research project. (PBL&I)

   n) Continue to work effectively with support personnel. (P, SBP)

   o) Attend basic science course in Charlottesville, Virginia. (MK)
1. Educational Goals

   a. Continue to increase knowledge of fundamentals of urologic disease and perioperative care. (MK, PC)
   b. Expand surgical experience and basic skills in abdominal, flank, endoscopic and laparoscopic cases. (PC)
   c. Gain experience in percutaneous endourologic procedures. (PC)
   d. Expand experience in pediatric urology disease evaluation and management. (PC, PBL&I)
   e. Expand experience with renal transplantation. (PC, PBL&I)
   f. Initiate training in clinical urologic research. (PBL&I)
   g. Develop basic skills in laparoscopic and open urologic surgery. (PC)
   h. Refine interpersonal skills with support personnel. (IC, SBP)
   i. Continue teaching as a mentor to surgical residents, staff and students. (P, IC, MK)

2. Educational Objectives – By the end of the Urology 2 year, the resident will be able to:

   a. Perform more complex lower tract endoscopic procedures, such as TUR biopsies of the bladder and prostate. (PC)
   b. Perform ureteroscopy, percutaneous nephrolithotomy, endopyelotomy, and laser lithotripsy. (PC)
   c. Expand basic laparoscopic surgical skills. Perform basic laparoscopic cases such as varicocele ligation, lymphocele marsupialization, pelvic lymph node dissection. (PC)
   d. Provide junior resident care on pediatric urology service and expand the surgical focus to include hypospadias repair. (PC, MK, PBL&I)
   e. Gain experience in female urology and perform InterStim placement, surgery to correct urinary incontinence, vaginal reconstruction. (PC)
   f. Expand involvement in major open urologic oncology and reconstruction cases. (PC, PBL&I)
   g. Expand clinical/basic science research to result in peer-reviewed publication or chapter. (PBL&I)
   h. Plan research project for Urology 3 year. (PBL&I)
   i. Evaluate progress of urologic knowledge through in-service examination with expected performance above 50th percentile nationally. (MK)
   j. Present and discuss cases at Urology Grand Rounds. (MK)
   k. Work effectively with support personnel, including administrative aspects. (P, SBP)
PGY 4 (Urology 3)

1. Educational Goals

   a. Interpret, initiate, and complete urologic research project. (PBL&I)
   b. Expand depth and scope of knowledge of urologic diseases. (MK)
   c. Develop basic expertise in microsurgery. (PC)
   d. Develop problem solving skills for diagnosis of urologic conditions. (MK, PC, PBL&I)
   e. Expand comprehension of clinical research, including trial design, biostatistics, epidemiology, and outcomes research. (MK, PBL&I)
   f. Obtain exposure to clinical medical oncology and radiation oncology of urologic cancers and genitourinary pathology. (MK)
   g. Refine interpersonal skills with support personnel. (IC, SBP)
   h. Fully expand teaching role by refinement of skills. (P, MK)

2. Educational Objectives – By the end of the Urology 3 year, the resident will be able to:

   a. Interpret, initiate, and complete a basic research project in urology, either based on laboratory research or health-related outcomes research with a scientific mentor in urology or other University of Missouri researcher with special expertise. (PBL&I)
   b. Comprehend basic principles of study design and biostatistics through initiation of basic and/or clinical research. (PBL&I)
   c. Obtain greater in-depth knowledge of urologic diseases with study of multiple texts, journals, and articles, such as Campbell’s and Gillenwater Textbooks, Journal of Urology, Urology, Urologic Clinics of North America, Seminars in Urologic Oncology. (MK)
   d. Submit abstract to national meeting (example, AUA or AACR). (PBL&I)
   e. Submit manuscript for publication in at least one major urologic journal. (PBL&I)
   g. Expand open surgical experience. Advance to primary surgeon for major open urologic procedures. (PC)
   h. Expand role in renal transplantation – complete uretero-vesical anastomosis and develop skills of vascular anastomosis. (PC)
   i. Gain experience in complex reconstructive surgery. (PC)
   j. Perform more advanced pediatric surgery – ureteral re-implantation, pyeloplasty, partial nephrectomy, etc. (PC)
   k. Evaluate knowledge base by in-service exam with expected performance above 50th percentile nationally. (PC)
   l. Obtain microsurgery expertise at microsurgery course provided by Department of Surgery. (PC)
   m. Present and discuss cases at Urology Grand Rounds. (MK, PBL&I)
   n. Work effectively in clinical care and administration with support personnel, colleagues and students. (P, IC)
1. Educational Goals
   
a. Obtain proficiency in entire spectrum of pathophysiology of urologic disease. (MK, PC)
b. Mature in surgical expertise as primary surgeon in open, endoscopic and laparoscopic surgery. (MK, PC)
c. Demonstrate administrative skills and responsibility in organization of the service. (IC, P, SBP)
d. Refine interpersonal skills with support personnel. (IC)
e. Supervision of entire resident team. (IC, SBP)
f. Refine speaking skills as medical lecturer. (IC)
g. Comprehend issues related to private practice of urology and managed care. (P, SBP)
h. Continue to expand role as teacher/educator to residents, staff and faculty. (MK, PBL&I, IC)

2. Educational Objectives – By the end of the Urology 4 year, the resident will be able to:

   a. Master sophisticated aspects of urologic disease physiology, diagnosis, and decision making in preparation for the qualifying exam (Part I) of the Urology Boards. (MK, PC)
b. Develop resident call schedule. (IC, P, SBP)
c. Supervise medical student teaching on urology service. (IC, MK)
d. Supervise inpatient care as chief of service with delegation of responsibilities to junior residents as appropriate. (MK, PC, P, IC, SBP)
e. Submit at least one abstract for a national meeting. (PBL&I)
f. Expand knowledge of evolving information and procedures in Urology by attendance at American Urologic Association Meeting. (MK, SBP, PBL&I)
g. Submit at least one manuscript or chapter for publication on a clinical or basic research topic. (PBL&I)
h. Refine surgical skills in most complex cases with a particular emphasis on oncology and pediatrics (including radical prostatectomy, cystectomy with cutaneous and continent diversion, partial nephrectomy, IVC thrombectomy, reconstructive pediatrics, complex hypospadias repair, pyeloplasty, etc). (PC)
i. Refine laparoscopic skills with particular emphasis on pyeloplasty, partial nephrectomy, radical prostatectomy, radical cystectomy and adrenalectomy. (PC)
j. Manage VA outpatient and inpatient service as chief resident under faculty supervision. (SBP, P, IC)
k. Comprehend and describe comparative aspects of academic, private practice, and system-based practice career opportunities. (SBP)
l. Present and discuss cases at Urology Grand Rounds. (MK, IC)
GOALS and OBJECTIVES
Sub-Specialty Training

While on the University Service, residents will also spend time on one of two sub-specialty rotations, Pediatrics and Endourology/laparoscopy. Residents will spend dedicated time on these subspecialty rotations throughout their formal urology training. The expectations are to cover the outpatient clinics, in-house patient care, and surgical cases. Operative participation will be somewhat dictated by the level of training and complexity of the procedure, so as to optimize overall resident surgical involvement and operative experience. For example, complex cases will be handed off to a more senior resident should a junior resident be on that particular sub-specialty. Below is an outline of the goals and expectations for both Pediatrics and Endourology/Laparoscopy.

Laparoscopy, Endourology, and Robotics
Goals and Objectives

PGY1

1. Experience and participate in as many laparoscopic procedures as possible. (PC)
2. Participate in all laparoscopic courses made available through the Department of Surgery. (PC)

Uro 1

1. Familiarize oneself with the equipment, including the camera, lenses, trocars, instruments, harmonic scalpel, etc. (PC)
2. Gain knowledge of proper patient positioning for various laparoscopic procedures. (PC)
3. Gain experience with managing the camera to optimize visualization throughout the case. Using the 0° and 30° lenses. (PC)
4. Assist and perform simple laparoscopic cases – vericocelectomy, lymphocele marsupialization, etc. (PC)

Uro 2

1. Master the proper application, handling and manipulation of the equipment and imaging system. (PC)
2. Study the various peritoneal and retroperitoneal access techniques, including when to apply and safely perform each one. (PC)
3. Work on proper tissue handling with both the dominant and non-dominant hand and working in a two dimensional plane. (PC)
4. Work on proper retraction techniques with both the dominant and non-dominant hand to optimize exposure for dissection including retraction both on and off the screen. Set up your retraction at right angles to your chosen dissection plane. (PC)
5. Begin the basic dissection of the retroperitoneum. (PC)
   a. Dissection and mobilization of the colon to access the retroperitoneal space.
   b. Dissection and mobilization of the kidney once the vasculature is controlled.
   c. Dissection and mobilization of the ureter on a UPJ repair.
6. Gain knowledge of various methods to handle, control and ligate vasculature. (PC)
7. Gain knowledge of the various extraction techniques following complete mobilization of the organ of interest. (PC)

**Uro 3**

1. Master the various peritoneal and retroperitoneal access techniques, including when to apply and safely perform each one. (PC)
2. Refine proper tissue handling techniques with both the dominant and non-dominant hand and working in a two dimensional plane. (PC)
3. Refine proper retraction techniques with both the dominant and non-dominant hand to optimize exposure for dissection. Be trained at the safe retraction techniques both on and off the screen. (PC)
4. Refine the various methods to handle, control and ligate vasculature. (PC)
5. Complete laparoscopic radical nephrectomy. Including mobilization of the retroperitoneum, control of the vasculature, mobilization of the kidney and extraction of the specimen. (PC)
6. Become skilled at more complex laparoscopic skills - intracorporeal suturing, working around the great vessels, dissection and mobilization of the bladder and prostate, partial nephrectomy techniques. (PC)
7. Refine the various extraction techniques following complete mobilization of the organ of interest. (PC)

**Uro 4**

1. Master basic laparoscopic techniques such as patient positioning, proper handling and application of instrumentation, optimum video utilization, safe and focused retraction with both the dominant and non-dominant hand and safe control of vasculature. (PC)
2. Become skilled at and refine more complex laparoscopic procedures, including adrenalectomy, partial nephrectomy, nephroureterectomy, pyeloplasty, radical cystectomy and radical prostatectomy. (PC)
3. Refine and apply intracorporeal suturing techniques. (PC)
PEDIATRICS
Goals and Objectives

PGY 1

1. Three month rotation on pediatric surgery service. (PC)
2. Gain knowledge of basic pediatric surgery principles. (PC)

Uro 1

1. Study basic pediatric urology principles. (MK, PC)
2. Study basic embryology of Urinary Tract. (MK)
3. Apply pediatric principles to clinical patient care. (MK, PC)
4. Be trained to perform neonatal circumcision. (PC)
5. Gain experience in basic pediatric surgical skills. (PC)
   i. Operating with loops
   ii. Proper tissue handling
   iii. Familiarize oneself with pediatric surgical instruments
6. Assist and perform basic pediatric procedures – circumcision, penile torsion, orchidopexy, management of meatal stenosis, etc. (PC)

Uro 2

1. Master basic pediatric Urology principles and embryology. (MK)
2. Increase role/decision making in clinic setting. (PC, P)
3. Master basic pediatric procedures – circumcision, penile torsion, orchidopexy, etc. (PC)
4. Gain experience in complex pediatric procedures – hypospadias repair, management of reflux disease (re-implantation and deflux injection), bladder augmentation, pyeloplasty, partial nephrectomy, etc. (PC)

Uro 3

1. Refine pediatric knowledge base. (MK)
2. Expand experience in complex pediatric procedures – hypospadias repair, management of reflux disease (re-implantation and deflux injection), bladder augmentation, pyeloplasty, partial nephrectomy, etc. (PC)

Uro 4

1. Master pediatric knowledge base. (MK)
2. Master complex pediatric procedures – hypospadias repair, management of reflux disease (re-implantation and deflux injection), bladder augmentation, pyeloplasty, partial nephrectomy, etc. (PC)
3. Assist/perform advanced pediatric procedures when present – epispadias repair, bladder extrophy, Wilms’ tumor, etc. (PC)
### Permanent Urology Resident Schedule Proposal

**July**
- GU-Intern A
- Uro1-A
- Uro2-A
- Uro3-A
- Chief A
- Uro3-B
- Uro1-B
- Uro2-B
- Chief B

**August**
- GU-Intern A
- Rotator
- Uro1-A
- Uro2-A
- Uro3-B
- Chief B
- Uro3-A
- Uro1-B
- Uro2-B
- Chief A

**September**
- GU-Intern A
- Uro1-B
- Uro2-B
- Uro3-A
- Chief B
- Uro3-B
- Uro1-A
- Uro2-A
- Chief A

**October**
- GU-Intern A
- Rotator
- Uro1-B
- Uro2-A
- Uro3-A
- Chief A
- Uro3-B
- Uro1-A
- Uro2-B
- Chief B

**November**
- GU-Intern A
- Uro1-A
- Uro2-B
- Uro3-B
- Chief A
- Uro3-A
- Uro1-B
- Uro2-A
- Chief B

**December**
- GU-Intern A
- Rotator
- Uro1-A
- Uro2-B
- Uro3-B
- Chief B
- Uro3-A
- Uro1-B
- Uro2-A
- Chief A

**January**
- GU-Intern B
- Uro1-B
- Uro2-A
- Uro3-A
- Chief B
- Uro2-B
- Uro1-A
- Uro3-B
- Chief A

**February**
- GU-Intern B
- Rotator
- Uro1-B
- Uro2-B
- Uro3-A
- Chief A
- Uro2-A
- Uro1-A
- Uro3-B
- Chief B

**March**
- GU-Intern B
- Uro1-A
- Uro2-A
- Uro3-A
- Chief A
- Uro2-B
- Uro1-B
- Uro3-A
- Chief B

**April**
- GU-Intern B
- Rotator
- Uro1-A
- Uro2-A
- Uro3-A
- Chief B
- Uro2-B
- Uro1-B
- Uro3-B
- Chief A

**May**
- GU-Intern B
- Uro1-B
- Uro2-B
- Uro3-B
- Chief B
- Uro2-A
- Uro1-A
- Uro3-A
- Chief A

**June**
- GU-Intern B
- Rotator
- Uro1-B
- Uro2-B
- Uro3-B
- Chief A
- Uro2-A
- Uro1-A
- Uro3-A
- Chief B

### Division of Urology Resident Rotation Schedule – 2013-2014

<table>
<thead>
<tr>
<th>Rotator</th>
<th>University</th>
<th>Research</th>
<th>VA</th>
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<tbody>
<tr>
<td>July</td>
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<tr>
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<tr>
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<tr>
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<tr>
<td>June</td>
<td>Huynh</td>
<td>Snyder</td>
<td>Matz</td>
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CONFERENCE SCHEDULE

Resident and Student Education (Wednesday mornings 7:30 - 9:30)

1. Weekly
   a. GU Radiology Case Conference
      • Chief residents from VA and University services are responsible for gathering films of interesting cases from clinic, operating room, and consult service.
      • Faculty will assist in selection of those cases felt to be of interest.
      • Depending on complexity of the case, residents at appropriate level will be asked to read films and work through the clinical issues.

2. Monthly
   a. AUA Updates
   b. Resident/Attending/Guest lecturer - Grand Rounds
   c. Urodynamic teaching session

3. Bi-monthly
   a. Pediatric Radiology Review
   b. Pathology Conference

4. Quarterly
   a. GME meeting
   b. Research Updates
   c. Laparoscopic porcine labs
   d. Semi-Annual: Visiting Professor

Monday Evening Didactic conference, 5:00-6:00 PM, including Morbidity and Mortality Conference (usually 2nd Monday). Not held on weeks of Journal club, faculty/staff meetings, or VA Holidays.

1. M&M list to be submitted by resident staff on first day of the month.
2. Review previous months’ clinical and operative complications.
3. Resident associated with each case is expected to present a concise synopsis of the case and complication.
   • Evaluate the steps leading to given complication and review possible contributing factors.
   • Review management of given complication.
   • Review possible preventative measures for given complication.
4. Didactics with evidence based review of relevant complication topic by resident

Journal Club (Usually held on 3rd Tuesday evening of the month)

1. Residents and attending faculty are expected to present concise synopsis of articles from designated Urology journals
2. Faculty will generate list and assign articles to be reviewed
3. Responsibility of journal club location will rotate among the residents and faculty
   a. Sponsoring resident/attending responsible for meeting location (home vs restaurant) and refreshments. Location must be conducive to meeting atmosphere. “Invisible” 3rd party sponsorship is acceptable.
RESEARCH

Six months of research time will be designated during the second and third year of urology training. Four months during the Uro 2 year and 2 months during the Uro 3 year. We will be transitioning to three months in Uro 2 year and three months in Uro 3 year. Research time is to be spent in the office or lab as directed by the particular project and Primary Investigator. It is not an at home rotation.

1. Each resident is responsible for planning their research time.
   a. Projects may be designed by the resident.
   b. Projects may be designed by an individual attending.
   c. Projects may be an extension of existing research.
2. All research projects must be approved by a faculty member.
3. Both clinical and basic science research are encouraged.
4. If possible, clinical schedule arrangements will be made to accommodate residents requiring extended time to complete basic science research and in need of extended time to complete their project.
5. Research residents involved in clinical research are to have a completed manuscript by the end of the six months of research.
6. Residents are expected to complete and submit a minimum of one project to an appropriate regional, national or international meeting. It is stipulated that a prepared manuscript will be available prior to the next meeting. Failure to comply will likely cancel the trip for the resident and travel expenses will be their responsibility. Submission to a peer reviewed journal is mandatory prior to being allowed to travel to another meeting.
7. Completed projects are to be submitted for publication.
8. Research residents will have scheduled University or VA clinic time, maximum of two one-half day clinics per week. Research resident may cover pediatric urology clinic on alternating Wednesday mornings. The use of the research resident to cover vacations will be held to a minimum.
9. Uro 2 and Uro 3 residents must take at least one of their vacation weeks while on a research block.
OPERATIVE LOGS

A critical component of resident training is careful monitoring of operative experience. The evaluation of a training program requires confirmation of sufficient volume and variety of surgical cases done by the resident. Accurate record keeping by the institution for number and types of cases is essential; similarly the resident must document personal experience in all cases done (including all cystoscopic and minor outpatient cases, TRUS, and biopsy). It is anticipated that your log be current by each Friday for the preceding week. A signed op-log is to be submitted to the program director on a quarterly basis. Failure to do so will result in restriction of operative privileges until the log is submitted. All logs will be maintained in the resident’s file. Residents completing the program must provide to the Program Director a complete listing of cases which must be signed by the resident. The Program Director will verify the log and submit to the Residency Review Committee (RRC) through the ACGME web site. Documentation of completion of residency will not be available until final signed OR Logs are submitted to the Program Director.

In 2000, the Urology RRC implemented direct entering of resident log data via the Internet. This system is a substantial improvement over previous manual systems. The importance of accuracy and completeness of the surgery log cannot be overemphasized. Individual resident teaching and variety and volume of experience provided to residents is an important benchmark by which our program is evaluated. At least yearly, the Program Director will review the surgical logs with each resident individually to ensure appropriate progress. Please see the Residency Program Coordinator for login and password.

The ACGME website: https://www.acgme.org/residentdatacollection/. Please see Residency Program Coordinator for login and password.

Index cases are defined as important procedures necessary for surgical competency for a urologist. ACGME minimum requirements can be found at http://hsc.unm.edu/som/surgery/urology/docs%5CACGMEloggingcases.pdf. It is important for residents to interpret and comprehend these figures. A training program with case numbers below of 20-30th percentile may not be providing sufficient cases to establish competency. On the other extreme, programs with many index cases above the 90th percentile may be providing insufficient time for academic or outpatient activities by the resident. Our philosophy is that we strive to have the procedure volume at or slightly above the 50th percentile to provide an ideal balance of surgical, medical, and scholarly activities.
DUTY HOURS

Urology resident duty hours are set with the goal of providing optimal patient care 24 hours a day, seven days a week, while still allowing residents an appropriate amount of time free of clinical responsibility. Duty hours are defined as all clinical and academic activities related to the Urology residency program, (ie. Patient care; both inpatient and ambulatory), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences, presentations, etc.

The division of Urology will quarterly monitor duty hours and adjustments will be made accordingly to address excessive service demands and/or resident fatigue. Further information regarding duty hour policy can be found in the GME website at: http://medicine.missouri.edu/gme/docs/policies/general/Duty Hours.pdf.

The Division of Urology utilizes New Innovations to track duty hours. Please see the Residency Program Coordinator for your login/password. Duty hour reports are to be entered in a timely manner. Time sheets are to be electronically signed and submitted to the program coordinator monthly. Program Director will review time sheets for any possible violations and corrective action.

Supervision Policy

The urology house staff will be supervised as appropriate to their level of training, competence and comfort with providing care, and acuity and severity of the patient care circumstance. Graduated responsibility and autonomy in patient care management will be consistent with the requirements of the RRC and ACGME, will be complaint with rules and regulations of the intuition, and should be in the best interest of patient well-being and resident professional development. Senior residents and faculty will always be available when and if needed for consultation and assistance in patient care matters.


Transition of Care Policy

The transition of care will comply with best practice standards and be determined by the house staff with supervisor and support from the program director. Daily hand offs to the call team will occur with identification of expected patient care tasks and issues. Additional transfer of care activities may include post-operative check outs of inpatients and communication to the attending staff of the progress or concerns about inpatients and consult patients.

Med School GME policy- http://medicine.missouri.edu/gme/docs/policies/internal/Transitions%20of%20Care%20Policy.pdf
LICENSES

Required ACLS/BLS/PALS Certification

All residents must maintain a current Missouri State License, BNDD and DEA. Any resident who wishes to moonlight, will be required to hold a permanent Missouri State License at their own expense.

All residents who have direct contact with patients must maintain active certification in BLS and ACLS. This includes all training programs with the exception of Pathology.

CALL SCHEDULE

1. Resident call schedule will comply with Rules and Regulations as outlined by ACGME (provided below)

2. Resident staff is responsible for setting monthly call schedule. The program director will review and approve final draft or any changes during the year.

3. General outlines
   - Week night call starts at 5PM.
   - Week-end call schedule to be compliant with ACGME standards.
   - Call team is to consist of a junior level resident (intern, pre-urology, first or second year urology) with chief level resident back-up.
   - A chief level resident (third or fourth year urology) to be on-call at all times.
   - Call team will cover the VA hospital, University hospital and WCH.

4. All in-house consults to be managed through chief level resident responsible for that institution (VA, University, WCH).

5. ER consults to be managed through senior level resident responsible for that institution (VA, University, WCH) or directly through appropriate attending.

6. Outside physician referrals are to be referred to the attending on-call or appropriate attending for the clinical issue at hand.

7. Call schedule is to be submitted by the 15th of the previous month.
EVALUATIONS

Evaluations for residents, faculty, and the program are done electronically through the New Innovations system. All evaluations done by the residents on the faculty are anonymous. Residents are formally evaluated at the end of each rotation or other major educational event or period and meet with the program director on a semi-annual basis; usually done in June and December. Residents evaluate the faculty semi-annual basis.

Please see the Residency Program Coordinator for your New Innovations login, password, and training/assistance. Website to New Innovations: http://www.new-innov.com/Login/Login.aspx

NEW INNOVATIONS
residency management suite

Institution Login

Username

Password

Login information is case-sensitive
Login | Cancel

Forgot Your Password?

User accepts sole and complete
UROLOGY RESIDENT BENEFITS

1. Membership in the American Urological Association and the South Central Section of the AUA is strongly encouraged. The Division of Urology will pay residency membership dues.

2. The Division of Urology will pay annual licensure fees for the Temporary Missouri Medical License.

Miscellaneous Benefits

- Discount on medical book purchases
- Lab coats and scrub suits provided
- Pagers provided
- Resident Lounge provides meals 24/7. This is pending possible hospital changes.
- Fees paid for life support certification courses including BLS, ACLS, PALS, NALS
- Multimedia computers provided for each residency program
- Computer training available through Center for Education Department
- Funding provided for professional presentations at state and national meetings – Department budgeted
- Educational assistant for approved courses

RESIDENT BUDGET/TRAVEL

Each resident will have a fixed budget per two years of Urology training. The budget is to be used to help pay for the listed items, placing partial responsibility on the resident to efficiently manage the funds and minimize excessive costs. This budget may not cover the entire expense of the listed items and each resident will be expected to cover the difference.

Urology 1 and Urology 2 - $3,000

1. Optical loupes (2x or 3x magnification)
2. Urology Texts
   a. Basic Urology text
   b. Surgical atlas
3. Basic Science Conference as Uro 1

Urology 3 and Urology 4 - $5,000

1. AUA review course as Uro 3 based on budget
2. Extended attendance at AUA meeting following Career Pathways Uro 3
3. AUA Meeting as Uro 4
4. Board review course (“Chicago Review”) as Uro 4
   a. One review course will be covered in the stipend
   b. Second or third review courses will be taken as vacation time and with personal expenses.
Should a resident complete research projects that are accepted for presentation at conferences, travel expenses will be covered by the Urology Division in addition to the above budget, as funds permit and will prior approval. Manuscript submission is expected prior to attendance at the same meeting in subsequent years. International meeting attendance is at the discretion of the primary investigator and the Division Chairman. Only 10 work days per year are allowed for non-vacation, non-medical leave, i.e. meetings, review courses, etc.

CONFERENCE TRAVEL

All travel dates must be submitted to the residency coordinator 6 weeks prior to date of departure. He/she will arrange all airfare, hotel accommodations and meeting fees. The resident is responsible to pay the difference in airfare, hotel room price and meeting dues for late submittal. When possible, residents will share room accommodations. Family travel is not covered by the Division, nor will the Division pay for an extra room due to family travel. Adherence to Department, SOM, and University rules are required.
The Division of Urology discourages resident participation in moonlighting practices, but does not forbid it. Resident staff are expected to concentrate their time and energies toward the practice and study of urology and moonlighting practices are not to interfere with this educational process. However, we do understand the financial burden that some resident staff have compiled and will allow moonlighting as long as the following guidelines are followed:

1. Any resident/fellow wishing to moonlight must read and comply with the rules and regulations outlined by the University of Missouri Hospital and Clinics (guidelines provided on the following pages).
2. Any resident/fellow wishing to moonlight must receive written approval to do so from the program director or Division Chairman. This document will be placed in the resident/fellow permanent file.
3. The resident/fellow must assure that moonlighting practices will not be detrimental to training in any significant way. With the current 80 hour work week regulations, the following must apply:
   a. For any month that the resident/fellow wishes to moonlight, a schedule for that entire month must be submitted a minimum of four weeks in advance. The schedule must include the dates and times of on-call duties, moonlighting duties, and any vacation time taken during that month.
   b. Resident/fellows may not moonlight during any weekday night that he/she is on active duty or any weekend that he/she has any on-call duties.
   c. If the moonlighting duties interfere with resident/fellow clinical responsibilities and/or performance, then the program director has the right to prohibit any further moonlighting for that month or in the future.
   d. Moonlighting during the chief year is strongly discouraged.
4. Any resident/fellow who wishes to participate in moonlighting practices must provide the following documentation a minimum of four weeks prior:
   a. Copy of permanent Missouri Medical license.
   b. Copy of permanent DEA number.
   c. Copy of medical malpractice coverage supplied by hiring institution. University of Missouri does not cover the medical malpractice for resident/fellow moonlighting.
   d. Copy of Bureau of Narcotics and Dangerous Drugs (BNDD) registration at moonlighting facility.
5. H-1B visa or J-1 visa holders must comply with University guidelines.

The School of Medicine moonlighting policy can be found at:
http://som.missouri.edu/gme/docs/internal_policies/Moonlighting%20Policy.pdf
UROLOGY RESIDENT MOONLIGHTING
APPROVAL FORM

Name:______________________________________________________________
Last    First    Middle

SSN/Empl ID: ___________________________

Pager:___________ Phone:_________________

Requested Dates:______________________ TO:______________________________
MM/DD/YR     MM/DD/YR

Place of Moonlighting:__________________________________________________

Contact Information at Place of Moonlighting:

Name:______________________________________ Phone#:_____________

Permanent License #:______________________________

Permanent DEA #:_________________________________

BNDD at Place of Moonlighting:______________________

Malpractice Coverage Provided by:________________________________________

Name/Address of Insurance Carrier:_______________________________________

APPROVAL:

Request approved from:___________________ to:____________________

Program Director:________________________________
Mark R Wakefield

Date:______________________________
LEAVES (Vacation, Sick Leave, FMLA)

Purpose: The ACGME requires an Institutional Leave Policy that is known to all Residents.

Each program must have its own vacation and professional leave policy that it makes available to its residents/fellows before they sign their contracts and that:

- Follows ACGME program requirements.
- Complies with MU’s Family Leave Policy.

The institution will fund up to one month each year of any combination of vacation and leave for each resident.

To hold a GME position for their return, residents/fellows must obtain written approval from their department for leave/vacation that exceeds one month per year. Adverse decisions, as always, may be appealed through the Policy to Address Resident Concerns, and then as a grievance.

Resident Leave Restriction Policy
Approved by the GMEOC 7/7/09

A program director (PD) may specify the rotations on which their residents may take leave (as defined by your program).

Residents rotating outside their department may take up to one week (5 week days and one weekend) of leave on rotations of 4 weeks (or one month) unless a restriction has been mutually agreed upon by both PDs.

If a resident rotates to another department for longer than 4 weeks (one month), the proportion of their leave allowed on those rotations should be proportional to the time on those rotations. (e.g. if a neurosurgery resident rotates for 3 months on general surgery, they should be allowed to take \( \frac{1}{4} \times (3/12) \) of their leave while on those rotations.

Leave should be scheduled and agreed upon between the two program directors. If no agreement is reached, the GMEOC will arbitrate. The decision will be determined by a majority vote of the members present.
UROLOGY VACATION POLICY

Each resident will have four weeks of vacation time per year. This time will be taken in one week increments and cannot be subdivided amongst numerous separate weeks. A total of six weeks away from the institution will be allowed in any given year, including vacation, meetings/conferences, interviews, board review courses, basic science. Maternity/paternity leave will be scheduled up to the minimum determined by the family leave act, however, all residents must complete all minimum requirements outlined by the RRC and additional training may need to be fulfilled prior to completing the residency. The following is an outline of the anticipated vacation time and guaranteed meeting time per PGY year.

1. First year Urology residents (Urology 1)
   a. 4 weeks of vacation/year.
   b. Attend the basic science meeting independent of vacation time.

2. Second year Urology residents (Urology 2)
   a. 4 weeks of vacation/year

3. Third year Urology residents (Urology 3)
   a. 4 weeks of vacation/year
   b. May attend the AUA meeting
      i. Career Pathways – pending funding.
      ii. Extended stay as cleared through program director.
      iii. Independent of vacation time.
   c. May schedule single day interviews
      i. Must be cleared through Program Director.
      ii. Independent of vacation time.

4. Chief level Urology residents (Urology 4)
   a. 4 weeks of vacation/year
   b. Attend the AUA meeting independent of vacation time.
   c. May attend one Board exam review course independent of vacation time.
   d. May schedule single day interviews
      i. Must be cleared through Program Director.
      ii. Independent of vacation time.
5. All residents

a. There must be a chief level resident (Uro 3 or 4) on the VA and University service at all times. Exceptions may include the Section meeting, National meeting, and board review course.
b. There must be a minimum of three designated residents at the VA and four at the University at all times. Half of the research time will be considered as VA service time.
c. No vacation during the first two weeks (ideally 4 weeks) of July or last two weeks of June.
d. Vacation time must be evenly dispersed between the VA and University services proportional to the amount of time spent at each institution for a given year.
e. Uro 2 and Uro 3 residents must take a minimum of one week vacation while on research time.
f. Resident physicians at any level may attend educational meetings in which they are presenting a significant research project. This will be cleared through the faculty member responsible for the project and the program director.
g. Special situations can be addressed on an individual case basis. Must be cleared through the Program Director.
h. All scheduled time off (vacation, meeting, review course, interviews, etc) is to be submitted a minimum of six weeks in advance to the residency director. All time off will be reviewed and cleared through the residency program director.
i. 10 work days per year are allowed for non-vacation, non-medical leave – meetings, review courses, etc.
j. Additional policies may be developed by the resident staff to ensure fair and transparent determination of vacation scheduling.
DIVISION OF UROLOGY  
RESIDENT LEAVE REQUEST

Resident requesting Leave:______________________________________________________________

(Please Print)

Signature: ___________________________Date:__________________

Period of Leave: 

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<tr>
<td>Return</td>
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Purpose of Leave:  

☐ Educational  ☐ Vacation  ☐ Other

COMMENTS (explanation/coverage needed if applicable):

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Program Director Approval:

____________________________________________
Mark R Wakefield MD

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<tr>
<th></th>
<th>Days Taken</th>
<th>Days Remaining</th>
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<tr>
<td>CME</td>
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I_____________________________________, agree to accept appointment as a
__________________________________in the Department of_____________________________,
University of Missouri-Columbia School of Medicine for the period of______________ to _____________.

I understand that the training program for resident physicians which has been offered is conducted by the
University of Missouri-Columbia School of Medicine at formally affiliated hospitals and clinics under the
jurisdiction of the faculty and Dean of the School of Medicine. **I also understand that this contract will be
null and void if I fail to obtain and keep a current Missouri physician license, a J1 or H1B visa (if
applicable) and all paperwork necessary for employment on July 1 (or my official start date).**

I agree to devote my time and interests fully to the welfare of the patients assigned to me; to provide efficient,
compassionate, and cost effective care consistent with my level of training and responsibility; to assume
responsibility for teaching and professional direction of medical students and other residents, as well as other
students in the Health Sciences; to be responsive to the supervision and direction of professional staff involved
in my education and the patient care activities to which I am assigned; to take advantage of all opportunities
offered to improve my knowledge and skills in the profession. My specific responsibilities in the Department
of ___________________ are set forth in the program manual.

I understand that every physician in training at the University of Missouri-Columbia School of Medicine is
required to have a temporary or permanent medical license issued by the Board of Registration of the Healing
Arts of Missouri. I agree to provide all documentation necessary to receive and maintain such licensure.

I understand that my performance will be evaluated at regular intervals by my residency program director and
supervising physicians, and that my reappointment and/or promotion to the next level is subject to my
receiving satisfactory evaluations. I will be notified of non-reappointment or non-promotion at least four
months prior to the end of my contract, unless the events that led to the non-reappointment or non-
promotion occurred less than four months from the end of my contract. I also understand that my participation is required
in evaluating this training program in the internal review process and I also may be requested to participate in
the internal review process of other programs.

I understand that I will be required to pass Step 3 of USMLE prior to starting my final year of residency and
that failure to do this may result in non-renewal of my contract and dismissal from the program.

I understand that this appointment is subject to all rules, orders and regulations of the University and
University of Missouri Health Care, including the Sexual Harassment Policy, which is incorporated herein by
reference.

In addition to the Rules and Regulations of the University of Missouri, the Medical Staff Bylaws and the Rules
and Regulations of the Hospitals and Clinics, I agree to comply and abide by the following policies which are
detailed in my program manual, made available to me by my department which can also be found on the GME
website, [http://som.missouri.edu/GME/Policies.aspx](http://som.missouri.edu/GME/Policies.aspx):

- procedures for counseling
- drug screening
- criminal background check and other background checks (as required by the University of Missouri or
University of Missouri Healthcare)
- substance abuse problems
- discipline
- redress of grievances
- vacation, sick leave, professional and parental leave
- the effect leave will have on completion of my training program
- the conditions for non-renewal of my contract
- applicant credentialing
- reduction or closing of a program or the institution
- supervision
- duty hours (as outlined by institution and departmental policies)
- procedures for addressing resident concerns

My program will also provide to me access to information related to eligibility for specialty board exams.

I agree to provide documentation of immunity to measles, mumps and rubella, varicella and Hepatitis B prior to beginning my training and to abide by the Immunization policy of University Hospitals and Clinics. I will receive an initial TB skin test upon hiring, and annually thereafter.

I understand that these rules and regulations provide applicable due process safeguards. I waive my right of confidentiality with regard to the receipt of letters from the Missouri Patient Care Review Foundation (Missouri's PRO) regarding quality of care issues. The fact that I have received such a letter will be made known to my Residency Program Director.

I understand that my department's policy with regard to professional activities outside my educational program is set forth in my program manual. Under no circumstances will I engage in such outside professional activities without the specific permission of my program director. If I am entering this program under a J1 or H1B visa, I understand that under no circumstances should I engage in any moonlighting activities unless explicitly defined and written in my visa and with the approval of my program director.

As a resident physician, I will receive an annual stipend according to the UHC PGY Level ______ and leave benefits as specified in the program manual. As a part of my compensation, if paid through University Hospital and Clinics, I am eligible for participation in the University's fringe benefits programs, including life insurance, medical benefits, long-term disability benefits and parking privileges, to the same extent as full-time non-regular academic employees of the University. These benefits exclude the benefit of vesting in the University of Missouri Pension Plan. If paid through the Mid-Missouri Mental Health Center, benefits are provided as part of my compensation through the Department of Mental Health as specified by my program director.

I also understand that University's Medical, Professional and Patient General Liability Plan, Section 490.020 of the Collected Rules and Regulations of the University of Missouri, provides medical malpractice coverage for me as described in the program manual to the extent provided by such plan during my residency training at the University. The self-insured medical malpractice program has a plan limit of $7.5 million per occurrence and $15 million annual aggregate. Reserves for the program are determined annually through actuarial study. The program is “occurrence” based, versus “claims-made”. Such plan does not provide coverage for activities I engage in which are outside the scope of my employment even if such activities are specifically permitted by my program director.

In carrying out the duties which have been assigned to me and for any other matter relating to my conduct during this period of training, I understand that I will be functioning at all times under the jurisdiction of the director of my residency program, the chief or my clinical department, and the Dean, School of Medicine, as well as assigned supervisory personnel at the respective affiliated hospitals and clinics.

My program has delineated arrangements for living quarters, meals, and laundry or their equivalents in the program manual.
In signing this contract, I agree to the terms set forth herein and acknowledge receipt of the program manual and Attachment A. I understand that a copy of this agreement will be sent to the residency program coordinator, in addition to being kept in my residency file.

FOR THE CURATORS OF THE UNIVERSITY OF MISSOURI,
UNIVERSITY OF MISSOURI-COLUMBIA SCHOOL OF MEDICINE

<table>
<thead>
<tr>
<th>Residency Program Director or Department Chair</th>
<th>Date</th>
<th>Signature of Resident</th>
<th>Date</th>
</tr>
</thead>
</table>

**Attachment A: Access and Confidentiality Agreement**

**ACCESS AND CONFIDENTIALITY AGREEMENT**

(Physician)

As a physician at University of Missouri Healthcare (UMH), hereafter referred to as "Physician", you may have access to what this agreement refers to as "confidential information." The purpose of this agreement is to help you understand your responsibilities regarding the access and protection of confidential information.

Confidential information includes patient/staff information, financial information, other information relating to UMH and information proprietary to other companies or persons. You may learn of or have access to some or all of this confidential information through a computer system or through professional care to patients.

Confidential information is valuable and sensitive and protected by law and by strict UMH policies. The intent of these laws and policies is to assure that confidential information will remain confidential and will be used only to accomplish the organization's mission.

As a physician with access to confidential information, you are required to conduct yourself in strict conformance to applicable laws and UMH policies governing confidential information. Your principal obligations in this area are explained below. You are required to read and to abide by these duties. Violation of any of these duties will subject you to discipline, which might include, but is not limited to, loss of privileges to access confidential information, loss of privileges at UMH, and to legal liability.

As a physician, you must understand that you will have access to confidential information which may include, but is not limited to, information relating to:

- Patients (such as records, conversations, admittance information, patient or member financial information, etc.),
- Staff, volunteers, or students (such as employment records, grades, performance evaluations, disciplinary actions, etc.),
- UMH information (such as financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary computer programs, source code, proprietary technology, etc.) and
- Third party information (such as computer programs, client and vendor proprietary information, source code, proprietary technology, etc.).

Accordingly, as a condition of and in consideration of your access to confidential information, you promise that:

1. You will use confidential information only as needed to perform your legitimate duties as a physician of patients affiliated with UMH. This means, among other things, that:
A. You will only access confidential information for which you have a need to know; and

B. You will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of your professional activities as a physician of patients affiliated with UMH; and

C. You will not misuse confidential information or treat confidential information carelessly.

2. You will safeguard and will not disclose your access code or any other authorization you have that allows you to access confidential information. You accept responsibility for all activities undertaken using your access code and other authorization.

3. You will report activities by any individual or entity that you suspect may compromise the confidentiality of confidential information. Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.

4. You understand that your obligations under this Agreement will continue after termination of your privileges as a physician, as defined in this agreement. You understand that your privileges hereunder are subject to periodic review, revision and if appropriate, renewal.

5. You understand that you have no right or ownership interest in any confidential information referred to in this Agreement. UMH may at any time revoke your access code, other authorization, or access to confidential information.

6. You will be responsible for your misuse or wrongful disclosure of confidential information and for your failure to safeguard your access code or other authorization access to confidential information. You understand that your failure to comply with this Agreement may also result in loss of privileges to access confidential information, loss of privileges and to legal liability.

_______________________________________    _________________________________
Physician Signature                                          Date

_______________________________________    __________________________________
Printed or Typed Name                                          Title
UNIVERSITY HOSPITALS AND CLINICS
Graduate Medical Education
https://medicine.missouri.edu/gme/home.html

- About
- Residents
- Coordinators and Staff
- Salaries & Benefits
- Policies
- Resources
- Announcements

UNIVERSITY HOSPITALS AND CLINICS POLICIES
Policies - GME Applicants, Residents & Fellows
May be found at: https://medicine.missouri.edu/gme/policies.html

- Academic Deficiency Procedure
- Addressing Resident Concerns
- Administrative Support for Programs & Residents in the Event of a Disaster or Interruption
- Alertness Management & Fatigue Mitigation
- BLS, ACLS, and PALS Certification
- Composition & Responsibilities of the Graduate Medical Education Committee
- Determining Salary & Stipend Level of Residents
- Disciplinary Policy
- Drug Testing for Training Physicians
- Duty Hour Policy
- GMEC Oversight of Programs Not Accredited by ACGME
- Grievance Policy for Residents
- House Staff Compliance with Timely Completion of Medical Record
- Institutional Vacation & Leave Policy
- Internal Review Protocol
- Monitoring Residents with Prior Issues of Concern
- Moonlighting & Moonlighting for J-1 or H-1B Visa Holders
- Non-Renewal of Resident Contract
- Outside Rotations Policy
- Policy for Payment of Fees Associated with an H-1B Visa
- Process for Requesting a Change in Resident Complement or Starting a New Program
• Processing Anonymous Evaluations of Residents
• Professional Assistance Policy
• Professionalism, Personal Responsibility, and Patient Safety
• Program or Institutional Closure
• Reporting of Other Learners in a Program
• Request for Duty Hour Exception
• Resident and Fellow Vetting Process
• Resident Leave Restriction Policy
• Resident Recruitment, Eligibility, and Selection
• Rotations Outside the United States
• STEP 3-COMLEX Exam Requirements
• Supervision and Progressive Authority & Responsibility of Residents
• Teamwork
• Transitions of Care
• Vetting Policy for Outside Rotators

University Policies
• Disability Employment
• Grievance Procedure
• Harassment
• Harassment: Sexual Harassment
• Positive Work and Learning Environment
MU Cares forYOU

Operational since 2007, the forYOU Team is sponsored by University of Missouri Health System (MUHS) under the direction of the Office of Clinical Effectiveness (OCE) to support second victims within our health system network. The forYOU Team provides a form of 'emotional first aid' specifically designed to provide crisis support and stress management interventions for particularly stressful clinical events such as traumatic clinical events, failure of rescue efforts following prolonged intervention, adverse patient outcome related to a medical error, the death of a child, and any other event that is unusually emotionally challenging and stressful in our healthcare environment.

Available support includes:

- Health care clinicians (MDs, nurses, RT, and managers) who have been specifically trained to assist staff in this type of situation.
- forYOU brochures are available for staff and family members to help them better understand what the staff member may be experiencing.
  - Second Victim support pamphlet for staff (PDF)
    http://www.muhealth.org/documents/oce/forYOUstaff_brochures.pdf
  - Second Victim support pamphlet for family (PDF)
    http://www.muhealth.org/documents/oce/forYOUfamilyBrochure.pdf
- Additional resources include patient safety, risk management, chaplains, Employee Assistance Program and a clinical psychologist when peer support is not sufficient.
- 24-hour pager access to a forYOU team leader: (573) 397-0044
- Send email message to team leads. forYOU@health.missouri.edu
Statement of the
School of Medicine and University Hospitals and Clinics
Commitment to Graduate Medical Education
("Residents" applies to Residents & Fellows)
2013

1) Residents are provided an organized and effective learning environment with guidance and supervision which facilitates the resident's ethical, professional and personal development while ensuring safe and appropriate care for patients.

2) The School of Medicine and University of Missouri Health Care are accountable for addressing resident concerns and issues at the local level.

3) The School of Medicine and University of Missouri Health Care have charged the Graduate Medical Education Committee with the responsibility of maintaining quality and support of our graduate medical education programs and for recommending, to the Dean, standards to enhance the welfare of our residents.

4) The Graduate Medical Education Committee will oversee all training programs with the assistance of elected residents on the committee and partnering with the House Staff Organization.

5) The Graduate Medical Education Committee will report to the Dean of the School of Medicine. The Dean reports to the Provost and Chancellor of the University of Missouri-Columbia, and the President of the University of Missouri System.

The School of Medicine and University of Missouri Health Care will provide the necessary educational, financial and human resources needed to maintain the highest possible quality and protection for our residents. The School of Medicine and University of Missouri Health Care looks to the Graduate Medical Education Committee for recommendations about how to best use the resources available and for rightsizing the programs to maintain optimal quality and protection. All increases in resident positions are approved by the CEO of the Health System and the Dean of the School of Medicine.

The Associate Dean for Graduate Medical Education and DIO serves as Associate Chair of the Graduate Medical Education Oversight Committee and is responsible for overseeing academic quality of programs.

Harold A. Williamson, Jr., MD
Vice Chancellor for Health Affairs

Date 6-16-2013

Debra Koivinen, MD, FACS
Associate Dean for GME / DIO

Date 6-18-2013

Leslie W. Hall, MD
Dean, School of Medicine

Date 6-18-13

Mitchell L. Wasden
Chief Executive Officer
University of Missouri Health Care

Date 6/8/10