

## **Pediatric Urology Fellowship Program UCSF Goals and Objectives**

### **Summary:**

The Pediatric Urology Fellowship at UCSF Benioff Children's Hospital consists of one year of clinical pediatric urology and one year of research (laboratory based or clinical outcomes or a combination with an option for a concentration in transitional urology). The program is accredited by the Accreditation Council of Graduate Medical Education (ACGME).

The clinical program takes place at the UCSF Benioff Children's Hospital in San Francisco Mission Bay and Oakland.

*The educational goals are the same at each site and follow the ACGME program requirements (Revised Common Program Requirements effective: July 1, 2022)*

### **Areas of Education:**

Specialized training in Pediatric Urology at UCSF covers all aspects of congenital urologic anomalies including prenatal diagnosis, childhood-acquired urologic problems such as urinary tract infection, tumors and trauma and urologic 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 urologic problems. Broadly, the goals and objectives of the UCSF training program in Pediatric Urology are to assure that each of the trainees receives an in depth theoretical and practical education in the various domains of Pediatric Urology. This training is expected to provide the graduate with an excellent background in all aspects of Pediatric Urology such that the individual on graduation is competent to practice independently, pediatric urology.

### **Specific Educational Goals and Objectives:**

1. **Open Surgery:** Experience in all aspects of pediatric surgery in the child with a urological problem. This includes major reconstructive, renal, ureteral, bladder and urethral surgery. Genital surgery in both sexes as well as the surgical treatment of patients with disorders of sex development. Management and prenatal treatment of the fetus with a pediatric uropathy.
2. **Endoscopic surgery:** Experience in endoscopic including laparoscopic and robotic surgery. This includes diagnostic and therapeutic intervention in abdominal, renal, vaginal, urethral, vesical, ureteral and DSD urologic conditions.
3. **Outpatient Pediatric Urology:** Experience in all aspects of outpatient care with graded responsibility in patient management. This includes history taking, physical exam, the evaluation of radiographic and laboratory studies.
4. **Spinal defects and Neurourology:** This includes the knowledge of the physiology and pharmacology of bladder bowel dysfunction. This latter term includes obstructive and irrigative phenomena, urinary incontinence and dysfunctional voiding. In addition, it includes the antenatal, newborn and subsequent care of children born with spinal defects. UCSF is a pioneer in fetal treatment of patients and myelomeningocele and the pediatric fellow is an active member of this team. The pediatric urology fellow takes an active part in performing urodynamics and managing patients in spinal bifida clinic.
5. **Pediatric Andrology:** The long term care of children born with cryptorchidism or who develop a varicocele and the long term treatment to maximize fertility for these children when they become adults. Fertility preservation options in childhood cancer.

6. **Stone disease in children:** This includes endourology, minimal invasive surgery and lithotripsy. This includes the knowledge of the pathogenesis of urinary stone disease and its evaluation and management. Endourology and lithotripsy refer broadly to the specialized techniques used to treat some varieties of stone disease. Endourology further includes the use of special endoscopic techniques to diagnose and manage disorders of the upper urinary tract other than stone disease.
7. **Urologic trauma:** This includes the evaluation and management of trauma to all parts of the genitourinary system in the male and female.
8. **Infectious Disease:** This includes a working knowledge of those factors involved in the pathogenesis of urinary infection in both the lower and upper urinary tract. Expertise in the indications for specific use of antimicrobials and side effects of treatments are stressed.
9. **Reconstructive Urology:** This includes the use of innovative techniques for reconstruction of renal, ureteral, vesical, and their application including diversion and undiversion. Also included is knowledge of the reconstruction required in the recipient born with bladder or ureteral congenital anomalies to provide for successful long-term function of the transplanted kidney.
10. **Renal Transplantation:** This includes a working knowledge of the urologic factors involved in renal transplantation and their application. Also included is knowledge of the reconstruction required in the recipient born with bladder or ureteral congenital anomalies to provide for successful long-term function of the transplanted kidney.
11. **Urologic Imaging:** This refers to all of those entities involved in the radiologic study of urologic disease including urography, retrograde upper tract studies, urethrography and cystography including imaging the perineal anatomy in children born with disorders of sex development anomalies, urologic ultrasound, computerized tomography, magnetic resonance imaging, angiography, and the various types of interventional uroradiology. The pediatric urology resident takes an active role in performing fluoroscopic studies during urodynamic clinics.

Other goals:

General Competencies: Interpersonal, Communication Skills and Professionalism

1. **Communication:** communicate effectively with other healthcare professionals
2. **Interpersonal Skills:** communicate with patients and their families in easily understood and culture sensitive language
3. **Compassionate patient care**
4. **Professionalism:** Consistently demonstrate sensitivity to patients from different cultures.
5. **Administrative:** Maintain comprehensive, timely and legible medical records
6. **Practice Based Learning and Improvement:** Investigation and evaluation of care for patients, appraisal and assimilation of scientific evidence and improvement in patient care.
7. **System Based Practice:** defined as working effectively as a member of a large professional organization.

Methods to achieve goals:

Didactics, mentoring, conferences, dry rounds, Grand Rounds; GME lectures; operating room surgical competencies; urodynamics; ward rounds; case presentations; visiting professor, national meetings.

Direct Faculty Contact in Patient Directed Setting: This also occurs in the operating room, clinic and urodynamic suite where all cases are supervised by faculty, and teaching is done

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on a one-on-one basis, with the actual fellow role being determined by their clinical level and competence and by the complexity of the case at hand.

Conferences: The complete conference schedule includes didactics, formal lectures, combined conferences, fellow presentations, Grand Rounds, Combined Surgical quality improvement rounds and visiting professor. Organization and structure of educational program:

Topics to Cover During Fellowship:

Hypospadias, Intersex and Genitalia reconstruction (vaginoplasty); Exstrophy/Epispadias; Undescended Testes; Hydrocele/Hernia; Myelomeningocele Urinary Tract Management (incontinence); Urinary Incontinence and Enuresis; Dysfunctional Voiding; Dysfunctional Elimination Syndrome; Sexual Abuse; Hematuria; Urinary tract reconstruction: Ileal bladder augmentation; urinary undiversion, artificial urinary sphincter; Adolescent Urology, Varicoceles, Testicular Torsion, Gynecologic Problems; Antenatal Hydronephrosis; Urinary Tract Obstruction; Uretero-Pelvic Junction Obstruction; Megaureters; Vesico-ureteral reflux and Reflux Nephropathy; Urinary Tract Infection; Treatment of genitourinary malignancies: Wilms tumors, Rhabdomyosarcomas.

List of Conferences:

1. **Pediatric Urology Fellow Weekly Rounds**, are held ~ 3 out of 5 Wednesday mornings: surgical cases for the following week are discussed, and teaching points summarized. A 20-minute presentation on a current pediatric urology topic is presented by fellow. Responsibility of preparation and presentation of material:  
The pediatric urology fellow is responsible for organizing and running the fellow rounds conference. The pediatric urology fellow will present his/her own topic at least twice a month. Pediatric Urology Rounds are approved for category 1 CME credit
2. **Monthly Pediatric Urology Dry Rounds Conference**, are held either the 1<sup>st</sup> and 3<sup>rd</sup> each month: presentations of pediatric urology clinical problems and interesting past or upcoming surgical cases are discussed.
3. **Pediatric Nephrology/Urology Monthly Clinical Research Conference**, held the first Friday of each month: topics related to both pediatric urology and pediatric nephrology are discussed. The urology and nephrology faculty attend along with urology and nephrology fellows and residents and medical students on the service.
4. **UCSF Mission Bay combined X-ray urology conference**, held every month on the 1<sup>st</sup> Wednesday of each month. The conference is led by Andrew Philips from radiology and radiology and urology faculty attend along with fellows, residents and medical students.
5. **UCSF Oakland Children's UNIQUE conference** held every month 1<sup>st</sup> Monday of each month: This combined conference is led by Ron Cohen and includes faculty from urology, radiology, nephrology on a monthly basis and pathology (~ twice a year). The pediatric urology fellow is required to attend.
6. **DSD Rounds and clinic**, held monthly on Tuesdays: pediatric endocrine cases relating to disorders of sex differentiation are discussed. Multidisciplinary with pediatric urology, endocrine, genetics, social work, reproductive endocrinology and psychiatry.  
This is a unique patient oriented conference where patients with complex disorders or sex development are discussed are then examined immediately after the conference in the clinic by appropriate staff. The patient's problem is discussed and a consensus is developed.

7. **Morbidity and Mortality conference** is held once a month where complications and reviewed and discussed. The entire clinical department takes part. The pediatric urology fellow is responsible for documenting and recording each complication which is submitted to the pediatric urology staff for review.
8. **UCSF Mission Bay Combined urology pathology conference** ~ twice per year. Pediatric pathology team and pediatric urology team take part. At the conference, pathologic specimens from the operating room are reviewed. The Pathologist organizes the conference, and the Pediatric Urology fellow is responsible for clinical correlation with x-ray presentation.
9. **Journal club**, held monthly (two sessions per year are devoted exclusively to pediatric urology): pertinent journal articles are discussed and reviewed by the residents and fellows.

The Pediatric Urology fellow is responsible for organizing the conference and picking the journal articles to be discussed, under the supervision of the faculty. Each resident then presents a specific article and summarizes the findings, comments on the scientific analyses of the manuscript and general discussion ensues.

10. **UCSF Mission Bay tumor board**, weekly. Urology team attends when urologic cases are discussed. Pediatric urology faculty and oncology team along with fellows and residents participate. The Pediatric Urology fellow is required to attend and present all pediatric urologic malignancies for treatment recommendations. This includes for example patients with urologic malignancies such as testicular cancers, Wilms tumors, neuroblastoma or rhabdomyosarcomas.
11. **UCSF Grand Rounds**: monthly devoted to state of art lectures by local and national expert faculty. Entire clinical department participates. Program Director and service chiefs alternate as moderator. A series of 10 conferences each year entitled Urology Grand Rounds and Pediatric Urology Rounds are approved for category 1 CME credit. Two other sessions, in July and August, are focused difficult educational clinical cases.
12. **Annual UCSF Pediatric Urology Visiting Professor**: devoted to a visiting professor where two days are set aside for teaching, clinical and basic research, surgical demonstrations, and lectures. Faculty, residents and fellows and ancillary health care workers participate.  
  
The Pediatric Urology faculty and the Pediatric Urology fellow help organize the conference. The Pediatric Urology fellow formally presents a topic at the conference. The Visiting Professor have included: Craig Peters, David Joseph, David Diamond, Pat Malone, Barry Kogan, Jack Elder, Doug Hussman, John Brock, Gil Rushton, Marty Koyle, George Kaplan, Barry Belman, Steve Koff, Alan Retik, Ricardo Gonzalez, Howard Snyder, John Woodard and David Bloom.
13. **UCSF Department of Urology Annual Tanagho Visiting Professor**. Two days devoted to resident and fellow teaching. Entire clinical department participates.
14. **UCSF Department of Urology McAninch Visiting Professor**. One day devoted to resident and fellow teaching. Entire clinical department participates.

15. **GME sponsors Grand Rounds** for residents and clinical fellows once per month. The Dean's Office encourages all residents to attend and tries to coordinate Grand Rounds with noon teaching conferences of the residencies and fellowships, with a variety of topics including Ethics, End of Life issues, Career building. Program Directors are invited to submit ideas for Grand Rounds themes to the GME office and are often invited to speak.

Extramural meetings: Each pediatric urology fellow attends the two-major urologic meeting sponsored by the Societies of Pediatric Urology: The Fall and the meeting in conjunction with the American Urological Association (AUA) annual meeting in the spring He/she is expected to submit abstracts, make presentations and subsequently publish the work.

## **Fellow's Clinical Responsibilities**

The University serves a diverse patient population and receives a wide range of pediatric urology cases from California, Nevada and the Pacific Rim. The clinical rotations involve all aspects of pediatric urology including outpatient clinic, newborn and pediatric intensive care units, emergency ward, complex and ambulatory surgery, urodynamics, spina bifida clinic, fetal treatment, transplantation, reconstruction, Disorders of Sex Development multidisciplinary clinic and pediatric oncology (tumor board). Associated faculty that are instrumental in the training of the pediatric urology fellow include pediatric endocrinologists, nephrologists, neonatologists, oncologists, neurosurgeons, infectious disease specialists, geneticists, radiologists, anesthesiologists, obstetricians, reconstructive surgeons and pediatric surgeons. The pediatric urology fellow is expected to attend and participate in education conferences, didactic teaching sessions, dry rounds, ward rounds with the general urology residents, Grand Rounds and the yearly UCSF pediatric urology visiting professor.

### Length of each assignment

The fellow is assigned to the pediatric urology clinical service for the entire year; the clinical assignment does not change from month to month (as noted in the block diagram). However, the specific clinical assignments do vary from day to day, and these specific assignments, and the amount of time that the fellow spends on each, are summarized in the block diagram in Section 9.

### Specific goals for the pediatric urology clinical assignment

UCSF ward rounds: The fellow will organize and run the pediatric urology in-patient service. They will become proficient in post-operative pediatric patient care. They will also become proficient in pre-operative evaluation for those patients that require hospitalization before surgery, and they will also be able to take care of patients admitted with surgical complications. In addition, they will manage the in-patient consult service, and thus be able to diagnose and treat pediatric patients with complex urologic problems (such as those born with congenital anomalies in the NICU). Medical record completion will be the responsibility of the fellow; all operative dictations, progress notes, operative reports, consult notes, and orders will be reviewed and confirmed completed by the fellow. The fellow, since he/she will be in charge of the inpatient service, will develop excellent interpersonal and communication skills that are necessary to run an effective, professional service. The faculty directly supervises the clinical activity on a daily basis making rounds and reviewing the clinical management of each patient with the fellow.

UCSF surgery: All the major pediatric urology surgical cases are performed at UCSF Benioff Children's Hospitals San Francisco or Oakland. The Oakland campus also has an associated ambulatory outpatient clinic in Walnut Creek. Thus, the fellow will become

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proficient in surgical techniques for both major and minor cases (please see block diagram below for specific technical goals). The fellow is required to keep an up to date surgical log with oversight by the faculty on a quarterly basis.

UCSF clinics: Ambulatory clinics take place at UCSF Benioff Children's Hospitals San Francisco or Oakland. The fellows will become proficient in the outpatient management of all aspects of pediatric urology. The clinics provide pre and postoperative care, medical care for non-surgical conditions, urodynamics, bladder imaging, radiology/laboratory/pathology review, and spina bifida.

### **Research efforts:**

Three tracks of pediatric urologic research are provided at UCSF: 1) Laboratory based 2) Clinical outcomes and 3) Concentration in transitional urology.

Laboratory based: The Pediatric Urology research efforts are funded by multiple grants from the National Institute of Health. The laboratory work is focused on the interactions between epithelium and mesenchyme in the urinary tract, genital development/hypospadias and urinary tract obstruction. Fellows will have the opportunity to be trained in grant writing techniques as well as preparing applications to internal review boards. Although not officially a part of the accredited one year clinical training program, the research that is completed during the pre-clinical academic year will be presented at local and national meetings during the clinical year. This will allow the fellow to have exposure to academic meetings and academic presentations during his/her clinical year. The fellow is expected to publish a number of original research papers in the area of pediatric urology as well as present research work at national meetings.

Clinical outcomes: Through the department of epidemiology and biostatistics formal advanced training in clinical outcomes is offered. If the fellow chooses to stay an additional year a master's degree can be obtained. Statistical consultation, summer courses and seminars are also offered.

Concentration in transitional urology: The Transitional Urology Track will be a combined clinical and research year with a focus in Transitional Urology. The clinical aspects of the second year will include two days of Transitional Urology clinic attendance monthly, two days of Transitional Urology OR attendance monthly, and two half days of pediatric spina bifida clinic attendance monthly. Along with this clinical activity, in the second year the fellow will participate in specific transitional urology research projects, capitalizing on our research infrastructure that includes a prospective transitional urology registry and a transitional urology health services research group with weekly meetings and a dedicated biostatistician.

### **Goals and Objectives**

The goals and objectives of outpatient management of pediatric urologic disease is for the fellow to become competent in all aspects of ambulatory pediatric urologic care and according to the principles of the General Competencies. This includes the diagnosis, treatment, and the follow-up of pediatric urologic diseases. Specifically, when to use and how to interpret all aspects of imaging diagnostic testing and urodynamics, when surgery is indicated, and pre and postoperative management of the pediatric urologic patient. This is accomplished by an intensive clinic experience with graded responsibility for patient care. The trainee is expected to be exposed to acute and short-term problems such as hypospadias and undescended testes, to long term pediatric diseases such as exstrophy and spinal bifida

#### Surgical Goals and Educational Objectives of the UCSF Pediatric Urological Fellowship

The subjects and skills to master and subsequently teach are listed in the left column below and the mentors/teachers in the column on the right. By the completion of the residency all

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pediatric urology fellows are expected to demonstrate familiarity with all contents of this table.

M: Becomes competent and masters that skill in that half. Implies moderate to intense level of supervision required.

T: Competent, able to teach as independent surgeon. Implies minimal level supervision with high level of competence.

<b>Goals and Objective</b>	<b>1st half</b>	<b>2nd half</b>	<b>Mentors</b>
<p>Technical Efficiency in Open Surgical Technique Renal ureteral, bladder, testicular, adrenal, DSD, including major open and reconstructive including use of magnification)</p> <p>Minor Cases Major Cases Reconstructive cases</p>	<p>M M M</p>	<p>T T T</p>	<p>Attending Urologists</p>
<p>Technical Efficiency in Endoscopic Surgical Technique: (vaginotomy, urethroscopy, cystoscopy and ureterorenoscopy, laparoscopy and laparoscopic and robotic surgery</p> <p>Minor Cases Major Cases</p>	<p>M M</p>	<p>T T</p>	<p>Attending Urologists</p>
<p><u>Proficiency with State of the Art Imaging</u> Ultrasound (adrenal, renal, ureteral, bladder, and internal genitalia, tumors, and congenital or acquired anomalies, infection, nephrological disease, intersex states, cystic kidney disease; Renal Scanning (DTPA/MAG3 for obstruction, relative function, acute infection), bladder imaging (VCUG, nuclear imaging for vesicoureteral reflux, ureteral ectopia, ureterocele, posterior urethral valves, and other ureteral and urethral congenital and acquired anomalies, tumors, and trauma, acute infection, neuropathic bladder, intersex states), CT and MRI scanning (tumors, ureteral ectopia, intersex states; cryptorchidism, trauma, infection, nephrological diseases, cystic renal disease)</p>	<p>M</p>	<p>T</p>	<p>Attending Urologists Fellow and Attending Radiologist (UCSF Mission Bay and CHO)</p>

Outpatient Management: (Clinic and Emergency Department), infections, urinary obstruction, stone disease, trauma, torsion, hernia, hydrocele, priapism, postoperative complications)	M	T	Attending Urologists and Attending ER physicians (UCSF Mission Bay and CHO)
Urodynamic Studies	M	T	Attending Urologists
Myelomeningocele and Neuropathic bladder Multidisciplinary clinic (participation and familiarity)	M	T	Attending Urologists and Attending Spinal Bifida Group (UCSF Mission Bay and CHO)
Urologic Tumors (Wilms tumor, neuroblastoma, rhabdomyosarcoma, testis tumor)	M	T	Attending Urologists and Attending Oncologists (UCSF Mission Bay and CHO)
Urologic Trauma (adrenal, renal, ureteral, bladder, penile, vaginal, urethral, testicular, including testicular torsion)	M	T	Attending Urologists and Attending Pediatric Surgeons (UCSF Mission Bay and CHO)
Fetal Diagnosis and treatment (ultrasound and MRI diagnosis, triage and ethics of fetal therapy, newborn management)	M	T	Attending Urologists and Fetal Treatment Group (UCSF Mission Bay and CHO)
Neonatal and pediatric intensive Care units (exposure and management)	M	T	Attending Urologist and Pediatric ICN (UCSF Mission Bay and CHO)
Multidisciplinary management of nephrological disease (end state renal disease, fluid, electrolyte management)	M	T	Attending Urologist and Pediatric Nephrologist (UCSF Mission Bay and CHO)
Pediatric Infectious Disease (diagnosis and treatment)	M	T	Attending Urologist and Pediatric Infectious Disease (UCSF Mission Bay and CHO)
Genetic counseling (renal and genital anomalies)	M	T	Attending Urologist, Pediatric Genetics and Nephrologists (UCSF Mission Bay and CHO)



Sexual development and intersex states (multi-disciplinary management and medical aspects of care)	M	T	Attending Urologist and Pediatric Endocrinologist (UCSF Mission Bay and CHO)
Medical Records (Dictation, progress notes, operative reports)	M	T	Attending Urologists
Demonstrate Interpersonal Skills	M	T	Attending Urologists
Demonstrate Compassionate Patient Care	M	T	Attending Urologists
Demonstrate Communication Skills	M	T	Attending Urologists
Demonstrate Professionalism and Integrity	M	T	Attending Urologists (UCSF Mission Bay and CHO, staff)

The Urology Faculty Practice provides an important service for patients and is an excellent resource for housestaff education. As the clinic is a referral service for patients within the University as well as the community, a wide variety of urological conditions are encountered. The outpatient practice is structured to both integrate faculty participation as well as to foster independent thinking by urology fellows.

The goals and objectives are distributed annually to each fellow in written form. The fellow reviews the goals and objectives and discusses any concerns with one of the faculty members.

### **Patient Safety**

Fellows are expected to participate in the following activities to ensure patient safety:

- Didactics
- Conferences
- Workshops
- Online modules
- Departmental Grand Rounds
- GME Grand Rounds
- Trainee case presentations

Fellows attend a multidisciplinary morbidity and mortality conference whereby a review of specific clinical case scenarios and outcomes occur. This is discussed at orientation annually and is stressed at both the Mission Bay and Oakland Children's sites. At both sites patient events are discussed daily on rounds and incident reporting is performed by the fellow or attendings to address different issues. In this way, the topic is addressed globally as an overview at orientation but also on a weekly/monthly basis when issues arise in real time. During the research year the fellow has the opportunity to get involved in patient safety and quality.

### **Quality Improvement**

Quality improvement projects are added to the most related weekly case review. The team will select an OR case from the previous week to review the entire process from scheduling, to case duration, to immediate postoperative course. This review acts as a quality assessment to determine where the team can streamline the operative program and learn from any issues that may arise during the process. The review is documented and a log of reviewed cases will be maintained.

In addition, fellows are to attend the Morbidity and Mortality meeting monthly. They also review and present cases at the weekly Peds Dry Rounds conference and is responsible for the writing of a formal summary of the case.

Fellows also participate in the yearly hospital and UCSF Resident and Fellow QI Incentive Program.

### **Accountability**

Rotations are based on a mentorship model where the fellow is under direct supervision of specific pediatric faculty every day. In this way, they learn from the faculty member or members on how to be accountable and disclose adverse events, give bad news, and address goals of care committees.

### **Communication Policy**

The fellow effectively communicates condition-specific information related to risks, benefits, and treatment options for a complex or culturally-sensitive and socially challenging situation. S/he demonstrates respect for a child's age-specific privacy needs and effectively communicates with children.

Also since the fellow will be in charge of the inpatient service, will develop excellent interpersonal and communication skills that are necessary to run an effective, professional service. The faculty directly supervises the clinical activity on a daily basis making rounds and reviewing the clinical management of each patient with the fellow.

### **Teamwork**

The fellow recognizes the importance of working as a team and supports other team members in patient care. S/he treats other team members with respect and sets an example for peer relationships among hospital staff members. The fellow works with others in a collaborative effort to achieve a common goal or task in the most effective and efficient way.

### **Transitions of Care/Fatigue Mitigation Policy**

Urology attendings will monitor the signs of sleepiness and fatigue in the fellow and make arrangements to cover duties if an individual fellow needs to make up sleep during scheduled duty hours. The fellowship program director, the fellowship Advisory Committee, and faculty mentors will include discussions of stress, fatigue, and other well-being issues in their meetings with fellows to review performance, and will develop plans to resolve identified individual or systemic problems. The attendings are empowered to send a fellow home at any time (via cab/uber/personal transportation) if they deem a fellow is too fatigued.

### **Professionalism Policy**

The fellow is expected to consistently demonstrate integrity, altruism, and respect for others even under conditions of high workload and highly demanding situations. The fellow takes responsibility for all actions and practices in a highly ethical and fair manner. S/he is mindful of patient privacy and confidentiality and is sensitive and responsive to diverse populations in terms of gender, family structure, culture, race, religion, disabilities, and sexual orientation.

## **Clinical and Educational Work Hours and Call Policy**

The pediatric urology fellow takes call for two alternating weeks of each month. In house call is not required. The pediatric urology faculty are available to the trainee at all times via cell phone and/or pager. Fellow Workhours and the working environment of the pediatric urology fellow meet the institutional requirement at UCSF defined below.

Providing fellows with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. The program director ensures that the learning objectives of the Pediatric Urology program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education has priority in the allotment of fellows' time and energies. Workhour assignments recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

Workhours are defined as all clinical and academic activities related to the residency program, i.e. patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Workhours do not include reading and preparation time spent away from the work site. These standards apply to all UCSF Children's hospital and ancillary sites. Workhours for the pediatric urology fellow are limited to 80 hours per week, averaged over a four week period. Our program meets the requirements without difficulty. No in house call is required for the pediatric urology fellow. At home call (pager call) is defined as call taken from outside the assigned institution. The frequency of at home call is not subjected to the every third night limitation. The pediatric urology fellow is provided with 2 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4 week period. Work hours are to be logged on a weekly basis in MedHub, a trainee management system.

When fellows are called into the hospital from home, the hours the fellows spend in house are counted toward the 80 hour limit. The program director and faculty monitor the demands of at home call and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

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## **UCSF Pediatric Urology Clinical Fellowship Program Other Leave Policy**

### **Administrative Holidays**

Administrative holidays for residents and clinical fellows will be consistent with the schedule at the institution to which the resident is assigned and with departmental policy.

### **Sick Leave**

Sick leave with compensation is given at the rate of twelve (12) days per academic year (one day per month). Sick leave is credited to the year of appointment and does not carry over from year to year. In addition, vacation leave may be used to cover sick leave which exceeds twelve (12) days. The total length of sick leave (paid and unpaid) may not exceed twelve (12) workweeks in a calendar year (see "Family and Medical Leave" section below). Additional sick leave may be granted at the discretion of the Program Director. Makeup time may be required to meet educational objectives and be in compliance with ACGME Program Requirements.

### **Personal Leave**

Personal leave to attend to personal matters of a serious, time consuming nature may be taken by mutual agreement with the Program Director. Personal leave in excess of vacation and sick leave is uncompensated.

### **Attendance at Educational Meetings and Activities**

Attendance at educational, scholarly, and professional activities is scheduled by mutual agreement with the Program Director.

### **Vacation Leave**

Vacation leave with compensation shall be four (4) workweeks per academic year. Vacation time does not accrue from year to year and must be scheduled and taken in the same academic year the vacation is earned. Under special circumstances, the Program Director may make a discretionary allowance for carry over beyond that year. Vacation leave shall be scheduled by mutual agreement with the program. Clinical fellows must submit vacation leave requests to the Pediatric Urology Program Director at least thirty (30) days in advance of the planned leave. Before approving leave, the Program Director will consider the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the fellowship program.

### **New Parent Leave**

#### **Maternity/Parental**

Compensated leave is 8 weeks of paid parental leave (per pregnancy/adoption/foster). An eligible trainee will be granted up to twelve (12) weeks of unpaid leave in a calendar year. The resident or clinical fellow must give written notice at least 60 days in advance to the program and/or department of his/her intention to take leave prior to the expected birth or adoption.

**Guidelines:** ABU requires 46 work weeks at a minimum during each year of fellowship. An extension of fellowship may be required if leave exceeds the allowable guidelines. The fellow will need to consult with the program director and HR.

## **UCSF Pediatric Urology Clinical Fellowship Eligibility, Recruitment, and Selection Policy**

### **Eligibility**

#### **US and Canadian Applicants**

An applicant for the Pediatric Urology clinical fellowship at UCSF must have a medical degree from a medical school in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME). Prior to beginning the Pediatric Urology clinical fellowship, the applicant must graduate from a Urology residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC). An applicant must demonstrate a passing score on USMLE Step I, Step II, and Step III. An applicant must be eligible for licensure by the California Medical Board and must obtain a California medical license prior to beginning this clinical training program.

#### **International Applicants**

Starting July 2024, the program can consider exceptionally qualified international graduate applicants as stated in the ACGME Common Program requirements. An exceptionally qualified international graduate applicant has:

- (1) completed a residency program in the core specialty outside the continental United States that was not accredited by the ACGME, AOA, ACGME-I, RCPSC or CFPC
- (2) demonstrated clinical excellence, in comparison to peers, throughout training. Additional evidence of exceptional qualifications is required, which may include one of the following:
  - (a) participation in additional clinical or research training in the specialty or subspecialty;
  - (b) demonstrated scholarship in the specialty or subspecialty; and/or
  - (c) demonstrated leadership during or after residency.
- (3) Meet the requirements to obtain a Post Graduate training license from the CA Medical Board.

Eligibility will be determined by evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty, in addition to:

- (a) review and approval of the applicant's exceptional qualifications by the GMCC;
- (b) verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification.

Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation.

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Applicants being considered for these positions should note that their training may not lead to certification by ABMS member boards or AOA certifying boards. In recognition of the diversity of medical education and training around the world, this early evaluation of clinical competence is required to ensure they can provide quality and safe patient care. Any gaps in competence should be addressed for fellows already established by the program in partnership with the program.

<sup>1</sup>

Licensure requirements of the California Medical Board can be found at <http://www.medbd.ca.gov/>. Any applicant, resident, or clinical fellow with concerns about eligibility for licensure should contact the Medical Board or seek personal legal counsel.

### **Recruitment and Selection**

The UCSF Pediatric Urology clinical fellowship participates in the Electronic Fellowship Application Service as listed on the Societies for Pediatric Urology website. Responsibility for selecting appropriate and qualified fellow lies with the Pediatric Urology clinical fellowship Program Director and other pediatric urology faculty. Applicants should register with this service eighteen months prior to the program start date. Applicants should submit a cover letter, Pediatric Urology application, curriculum vitae, 3-4 letters of recommendation, photos, copies of USMLE Step I, Step II, and Step III results and any other documentation needed by the program. The UCSF Pediatric Urology clinical fellowship program selects from eligible applicants on the basis of preparedness and ability to benefit from this residency program. Aptitude, academic credentials, communication skills, and personal characteristics such as motivation and integrity, are considered in the selection. The American Urological Association match date takes place ~ fourteen months prior to the commencement of this training program.

It is the policy of UCSF and its affiliated hospitals that programs do not discriminate against qualified applicants based upon gender, ethnicity, race, age, religion, national origin, sexual orientation, physical or mental disability, marital status, or veteran status.

The offer of a clinical fellowship is not final until the UCSF GME contract appointment paperwork and attestation has been completed by the applicant and reviewed by the program (available in March of the following year). The attestation form asks for information about matters that are relevant to liability, credentialing and licensure requirements such as malpractice claims, drug and alcohol abuse, disciplinary action, and criminal convictions or pending charges. All “yes” responses require a detailed explanation. After review, an offer of a contract may be revoked or the conditions of the offer revised. Discovery of untruthful or misleading answers on the attestation form may subject an applicant to withdrawal of an offer or a fellow to disciplinary action.

## UCSF Pediatric Urology Fellowship

### Supervision and Evaluation of the Fellow

The Pediatric Urology Program at UCSF stresses clear lines of communication between the pediatric urology fellow and attending staff. The UCSF general urology resident manages the day to day affairs of the inpatients, while the pediatric urology fellow functions as a junior staff. For example, the general urology resident manages the daily care of the inpatient such as writing the daily progress notes and ordering diagnostic studies. The pediatric urology fellow reviews the progress of the patients with the general urology resident and confirms the need for additional intervention. All of this information is reviewed on at least a daily basis with the attending staff during morning attending rounds and/or by additional phone consult as needed. At UCSF, all patients have an attending faculty member assigned. The faculty supervises each outpatient and inpatient encounter. When activity is busy at both the UCSF Children's Hospital Sites is anticipated that the fellow will work closely with the resident to share clinical responsibilities.

Outpatient, inpatient and the Emergency Department consultative services initially provided by the trainees are supervised by the on call attending pediatric urologist who discusses the patient over the phone or in person depending on the clinical situation.

The team as a group examines all in-patient and consult patients. The general urology resident assigned to the pediatric service is responsible for compiling clinical data and is expected to regularly communicate with the pediatric urology fellow and faculty. Following rounds, the team meets with the attending faculty member to review the inpatients, consultations, and the previous evening clinical activity. Office phone numbers and emergency phone numbers are given to the parents for call-in at all times. A daily summary of patient activity is emailed to the pediatric urology team in the morning and evening.

The pediatric urology fellow attends clinic with the staff urologist. The pediatric urology fellow manages along with the attending staff the preoperative, intraoperative, and postoperative care of these children. At no time is a case done in the operating room that is not supervised by an attending staff.

The Program Director ensures proper supervision of the pediatric urology fellow via one on one interactions and regular dialogue. Constructive criticism is always given in a timely fashion and there is ongoing dialogue between trainee and the attending physicians. Evaluations conducted electronically through MedHub are provided to the trainee on an at least twice yearly basis and the trainee will provide direct verbal and a written communication at least once per year. Fellows will be evaluated based on the ACGME pediatric urology milestones listed on the [ACGME website](#). The trainee and the Program Director will have a one-to-one working relationship and communicate directly with one another. Faculty and trainees perform practically all clinical activities together, including clinics, rounds, and surgery. The electronic evaluations are kept in the pediatric urology fellow files and are reviewed and initialed by both parties. At the time the evaluations are reviewed, a formal meeting is conducted to cover all aspects of the pediatric urology fellowship and the overall performance improvement for the fellow, staff and program.

The UCSF Pediatric Urology clinical fellowship program is structured to assure that clinical fellows assume increasing levels of responsibility commensurate with individual progress in experience, skill, knowledge, and judgment. The Program Director defines the levels of responsibility for this year of clinical training by establishing a Clinical Competency Checklist (accessible through the UCSF Medical Center intranet) to reflect the patient care services that may be performed and the level of supervision required. The Pediatric Urology Program Director reviews the program's Clinical Competency Checklist at least annually and submits timely updates to the GME office.

The trainee's ability to provide safe and quality care for a patient without a supervisor physically present or to act in a teaching capacity is based on documented evaluation of clinical experience, judgment, knowledge, technical skill, humanistic qualities, professional attitudes, behavior and overall ability to manage the patient's care.

The Department Chair, Program Director, Associate Program Director, and faculty members evaluate each fellow according to requirements of the program specific RRC including surgical skills and the six General Competencies: patient care, medical knowledge, professionalism, interpersonal and communication skills, practice-based learning and improvement, and systems-based practice.

Department of Urology  
July 25, 2017



## PERFORMANCE CRITERIA

Each clinical fellow is continuously monitored and supervised by the attending pediatric urology faculty, and feedback is given to the trainee immediately as part of day-to-day training. The Program Director conducts formal evaluations quarterly which consist of a written description of the fellow's progress, goals, accomplishments, and areas that need attention. Performance is evaluated through direct and indirect observation, global assessment, structured case discussions, teaching evaluations, and quality assurance reviews. Presentations at pediatric rounds, research activities, and publications are also taken into account in evaluating overall performance, but the heaviest weight is given to performance on clinical rotations.

1). Clinical patient care: Evaluation of clinical performance is based on gathering essential information; displaying mastery of examination skills; ability to formulate a differential diagnosis; development of the ability to initiate an appropriate management plan; and effectively counseling and educating patients.

2). Medical knowledge: Evaluation of knowledge is based on the individual's familiarity of basic and clinical science as well as the demonstration of analytical thinking.

3). Technical and Surgical Skill: Evaluation is done by faculty supervisors based on performance in the operating room

4). Professionalism: Evaluation of respectful and compassionate behavior; sensitivity to diversity; fulfilling assigned clinical and on-call issues; display of professional ethics

5). Practice-based learning and improvement: Evaluation is based on evidence of proper use of urological literature; utilization of information technology; teaching of students, staff and colleagues; continuing to improve practice based on past experiences; maintaining surgical operative logs; completion of administrative duties such as operative and discharge dictations in a timely manner.

6). Interpersonal and communication skills: Evaluation is based on the ability to establish a therapeutic relationship with patients; interacting appropriately and effectively with staff, faculty, and colleagues; display of effective listening skills; maintenance of timely and legible medical records; presentation of patients effectively and succinctly.

7). Systems-based practice: Evaluation is based on practicing cost effective care; appropriate collaboration with other health care providers; acting as an advocate for the patient within the health care system.

The Program Director completes a final, summative evaluation at the end of the one-year clinical fellowship based on the ACGME pediatric urology milestones.

## **RESIDENT/FELLOW WELL-BEING**

The **Resident Advisory Committee** monitors stress related issues, well-being and other related issues. Residents can also be referred to the Physician Assistance Program.

### **Faculty & Staff Assistance Program (FSAP)**

Residents and Clinical Fellows are eligible by virtue of their employment for personal assistance through the UCSF Faculty & Staff Assistance Program (FSAP). This program provides confidential, brief counseling services for a broad range of personal problems:

- Workplace stress
- Anxiety management
- Personal or work relationships
- Work issues such as relations with peers or supervisors
- Depression
- Alcohol and drug abuse
- Crisis counseling and intervention
- Work-life balance
- Professional coaching
- Grief and loss
- Caregiver concerns
- Transitions in the workplace

Residents and Fellows can call the Program directly to discuss a concern or to make an appointment. The FSAP team consists of licensed counselors. All services are confidential. Residents are informed through the School of Medicine to attend conferences on Workhours, ethics, stress related issues, and other related conferences.

For further details please see the UCSF Housestaff Information Handbook. <http://meded.ucsf.edu/gme/housestaff-information-booklet>

**UCSF Pediatric Urology Clinical Fellowship Program  
Moonlighting Policy**

The UCSF Urology fellowship allows moonlighting at the discretion of the Program Director.

Department of Urology  
February 6, 2023

**UCSF PEDIATRIC UROLOGY CLINICAL  
FELLOWSHIP DISCIPLINARY AND DISMISSAL  
ACTION POLICY**

**ACADEMIC DUE PROCESS**

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## ACADEMIC DUE PROCESS AND LEAVE POLICY INTRODUCTION

### *Definitions*

**Academic Deficiency:** The terms “Academic Deficiency” and “Deficiencies” mean unacceptable conduct or performance, in the professional and/or academic judgment of the Chair, including failure to achieve progress or maintain good standing in the GME training program, or achieve and/or maintain professional standards of conduct as stated below.

**Chair:** The term “Chair” means the Chair of the Trainee’s specialty or subspecialty department, or his/her designee.

**Clinical Competence Committee:** The term “Clinical Competence Committee” means a regularly constituted committee of the School of Medicine or department that reviews the academic performance of Trainees, or a committee of faculty members specially selected by the Committee for the purpose of reviewing the academic performance of Trainees. For the Pediatric Urology clinical fellowship program, the members of the Clinical Competence Committee will be the Program Director of the Urology Residency, other Urology fellowship program directors, plus a pediatric urologist who is not serving as the Pediatric Urology Program Director or Associate Director.

**Days:** The term “days” means calendar days based on UCSF’s administrative calendar.

**Dean:** The term “Dean” means Dean of the School of Medicine or his/her Designee.

**Dismiss or Dismissal:** For the purposes of Part III.A.2 of this Policy, the terms “dismiss” or “dismissal” mean expulsion from a GME Training Program.

**GME Training Program:** The terms “graduate medical education training program” or “GME training program” refer to the second stage of medical education, during which medical school graduates are prepared for independent practice in a medical specialty. The foremost responsibility of the GME training program is to provide an organized education program with guidance and supervision of Trainees, facilitating the Trainees’ professional and personal development while ensuring safe and appropriate care for patients. Graduate medical education involves the development of clinical skills and professional competencies and the acquisition of detailed factual knowledge in a medical specialty. These professional standards of conduct include, but are not limited to, professionalism, honesty, punctuality, attendance, timeliness, proper hygiene, compliance with all applicable ethical standards and UCSF policies and procedures, an ability to work cooperatively and collegially with staff and with other health care professionals, and appropriate and professional interactions with patients and their families.

A Trainee, as part of his or her GME training program, may have responsibilities in a hospital, other clinical setting, or research area. All such appointments, either initial or continuing, are dependent upon the Trainee maintaining good standing in a GME training program. Dismissal from a GME training program will result in the Trainee’s automatic dismissal from any and all related appointments such as medical staff membership.

**Medical Disciplinary Cause or Reason:** The term “medical disciplinary cause or reason” applies to a Trainee who holds a license from the State Medical Board of California and means that aspect of a licentiate’s competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care in accordance with Business and Professions Code section 805. 33

**Non-Renewal of Appointment:** A Trainee’s appointment is for one year and is reviewed during the seventh month of the contract. If the Chair determines that the trainee is not progressing satisfactorily, he/she has the option of not renewing the Trainee’s contract.

**Program Director:** The term “Program Director” means the GME Training Program Director for the Trainee’s specialty or subspecialty, or his or her designee.

**Trainee:** The term “Trainee” refers to any individual appointed by the University’s School of Medicine to the titles of Resident Physician I-IX (title codes 2708, 2724), Chief Resident Physician (title code 2725), Resident Physician/Subspecialist IV-IX (title code 2726), Other Post-MD Trainee II-IX (title codes 2732), where specified by campus guidelines, or any other GME title assigned by UCSF.

**Vice Dean:** The term “Vice Dean” refers to the Vice Dean for Education in the School of Medicine.

### ***Preamble***

The procedures set forth below are designed to provide University of California San Francisco (“UCSF”) resident physicians and other post-M.D. trainees (hereinafter referred to as “Trainees”) with an orderly means of resolving differences. These Guidelines apply to all University-sponsored programs of Graduate Medical Education (“GME”). These guidelines shall be the exclusive remedy for appealing reviewable academic actions at UCSF. Deviation from these procedures that does not result in material prejudice to the Trainee will not be grounds for invalidating the action taken.

Additional time in the GME training program or beyond the expiration of the Trainee’s appointment may be required to meet the educational objectives and certification requirements of the department or the specialty. The Trainee will be notified in writing of any requirements for additional time. Funding for additional time extending beyond the original period of appointment will be permitted only at the discretion of University and upon written confirmation by the Program Director. Unless otherwise approved by the Program Director and Chair, academic credit will be given only for full participation in the regular program.

At UCSF, the primary responsibility for remedial academic actions relating to Trainees and clinical training programs resides within the departments and the individual training programs. Therefore, academic and performance standards and methods of GME training and evaluation are to be determined by each department and/or program at the University. There may be variances regarding these standards among the various departments and programs.

Trainees and their supervisors are encouraged to discuss their concerns with one another and, if there are any disputes or disagreements, trainees and their supervisors should make efforts to resolve them. The action(s) taken should be the one(s) that in the professional and/or academic judgment of the Chair best address the deficiencies and

needs of the individual Trainee and/or the GME training program. These actions are at the discretion of the department and UCSF and need not be progressive. The department and/or UCSF may select those action(s) described below which it deems appropriate.

As it pertains to any Housestaff member's personal/employment record, an individual may request a correction or deletion of a record under this policy by submitting a written request to the director of the Trainee's clinical program. Within thirty (30) days of receipt of a written request to amend or delete a record, the clinical director will either make the amendment or deletion or inform the individual in writing that the request has been denied.

Within thirty (30) days of the clinical director's response, the Trainee may request that the Dean or his/her designee review the request to amend or delete the record. The Dean or his/her designee will respond to the individual in writing within thirty (30) days from the receipt of the request to review. If the Dean or his/her designee refuses to amend or delete the record, the Trainee shall have the right to enter into the record a statement setting forth the reasons for the Trainee's disagreement with the record.

## **ADMINISTRATIVE AND ACADEMIC ACTIONS - NON-DISMISSAL ADMINISTRATIVE ACTIONS**

### **Automatic Suspension**

The Trainee will automatically be suspended from the GME training program for any of the following reasons:

- a. failure to complete and maintain medical records as required by the medical center or site in accordance with the center's/hospital's medical staff bylaws and/or rules and regulations; or
- b. failure to comply with state licensing requirements of the California State Medical Board; or
- c. failure to obtain or maintain proper visa status; or
- d. unexcused absence from the GME Training Program for five or more days.

The period of automatic suspension should not exceed ten (10) days; however, other forms of administrative or academic action may follow the period of automatic suspension.

The Chair or the Trainee's supervisor will promptly notify the Trainee of his/her automatic suspension in writing. In addition, for subsections b, c, and d above, the Trainee will be provided the facts upon which the suspension is based and a written notice of the intent to consider the Trainee to have automatically resigned at the end of the suspension period (see Part II.A.2. below). The Trainee may utilize the suspension period to rectify (a) or to respond to the notice of intent under (b), (c) or (d) which may include correcting the problem identified in (b) or (c). If the Trainee is suspended under (a) and does not complete the medical records as required within the ten (10) day suspension period, other administrative or academic action may be instituted.

The Trainee will not receive any academic credit during the period of automatic suspension. The Trainee stipend will continue to be paid while the Trainee is on automatic suspension status.

### **Automatic Resignation**

Automatic resignation from the GME training program will not entitle the Trainee to the procedures contained in Part III of these Guidelines. Reasons for automatic resignation include:

### **Failure to Provide Visa or License Verification**

Failure of the Trainee to provide verification of an appropriate and currently valid visa or verification of current compliance with state licensing requirements of the state Medical Board of California during the 10-day automatic suspension period may result in the Trainee's automatic resignation from the GME training program.

### **Absence Without Leave**

Trainees are expected to communicate directly with the program Chair in the event he or she is unable to participate in the training program for a period of time in excess of 48 hours. The Chair may grant a leave in times of exceptional circumstances. If a Trainee is absent without leave for five (5) days or more, he or she may be considered to have resigned voluntarily from the program unless he or she submits a written explanation of any absence taken without leave. This explanation must be received by the department within ten (10) days of the first day of absence without leave. The Chairperson or designee will review the explanation and any materials submitted by the Trainee regarding the absence without leave in question and he or she will notify the Trainee of his/her decision within ten (10) days. Failure to respond to the written notice of intent or failure to explain adequately or to document the unexcused absence to the satisfaction of the Chair or designee will result in the Trainee's automatic resignation from the GME training program. The Trainee's stipend will continue to be paid for twenty (20) days after the absence, or, if a written explanation is received within the specified timeframe, the stipend will continue to be paid until the matter is resolved.

### **Leaves**

Investigatory leave and conditional leave of absence are not intended to replace any leaves that a Trainee may otherwise be entitled to under state or federal law, or UCSF policy.

### **Investigatory Leave**

A Chair or Program Director may place a Trainee on investigatory leave in order to review or investigate allegations of deficiencies or in circumstances where the Trainee may pose a threat to public, patient or staff health or safety or in situations where the Trainee's own health or safety may be compromised. The leave will be confirmed in writing, stating the reason(s) for and the expected duration of the leave. The alleged deficiency should be of a nature that warrants removing the Trainee from the GME training program. The Chair should, as soon as practicable under the circumstances, complete an investigation and either return the Trainee to the program or initiate further action under these Guidelines. The Trainee will be paid for the period of investigatory leave.

### **Conditional Leave**

A conditional leave of absence from the GME training program may be provided only under exceptional circumstances, upon the Trainee's written request, and at the Chair's discretion. At the end of the conditional leave, the Chair will determine whether to re-admit the Trainee conditionally, unconditionally, on probation, or to seek the Trainee's



dismissal pursuant to the procedures contained in these Guidelines. The Trainee will not be paid a stipend for the period of the conditional leave.

#### *Non-Appealable Academic Actions*

The following actions are non-reviewable and may or may not be used sequentially 1) Counseling Letter and 2) Notice of Concern.

#### **Counseling Letter**

A counseling letter may be issued by the Program Director to a Trainee to address an academic or professional deficiency that needs to be remedied or improved. The purpose of a counseling letter is to describe a single instance of problematic behavior and to recommend actions to rectify the behavior. The Program Director will review the counseling letter with the Trainee. Failure to achieve immediate and/or sustained improvement or a repetition of the conduct may lead to other disciplinary actions. These actions are determined by the professional and academic judgment of the Program Director and/or the Chair and need not be sequential. For the purposes of this policy and for responses to any inquiries, a counseling letter does not constitute a disciplinary action.

#### **Notice of Concern**

A notice of concern may be issued by the Program Director to a Trainee who is not performing satisfactorily. Notices of concern should be in writing and should describe the nature of the deficiency and any necessary remedial actions required on the part of the Trainee. A Letter of Concern is typically used when a pattern of problems emerges. The Program Director will review the notice of concern with the Trainee. Failure to achieve immediate and/or sustained improvement or a repetition of the conduct may lead to additional actions. This action need not follow a letter of concern nor precede other academic actions described later in this document, and does not constitute a disciplinary action.

#### ***Academic Actions Appealable to the Department***

The following actions are appealable to the Department's Clinical Competence Committee: 1) Academic Probation 2) Suspension 3) Adverse Annual Evaluation 4) Requirement that Trainee Must Repeat an Academic Year 5) Denial of a University Certificate of Completion of Training.

#### **Academic Probation**

Trainees who are in jeopardy of not successfully completing the requirements of a GME training program may be placed on academic probation by the Chair. Conditions of academic probation will be communicated to the Trainee in writing and should include: a description of the reasons for the probation, any required remedial activity, and the specific time frame for the required remedial activity. Failure to correct the deficiency within the specified period of time may lead to an extension of the probationary period or to other academic actions. Probation should be used instead of a notice of concern when the underlying deficiency requires added oversight.

#### **Suspension**

The Chair may suspend the Trainee from part or all of the Trainee's usual and regular assignments in the GME training program, including, but not limited to, clinical and/or didactic duties, when the removal of the Trainee from the clinical service is required for the best interests of patients, staff and/or Trainee. The suspension will be confirmed in

writing, stating the reason(s) for the suspension and its duration. Suspension generally should not exceed sixty (60) calendar days. Suspension may be coupled with or followed by other academic actions. The Trainee's stipend will continue to be paid while the Trainee is on suspension status.

### **Adverse Annual Evaluation**

A Trainee may request a review by the Clinical Competence Committee for an annual evaluation that is adverse (overall unsatisfactory or marginal). Trainees will be notified by the Program Director of any overall marginal or unsatisfactory evaluations or letters sent to their specialty/subspecialty board.

### **Requirement That Trainee Must Repeat an Academic Year**

A Trainee may be required to repeat an academic year in lieu of dismissal from the Program due to unsatisfactory progress in the training program or for other problems. The decision whether to permit the Trainee to repeat an academic year is at the sole discretion of the Program Director.

### **Denial of University Certificate of Completion**

If the Program Director, in consultation with the Chair, decides not to award the Trainee a University Certificate, the Program Director will notify the Trainee as soon as reasonably practicable of this intent.

### **Change of Record**

A Trainee may seek a correction or deletion to his/her personal/employee record by submitting a written request to the Chair or Program Director for a review by the Clinical Competence Committee. Within thirty (30) days of receipt of such a written request, the Clinical Competence Committee will recommend to the Chair or Program Director to either make the amendment or deletion, or inform the individual in writing that the request has been denied. If the Chair refuses to amend or delete the record, the Trainee shall have the right to enter into the record a statement setting forth the reasons for the Trainee's disagreement with the record.

### ***Clinical Competence Committee Appeal Procedures***

The Trainee will be notified as soon as reasonably possible that s/he has received an overall marginal or unsatisfactory annual evaluation, or is required to repeat the current academic year, or will not be granted a University Certificate. The Trainee will also be provided with the name of and manner by which to contact the Clinical Competence Committee Chair if s/he desires to appeal the Program's decision or wishes a change of record.

To request a review of the Program's decision regarding subsection II. C. (1)-(5) above by the Clinical Competence Committee, the Trainee must, within ten (10) days from the date of the notice, provide Chair or Program Director with a written statement detailing the reasons s/he believes s/he should not be required to repeat the academic year, should not have received an overall marginal or unsatisfactory evaluation, or should be granted a University Certificate of Completion of Training. The Chair or Program Director will convene the Clinical Competence Committee to review the Trainee's statement within ten (10) days of its receipt. The Trainee must appear at the Clinical Competence Committee hearing. Failure to appear in person will be deemed a voluntary dismissal of his/her complaint, acceptance of the academic action, and waiver of the right to appeal.

While attorneys are not allowed in the hearing of the Clinical Competence Committee, the Trainee may be assisted by another person of his/her choice. The Clinical Competence Committee will orally notify the Trainee of its decision within three (3) days of its meeting, and provide the Trainee a written decision within ten (10) days of the oral notification. The decision of the Clinical Competence Committee will be final.

## **ACADEMIC ACTIONS -NON-RENEWAL OF CONTRACT AND DISMISSAL**

### ***Grounds for Action***

Trainees may request the Dean of the School of Medicine to review the following actions after review at the department level: 1) Non-Renewal of an Annual Contract; or 2) Dismissal from the GME Training Program, including termination of appointment at any time for an academic deficiency and/or a medical disciplinary cause or reason.

### **Non-Renewal of an Annual Contract**

If a Trainee's contract is not renewed, whether or not the Trainee has been subject to any other actions, the decision may be appealed to the Dean of the School of Medicine after review by the departmental Clinical Competence Committee.

The Trainee's appointment is for a one-year period, which is normally renewed annually. Due to the increasing level of responsibilities and increasing complexity of clinical care over the course of the Trainee's training, satisfactory completion of prior academic year(s) or rotation(s) does not ensure satisfactory proficiency in subsequent years or rotations. A Trainee may have his/her appointment not renewed at any time there is a demonstrated failure to meet programmatic standards.

The Program Director should provide each Trainee with a written evaluation at least twice per year. The Trainee should be evaluated by the end of the sixth month of the appointment term. If, prior to the end of seven months, but not later than February 28 of the calendar year, the Chair concludes that the Trainee's appointment should not be renewed for the following year, the Chair will notify the Trainee that his/her appointment will not be renewed for the following academic year. The Trainee will be permitted to conclude the remainder of the academic year unless additional academic action is taken.

### **Dismissal from GME Training Program**

Based on the Program Director's discretion as approved by the Chair, a Trainee may be dismissed from a GME training program for academic deficiencies. This action is appealable to the Dean of the School of Medicine after review by the departmental Clinical Competence Committee. Reasons for dismissal may include but are not limited to the following:

- a. A failure to achieve or maintain programmatic standards in the GME training program;
- b.** a serious or repeated act or omission compromising acceptable standards of patient care, including but not limited to an act which constitutes a medical disciplinary cause or reason;
- c.** unprofessional, unethical or other behavior that is otherwise considered unacceptable by the GME training program;
- d.** a material omission or falsification of a GME training program application, medical record, or University or medical document, including billing records. Any allegation regarding failure to comply with UCSF's billing rules shall be forwarded to UCSF's Corporate Compliance Officer and/or the Office of General Counsel for resolution in accordance with UCSF's Corporate Compliance Program.

***No Duplicate Hearings***

If a Trainee's participation in the GME Training Program is denied, terminated or limited for academic or disciplinary reasons, the Trainee shall be entitled to request notice and, as appropriate, review and/or a hearing in accordance with the procedures set forth herein; provided, however, that in no event shall Trainee be entitled to more than one review or hearing of the same action based on the same set of facts under these procedures or pursuant to the UCSF Medical Staff Bylaws.

***Notice of Reasons for Non-Renewal or Dismissal***

The Trainee shall receive in writing the reasons for non-renewal or dismissal. Such notice shall include whether any action or recommended action, if adopted, shall be taken and reported to the Medical Board of California and/or the National Practitioner Data Bank.

***Non-Renewal and Dismissal Procedures***

The procedures contained in Part III.D of these Guidelines apply only to the actions reviewable by the Dean, as listed in Part III.A of these Guidelines. Failure to grieve within thirty (30) days will be deemed an acceptance by the Trainee of the academic action and s/he will lose the opportunity to appeal.

***Level One - Informal Review***

If the Program Director, with approval of the Chair, determines that grounds exist to non-renew or dismiss a Trainee from the training program, the Program Director will provide the Trainee with a written notice of the intent to non-renew or dismiss. This notice will include a statement of the reason(s) for the intended non-renewal or dismissal, a copy of the materials upon which the intended non-renewal or dismissal is based, and a statement that the Trainee has a right to respond in writing to the Chair within ten (10) calendar days of receipt of the notice. If the Trainee submits a written response within the ten-day period, the Chair will review it. After reviewing the Trainee's written response (if any), the Chair will decide whether non-renewal or dismissal is appropriate. Within ten (10) days thereafter, the Program Director will notify the Trainee of the Chair's decision by letter which shall also be copied to the Vice Dean. If the decision is to uphold the proposed dismissal, the letter should include the reasons for upholding the proposed non-renewal or dismissal, provide the effective date of the non-renewal or dismissal, and include a copy of these guidelines. Attempts at informal resolution shall not extend the time limits for filing a formal grievance unless the Trainee and the Program Director so agree, or upon the approval of the Vice Dean. The Trainee will continue to receive regular stipends until the effective date of the non-renewal or dismissal.

***Level Two - Formal Review***

If the Trainee wishes to appeal the decision to non-renew or dismiss, the Trainee ("Complainant") must file a written appeal with the Vice Dean no later than twenty (20) days after the Chair's decision is received by the Trainee. The written complaint should explain concisely why the Complainant believes the Chair's decision was unfounded or arbitrary and capricious, and should address each specific reason for the dismissal set forth in the Program Director's notice of intent to dismiss.

The Complainant may be assisted or represented by another person at his or her own expense. The University may also be represented. If the Complainant is represented by an attorney, he/she shall notify the University ten (10) days prior to the prehearing 40

conference or twenty (20) days prior to the hearing. The Complainant must appear in person at the hearing, for the full duration of the hearing, even when represented. Except for good cause, as determined by the Ad Hoc Formal Review Committee, the failure of the Trainee to appear in person at the hearing will be deemed a voluntary dismissal of his/her complaint.

Within ten (10) days of receipt of the appeal, or as soon thereafter as is practicable Committee to hear the complaint. The Committee will consist of, the Vice Dean will appoint an Ad Hoc Formal Review three to five members, at least one of whom shall be a member of the full-time faculty, one senior trainee (PGYIII or higher), and one member of the Graduate Medical Education Committee. The Vice Dean will designate one of the Committee members to be the Committee Chair. If possible, one of the Committee members should be from the same department as the Complainant. In addition, individuals who were substantially involved in any earlier review of the issues raised in the complaint, or who were substantially involved in any incident underlying the grievance should generally not sit as a member of the Committee. The Committee may, at its discretion, request that an attorney from the Office of the General Counsel be appointed to provide independent legal counsel to the Committee. This attorney shall not vote in the Committee's deliberation process. The Committee will handle all procedural matters during the pendency of the hearing. At all other times, the Vice Dean will make all such decisions. Until the appointment of a Committee Chair, the Vice Dean will resolve all issues related to these procedures.

The Hearing will ordinarily be held within forty-five (45) days of receipt of the appeal by the Vice Dean. Unless otherwise agreed by the Parties and the Chair of the Committee, the Complainant and his/her advocate(s), if any, will meet at least fifteen (15) days prior to the Hearing at a prehearing conference with the Committee Chair and the University representative and University advocate(s) (if any) to agree upon the specific issues to be decided by the Committee. Absent a showing of good cause, these issues will be limited to the reasons stated in the written notice of intent to dismiss (III.C) and the Trainee's written and timely submitted response to the notice of intent to dismiss (III.D.2). If the parties are unable to reach an agreement on the issues to be decided, the Committee Chair will determine the issues to be reviewed. At this conference, the parties may raise other procedural and substantive issues for decision by the Chair.

At least seven (7) days prior to the Hearing, or at another date agreed to by the Parties and the Chair of the Committee, all documents to be introduced as evidence at the hearing and names of all witnesses shall be exchanged. With the exception of rebuttal witnesses and documents used in rebuttal, any witnesses not named and documents not exchanged seven days before the hearing may, at the Committee Chair's discretion, be excluded from the Hearing.

The Hearing will provide an opportunity for each party to present evidence and to cross examine witnesses. The Committee Chair has broad discretion regarding the admissibility and weight of evidence and is not bound by federal or state rules of evidence. The Committee Chair will rule on all questions of procedure and evidence. The hearing will be recorded on audio tape by the University unless both parties agree to share the cost of a court reporter, or one party elects to pay the entire cost for the court reporter in order to have a transcript for its own use, in which case the other side may purchase a copy of the transcript for half the cost of the court reporter and transcription,

plus any copy costs. The Complainant may listen to the audio tape and may purchase a copy of the audio tape. The Vice Dean, or his/her designee, will be the custodian of the audio tape and/or any stenographic records, and will retain the recording for five (5) years from the time the Vice Dean's decision becomes final.

Unless both the Complainant and the University agree to an open hearing, the hearing will be closed. All materials, reports and other evidence introduced and recorded during the course of a closed proceeding may not be disclosed until the final resolution of the complaint under these procedures except as may be required by applicable law. At the request of either party or the Committee Chair, only the witness testifying may be present and other potential witnesses will be excluded temporarily. However, the Complainant, his/her advocate(s) and the University's representative(s) and its advocate(s) will at all times have the right to attend the hearing.

The Complainant has the burden to prove by a preponderance of evidence that the dismissal was not reasonable, nor based upon all the facts and circumstances of the case, (i.e., arbitrary and capricious) through documentary and testimonial evidence. The University will present evidence in support of the Program Director's decision. Thereafter, the Complainant will present his/her evidence. The parties shall have the opportunity to present rebuttal evidence. The Committee Chair has the right to limit rebuttal evidence in his/her discretion. At the discretion of the Committee, briefs may be submitted. The Committee Chair will determine the appropriate briefing schedule (if any). If briefs are not requested, each party shall have the opportunity to present a closing statement. Following the close of the Hearing, including receipt of any briefs, the Committee will present its written recommendation(s) to the Complainant, the Chair, Program Director, Vice Dean, Associate Dean for Graduate Medical Education and the Dean of the School of Medicine. The recommendation(s) should occur, absent unusual circumstances, within fifteen (15) days of the Hearing's conclusion, or if briefs are submitted, within fifteen (15) days of the date the briefs are submitted.

The Committee will evaluate the evidence presented and shall prepare a recommended decision which shall contain written findings of fact and conclusions. The action of the Program Director, as approved by the Chair, will be upheld if the Committee finds that the Trainee has not met his/her burden and established by a preponderance of the evidence that the Chair's decision was arbitrary and capricious. The recommended decision shall become final after fifteen (15) days unless appealed pursuant to part III. E.

### ***Appeal***

Within fifteen (15) days of receipt of the Committee's recommendation(s), either party may submit a final written appeal of the Committee's decision to the Dean of the School of Medicine. Any such response submitted to the Dean must be limited to:

- a.** Whether the record presented to the Committee contained sufficient evidence to support the Committee's recommendation; or
- b.** Whether there is new evidence that could not reasonably have been introduced at the hearing and would be likely to change the result.

After receipt of the Committee's recommended decision, the parties' written response (if any), and the record, the Dean within sixty (60) days, or as soon as reasonable thereafter, will take any action deemed appropriate, including upholding the Committee's recommended decision, rejecting the Committee's recommendation or remanding the

matter back to the Committee with instruction for further review and recommendation. The Dean's ultimate decision will be final and will be in writing and shall be sent to the Program Director, the Chair, the Complainant, the Committee Chair, the Vice Dean for Education, the Associate Dean for Graduate Medical Education and, if the action was taken for medical disciplinary cause or reason, to the Medical Board of California.

***Remedy***

If the Complainant is reinstated, the remedy will not exceed restoring the Complainant's stipend payment, benefits, or any rights lost as a result of the action, less any mitigating income earned from other sources.

Division of Pediatric of Urology  
Reviewed 7/25/2017

## **UCSF PEDIATRIC UROLOGY FELLOWSHIP**

### **PROGRAM POLICIES: SELECTION**

One and a half years prior to the start date, applicants register and apply to the AUA ACGME Pediatric Urology fellowship. Applicants who have successfully complete a urology residency program in the U.S. or Canada are screened and selected for interviews. International candidates are considered per the Eligibility criteria listed above. The actual match takes place 14 months before commencement of our training program, thereby providing the individual with the 14 month period in which to complete their urology residency program.

Applicants send a universal application that can be found on the Society of Pediatric Urology website, a cover letter, curriculum vitae, 3-4 letters of recommendation, photo, and copies of USMLE step 1, step 2 and step 3 and other documents deemed necessary by the program. Applications are screened and qualified applicants are offered interviews. At the discretion of the Program Director, the interview process can be over zoom or in person. If in person, it would be one day of touring the facilities, meeting and interviewed by the Fellowship Director and key faculty and present fellows. During the interview process the applicant is apprised of the requirements of the fellowship. A selection is made and sent to the AUA match and in a couple of weeks, we are notified of the match results. The matched fellow is then sent a preliminary contract letter before the official GME contract in March the following year.

Division Pediatric Urology



UCSF Pediatric Urology Fellowship

Attestation by Pediatric Urology Fellow:

I have received an orientation packet and have read and understood the goals, objectives, and expectations of the UCSF Pediatric Urology Fellowship program at the University of California, San Francisco.

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Printed Name

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Signature

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Date