Pediatric Urology Fellowship at UCSF

Director:
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Chief Pediatric Urology UCSF

The Pediatric Urology Fellowship at UCSF Children's consists of one year of clinical pediatric urology and one to two years of basic research (two years for fellows on the NIH training grant). The program is an accredited fellowship by the Accreditation Council for Graduate Medical Education. Our research efforts are funded by the National Institute of Health which includes a training grant in conjunction with UCSF's Department of Nephrology. The laboratory work is focused on the interactions between epithelium and mesenchyme in the urinary tract, genital development and urinary tract obstruction. The trainee's research years will be spent conducting ongoing research, and each trainee will be encouraged to develop his/her own field of interest. He/she will be trained in grant writing techniques as well as in preparing applications to internal review boards. The applicant is expected to publish a number of original research papers in the area of pediatric urology.

The clinical program is centered at UCSF. The University serves a diverse patient population and receives a wide range of pediatric urology cases. The entire UCSF faculty is involved in training the pediatric urology fellow. The clinical rotation involves all aspects of pediatric urology with specific rotations in outpatient clinic, complex and ambulatory surgery, urodynamics, spina bifida clinic, fetal treatment, transplantation reconstruction and pediatric oncology (tumor board). Associated faculty that are instrumental in the training of the pediatric urology fellow include the Pediatric Endocrinologist, Nephrologists, Neonatologist, Oncologists, Neurosurgeons, Infectious Disease Specialist, Geneticists, Radiologists and Pediatric Surgeons. The pediatric urology fellow also works with the Pediatric Urologist Nurse Practitioner in the Pediatric Continence Clinic. The Pediatric Urology Fellow is expected to attend and participate in educational
conferences, didactic teaching sessions, ward rounds with the urology residents and the yearly UCSF Pediatric Urology Seminar.

Dr. James Betts, Surgeon and Chief leads the Pediatric Urology Fellowship component at and Children’s Hospital and Research Center Oakland. The fellows clinical training is supplemented with surgical cases at Oakland as well as conferences in conjunction with nephrology and radiology.

I. Scope of Training

Specialized training in Pediatric Urology at UCSF covers all aspects of congenital anomalies, childhood-acquired urologic problems such as tumors and trauma, and overlapping problems of adolescence. The subspecialty training in pediatric urology provides an experience of sufficient level for the trainee to acquire advanced skills in the management of congenital anomalies and pediatric urological problems.

II. Duration of Training

The ACGME accredited, pediatric urology fellowship at UCSF consist of 1 clinical year and 1 or 2 research years. Pediatric Urology fellows who are co-sponsored by the NIH training grant are required to perform 2 years of basic science research. UCSF participates in the Nation wide Pediatric Urology Match for the selection of the pediatric urology resident. Applications are reviewed ~ 1.5 years prior to the start date by the faculty at UCSF. Applicants are required to interview on site with the faculty and present fellows. Completion of the Pediatric Urology Residency is dependent upon fulfilling the requirements outlined in this document.

III. Institutional Requirements

A. The residency (fellowship) training program in pediatric urology at UCSF is in conjunction with an Accreditation Council for Graduate Medical Education-accredited urology residency. UCSF and the Department of Urology which oversee and sponsor the pediatric urology program have a sufficient volume and variety of pediatric urology experience to meet the needs of the trainee (fellows) without compromising the quality of resident training in general urology. The pediatric urology program is centered at a children’s hospital within the medical center with major pediatric
medical and surgical subspecialties. UCSF has a complementary affiliation with other institutions such as San Francisco General Hospital and Kaiser that offer significant educational opportunities to the residency program.

B. UCSF and affiliate hospitals perform well over 800 major pediatric urology surgical procedures per year and more than 2500 pediatric urological outpatient visits per year.

C. Diagnostic facilities include state-of-the-art radiologic, ultrasonographic, and urodynamic equipment suitable for the care of patients.

D. Program Research and Scholarly Activity
Graduate medical education takes place in an environment of inquiry and scholarship, in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

1. Scholarly Activity
   The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty at UCSF. The activity includes:
   a. Active participation of the faculty in clinical discussions, rounds, and conferences in a manner that promotes a spirit of inquiry and scholarship. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.
   b. Participation in journal clubs and research conferences.
   c. Active participation in regional or national professional and scientific societies, particularly through presentations at the organizations' meetings and publication in their journals.
   d. Participation in research, particularly in projects that are funded following peer review and/or result in publication or presentations at regional and national scientific meetings.
   e. Offering of guidance and technical support for residents involved in research. (statistics course at UCSF)
   f. Provision of support for resident participation in scholarly activities.

2. Library
   a. Residents have ready access to the UCSF medical library.
   b. Library services include the electronic retrieval of information from medical databases.
   c. There is access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals are readily available during nights and weekends.

IV. Educational Program
A. Program Design

1. The program design and/or structure has been approved by the Residency Review Committee (RRC) as part of the regular review process.

B. Program Course of Study

The educational program at UCSF in Pediatric Urology provides clinical experience to develop clinical competence in pediatric urology. The clinical component of the program provides the following areas:

1. Experience in surgical aspects of pediatric urology is documented in an accurate, comprehensive, operative log maintained by the resident and reviewed by the program director each quarter of the year.
2. Experience in outpatient management of pediatric urologic disease, with graded responsibility for patient care, must be documented and similarly maintained.
3. Familiarity with all state-of-the-art modalities of imaging.
5. Management of patients with urologic tumors.
6. Management of patients with urologic trauma.
7. Experience with the multidisciplinary management of nephrological disease.
8. Exposure to the neonatal units and intensive care units for all pediatric ages.
9. Participation in a multidisciplinary setting of myelomeningocele and other neuropathic bladder entities.
10. Experience with the multidisciplinary management of patients with problems relating to sexual development and medical aspects of intersex states.
13. Take part in the UCSF sponsored GME clinic rounds which addresses such topics as socioeconomic, medical legal and cost containment issues

(see web site www.som.ucsf.edu/education/gme/index.htm)

C. Pediatric Urology Fellow Duty Hours

The same resident duty hours and supervision requirements apply to pediatric urology residents as provided in the Program Requirements for Residency Education in Urology. In practice the pediatric urology resident alternatives in an equal fashion call with the pediatric urology attendings. Call in house is not required.
V. Faculty

The program director and faculty are responsible for the general administration of the program, including those activities related to the recruitment, selection, instruction, supervision, counseling, evaluation, and advancement of residents and the maintenance of records related to program accreditation.

A. Laurence S. Baskin, M.D. Program Director

The program director responsible for the program. The program director, Laurence Baskin, M.D. is based at UCSF where education occurs and is dedicated to and actively engaged in pediatric urology education.

1. Laurence S. Baskin, M.D. meets all the below qualifications of the Program Director
   a. Requisite and documented clinical, educational, and administrative abilities and experience in all aspects of pediatric urology.
   b. Licensure to practice medicine in the state where the institution that sponsors the program is located.
   c. Certification by the American Board of Urology or suitable equivalent qualifications and qualifications and experience in the practice of pediatric urology.
   d. Appointment in good standing to the medical staff of an institution participating in the program.

2. Responsibilities of the Program Director
   a. Preparation of a written statement outlining the educational goals of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment. This statement has been distributed to residents and faculty members. It should be readily available for review.
   b. Selection of residents for appointment to the program in accordance with institutional and departmental policies and procedures.
   c. Selection and supervision of the faculty and other program personnel at each institution participating in the program.
   d. The supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
   e. Regular evaluation of residents' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician.
   f. Implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and resident complaints or grievances.
   g. Monitoring resident stress, including mental or emotional conditions inhibiting performance or learning and drug-or alcohol-related dysfunction. Program directors and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to
residents. Educational situations that consistently produce undesirable stress on residents must be evaluated and modified.

h. Preparation of an accurate statistical and narrative description of the program as requested by the RRC.

B. Faculty

**UCSF Urology Faculty**

Laurence Baskin, M.D. Director Pediatric Urology
James Betts, M.D. Surgeon and Chief Oakland’s Children’s Pediatric Urologist and Surgeon
Michele Ebbers, M.D. Pediatric Urology
Angel Chin, C.P.N.P. Pediatric Urology
Peter Carroll, M.D. Chair Urology Oncology
Jack McAninch, M.D. Vice Chair Reconstruction, Trauma
Emil Tanagho, M.D. Pediatric and Congenital Anomalies
Frank Hinman, M.D. Pediatric Urology
Chris Kane, M.D. Oncology
Marshall Stoller, M.D. Stones, Laproscopy
Tom Lue, M.D. Erectile Dysfunction, Penile Anomalies
Paul Turek, M.D. Infertility
Katsuto Shinohaira, M.D. Oncology, Ultrasound

Gerald Cunha, PhD Urologic Research
Emily Willingham, PhD Urologic Research

The faculty at UCSF meet the below requirements.

1. There are a sufficient number of faculty with documented qualifications to instruct and supervise adequately all pediatric urology residents in the program. Members of the faculty must be able to devote sufficient time to meet their supervisory and teaching responsibilities.

2. All members of the faculty must demonstrate a strong interest in the education of residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities.

3. A member of the faculty of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

4. The faculty must be organized and have regular documented meetings to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.
5. The faculty should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the faculty, and the quality of supervision of residents.

C. Other Program Personnel

This Program is provided with additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

VI. Evaluation

The pediatric urology program at UCSF has an ongoing assessment of the following components of the educational program: resident performance, faculty performance, patient care, and program objectives.

A. Pediatric Urology Fellowship Evaluation

1. The program director, with participation of members of the faculty, shall: At least semiannually evaluate the knowledge, skills, and professional growth of the residents, using appropriate criteria and procedures.
2. Communicate each evaluation to the resident in a timely manner.
3. Advance residents to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.
4. Maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel. (Binder for each resident)
5. Provide a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.

B. Program and Faculty Evaluation

The educational effectiveness of the program and faculty must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been
met by residents must be assessed. Confidential, written evaluations by residents should be utilized in this process.

VI. Substance Abuse

Although the Department of Urology will not tolerate substance abuse among its fellows or residents, substance abuse will not necessarily result in dismissal, however, automatic probation will be instituted and reviolation will result in dismissal. Each case will be considered on its own merits. Residents troubled by substance abuse will be referred to the University of California, Faculty Staff and Students Assistance Program, and in some cases, the recommendation may be for suspension (with pay and benefits) until the outcome of therapy can be determined.