Welcome to the Urology Sub-Internship at the University of Colorado Anschutz Medical Center! We are very excited about our residency program and look forward to immersing you into our practice for the next 4 weeks. I will be directly involved in your clinical rotation and encourage you to take advantage of as many educational opportunities as possible. This year, we have changed our sub-internship into a modified preceptorship divided into two-week blocks at University Hospital and Children’s Hospital Colorado. You will spend one week rotating with the residents where you will familiarize yourself with our system and clinical practice. The second week will be spent directly with one of the attending physicians and you will be expected to participate in their clinic, operating room and round on their patients. I think this will give you an excellent educational opportunity and also allow you to get a realistic look at our residency program. I look forward to working with you during your Sub-I and if you have any questions or concerns during rotation, please don’t hesitate to call, page, or email me.

1) Hospital schedule

1) Two weeks at University Hospital, two weeks at Children’s Hospital.

2) Location will be determined by cases and attending availability at each hospital. Kathy Politis will notify you of the exact hospitals you will be at for each two-week block, as this will change based on faculty availability. Our goal is to expose you to as much urology and as much of our faculty as possible during your rotation.

3) You will check in with the residents on the first day of the rotation and they should have assigned you to operating room or clinics for the week if you are on the resident rotation. If you are starting with a faculty member, please contact them at grand rounds, by email, or by phone. Come prepared, the worst thing you can do as a sub-intern is not know about the patient or the surgery you are about to perform. Think of questions to ask during the case.

2) Clinical responsibility
1) You should integrate yourself into our clinical practice as much as possible. If you operate on a patient, come in and round early on the patient and tell the residents what your findings were and what the plan is. You should also write a note on the patient and forward it to the attending. If you have time, see a consult. Do as much as you can to help the residents!

2) When you are on your week with the faculty member, this is your time to shine. You will be with them in clinic, surgery and on rounds. We want to get to know you and how you work in a clinical environment.

3) Call: You will not have direct call responsibility. However, if you would like to be notified of any interesting operating cases that happened during the night, please notify the residents.

3) Grand Rounds Presentation

1) You will give a 30 min Power Point Grand Rounds presentation during your rotation.

2) Pick your topic early and ask for help from the residents, attending, or other students (see the Urology core competencies sheet for more detail).

4) CAPE Patient (Required only for University of Colorado students)

1) All students will be required to attend a CAPE session to deliver bad news to a standardized patient and be evaluated by this patient. This will usually happen during your weeks at the University.

5) Mid Rotation feedback

1) I will meet with each of you around the midpoint of your rotation to evaluate your progress and address any concerns you have.

6) Medical Error Form

1) You will be asked to identify a medical error that occurs during your rotation and then discuss the causes and possible solutions and summarize this in a short paper due the third Friday of the rotation (see the Urology core competencies sheet/ QI form for more detail)

7) Reading material

1) Students are expected to read and apply the core content of the National Medical Student Curriculum during their rotation. The core content can be found at the following URL: https://www.auanet.org/education/education-for-medical-students.cfm. The curriculum also has excellent modules on ultrasound, x-rays and nuclear radiology that provide an excellent foundation to integrate these imaging
modalities into clinical practice. In addition, there are several other educational links that may be helpful and students are encouraged to explore them.

2) Suggested references (there are many more references, but these are a great start):

   i. Pocket Guide to Urology
   ii. Handbook of Pediatric Urology
   iii. Campbell-Walsh Urology
   iv. Clinical Pediatric Urology
   v. Hinman’s Atlas of Urologic Surgery or Pediatric Urologic Surgery
   vi. Operative Urology: At the Cleveland Clinic

8) Procedures/exams to demonstrate during rotation

   1) DRE
   2) Scrotal exam
   3) Foley catheter insertion
   4) Basic endoscopic, open, laparoscopic surgical skills.

9) Keys to the rotation:

   1) **EPIC:** Have the urology residents add you name to the shared list so you have access to the census. Also, have them show you how to add the urology attending surgical and clinical schedule to your epic dashboard.

   2) **Come prepared!** If you are in clinic, on the wards or in the operating room, it is imperative to come prepared. Read previous clinic notes, review vitals, imaging, labs and pathology. It is important to understand why a patient needs an operation and the basic steps of the operation and the pertinent anatomy.

   3) **Be sensitive:** Urologists treat sensitive subjects such as erectile dysfunction, urinary incontinence and genitourinary cancer. Please be respectful of our patients when you are interviewing these patients and treating

   4) **Round on your patients:** If you operate on a patient and they are admitted, it is expected that you will round and write a progress note on that patient and present your findings to the resident or attending physician.

   5) **Be inquisitive:** Read, read and read again. This is the profession you want to go into, so the more time you put in now, the further ahead you will be later.

   6) **Don’t disappear:** If you do not know where you are supposed to be for the day or what time, ask the resident or attending physician.

   7) **Have fun!** Urology is an exciting field that combines medical and surgical management of patients. It is one of the only subspecialties that requires open, laparoscopic, robotic, endoscopic and microscopic surgical skills.
10) Letters of Recommendation

1) We will be happy to write you a letter of recommendation based on your performance during your rotation. We have changed our format wherein the letters of recommendation will come from a committee composed of your preceptor, medical student course director and Division Chief.

Again, we are very happy to have you on service. Attached is a copy of our core competencies and instructions on the quality improvement project and mid feedback form. Please contact me with any concerns.

Sincerely,

Ty Higuchi, MD, PhD