

**Medical College of Wisconsin/Children's Hospital of Wisconsin
Pediatric Urology Fellowship**

First Year Duties and Responsibilities of the Pediatric Urology Fellow

I. PATIENT CARE

A. Patient Rounds

The Fellow is expected to conduct morning team rounds, in conjunction with residents and medical students, on the urology service inpatients prior to the start of the operative day. Timely communication with the attending staff for each patient will be coordinated between the resident and the fellow. The attending will be made immediately aware of any situation that is deemed adverse or unstable.

Afternoon rounds can be conducted on a more casual basis dictated by the flow of the day. The fellow and residents need to be sensitive to the needs of patients that are being discharged, as many of them have extended travel time following discharge. Every discharged patient must have a clear follow-up arranged that is coordinated with the attending and communicated to the pediatric urology nursing staff.

B. Primary Call

The resident will take primary call on Monday, Wednesday and Friday of each week. **The fellow will take primary call on Tuesday and Thursday.** Primary call is listed through the hospital operator and provides the contact name of the pediatric urology resident/fellow for outside phone calls, in-hospital consults and emergency room patients. It is the responsibility of the primary call resident/fellow to respond to these calls. **The resident and the fellow are encouraged to share the responsibilities on a daily basis to meet the needs of the service.**

C. In Hospital Consults

All in-hospital consults should be completed on a same-day basis unless it is a late evening consult and the consulting service is agreeable to having assessment performed the following morning. Consults will be distributed between the fellow and the resident, and **both the fellow and the resident need to be fully aware of the status of all of the patients.** The findings and assessment will be communicated to the attending on call in a timely basis. If the patient is already established with one of the attending faculty, the consult should then be directed to that established attending. All consultations will require a brief handwritten summary, as well as a dictated consultation. Be fully aware of the requirements of documenting not only the urological presentation and findings, but also the various components of past medical history, social history, family history, review of system, examination of the entire patient, etc. that are required for the appropriate billing of a complex patient. Trivial problems can be handled with a more abbreviated format.

D. Outside Calls

Both the fellow and resident will receive outside calls from patients and physician offices about new and established patients, as delineated by the primary call rotation. This information must be documented and referred to the appropriate doctor and his nursing staff. This is a major cause of lost information.

E. Weekend Duties

The first year fellow will be on backup call the same weekend as the third year urology residents covering weekend duties are on call. When the fourth year urology residents are on weekend call, the first year fellow will be off call with no assigned responsibilities. This should roughly work out to the fellow being on call two out of four weekends.

The fellow and resident will round on the weekends of assigned call. This will be coordinated with the attending on call. All consultations, outside calls, and change in status of inpatients must be communicated with the attending. All

patient calls must be documented and passed on to the appropriate attending and his nursing staff.

F. Preparation for Surgical Cases

It is expected that the fellow will know the preoperative details and indications for the patient who is about to undergo surgery. Imaging studies and pertinent lab must be available for review. Familiarity with the proposed surgical approach is expected.

G. Post Operative Orders

Post operative orders will be entered into the electronic medical record on all patients. Details must be coordinated with the attending surgeon. Outpatients must have clearly arranged follow-up including medications, location and timing of the clinic follow-up visit, and imaging, if appropriate.

H. Pages

Prompt return of pages is an expectation. This is a significant problem in the operating room where multiple pages can disrupt an operation. At the same time, some pages may be important but others can be handled on a more casual basis. This is further complicated by the varying intensity of any given surgery. Discuss this with your attending surgeon.

I. Clinic Responsibilities

Time in the clinic is an integral part of the education during your fellowship. With rare exception, however, the fellow would rather be in the operating room. **It is an absolute expectation that the fellow will spend ½ day per week at a minimum in the clinic, rotating with various attendings.** Some leeway can be given so that the fellow can participate in an unusually interesting or complex case when there is a conflict between the clinic schedule and the OR schedule. The clinic session will need to be made up on another day. Unlike the second year fellow, the first year fellow does not have direct clinic responsibilities of

patient management, however, regular attendance in clinic is an absolute requirement.

II. EDUCATION

A. Wednesday AM Pre-op Conference

Each Wednesday morning a pre-operative conference is held at Froedtert Hospital in the Department of Urology conference room. It starts **promptly** at 7:00 am and Pediatric Urology presents up to 7:30 am. Presentations should be succinct and it will be the responsibility of both the fellow and the resident to present. Cases will be assigned to either the resident or the fellow both for presentation and for participation in the surgery the following week. Appropriate x-rays should be available. The presenter should have some knowledge of the literature for cases that are complex, unusual, or controversial. Pre-conference communication between the fellow/resident and attending should always occur when there are questions about the patient's clinical course, evaluation, or proposed surgery that are unanswered in the record. This communication works to everyone's advantage.

B. Thursday AM Teaching Conference

1. Weekly Pre-operative Case Discussions

The same cases presented on Wednesday AM will be again discussed on Thursday AM. However, the goal is to give a brief discussion of most of the CHW cases in the Wednesday conference. **The Thursday conference will be a more selective process to review more complex cases in greater depth.**

2. Monthly

a. Morbidity and Mortality

Morbidity and mortality will be discussed on a once per month basis. It will be the responsibility of the resident and fellow to keep track of complications, both through their direct knowledge and as related to them by the attending. Examples of this would include inpatient complications, calls from an outside emergency room, physician's office, or visit in the clinic where a complication was identified. A thorough preparation of each case along with appropriate imaging and lab data is expected. The majority of these presentations will be post operative complications but non-surgical errors in assessment or management are also appropriate for review. The goal of the conference is for education to occur and quality and outcomes to improve. Careful compilation of untoward events for the entire pediatric urology service is a critical responsibility of the first year fellow and should be viewed as important as maintenance of an accurate and current operative record.

b. Journal Club

Journal Club is held once per month. The 2nd year fellow will assign articles for review by all the attending participants at the meeting. Detailed review and presentation of the articles will be split and coordinated between the resident and the first year fellow.

c. Presentation by Fellow/Staff/Invited Speaker

An invited speaker will give a presentation on a once a month basis. This may include non-urologists, the fellow, or the attending staff. This will be coordinated by the 2nd year fellow.

3. Quarterly

a. Pathology Conference

A quarterly pathology conference will be held with an invited pathologist from Children's Hospital. The fellow will keep a list of potentially interesting cases and also seek the input of the

attending staff for interesting case presentation. The fellow should have a brief summary of these patients available in a handout form and also provide this ahead of time to the pathologist who puts the cases together. The pathologist will do the majority of the presentation.

b. Interesting cases

A quarterly conference of interesting cases and follow-up of unusual or controversial cases will be held. The first year fellow will maintain an ongoing list of potential cases as well as seek suggestion from the faculty. Both 1st and 2nd year fellows should maintain a list with appropriate xrays of interesting and educational cases encountered during their fellowship. This will provide a valuable basis for educational conferences in the future.

c. Research forum

A quarterly research forum will include ongoing clinical and basic science research with the section of Pediatric Urology as well as potential topics for future study.

C. Assignment of Medical Student Duties and Schedule

Medical students rotate on our service. Sub-interns are most commonly 4th year medical students who are going into Pediatrics and are on our service for one month. We also have medical students, both 3rd year and 4th year levels, who rotate through adult urology for three weeks and rotate through our service for one week. Clear expectations including participation in patient rounds, surgeries, and clinic time should be assigned. The one-month sub-interns should assume a greater role in the assessment and management of inpatients and consults with some responsibilities under the guidance of the resident and the fellow. The program would like close scrutiny of those medical students who have expressed a specific interest in going into Urology so we may better assess them as potential candidates for acceptance into our own program as well as for recommendations

to other programs. The faculty will seek input from the fellow and resident on the performance of the students following the rotation.

D. Teaching Rounds

Teaching rounds will occur once per week with the attending staff on call. This should be coordinated between the schedules of the attending, fellow, and resident. This should include all of the inpatients, as well as appropriate, complex, or interesting consultations.

III. RESEARCH

The focus of the first year fellowship is towards learning patient management and surgical procedures. However, it is the expectation that one clinical research project will be initiated during the first year. This could be a project that can be concluded within the first year or could be carried over into the second year. While more than one project may be undertaken, it is not meant to detract from the educational component of the first year. Choosing a research project will be a complimentary process between the fellow and the faculty.

IV. ADMINISTRATIVE

A. Maintenance of Surgical Log

Maintenance of an up-to-date surgical log is mandatory. All surgeries must be entered into the ACGME Resident Case Log System. This log will be reviewed on a monthly basis by the program director in pediatric urology and by the program director in urology.

B. Surgical Case Distribution

Surgeries occur at both Children's Hospital of Wisconsin and the outpatient SurgiCenter of Greater Milwaukee. There are adequate cases for both the resident and the fellow to be involved in. Some cases are clearly appropriate for the fellow, although that does not preclude the resident from scrubbing in on these

cases. Assignment of the cases will be performed by an appointed faculty, but coordinated between the resident and the fellow.

C. It is the duty of the fellow to insure that these above outlined steps occur.

The program goal is to provide a forum for the professional growth in pediatric urology of the first year fellow while assuring ongoing high-quality care, effective communication with referring providers, and patient/family satisfaction. The fellow is an integral and central part of the team. The attending faculty has the responsibility to be available for consultation, support and mentoring in all phases of the clinical and academic growth of the fellow. Communication will always be the key to success. The program will provide the fellow with a written ongoing assessment of progress and performance.

Charles T. Durkee, MD
Fellowship Director

(Name)
1st Year Fellow