The Urology Milestone Project

A Joint Initiative of

The Accreditation Council for Graduate Medical Education

and

The American Board of Urology

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The Urology Milestone Project

The Milestones are designed only for use in evaluation of resident physicians in the context of their participation in ACGME accredited residency or fellowship programs. The Milestones provide a framework for the assessment of the development of the resident physician in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context.

Urology Milestones

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Milestone Reporting

This document presents milestones designed for programs to use in semi-annual review of resident performance and reporting to the ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies organized in a developmental framework from less to more advanced. They are descriptors and targets for resident performance as a resident moves from entry into residency through graduation. In the initial years of implementation, the Review Committee will examine milestone performance data for each program's residents as one element in the Next Accreditation System (NAS) to determine whether residents overall are progressing.

For each reporting period, review and reporting will involve selecting the level of milestones that best describes a resident's current performance level in relation to the milestones. Milestones are arranged into numbered levels (See the figure on page v.). These levels do not correspond with post-graduate year of education.

Selection of a level implies that the resident substantially demonstrates the milestones in that level, as well as those in lower levels. A general interpretation of levels for urology is below:

Level 1: The resident demonstrates milestones expected of an incoming resident.

Level 2: The resident is advancing and demonstrates additional milestones.

Level 3: The resident continues to advance and demonstrate additional milestones; the resident demonstrates the majority of milestones targeted for residency in this sub-competency.

Level 4: The resident has advanced so that he or she now substantially demonstrates the milestones targeted for residency. This level is designed as the graduation target.

Level 5: The resident has advanced beyond performance targets set for residency, and is demonstrating "aspirational" goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional residents will reach this level.

Additional Notes

Level 4 is designed as the graduation *target* but does *not* represent a graduation *requirement*. Making decisions about readiness for graduation is the purview of the residency program director (See the Milestones FAQ for further discussion of this issue: "Can a resident/fellow graduate if he or she does not reach every milestone?"). Study of Milestone performance data will be required before the ACGME and its partners will be able to determine whether Level 4 milestones and milestones in lower levels are in the appropriate level within the developmental framework, and whether Milestone data are of sufficient quality to be used for high stakes decisions.

Examples are provided with some milestones. Please note that the examples are not the required element or outcome; they are provided as a way to share the intent of the element.

Some milestone descriptions include statements about performing independently. These activities must occur in conformity to the ACGME supervision guidelines, as well as to institutional and program policies. For example, a fellow who performs a procedure independently must, at a minimum, be supervised through oversight.

Answers to Frequently Asked Questions about Milestones are available on the Milestones web page: http://www.acgme.org/acgmeweb/Portals/0/MilestonesFAQ.pdf.

The diagram below presents an example set of milestones for one sub-competency in the same format as the milestone report worksheet. For each reporting period, a resident's performance on the milestones for each sub-competency will be indicated by:

- selecting the level of milestones that best describes the resident's performance in relation to the milestones

<u>or</u>

- selecting the option that says the resident "Has not achieved Level 1"

PBLI2. Learns and improves by asking and answering clinical questions from a patient scenario.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Recognizes general information deficits (background information) as they become apparent in clinical encounters *Example:* *Reads up in a text book on general topics, such as prostate cancer*	Identifies specific information needs (background information) as they emerge in patient care activities *Example:* *Reads up in a text book on specific management options for prostate cancer, such as adjuvant radiation therapy*	Formulates focused clinical questions for questions that relate to therapy *Example:* *Formulates focused clinical question for therapy, as in: "In patients with positive margins after radical prostatectomy, how does adjuvant radiotherapy (XRT) compare to observation with regards to disease-specific survival?"*	Distinguishes different types of clinical questions aside from therapy (i.e., prognosis, diagnosis, cost-effectiveness) *Example:* *Can engage in a nuanced discussion of the risk-benefit ratio of PSA screening*	Sets up an information system to stay current with the current best evidence on select topics *Example:* *Subscribes to EvidenceUpdates (http://plus.mcmaster.ca/EvidenceUpdates/), a free evidence-based resource for updates on newly published high quality evidence* *Receives alerts from MyNCBI for trials and systematic review on adjuvant XRT*
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Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.

Selecting a response box on the line in between levels indicates that milestones in lower levels have been substantially demonstrated as well as **some** milestones in the higher level(s).

UROLOGY MILESTONES

ACGME REPORT WORKSHEET

PC1. Gathers information by interviewing the patient or surrogate and performing a physical exam.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Acquires general history from patient and able to elicit genitourinary complaints Performs an accurate general physical examination *Examples:* *Obtains basic elements of a complaint, including onset, duration, quality of pain, associated symptoms, exacerbating factors* *Performs a focused general physical exam*	Acquires accurate and relevant history from the patient in an efficiently customized, prioritized, and hypothesis-driven fashion for genitourinary complaints Performs an accurate physical examination that is appropriately targeted to a patient's genitourinary complaints and medical condition *Examples:* *Obtains routine history for patient newly diagnosed with T1c prostate cancer* *Performs scrotal/genital examination in adults and identifies common pathology, such as hydrocele and testis tumors* *Identifies physical findings warranting immediate surgical intervention (e.g., suspected torsion)*	Obtains relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated, and detailed information that may not often be volunteered by the patient Identifies common genitourinary exam findings routinely, but inconsistently able to identify subtle physical exam findings *Examples:* *Obtains history for patient newly diagnosed with prostate cancer, including family history and details of erectile function and urinary continence* *Performs scrotal/genital examination in adults and children, and identifies common and subtle physical findings*	Role models gathering subtle and reliable information from the patient for junior members of the health care team, particularly for sensitive aspects of genitourinary conditions Routinely identifies subtle or unusual physical findings pertinent to genitourinary conditions *Examples:* *Obtains history from a patient with metastatic cancer with a past history of definitive treatment for prostate cancer* *Differentiates retractile versus undescended testis in child*	Highly efficient at gathering information, including history and physical exam *Example:* *Rapidly focuses on presenting problem; elicits key information in a prioritized, rapid fashion*
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Comments:					

PC2. Uses diagnostic tests and procedures, including performance and interpretation of imaging studies.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Selects and performs appropriate diagnostic tests and/or imaging procedures for general complaints *Example:* *Orders non-contrast computed tomography (CT) scan to evaluate renal colic*	Selects and performs appropriate diagnostic tests and/or imaging procedures based on patient's genitourinary complaints and medical condition *Examples:* *Orders appropriate tests for common post-operative concerns, such as hypoxia or tachycardia* *Performs bladder scan to assess post-void residual urine volume*	Selects appropriate routine diagnostic tests based on patient's genitourinary complaints and medical condition. Familiar with indications for advanced diagnostic tests and/or procedures Makes appropriate clinical decisions based on common diagnostic test results. Applies results of advanced diagnostic testing with supervision Selects and performs imaging studies based on patient's genitourinary complaint and medical condition *Examples:* *Employs uroflowmetry appropriately in the evaluation of voiding dysfunction* *Understands indications for urodynamic evaluation* *Performs ultrasound guided interventions, such as transrectal ultrasound guided prostatic nerve block and biopsy*	Consistently employs routine and advanced diagnostic tests and imaging procedures in a judicious fashion based on patient's genitourinary complaints and medical condition Makes appropriate clinical decisions based on common and advanced diagnostic test results *Examples:* *Formulates clinical question to be addressed by urodynamic evaluation* *Interprets results of urodynamic testing in context of patient's medical history and exam* *Selects appropriate imaging modality, balancing risks (i.e., radiation exposure), benefits and costs*	Employs and performs routine and advanced diagnostic tests in an efficient fashion based on patient's genitourinary complaints and medical condition *Example:* *Applies appropriate and selective CT scanning versus plain film radiography for follow-up in patients with stone disease*
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PC3. Develops a patient care plan, including medical, surgical, and/or radiological interventions. Counsel preoperative patients regarding treatment options. Discuss risks, benefits and alternatives (informed consent process). Counsel patients regarding potential short and long term impact of interventions on quantity and quality of life, as applicable. Adapt initial plan as sub-acute or chronic condition evolves.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Develops rudimentary plan for routine clinical problem Understands basic elements of informed consent *Example:* *Identifies shock wave lithotripsy as management option for urinary calculi*	Develops plan for routine clinical problem with defined treatment options in otherwise healthy patient Counsels patient for routine, lower-risk interventions *Examples:* *Identifies shock wave lithotripsy and/or ureteroscopic fragmentation for routine symptomatic proximal ureteral stone* *Obtains informed consent for selected stone treatment* *Considers metabolic evaluation when patient presents with episode of recurrent nephrolithiasis*	Develops plan for more complex clinical problem in otherwise healthy patient Counsels patients for routine, intermediate risk urologic interventions *Examples:* *Identifies and prioritizes management options for incidental small renal mass in an otherwise healthy patient* *Identifies medical and surgical management options for patient with LUTS* *If patient with LUTS does not improve with medical management, appropriately selects operative intervention* *Discusses risks, benefits, alternatives, and expected recovery course for straightforward radical nephrectomy*	Develops plan for complex clinical problem in patient with multiple co-morbid conditions Counsels patients for complex, higher-risk urologic interventions, with potential impact on quantity and/or quality of life *Examples:* *Identifies and prioritizes management option for incidental renal mass in elderly female with chronic kidney disease and significant co-morbidities* *Discusses risks, benefits, alternatives, and expected recovery, with understanding of quality of life impact, of radical cystectomy with various urinary diversions*	Routinely and efficiently develops plan for complex clinical problem in patient with multiple co-morbid conditions Counsels patients for complex, higher-risk urologic interventions, with potential impact on quantity and/or quality of life *Examples:* *Identifies and prioritizes management options for older patient with caval thrombus and renal tumor* *Discusses risks, benefits, and alternatives of intervention with significant mortality or morbidity risk*
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PC4. Performs intra-operative and post-operative management of patients, including recognition and treatment of physiologic alterations and complications.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Identifies alterations in normal physiology *Example:* *Readily identifies signs of physiologic alteration, such as hypotension or tachycardia*	Identifies common intra-operative and post-operative alterations and complications Manages common complications, with appropriate help-seeking behavior as necessary *Examples:* *Readily identifies, evaluates, and appropriately manages post-operative ileus* *Seeks assistance from upper level residents and/or faculty as appropriate for resident experience and clinical condition of patient*	Identifies and manages less common intra-operative and post-operative alterations and complications Identifies and manages common later complications of urologic interventions *Examples:* *Recognizes and manages partial disruption of ureteropelvic junction during percutaneous nephrostolithotomy, either intra-operatively or post-operatively* *Recognizes symptoms of and manages bladder neck contracture after radical prostatectomy*	Identifies and manages common and uncommon intra-operative and post-operative physiologic alterations and complications *Examples:* *Recognizes development of uretero-enteric anastomotic stricture following ileal loop urinary diversion* *Appropriately manages immediate intervention for stricture as well as further evaluation (i.e., for recurrence of urothelial carcinoma)*	Efficiently identifies and manages common and uncommon intra-operative and post-operative physiologic alterations and complications *Example:* *Rapidly anticipates and takes action to prevent development of post-operative complications* *Initiates early nutritional supplementation in at-risk post-operative patients*
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PC5. Performs open surgical procedures.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Closes incisions for routine urologic procedures under direct supervision (as defined in the Program Requirements) *Example:* *Closure of the abdomen after a midline incision*	Creates and closes surgical wounds for ***routine*** urologic procedures Performs routine urologic procedures appropriate for level of education *Examples:* *Circumcision in an adult with phimosis* *Hydrocelectomy for a moderate sized hydrocele*	Plans, creates, and closes surgical wounds for ***routine*** urologic procedures Manipulates, repairs, and excises (as necessary) internal structures with appropriate instrument selection and technique for ***routine* urologic** procedures *Examples:* *Radical orchiectomy for a testicular mass* *Orchidopexy for an inguinal undescended testis* *Bladder neck/urethral sling for female stress urinary incontinence* *Opening and closing of abdominal and flank incisions*	Plans, creates, and closes surgical wounds for ***routine and complex*** urologic procedures Manipulates, repairs, and/or excises (as necessary) internal structures with appropriate instrument selection for a ***majority of* urologic** procedures Demonstrates capacity to perform surgical procedures independently *Examples:* *Open partial nephrectomy for a small polar renal mass* *Ileal conduit urinary diversion* *Placement of inflatable penile prosthesis*	Manipulates, repairs, and/or excises (as necessary) internal structures with appropriate instrument selection for a ***majority of* routine and complex urologic** procedures *Examples:* *Cystectomy and orthotopic neobladder* *Radical nephrectomy for renal cancer with infrahepatic caval tumor thrombus*
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PC6. Performs endoscopic procedures of the upper and lower urinary tract.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Obtains access and perform examination of bladder in a female under direct supervision (as defined in the Program Requirements) *Example:* *Cystoscopy in an adult female for removal of a ureteral stent*	Obtains access and performs examination of bladder and ureter for ***routine*** cases *Examples:* *Rigid cystoscopy in a male and female patient* *Insert a ureteral stent in the patient with a ureteral stone that is not impacted* *Bladder biopsy with cold cup forceps* *Obtain retrograde access to the kidney with normal anatomy of the ureter and kidney* *Routine diagnostic ureteroscopy*	Obtains access to bladder, ureter, **and kidney**, as appropriate for level of education Manipulates endoscopic equipment with appropriate instrument selection and correct force, speed, depth, and distance for ***routine*** transurethral and ureteroscopic cases, as appropriate for level of education *Examples:* *Transurethral resection of bladder tumor (TURBT) for a 3cm papillary bladder tumor* *Ureteroscopy and fragmentation of a small proximal or distal ureteral stone* *Dilation of a percutaneous renal tract for percutaneous nephroscopy*	Obtains access to bladder, ureter, and kidney for ***routine and complex*** cases Manipulates endoscopic equipment with appropriate instrument selection and correct force, speed, depth, and distance for a ***majority of*** transurethral and ureteroscopic and **percutaneous** cases Performs routine transurethral, ureteroscopic, and percutaneous procedures with independence *Examples:* *Transurethral resection of the prostate (TURP) involving resection of about 40gm of prostate chips* *TURBT for papillary lesions that are large or in difficult locations (e.g., bladder dome)* *Retrograde access to kidney requiring balloon dilation of ureter* *Flexible ureteroscopy with fragmentation of renal calculus*	Manipulates endoscopic equipment with appropriate instrument selection and correct force, speed, depth, and distance for a ***majority of routine and complex*** transurethral and ureteroscopic and **percutaneous** cases Obtains percutaneous renal access *Examples:* *TURP for a 60-gram prostate* *Flexible ureteroscopy holmium laser lithotripsy and extraction of a 1cm lower pole renal stone* *Percutaneous nephrolithotomy for a staghorn stone* *Percutaneous access for percutaneous nephrolithotomy under fluoroscopic guidance in the operating room (OR)*

						Flexible ureteroscopy with biopsy of urothelial lesion in upper tract *Percutaneous nephrolithotomy for a 3cm renal pelvic stone*			
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PC7. Performs laparoscopic/robot-assisted surgical procedures.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Manipulates laparoscopic equipment ***as assistant*** for ***routine*** cases without robotic assistance under direct supervision (as defined in the Program Requirements) *Example:* *Holds the laparoscope for laparoscopic renal cyst decortication and uncomplicated simple nephrectomy*	Manipulates laparoscopic equipment with correct force, speed, depth, and distance ***as assistant*** for ***routine*** cases *Example:* *Functions as first assistant for a laparoscopic nephrectomy*	Obtains access and insufflate abdomen for ***routine*** cases Manipulates laparoscopic equipment with appropriate instrument selection and correct force, speed, depth, and distance for a portion of ***routine*** cases, as appropriate for level of education *Examples:* *Obtains routine access to the peritoneal cavity with establishment of pneumoperitoneum* *Assists and inserts trocars at the appropriate locations for procedures appropriate for level of education* *Performs some portion of a laparoscopic surgery appropriate for level of education*	Manipulates laparoscopic and/or robotic equipment with appropriate instrument selection and correct force, speed, depth, and distance for ***routine*** cases Performs routine laparoscopic procedures with independence *Example:* *Laparoscopic radical nephrectomy for a 7cm renal mass*	Manipulates laparoscopic and/or robotic equipment with appropriate instrument selection and correct force, speed, depth, and distance for a majority of ***routine* and complex cases** *Examples:* *Robot assisted laparoscopic radical prostatectomy* *Robot assisted laparoscopic pyeloplasty*
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Comments:					

PC8. Performs office-based procedures.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Performs routine outpatient procedures under direct supervision (as defined in the Program Requirements) *Examples:* *Removal of surgical drains* *Removal of skin sutures and staples*	Obtains access to bladder for ***routine*** office procedures *Examples:* *Flexible cystoscopy for bladder cancer surveillance* *Flexible cystoscopy for removal of ureteral stent*	Manipulates endoscopic and office surgical equipment with correct force, speed, depth, and distance for ***routine*** procedures *Example:* *Transrectal ultrasound guided needle biopsy of the prostate*	Manipulates endoscopic and office surgical equipment with correct force, speed, depth, and distance for ***routine and complex*** procedures Demonstrates capacity to teach and supervise performance of office-based procedures. Interprets office-based ultrasound of the kidney, bladder, and genitalia Performs routine office based procedures with independence *Examples:* *Flexible cystoscopy with dilation of urethral stricture* *Routine office vasectomy* *Percutaneous suprapubic tube insertion*	Performs **complex** diagnostic and therapeutic outpatient procedures *Examples:* *Performs and interprets videourodynamic studies* *Performs outpatient minimally invasive treatment for benign prostate hyperplasia (BPH)* *Trans rectal ultrasound scan (TRUS) implantation of fiducial marker for prostate cancer*
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Comments:					

MK1. Surgical Care					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Understands normal physiology, fluid and electrolyte balance, hemostasis, sepsis, and wound healing Understands the principles of safe surgical practice (e.g., checklist, surgical consent, aseptic technique, patient positioning, skin preparation, draping, use of appropriate instruments, universal precautions)	Understands the effects of age, pregnancy, and obesity on the surgical patient Understands alterations in nutrition, including obesity and cachexia; understands the indications for enteral and parenteral feeding Understands the effects of alcohol, tobacco, and substance abuse	Understands the effects of comorbidities on the surgical patient (e.g., cardiac, pulmonary, renal, hepatic failure) Understands the impact of psychosocial disorders (e.g., depression, body dysmorphic disorder) on pre- and post-operative management Understands the effects of chemotherapy, radiation, immunosuppression, and medications, including homeopathic regimens	Understands the management of complex multisystem surgical pathophysiology, including intensive care and organ system support (e.g., dialysis, ventilator use) Understands potential reasons to decline offering surgical services Understands the process of professional and legal discharge of a patient from practice	Applies an evidence-based approach to innovative and complex obstetric procedures Systematically reviews outcomes and publishes in peer-reviewed journals
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Comments:					

MK2. Differential Diagnosis					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Creates a differential diagnosis for general complaints from patient's history and physical *Example:* *For abdominal pain, considers urologic and non-urologic etiologies*	Creates a differential diagnosis that includes common causes of urologic complaints *Examples:* *For flank pain, considers common etiologies, such as urinary lithiasis and pyelonephritis* *For hematuria, considers common etiologies, such as infection, prostatic hyperplasia, and malignancy*	Creates a differential diagnosis that includes common and uncommon causes of urologic complaints Prioritizes potential causes of patient complaint using information gathering skills *Examples:* *For flank pain, considers less common etiologies, such as spontaneous hemorrhage from possible benign or malignant renal neoplasm (in addition to common etiologies listed in Level 2)* *For hematuria, considers less common etiologies, such as renal source of bleeding*	Creates a differential diagnosis that includes common and uncommon causes of urologic complaints Rapidly generates differential and strategy to finalize diagnosis *Examples:* *Generates differential and diagnostic strategy for range of urologic complaints, such as potential genitourinary malignancy, lower urinary tract symptoms, and flank pain*	Creates a differential diagnosis that includes common, uncommon, and rare causes of urologic complaints Rapidly generates differential and strategy to finalize diagnosis for multiple urologic complaints *Examples:* *Generates differential and diagnostic strategy for multiple urologic complaints, such as lower urinary tract symptoms (LUTS) and renal mass*
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Comments:					

MK3. Evidence-based Medicine					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Understands the basis for clinical guidelines in treatment of urologic patients Understands the difference between clinical recommendations from evidence, clinical principles, and expert opinion	Demonstrates knowledge of guidelines in managing urologic patients with basic symptoms *Examples:* *Recognizes need for imaging and endoscopic evaluation when required for asymptomatic microhematuria patients* *Understands evaluation of lower urinary tract symptoms in men related to benign prostatic hypertrophy* *Understands recommendations related to detection of early prostate cancer*	Demonstrates knowledge of guidelines in treatment of patients requiring basic medical or procedural intervention *Examples:* *Counsels patients with urinary stones on appropriate dietary and fluid recommendations* *Recognizes need for timely intervention in prepubertal boys with undescended testes* *Understands how to correctly treat patients with priapism using intracavernosal agents*	Demonstrates knowledge of guidelines in treatment of patients with complex conditions or malignancies *Examples:* *Correctly institutes intravesical therapy regimen for patients with nonmuscle invasive bladder cancer* *Correctly recommends options for patients with asymptomatic metastatic castration-resistant prostate cancer*	Demonstrates knowledge of limitations of guidelines and other tools in managing complex patients that do not fit into standard categories
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Comments:					

MK4. Core Domains					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Demonstrates basic understanding of urologic principles related to anatomy, physiology, and epidemiology *Examples:* *Understands the anatomic layers traversed through an open flank incision* *Recognizes the physiologic consequences related to fluid and electrolyte disturbances*	Demonstrates knowledge of issues related to general care of all urologic patients as measured by performance on national standardized testing and other objective measures *Examples:* *Understands types of radiographic studies used in evaluation and associated issues related to radiation safety* *Correctly recognizes types of urologic infections* *Understands physiologic alterations related to calculus disease*	Demonstrates knowledge of issues related to specific basic urologic populations as measured by performance on national standardized testing and other objective measures *Examples:* *Understands embryologic issues related to pediatric urology, such as disorders of sexual differentiation* *Understands pathophysiology related to voiding dysfunction and urinary incontinence* *Correctly identifies and understands causes of male infertility*	Demonstrates knowledge of issues related to advanced urologic populations as measured by performance on national standardized testing and other objective measures *Examples:* *Understands specific issues related to renal transplantation and renovascular disease* *Correctly identifies causes and management of urinary fistulae* *Understands specific recommendations and issues related to medical oncology in urologic cancer patients*	Demonstrates evidence of advanced knowledge of subspecialties within urology consistent with an independent practicing physician
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Comments:					

SBP1. Works effectively within and across health delivery systems.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Describes basic levels of systems of care Identifies the types of health care providers within a health care delivery system *Example:* *The physician* *1. Identifies patient issues that are beyond his or her personal scope and abilities and may require consultation*	Knows unique roles of and services provided by local health care delivery systems and how to access these resources for patient care Knows and appreciates the roles of a variety of health care providers, including consultants, therapists, nurses, home care workers, pharmacists, and social workers Advocates for quality patient care *Example:* *The physician* *1. Places consults for non-urologic issues affecting individual patients* *2. Reconciles medications at transfer*	Manages and coordinates care and care transitions across multiple delivery systems, including ambulatory, subacute, acute, rehabilitation, and skilled nursing Advocates for quality patient care and optimal patient care systems *Example:* *The physician* *1. Involves the primary care physician and other consultants appropriately in the care of individual patients* *2. Facilitates performance of the interprofessional care team by (a) timely, clear communication/updating of patient condition and orders; and (b) skillful, respectful interaction (see ICS); complies with communication protocols* *3.Reconciles medications at transfer*	Discusses non-pharmacologic and non-procedural patient resources (such as physical therapy, social work, alternative medicine providers, chaplains, etc.) with patients and families Demonstrates how to lead a health care team by utilizing the skills and coordinating the activities of interprofessional team members (physician extenders/mid-levels, nurses, medical students, allied health workers, etc.) Negotiates patient-centered care among multiple care providers *Example:* *The physician* *1. Coordinates the interprofessional care team by (a) anticipating the need for multi-disciplinary involvement; and (b) skillful, respectful interaction with all team members (see ICS); and complies with communication protocols* *2. Plans for appropriate post-hospitalization care of the patient*	Is adept at systems thinking Capably leads the health care team, understanding personal role as leader Contributes meaningfully to interprofessional teams *Example:* *The physician* *1. Capably leads interprofessional care teams by (a) anticipating the need for multi-disciplinary involvement; and (b) skillful, respectful interaction with all team members (see ICS)* *2. Aligns appropriate post-hospitalization care of the patient*
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Comments:					

SBP2. Incorporates cost awareness and risk-benefit analysis into patient care.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Recognizes the concept of risk-benefit analysis associated with obtaining and providing health care Identifies basic laboratory and radiographic tests that are commonly performed, recognizing that each is associated with specific costs *Example:* *The physician* *1. Recognizes the physician's creed to "First, do no harm"* *2. Understands the information conveyed by basic laboratory tests*	Knows common socio-economic barriers that impact patient care Describes how cost-benefit analysis is applied to patient care Knows relative costs of frequently used diagnostic and therapeutic interventions, such as CT vs. magnetic resonance imaging (MRI) scans, and the extent and ways they contribute to diagnostic accuracy and positive patient outcomes *Example:* *The physician* *1. Understands that health care setting, insurance provider, and patient factors may impact an individual's choice between various clinical investigations* *2. Orders appropriate laboratory tests and radiographic studies* *3. Has a beginning appreciation of the cost of OR equipment*	Identifies the role of various health care stakeholders (health care systems, hospitals, insurance carriers, health care providers, etc.) and their varied impact on the cost of and access to health care Demonstrates the incorporation of cost awareness and risk-benefit principles into standard clinical judgments and decision-making *Example:* *The physician* *1. Selects diagnostic tests and interventions that have a high probability of adding value to patient care in common clinical scenarios* *2. Minimizes unnecessary care, including laboratory tests and radiographic studies, such as by not re-ordering tests performed at other facilities* *3. Has some appreciation of the efficient use of various OR equipment (e.g., doesn't open up more endoscopic instruments than are needed at the beginning of a procedure)*	Demonstrates the incorporation of cost awareness and risk-benefit principles into complex clinical scenarios Minimizes unnecessary care by ordering appropriate laboratory tests and radiographic studies Uses essential equipment with efficiency in the OR *Example:* *The physician* *1. Has knowledge of urology billing codes* *2. Understands reimbursement principles* *3. Efficiently uses laboratory testing, complex studies, and equipment necessary in the care of individual patients*	Consistently incorporates cost awareness and risk-benefit principles into all clinical scenarios Masterfully uses common and highly-specialized equipment within the OR *Example:* *The physician* *1. Capably applies urology billing codes* *2. Follows situation-specific reimbursement principles* *3. Efficiently uses common and infrequently-used laboratory testing, complex studies, and equipment necessary in the care of individual patients*
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Comments:					

SBP3. Works in inter-professional teams to enhance patient safety.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Recognizes teamwork and communication failure in health care as leading cause of preventable patient harm Identifies critical incidents, such as near misses and preventable medical errors *Example:* *The physician* *1. Observes quality improvement (Morbidity and Morality [M&M]) conferences (as appropriate and able)* *2. Participates in discussions of medical errors that have occurred*	Identifies, reflects upon, and learns from critical incidents such as near misses and preventable medical errors Recognizes health system factors that increase the risk for error, including medical device design, flawed processes, easily confusable medications, barriers to optimal patient care, and competing interests of different stakeholders Describes the value and use of techniques and tools for preventing adverse events, including checklists, briefings, and structured communication and teamwork protocols *Example:* *The physician* *1. Participates in quality improvement (M&M) conferences* *2. Identifies medical errors that have occurred* *3. Describes key elements of a structured communication technique, such as Situation-Background-Assessment-Recommendation (SBAR)*	Dialogues with care team members to identify risk for and prevention of medical errors Understands methods for analysis and correction of systems errors Applies structured communication techniques and tools, such as SBAR, during hand-offs and changes in patient condition Leads briefings and executes basic teamwork techniques designed to prevent adverse events (such as those in Crew Resource Management [CRM]) *Example:* *The physician* *1. Communicates systems errors via appropriate channels* *2. Demonstrates the ability to learn from medical errors that occur* *3. Partners and performs system improvement as a team member* *4. Performs CRM techniques such as "read back" of a critical*	Leads team analysis of the effectiveness of techniques applied to prevent errors Partners with other health care professionals to identify, propose, and implement improvement opportunities within the system Uses specialized principles and techniques to study potential sources and causes of errors *Example:* *The physician* *1. Provides insight and guidance regarding quality improvement at conferences and in daily clinical work* *2. Suggests and designs a system improvement/solution* *3. Uses root cause analysis (RCA)*	Develops and evaluates communication and teamwork techniques designed to prevent medical errors Uses advanced specialized techniques to study potential sources and causes of errors Coordinates and/or leads system quality improvement studies and implementation interventions *Example:* *The physician;* *1. Uses failure mode effect analysis (FMEA) or human factors engineering principles (HFE)* *2. Consistently leads toward quality improvement at conferences and in daily clinical work* *3. Implements system improvement/solution*

				laboratory result or a verbal order given to assure accurate communication ("closed loop")					
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:									

SBP4. Uses technology to accomplish safe health care delivery.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Explains the role of the Electronic Health Record (EHR) and Computerized Physician Order Entry (CPOE) in prevention of medical errors *Example:* *The physician* *1. Can use the EHR and CPOE to enter clinical information and basic orders*	As is applicable in the institution, utilizes the EHR to order tests, medications, and document notes, and responds to alerts Recognizes the risks and limitations added by EHRs *Example:* *The physician* *1. Competently uses the EHR and CPOE on a daily basis for patient care activities* *2. Demonstrates efficiency in accomplishing repeated tasks (such as creating automated rounding lists or order sets)* *3. Understands the risk of using defaults and cut and paste strategies to create notes*	Efficiently uses information systems for patient care, including literature review (see also Practice-based Learning and Imporvement [PBLI]) Demonstrates medication reconciliation for patients using a variety of strategies Consistently demonstrates safe practices to minimize risks and limitations added by EHRs *Example:* *The physician* *1. Efficiently uses the EHR and CPOE for patient care activities* *2. Performs medication reconciliation with attention to details from the present clinical course that may lead to changes (such as when to resume medications that have been stopped for surgery)* *3. Never uses copy/paste strategies without relevant revision*	Contributes to reduction of risks of automation and computerized systems by reporting system problems Uses decision support systems in EHR (as applicable in the institution) Critiques decision support systems *Example:* *The physician* *1. Capably uses the EHR and CPOE to care for patients and communicate essential information with other members of the health care team* *2. Identifies flaws in decision support systems, automated care pathways, or system alerts*	Judges safety of computer and device interfaces using heuristics Recommends systems re-design for faculty computerized processes *Example:* *The physician* *1. Demonstrates familiarity with multiple systems, including relative strengths of each* *2. Communicates with information technology personnel to improve systems, such as automated alerts for critical lab values, forwarding communication to PCP*
☐	☐	☐	☐	☐	☐
Comments:					

PBLI1. Improves via feedback and self-assessment.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Accepts feedback from faculty members and senior residents positively *Example:* *When made aware by the chief resident that he or she has missed pertinent findings on the history and physical (H&P), acknowledges and subsequently improves his or her interview skills*	Responds welcomingly and productively to feedback from all members of the health care team, including faculty members, peer residents, students, nurses, allied health workers, and patients and their advocates *Example:* *Is perceived as rude by a patient and is made aware by a clinic nurse; accepts criticism, is apologetic, and changes behavior going forward*	Maintains awareness of the situation and responds to situational needs Demonstrates self-reflection *Example:* *At a patient's follow-up, becomes aware that he or she has not called the patient back as promised; apologizes to patient and implements change to prevent this problem from happening again*	Actively responds to and uses feedback from all members of the health care team *Example:* *Analyzes 360-feedback and implements changes*	Calibrates self-assessment with feedback and other external data Reflects on feedback in developing plans for improvement *Examples:* *Tabulates information on positive margins rates for radical prostatectomy to benchmark own performance* *Reviews feedback on surgical performance from last 12 months and independently sets up practice schedule in surgical skills lab to practice specific techniques*
☐	☐	☐	☐	☐	☐
Comments:					

PBLI2. Learns and improves by asking and answering clinical questions from a patient scenario.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Recognizes general information deficits (background information) as they become apparent in clinical encounters *Example:* *Reads up in a text book on general topics, such as prostate cancer*	Identifies specific information needs (background information) as they emerge in patient care activities *Example:* *Reads up in a text book on specific management options for prostate cancer, such as adjuvant radiation therapy*	Formulates focused clinical questions for questions that relate to therapy *Example:* *Formulates focused clinical question for therapy, as in: "In patients with positive margins after radical prostatectomy, how does adjuvant radiotherapy (XRT) compare to observation with regards to disease-specific survival?"*	Distinguishes different types of clinical questions aside from therapy (i.e., prognosis, diagnosis, cost-effectiveness) *Example:* *Can engage in a nuanced discussion of the risk-benefit ratio of PSA screening*	Sets up an information system to stay current with the current best evidence on select topics *Example:* *Subscribes to EvidenceUpdates (http://plus.mcmaster.ca/EvidenceUpdates/), a free evidence-based resource for updates on newly published high quality evidence* *Receives alerts from MyNCBI for trials and systematic review on adjuvant XRT*
☐	☐	☐	☐	☐	☐
Comments:					

PBLI3. Acquires the best evidence.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Performs unsystematic searches for research findings with little discrimination of the quality of the resource *Examples:* *Uses a general search engine, such as Google, to find information on adjuvant radiation for prostate cancer* *Draws treatment recommendation from non-peer-reviewed journal articles or company-sponsored presentations by "experts"*	Uses medical information systems to find medical information but lacks ability to discriminate resources and search efficiently *Example:* *Uses PubMed to search of the appropriate treatment of vesicoureteral reflux, and from a large number of "hits," chooses the most recent studies to guide treatment*	Effectively and efficiently searches National Library of Medicine database for original clinical research articles *Example:* *Combines various relevant search terms (i.e., vesicoureteral reflux [VUR]) and limits (i.e., pediatric) to narrow search results; chooses studies based on design (i.e., randomized controlled trials[RCT])*	Effectively and efficiently searches evidence-based summary medical information resources (pre-appraised evidence) and filters to enhance search *Examples:* *Uses the National Guidelines Clearing House to contrast clinical practice guidelines on interstitial cystitis by different professional organizations* *Employs Clinical Queries filters in PubMed to search for randomized controlled trials on adjuvant radiation therapy*	Demonstrates information mastery by effectively and efficiently tapping into a variety of information resources *Example:* *When searching for the current best evidence on adjuvant radiation, seamlessly moves through different resources, such as Dynamed, the National Guidelines Clearing House and the Cochrane Library to find an answer*
☐	☐	☐	☐	☐	☐
Comments:					

PBLI4. Appraises the evidence for validity, impact, and applicability.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Demonstrates a basic understanding of the "hierarchy of evidence" concept *Example:* *When assessing the therapeutic effectiveness of a new drug, is able to discern that a well-designed, randomized, controlled trial is more likely to provide a "true" answer than an observational study*	Demonstrates an understanding of main types of study design for clinical research Understands how bias and confounding are minimized at higher levels of the "hierarchy of evidence" *Example:* *Knows the key differences between experimental study designs (randomized controlled trial) and observational study designs (cohort study, case-control study, cross sectional study)* *Has an understanding of the following concepts related to study design:* • *Bias and confounding* • *Randomization* • *Blinding* • *Hierarchy of evidence*	Assesses the impact and applicability of results from a variety of study designs Understands the basic concepts underlying hypothesis testing *Example:* *Has an understanding of the following concepts related to interpreting study results:* • *Statistical power and sample size* • *Clinical versus statistical insignificance* • *Interpretation of a p-value* • *Interpretation of a confidence interval* *Able to differentiate between relative and absolute effect size measures*	Appraises studies of harm, diagnosis, and prognosis for validity, impact, and applicability Demonstrates a thorough understanding of study design and hypothesis testing *Example:* *Has an understanding of the following concepts related to study design and hypothesis testing:* • *Using "best evidence from observational studies if randomized clinical studies are not available or feasible* • *The influence of multiple comparisons of study results* • *Type I and Type II error* *Able to apply study results in the context of existing literature and project likely impact on clinical practice*	Appraises systematic reviews, clinical practice guidelines, and cost-effectiveness studies for validity, impact, and applicability *Example:* *Scrutinizes the methodological rigor of various prostate cancer guidelines as produced by different organizations, such as the National Comprehensive Cancer Network (NCCN), European Association of Urology (EAU), and American Urological Association (AUA)*
☐	☐	☐	☐	☐	☐
Comments:					

PBLI5. Applies the evidence to decision-making for individual patients.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Uses research evidence to guide clinical decision-making in individual patients *Example:* *Uses a recent Grand Rounds presentation to find treatment recommendations for patient care*	Determines whether clinical evidence from a single study can be generalized to an individual patient *Example:* *Reviews clinical setting and inclusion criteria of trial on adjuvant XRT to determine patient applicability*	Seeks to integrate the entire body of evidence for a clinical question in reaching a clinical decision *Example:* *Seeks out a systematic review of the benefits and harms of adjuvant XRT as the basis of a treatment recommendation*	Assesses the clinical context, the patient's values and preferences, and the quality of evidence to reach a clinical decision *Example:* *Elicits and uses patients values and preferences with regards to urinary and erectile function, quality of life, and clinical circumstances with the available evidence on adjuvant XRT to arrive at a treatment decision with the patient*	Applies a framework for making clinical recommendations based on the quality of evidence and anticipated ratio of benefit to harm *Example:* *Makes a conditional recommendation against systemic chemotherapy in a patient with metastatic disease and in a patient who places a higher priority on his quality of life versus life expectancy*
☐	☐	☐	☐	☐	☐
Comments:					

PBLI6. Improves the quality of care for a panel of patients.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Demonstrates general appreciation of the need to constantly improve quality and safety *Example:* *Made aware of sub-optimal scrub technique associated with increased risk of infection, and adjusts accordingly*	Demonstrates commitment to providing high quality care in clinic by raising specific quality and safety issues *Example:* *Raises the question in clinic about the appropriateness of varying antibiotic prophylaxis regimen used by the faculty for office-based procedures in the urology clinic*	Engages in team-based quality improvement interventions *Example:* *Is an active participant in a quality improvement initiative to standardize antibiotic prophylaxis regimen in the urology clinic*	Identifies areas in his or her own practice and local system that can be changed to improve the processes and outcomes of care *Example:* *Self-identifies apparent overutilization of diagnostic imaging studies (i.e., CT scan, bone-scan) in patients with clinically localized prostate cancer. In partnership with others, leads a quality improvement initiative that includes dissemination of guidelines, as well as periodic practice audits*	Internalizes commitment to continuous quality and safety improvement *Example:* *Is recognized as a champion of quality improvement, frequently questioning current practices and suggesting and implementing changes*
☐	☐	☐	☐	☐	☐
Comments:					

PBLI7. Participates in the education of other team members.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Fully participates in required didactic activities *Example:* *Attends required didactic conferences over 75% of the time*	Attends and participates actively in teaching conferences Teaches medical students *Example:* *Presents cases at didactic conferences for discussion*	Informally teaches fellow residents, medical students, and other health care professionals *Example:* *Teaches nurses how to titrate continuous bladder irrigation* *Models while explaining to medical student how to place coude catheter*	Organizes didactic educational activities, including determination of educational content Formally teaches fellow residents, medical students, and other health care professionals Mentors junior colleagues and other team members *Example:* *Plans and executes Grand Rounds presentations tailored toward a specific audience of residents and faculty members* *Reads up on an interesting case, i.e., patient with prune-belly syndrome encountered in clinic to enhance quality of care and for own learning; then presents at a case-based conference for the educational benefit of others*	Takes responsibility for education for residents at all levels of education *Example:* *Oversees educational curriculum for medical knowledge based on the AUA Core Curriculum for an entire year; adjusts format and topics to learning needs of residents*
☐	☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:					

P1. Demonstrates adherence to ethical principles.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Working under supervising physician, recognizes examples of limiting task selection among more senior residents	Occasionally may be inclined to take on tasks beyond own ability but generally asks for help when needed	Usually conveys discomfort with unfamiliar tasks and will decline to proceed independently when not supervised	Never takes on tasks beyond own ability and reliably asks for help when needed Always knows when to refer patients and doesn't hesitate to do so Very comfortable working with more senior colleagues to refine skills	Demonstrates the ability and willingness to point out to peers and trainees concerns regarding appropriate task selection
Examples (applies to levels 1-5): *1. Recognizes limits of his or her abilities* *2. Asks for help when needed* *3. Refers patients when appropriate* *4. Exercises authority accorded by position and/or experience*					
☐	☐	☐	☐	☐	☐
Comments:					

P2. Demonstrates compassion, integrity, and respect for others.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Working under supervising physician, recognizes and reflects in writing on both positive and negative witnessed examples of compassion, integrity, and respect for others	Works well with others but on occasion may not follow through on stated commitments Occasionally displays lapses in respectfulness and compassion	Almost always viewed as a team player, but under conditions of high workload may not follow through on stated commitments Occasionally displays lapses in respectfulness and compassion in difficult, stressful, highly demanding situations Consistently honest and responsive to other members of the health care team	Is a strong team leader who always puts patient needs above his or her own Is always respectful and considerate Consistently able to deal appropriately with patient and family emotions	Demonstrates the ability and willingness to point out to peers and trainees concerns regarding observed behaviors that are not within the URO-4 standard for compassion, integrity, and respect for others
Examples (applies to levels 1-5): *1. Responds appropriately to patient and family emotions* *2. Establishes rapport* *3. Is respectful and considerate of patients, their families, and members of the health care team, e.g., responds to questions, concerns, and requests; does not make inordinate demands, avoids sarcasm and other forms of belittlement and displays of petulance* *4. Responds to requests in a helpful and prompt manner* *5. Is honest in interactions with others, and demonstrates honesty and truth-telling in interactions with patients, families, and other health care professionals, e.g., when communicating prognosis to patients and families, reporting on patient care activities in medical records or to supervisors, and in disclosing adverse events and medical errors*					
☐	☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐ ☐
Comments:					

P3. Demonstrates responsiveness to patient needs that supersede self-interest.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Working under supervising physician, recognizes and can reflect in writing on both positive and negative witnessed examples of being responsive to patient needs that supersede self-interest	Usually follows through with patient care obligations, but occasionally needs to be reminded of the importance of prompt responsiveness in checking patient data and initiating patient assessment, even when not personally convenient	Consistently prompt and responsive, even when not personally convenient Almost always completes tasks on time and usually accepts responsibilities willingly	Always follows through with obligations to patient care Proactive in reminding junior residents of importance of prompt responsiveness in patient care Always accepts feedback willingly Task are always completed in a careful and thorough manner	Demonstrates the ability and willingness to point out to peers and trainees concerns regarding observed behaviors that are not within the URO-4 standard for being responsive to patient needs that supersede self-interest
Examples (applies to levels 1-5): *1. Accepts responsibilities willingly* *2. Is industrious and dependable* *3. Completes tasks carefully and thoroughly* *4. Accepts feedback* *5. Takes on extra responsibilities when the need arises*					
☐	☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Comments:					

P4. Demonstrates respect for patient privacy and autonomy.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Working under supervising physician, recognizes and can reflect in writing on both positive and negative witnessed examples of respect for patient privacy and autonomy	Has occasional minor lapses in patient confidentiality Infrequently re- discusses clinical cases in common areas	Has rare lapses in patient confidentiality Almost always mindful of patient privacy concerns	Has no lapses in patient confidentiality Reminds junior residents of importance of maintaining patient confidentiality at all times Always able to recognize and honor patient privacy concerns	Demonstrates the ability and willingness to point out to peers and trainees concerns regarding observed behaviors that are not within the URO-4 standard for maintaining respect for patient privacy and autonomy
Examples (applies to levels 1-5): *1. Maintains patient confidentiality* *2. Recognizes and supports patients' right to make own decisions*					
☐	☐	☐	☐	☐	☐
Comments:					

P5. Demonstrates accountability to patients, society, and the profession.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	While working under supervising physician, demonstrates awareness of the importance of record completion and participates in these responsibilities as part of a team	Is usually responsive to criticism and understands importance of compliance and improvement Periodically falls behind in completion of medical records or surgical logs during times of heavy clinical responsibility	Consistently takes responsibility for actions and behavior Is able to admit mistakes in most cases Almost always completes medical records and surgical logs on time	Mentors and supports junior residents in completion of such responsibilities Admits mistakes readily Always recognizes conflicts of interest Consistent in timely completion of medical records and surgical logs	Demonstrates ability to function in an oversight capacity in the clinical practice environment with regard to medical staff compliance matters related to documentation and medical records completion
Examples (applies to levels 1-5): *1. Takes responsibility for actions* *2. Admits mistakes* *3. Recognizes conflicts of interest that occur in practice and how to ethically respond to them, e.g., relationships with drug and device representatives, referrals to self-owned facilities, or revenue producing pressures by the hospital* *4. Complies with health system, regulatory agency, and government performance and outcome reporting requirements for operative logs, medical records, and adverse events*					
☐	☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐
Comments:					

P6. Demonstrates sensitivity and responsiveness to diverse populations, including diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Demonstrates reflective thinking, through written portfolio entries, regarding specific patient experiences that raise cultural and diversity issues	Usually sensitive to cultural and other patient diversity matters, but occasionally needs to be reminded by senior colleagues to be more aware of the needs of diverse patient groups	Almost always demonstrates sensitivity to patient diversity matters and usually recognizes ethical dilemmas related to cultural differences	Always sensitive to cultural and other patient diversity matters Anticipates complex needs of diverse patient groups and leads team effort in demonstrating sensitivity and responsiveness Never discriminates in providing care	Demonstrates ability to critique residents and peers with regard to observed diversity and cultural sensitivity issues or concerns
Examples (applies to levels 1-5): *1. Sensitive to issues related to each patients culture, age, gender, and disabilities* *2. Recognizes ethical dilemmas related to patient diversity, e.g., patient rejection of treatment options due to religious or cultural reasons* *3. Provides equitable care regardless of patient culture or socioeconomic status*					
☐	☐	☐	☐	☐	☐
Comments:					

ICS1. Communicates effectively with patients and families with diverse socioeconomic and cultural backgrounds.

- **Medical Interviewing (also see PC)**
- **Counseling and education (also see PC)**
- **Hospitalization updates**
- **Delivers bad news**
- **Informs about medical error**

Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Demonstrates adequate skills of listening without interrupting, ensuring his or her message was understood, and allows an opportunity for questions Demonstrates sensitivity to patients' cultures	Exhibits most of the basic communication skills during medical interviews, counseling and education, and hospitalization updates where the patient condition is non-acute or life-threatening	Consistently and capably exhibits basic communication skills in non-stressful situations and in some stressful, challenging situations, e.g., time stressed, patient's condition is acute or life-threatening, or the patient is mentally impaired Can capably deliver bad news to the patient or family related to condition severity	Consistently and capably exhibits basic communication skills in a variety of contexts Consistently, capably, and confidently delivers bad news to the family about complications and death, and informs them of a medical error that caused harm Role models effective communication to junior colleagues	Capable of effective communication in the most challenging and emotionally charged situations, and invites participation from all stakeholders

Examples (applies to levels 1-5): Basic Patient and Family Interpersonal and Communication Skills
The physician

1. *Listens actively, e.g., allows the patient to tell his or her story or to provide his or her perspective; does not interrupt and talk over*
2. *When explaining, presents smalls chunks of information at a time; avoids use of technical, medical words; paces speech appropriately (i.e., not fast)*
3. *Ensures that his or her message was understood, e.g., when applicable, the patient can repeat/summarize treatment options, the patient can describe signs that would signal a need to contact the physician, the patient can repeat home care instructions*
4. *Responds supportively and empathetically to patients' emotions and concerns*
5. *Defuses emotionally charged situations to enable communication*
6. *Invites and encourages the patient and his or her family/advocates to participate in shared decision making*
7. *Allows the opportunity for patient questions throughout the encounter*
8. *Keeps patients and families up to date on care plans, test results, and health status during hospitalization*
9. *Demonstrates sensitivity to differences in patients, including race, culture, gender, sexual orientation, socioeconomic status, literacy, and religious belief*
10. *Utilizes translation services as needed to communicate with patients*

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

ICS2. Effectively counsels, educates, and obtains informed consent. (See PC)					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Provides limited information, minimal therapeutic advocacy, and generic risk and benefit analysis	Exhibits most patient-centered basic skills above, but consistently checks for patient understanding and invites questions. Gaps may be present in condition-specific information related to risks, benefits, and treatment options	Consistently and capably performs patient-centered skills while counseling and obtaining informed consent across a diverse set of situations involving serious illness. Condition-specific information related to risks, benefits, and treatment options is mostly complete and accurate	Provides patient-centered counseling in cases of acute and probable terminal illness	Demonstrates highly proficient counseling behaviors that are carefully personalized and participatory. These behaviors allow predictive recommendations with high resolution of the anticipated benefits and possible risks and complications
Examples (applies to levels 1-5): *1. Appropriately counsels patients about the risks and benefits of tests and procedures, highlighting cost awareness and resource allocation* *2. Uses patient-centered approach (see above Basic Patient and Family Interpersonal and Communication Skills)*					
☐	☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐ ☐
Comments:					

ICS3. Communicates effectively with physicians, other health professionals, and health-related agencies.

- **Writing diagnostic reports**
- **Referral (oral and written)**
- **Consultations (oral and written)**
- **Medical records**

Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Orally communicates and documents information of a basic nature regarding a patient's urologic problem	Exhibits skills in some cases. May include non-essential information and may fail to deliver information on time	Capably and consistently delivers complete, key, and timely information organized in accordance with established protocols and standards	Anticipates and prevents poor team communication and effectively manages conflicts arising from less skilled residents	Capably disseminates cogent information of an essential nature in a fashion that leads to efficient resolution of urologic patient care issues

Examples (applies to levels 1-5): Basic Skill

1. *Hand-written information is legible*
2. *Concisely provides key information organized in conformance with established protocols and standards*
3. *Information provided is complete and timely, i.e., meets the needs of the requestor/receiver and enables the next step in patient care to take place with full information and without rescheduling*

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Comments:

ICS4. Communicates effectively during care transitions and consultations with fellow residents.					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Demonstrates ability to summarize and transfer key information about patient issues when transferring care	Capably utilizes one form of communication to transfer key information, invites questions, and seeks advice for challenging situations	Demonstrates most components but inconsistency and lapses may occur in time-stressed or otherwise challenging situations	Consistently and capably demonstrates all hand-over components across a range of situations	Always transfers care in a manner that is thorough, personal, and anticipatory using a checklist that clearly delineates responsibility and invites questions and feedback
Examples (applies to levels 1-5): Patient Hand-over Skills 1. *Uses multiple forms of communication, including both oral and written/electronic notes* 2. *Information transfer focuses on key status information and must-do actions* 3. *Invites questions* 4. *Confirms recipient's receipt and understanding of information* 5. *Clearly delineates responsibilities* 6. *Provides information on the back-up plan should the recipient of the "hand-over" become unavailable* 7. *Follows a formalized protocol, including use of a regular quiet meeting place* 8. *Is patient-centered and does not appear rushed*					
☐	☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐ ☐
Comments:					

ICS5. Works effectively as a member or leader of a health care team or other professional group. (Also see SBP3) • **OR Team** • **Clinical team (Office, Inpatient, or Outpatient/Clinic)** • **Professional work groups and committees (e.g., quality improvement, research)**					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Communicates and listens with sensitivity and respect for all members of the health care team	Consistently engages in basic communication and interpersonal behaviors that facilitate effective teamwork, including timely sharing of information, treating team members respectfully, being approachable and cooperative *Examples:* *Attributes of Good Team Members-The resident* *1. Requests and provides information politely and respectfully* *2. Provides updates/shares information in a timely fashion; in particular, keeps all team members up-to-date on patient care plans and status during hospitalizations* *3. Focuses on team goal and not individual goal or agenda, i.e., is not competitive*	Follows communication protocols for updating members on patient status, and expresses him or herself in an objective, straightforward way in situations of disagreement and conflict Recognizes duality of roles in that at times he or she must be able to step into a leadership role when chief resident is indisposed/ unavailable, while at other times must act as basic team member, despite more advanced knowledge base *Examples:* *Advanced Attributes of Team Members* *1. Follows standardinzed communication protocols, e.g., SBAR* *2. Suggests modifications to improve standardized communication protocols* *3. Respectfully and proactively expresses viewpoint and critiques the viewpoints of others(i.e., without ridiculing, demeaning, or*	Demonstrates good team leadership skills, including providing direction, inviting and utilizing input, providing feedback, creating a positive team climate, managing conflict, and utilizing briefing protocols that facilitate safe care *Examples:* *Team Leader Skills-The resident physician* *1. Shares plan with team* *2. Invites input and involves others* *3. Is appropriately assertive* *4. Provides feedback* *5. Initiates briefings, e.g., pre-operative and post-operative* *6. Provides and solicits on-going updates so as to maintain situational awareness* *7. Respectfully, directly, and proactively addresses behaviors*	Leads by example and fosters continuous collaborative communication in any situation

		4. Displays approachability and openness to communication, i.e., non-verbal-verbal displays do not signal annoyance and anger when approached	*otherwise devaluing others' perspectives)* *4. Able to organize rounds and delegate tasks when chief resident is operating or away*	*and events that disrupt team functioning, e.g., conflict, individual disruptive behavior, failure to perform responsibilities* *8. Acts as a spokesperson for the team when communicating with faculty members or other teams* *9. Takes responsibility for the decisions and actions of the team*						
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:										