**New Application: Urology**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042 www.acgme-i.org

**Submission for Initial Accreditation:** This Advanced Specialty Application is for programs applying for **Initial Accreditation ONLY** and is used in conjunction with the Accreditation Data System (ADS).

All sections of the form applicable to the program must be completed for the application to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide exact numbers as requested and indicate the exact dates for the data entered. If any requested information is unavailable, an explanation must be given, and it should also be indicated as unavailable in the appropriate place on the form. Once the form is complete, number the pages sequentially in the bottom center.

The program director is responsible for the accuracy of the information supplied in this form, and must sign it. It must also be signed by the designated institutional official (DIO) of the Sponsoring Institution, who will submit the application electronically.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Urology. The International Foundational, Advanced Specialty, and Institutional Requirements may be downloaded from the ACGME International website: [www.acgme-i.org](http://www.acgme-i.org/).

Email questions regarding the form’s content to [acgme-i@acgme-i.org](mailto:acgme-i@acgme-i.org).

Email questions regarding ADS to [ADS@acgme.org](mailto:ADS@acgme.org) (type the program number in the subject line).

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| Program Name:Click here to enter text. |

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**Introduction**

**Duration and Scope of Education**

* + - 1. What will be the length, in months, of the educational program?

Choose an item.

**Program Personnel and Resources**

**Faculty**

1. List faculty members with subspecialty experience who will concentrate their practice on the following urological domains.

|  |  |
| --- | --- |
| **Domain** | **Faculty Member Name** |
| Calculus disease |  |
| Female urology |  |
| Infertility |  |
| Oncology |  |
| Pediatrics |  |
| Reconstruction |  |
| Sexual dysfunction |  |
| Voiding dysfunction |  |

If any domain has no faculty member listed, explain. (Limit 300 words)

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1. Will there be faculty members who have experience with the following urologic techniques?
   1. Endo-urology YES NO
   2. Major flank and pelvic surgery YES NO
   3. Microsurgery YES NO
   4. Minimally-invasive intra-abdominal and pelvic surgical techniques YES NO
   5. Utologic imaging YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Will physician faculty members with expertise in the following areas have clinical interaction with residents?
   * + - 1. Interventional radiology YES NO
         2. Medical oncology YES NO
         3. Plastic surgery YES NO
         4. Trauma YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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**Resources**

Will the following equipment be available to the program?

Extracorporeal shock wave lithotripsy YES NO

Flexible cystoscopy YES NO

Fluoroscopy YES NO

Laparoscopy YES NO

Laser therapy YES NO

Percutaneous endoscopy YES NO

Percutaneous renal access YES NO

Ultrasonography and biopsy YES NO

Ureteroscopy YES NO

Urodynamic evaluation equipment YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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* + - 1. Will video imaging be available to allow adequate supervision and education during endoscopic procedures? YES NO

Explain if ‘NO.’ (Limit 250 words)

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**Specialty-Specific Educational Program**

**ACGME Competencies**

**Professionalism**

1. How will graduating residents demonstrate a commitment to fulfilling their professional responsibilities and adhering to ethical principles?

Describe how these skills will be evaluated. (Limit 300 words)

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1. How will graduating residents demonstrate the following?
   1. Compassion, integrity, and respect for others
   2. Responsiveness to patient needs that supersedes self-interest
   3. Respect for patient privacy and autonomy
   4. Accountability to patients, society, and the profession
   5. Sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation

Provide examples of how skill will be evaluated in three of the five areas listed. (Limit 300 words)

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**Patient Care and Procedural Skills**

1. How will graduating residents demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health?

Describe how this will be evaluated. (Limit 300 words)

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1. How will graduating residents demonstrate competence in attendant skills in medical and surgical therapy related to the normal and diseases genitourinary system?

Describe how competence will be evaluated. (Limit 400 words)

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1. How will graduating residents demonstrate competence in counseling and managing patients with complex, high-risk urologic interventions with potential impact on quantity or quality of life.

Describe how competence will be evaluated. (Limit 400 words)

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1. How will graduating residents demonstrate competence in manipulating, repairing, and/or excising internal structures with appropriate instrument selection for a majority of urologic procedures?

Describe how competence will be evaluated. (Limit 400 words)

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1. How will graduating residents demonstrate competence in manipulating the following, with correct force, speed, depth, and distance?
2. Endoscopic and office surgical equipment for routine and complex cases
3. Endoscopic equipment for a majority of transurethral and ureteroscopic and percutaneous cases
4. Laparoscopic and/or robotic equipment for routine cases

Provide examples of how competence will be evaluated in each area listed. (Limit 400 words)

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1. How will graduating residents demonstrate competence in the following?
2. Endourology
3. Identifying and managing common and uncommon intra- and post-operative physiologic alterations and complications
4. Urologic imaging, including fluoroscopy, interventional radiology, and ultrasound

Provide examples of how competence will be evaluated in two of the three areas listed.

(Limit 250 words)

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1. How will graduating residents demonstrate competence in initial evaluation, establishment of diagnosis, selection of appropriate therapy, and management of complications in their patients based on common and advanced diagnostic test results?

Describe how competence will be evaluated. (Limit 400 words)

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**Medical Knowledge**

1. How will graduating residents demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care?

Describe how knowledge will be evaluated. (Limit 400 words)

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1. How will graduating residents demonstrate knowledge of basic and clinical sciences related to the normal and diseased genitourinary system?

Describe how knowledge will be evaluated. (Limit 400 words)

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1. How will graduating residents demonstrate knowledge of core topics as they pertain to urology, including the following?
2. Adrenal disease
3. Anatomy
4. Biostatistics and epidemiology
5. Benign prostatic hypertrophy and voiding dysfunction
6. Calculus disease
7. Female pelvic disease
8. Fistulae
9. Geriatrics
10. Hypertension and renovascular disease
11. Infections
12. Infectious disease
13. Medical oncology
14. Neurogenetic bladder and incontinence
15. Pediatrics
16. Physiology
17. Renal transplantation
18. Reproductive and sexual dysfunction
19. Trauma
20. Urethral and ureteral reconstruction
21. Uropathology
22. Uroradiology and radiation safety

Provide examples of how knowledge will be evaluated in 11 of the 21 areas listed. (Limit 1,000 words)

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1. How will graduating residents demonstrate knowledge of ultrasound in urology, including the following?
   * 1. Physics of ultrasound
     2. Ultrasound abnormalities of the genitalia, prostate, bladder, and kidney
     3. Ultrasound techniques

Provide examples of how knowledge will be evaluated in two of the three areas listed. (Limit 250 words)

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**Practice-based Learning and Improvement**

1. How will graduating residents demonstrate their 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 lifelong learning?

Describe how these skills will be evaluated. (Limit 300 words)

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1. How will graduating residents demonstrate they have developed skills and habits to be able to meet the following goals?
2. Identify strengths, deficiencies, and limits in one’s knowledge and expertise
3. Identify and perform appropriate learning activities
4. Incorporate formative evaluation feedback into daily practice
5. Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems
6. Participate in the education of patients, patients’ families, students, other residents, and other health professionals
7. Set learning and improvement goals
8. Systematically analyze clinical practice using quality improvement methods, and implement changes with the goal of practice improvement
9. Use information technology to optimize learning

Provide examples of how skill will be evaluated in five of the eight areas listed.

(Limit 500 words)

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**Interpersonal and Communication Skills**

1. How will graduating residents demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals?

Describe how these skills will be evaluated. (Limit 300 words)

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1. How will graduating residents demonstrate their ability to:
2. communicate effectively with patients, patients’ families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
3. communicate effectively with physicians, other health professionals, and health-related agencies;
4. work effectively as a member or leader of a health care team or other professional group;
5. act in a consultative role to other physicians and health professionals; and,
6. maintain comprehensive, timely, and legible medical and administrative records?

Provide examples of how skill will be evaluated in three of the five areas listed. (Limit 300 words)

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**Systems-based Practice**

1. How will graduating residents 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?

Describe how these skills will be evaluated. (Limit 300 words)

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1. How will graduating residents demonstrate their ability to:
2. work effectively in various health care delivery settings and systems relevant to their clinical specialty;
3. coordinate patient care within the health care system relevant to their clinical specialty;
4. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
5. advocate for quality patient care and optimal patient care systems;
6. work in interprofessional teams to enhance patient safety and improve patient care quality; and,
7. participate in identifying system errors and implementing potential systems solutions?

Provide examples of how skill will be evaluated in four of the six areas listed. (Limit 400 words)

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**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. Will resident didactic conferences include the following?
   * + - 1. Combined morbidity and mortality conferences for all participating sites YES NO
         2. Journal review YES NO
         3. Urological imaging conferences YES NO
         4. Urological pathology conferences YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

* + - 1. Will didactic instruction include the following core topics?
         1. Calculus disease YES NO
         2. Female urology YES NO
         3. Oncology YES NO
         4. Pediatrics YES NO
         5. Reproductive and sexual dysfunction YES NO
         6. Urethral and ureteral reconstruction YES NO
         7. Voiding dysfunction YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

* + - 1. Will resident instruction include the following?
         1. Bioethics YES NO
         2. Biostatistics YES NO
         3. Epidemiology YES NO
         4. Geriatrics YES NO
         5. Infectious disease YES NO
         6. Medical oncology YES NO
         7. Plastic surgery YES NO
         8. Radiation safety YES NO
         9. Renal transplantation YES NO
         10. Renovascular disease YES NO
         11. Trauma YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

* + - 1. Will resident didactic instruction include the following core topics?
         1. Endo-urology YES NO
         2. Fluoroscopy YES NO
         3. Interventional radiology YES NO
         4. Major flank and pelvic surgery YES NO
         5. Microsurgery YES NO
         6. Minimally invasive intra-abdominal and pelvic surgical techniques YES NO
         7. Perineal and genital surgery YES NO
         8. Ultrasound YES NO
         9. Urologic imaging YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

**Clinical Experiences**

* + - 1. Complete Appendix B., Patient Population Data, and attach to submission.
      2. During the first year of the program, will residents spend at least three months in general surgery?

YES NO

If ‘YES,’ will the experience be developed jointly with a designated member of an ACGME-I-accredited surgery program? YES NO

If ‘YES,’ will the urology program director have input and approval of the experience in surgery?

YES NO

If ‘YES,’ will at least three months be in core surgical rotations of critical care, vascular surgery, or trauma? YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

* + - 1. Will the education in urology focus on direct patient care in adult urology?. YES NO

If ‘YES,’ will the following index categories and procedures be included?

* + - * 1. Endourology and stone disease YES NO
        2. General urology YES NO
        3. Laparoscopy YES NO
        4. Oncology YES NO
        5. Urethral and ureteral reconstruction YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

* + - 1. Will the education in urology include the following index cases and procedures in pediatric urology?
         1. Endoscopy YES NO
         2. Hydrocele/hernia YES NO
         3. Hypospadias YES NO
         4. Orchiopexy YES NO
         5. Ureter YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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* + - 1. How will the program ensure residents participate in the continuity of patient care through pre- and post-operative clinics and inpatient contact? (Limit 400 words)

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* + - 1. How will the program ensure that when residents participate in pre- or post-operative care in a clinic or private office, they have responsibility, under supervision, for the total care of the patient, including initial evaluation, establishment of diagnosis, selection of appropriate therapy, and management of complications? (Limit 400 words)

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* + - 1. Within the final 24 months of the program, will each resident serve at least 12 months as chief resident? YES NO

If ‘YES,’ will the chief resident experience include the following?

* + - * 1. Advanced procedures YES NO
        2. Management of patients with complex urologic disease YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

* + - 1. How will the program ensure the chief resident experience includes a high level of responsibility and independence with appropriate supervision? (Limit 300 words)

|  |
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* + - 1. How will the program ensure residents are given responsibility based on their knowledge, problem-solving abilities, manual skills, experience, and the severity and complexity of each patient’s status? (Limit 400 words)

|  |
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**Scholarly Activity**

1. How will the program ensure residents are involved in preparing manuscripts, giving lectures, teaching activities, writing abstracts, actively performing research, or participating in clinical studies and reviews? (Limit 400 words)

|  |
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**Appendix A. Formal Didactic Sessions by Academic Year**

For each year of the residency, attach (Label: Appendix A.) a list of all scheduled didactic courses (including discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating sites to which residents will rotate, using the format below. If attended by residents from multiple years, list in each year but provide a full description *only the first time a site is listed*.

Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows**.

Year in the Program:

Number:                Title:

a) Type of Format (e.g., seminar, conference, discussion groups)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session, and total number of sessions

**Example:**

|  |
| --- |
| Y-1  01. Introduction to Urology  a) Seminar  b) Required Y-1  c) Survey of contemporary methods and styles of urology, including approaches to clinical work with minority populations.  d) Weekly, for 8 sessions.  02. Departmental Grand Rounds  a) Discussion groups  b) Required, Y-1, Y-2, Y-3; Elective Y-4  c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes resident presentations and discussions with additional faculty discussant.  d) Twice monthly, 24 sessions |

If resident attendance will be monitored, explain how this will be accomplished and how feedback will be given regarding non-attendance. (Limit 250 words)

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**Appendix B. Patient Population Data**

Complete and attach the following tables summarizing the total number of cases seen annually at each of the planned participating sites (Label: Appendix B.). Numbers should reflect total volume at each participating site to which residents will rotate.

Participating sites are indicated by a number which must correspond to the number designated for that site in ADS. The primary clinical site must be designated as Site #1. If additional sites are not planned, columns can be left blank. If additional sites are planned, add columns as needed.

From: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Table 1. Annual Cases**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Procedure** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| Laproscopy |  |  |  |  |
| General urology, total |  |  |  |  |
| Transurethral resection |  |  |  |  |
| TRUS/prostate biopsy |  |  |  |  |
| Scrotal/inguinal surgery |  |  |  |  |
| Urodynamics |  |  |  |  |
| Endourology/Stone disease, total |  |  |  |  |
| Shock wave lithotripsy |  |  |  |  |
| Ureteroscopy |  |  |  |  |
| Percutaneous renal |  |  |  |  |
| Reconstruction, total |  |  |  |  |
| Male |  |  |  |  |
| Penile/incontinence |  |  |  |  |
| Urethra |  |  |  |  |
| Female |  |  |  |  |
| Intestinal diversion |  |  |  |  |
| Oncology, total |  |  |  |  |
| Pelvic |  |  |  |  |
| Prostate |  |  |  |  |
| Bladder |  |  |  |  |
| Retroperitoneal |  |  |  |  |
| Kidney |  |  |  |  |
| Pediatric – minor cases, total |  |  |  |  |
| Endoscopy |  |  |  |  |
| Hydrocele/hernia |  |  |  |  |
| Orchiopexy |  |  |  |  |
| Pediatric – major cases, total |  |  |  |  |
| Hypospadias |  |  |  |  |
| Ureter |  |  |  |  |

Required minimum numbers of procedures for graduating residents are listed here:

|  |  |
| --- | --- |
| **Procedure** | **Minimum** |
| Laproscopy | 50 |
| General urology, total | 200 |
| Transurethral resection | 100 |
| TRUS/prostate biopsy | 25 |
| Scrotal/inguinal surgery | 40 |
| Urodynamics | 10 |
| Endourology/Stone disease, total | 120 |
| Shock wave lithotripsy | 10 |
| Ureteroscopy | 60 |
| Percutaneous renal | 10 |
| Reconstruction, total | 60 |
| Male | 15 |
| Penile/incontinence | 10 |
| Urethra | 5 |
| Female | 15 |
| Intestinal diversion | 8 |
| Oncology, total | 100 |
| Pelvic | 40 |
| Prostate | 25 |
| Bladder | 8 |
| Retroperitoneal | 40 |
| Kidney | 30 |
| Pediatric – minor cases, total | 30 |
| Endoscopy | 5 |
| Hydrocele/hernia | 10 |
| Orchiopexy | 10 |
| Pediatric – major cases, total | 15 |
| Hypospadias | 5 |
| Ureter | 5 |