

June 20, 2023

Ryan P. Smith, MD
Program Director, Urology Residency

Meghan Rover
Program Coordinator

Dear Dr. Smith and Ms. Rover,

On June 7, 2023, the GME Annual Oversight Committee (AOC) reviewed the progress of your program over the past year, including your accreditation status, any citations or areas for improvement or concerns, the ACGME annual Faculty and Trainee Surveys, and your Annual Program Evaluation (APE).

The Committee found the program to be compliant with all institutional and specialty-specific requirements, but we did note an area for improvement in clinical and educational work hours noted in the ACGME Letter of Notification dated 2/1/2023.

While the ACGME's concern on resident work hours was based on the 2022 Residency Survey responses, the new Resident Survey report released in May 2023 again highlights multiple metrics in clinical and educational work hours. These include 80-hour work week, more than 28 consecutive hours worked, and additional responsibilities after 24 consecutive hours of work. They are below the specialty means and have trended downwards over the past three years.

Given the low compliance and downward trend in resident work hours, the Committee recommends a Resident Check-in to investigate the clinical learning environment concerning duty hours. A trainee representative from the GME community and Sarah Oh, PhD, in the GME office will reach out in the coming weeks to schedule either an in-person or virtual check-in with the Urology residents.

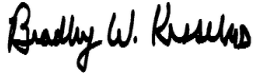
The Committee also requests that you address the concerns with resident work hours in your APE action plans. In addition, the ACGME expects that the Major Changes section of your upcoming Annual Update in the Accreditation Data System (ADS) be used to describe efforts that you have taken to mitigate the issues identified in your Resident and Faculty surveys. This information entered into the Major Changes section of your ACGME Annual Update will be reviewed in advance by the DIO prior to your submission.

The GMEC Oversight Committee reminds the program of the institution's goal and new Common Program Requirement, of increasing diversity among our faculty and GME trainees. The Committee also asks that you continue to support your underrepresented minority (URM) trainees. To track your progress, we are providing the current number of URM faculty and trainees in your program. The institutional database currently shows fewer than 5, but not zero URM/10 trainees, and fewer than 5, but not zero URM/19 faculty. Please see the footnote for information about how those data were derived.

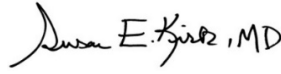
The Graduate Medical Education Committee will review the Committee's report at its June 21, 2023 meeting.

If you have any questions, please feel free to contact us.

Best regards,



Bradley W. Kesser, MD
Associate DIO and Chair of AOC



Susan E. Kirk, MD
DIO and Chair of GMEC

CC: Kirsten Greene, MD, Chair, Department of Urology

Underrepresented Minority (URM) includes American Indian and Native Americans; Black or African American; Hispanic or Latino; Hawaiian Native or Other Pacific Islander; and one or more combinations of these ethnicities. The total count of URM faculty and trainees by the program was based on the faculty and trainees' self-identification and provided by the School of Medicine Data Analytics team and New Innovations, respectively. The University Data Sharing Policy dictates that the actual number of URM faculty or trainees is not specified when the number of URM faculty is fewer than 5, but not zero. This means the numbers are anywhere between 1 and 4 URM faculty or trainees that have been included.

From: [Purvis, Adam R *HS](#)
To: [Kesser, Bradley W *HS](#); [Oh, Sarah *HS](#)
Subject: Urology Resident Check In
Date: Friday, August 4, 2023 10:17:51 AM

Hello Brad and Sarah,

I conducted the check in yesterday with the Urology residents regarding their duty hours.

Below are my notes:

This is an overall consensus from about 7 residents in the program ranging from PGY1s to a chief. They find that they typically have their duty hours go over 80 in a week because of their home call which could be quite variable especially when they are covering throughout the weekend after working most of the weekend. Because of their cases and uncertainty of what may come up during their home call, they may have a significant stretch of hours where they are at the hospital. They make note that this does seem to be the nature of the system since they don't have dedicated night teams. They note that this is not what happens every week and when they are not the resident on home call for the weeks they typically leave on time and do not go over their duty hours. They were approved for 3 residents starting this next year which will help having less frequency of home call as well. There was not a specific concern with this system. There were no ideas from the residents regarding any changes or ideas they have to help with this system. They do not see other areas where they are going over duty hours aside from the variability of what may happen while on home call.

I hope this is clear and helpful. Please let me know if I can clarify anything from my meeting with them.

-Adam

**Accreditation Council for
Graduate Medical
Education**

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Chicago, IL 60611

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3/28/2024



Ryan P Smith, MD
Associate Professor
University of Virginia Health System
P.O. Box 800422
Charlottesville, VA 22908

Dear Dr. Smith,

The Review Committee for Urology, functioning in accordance with the policies and procedures of the ACGME, has reviewed the information submitted regarding the following program:

Urology

University of Virginia Medical Center Program
University of Virginia Medical Center
Charlottesville, VA

Program 4805121151

Based on the information available to it at its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation
Effective Date: 01/16/2024
Total Approved Resident Positions: 15
Complement Breakdown by Level: 3 - 3 - 3 - 3 - 3

The Review Committee determined that the program is in substantial compliance with the Program Requirements and did not issue any new citations.

AREAS FOR IMPROVEMENT / CONCERNING TRENDS

The Review Committee identified the following areas for program improvement and/or concerning trends:

Learning and Working Environment

The 2023 Resident Survey indicates there are times when residents are assigned additional responsibilities after 24 consecutive hours of work, and resident work hours sometimes exceed 28 continuous hours. The Committee notes program efforts, and will monitor these issues for improvement.

Learning and Working Environment

The 2023 Resident Survey indicates faculty members do not consistently provide residents with increasing patient care responsibilities based on their training and ability. The Committee notes program efforts, and will monitor this issue for improvement.

The Review Committee must be notified of any major changes in the organization of the

program. When corresponding with this office, please identify the program by number and name as indicated above.

Sincerely,

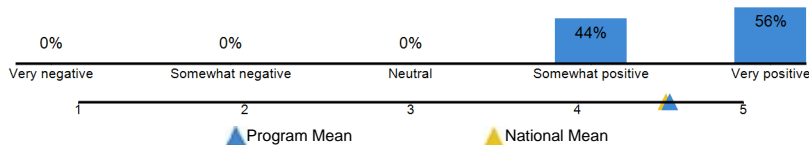
A handwritten signature in blue ink, appearing to read 'LHuth', is positioned above the typed name and title.

Laura Huth, MBA
Executive Director, Surgical Specialties
Review Committee for Urology
312.755.5013
Lhuth@acgme.org

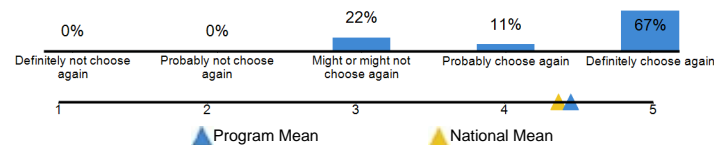
CC:

Bradley W. Kesser, MD

Residents' overall evaluation of the program



Residents' overall opinion of the program



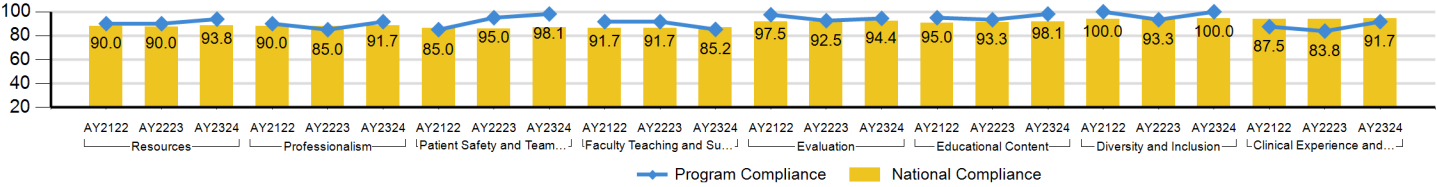
		% Program Compliant	Program Mean	% Specialty Compliant	Specialty Mean	% National Compliant	National Mean
Resources	Education compromised by non-physician obligations	89%	4.6	91%	4.5	89%	4.5
	Impact of other learners on education	100%	4.3	96%	4.1	89%	3.7
	Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care	100%	4.4	89%	4.4	81%	4.1
	Faculty members discuss cost awareness in patient care decisions	100%	3.7	95%	3.9	91%	3.6
	Time to interact with patients	89%	4.2	95%	4.5	89%	4.3
	Protected time to participate in structured learning activities	78%	4.2	88%	4.5	87%	4.4
	Able to attend personal appointments	100%	5.0	97%	4.9	92%	4.7
	Able to access confidential mental health counseling or treatment	100%	5.0	98%	4.9	95%	4.8
		89%	4.7	94%	4.7	86%	4.4
Professionalism	Residents/fellows encouraged to feel comfortable calling supervisor with questions	78%	4.3	93%	4.7	88%	4.5
	Faculty members act professionally when teaching	89%	4.6	95%	4.7	92%	4.5
	Faculty members act professionally when providing care	100%	4.8	98%	4.8	96%	4.7
	Process in place for confidential reporting of unprofessional behavior	100%	5.0	94%	4.7	90%	4.6
	Able to raise concerns without fear of intimidation or retaliation	100%	4.6	87%	4.4	80%	4.2
	Satisfied with process for dealing confidentially with problems and concerns	89%	4.4	86%	4.4	76%	4.1
	Personally experienced abuse, harassment, mistreatment, discrimination, or coercion	89%	4.6	97%	4.8	94%	4.7
	Witnessed abuse, harassment, mistreatment, discrimination, or coercion	89%	4.7	96%	4.8	93%	4.7
Patient Safety and Teamwork	Information not lost during shift changes, patient transfers, or the hand-off process	89%	4.1	93%	4.4	84%	4.2
	Culture reinforces personal responsibility for patient safety	100%	4.8	96%	4.7	89%	4.4
	Know how to report patient safety events	100%	5.0	98%	4.9	97%	4.9
	Interprofessional teamwork skills modeled or taught	100%	4.6	88%	4.5	80%	4.2
	Participate in safety event investigation and analysis	100%	5.0	86%	4.5	80%	4.2
	Process to transition patient care and clinical duties when fatigued	100%	5.0	95%	4.8	90%	4.6
Faculty Teaching and Supervision	Faculty members interested in education	100%	4.6	90%	4.5	85%	4.3
	Faculty effectively creates environment of inquiry	78%	4.3	89%	4.5	84%	4.3
	Appropriate level of supervision	100%	4.9	95%	4.8	92%	4.7
	Appropriate amount of teaching in all clinical and didactic activities	67%	4.3	86%	4.6	82%	4.5
	Quality of teaching received in all clinical and didactic activities	100%	4.4	98%	4.5	97%	4.3
	Extent to which increasing clinical responsibility granted, based on resident's/fellow's training and ability	67%	4.1	90%	4.4	82%	4.2
Evaluation	Access to performance evaluations	100%	5.0	99%	5.0	99%	5.0
	Opportunity to confidentially evaluate faculty members at least annually	100%	5.0	98%	4.9	98%	4.9
	Opportunity to confidentially evaluate program at least annually	100%	5.0	98%	4.9	96%	4.8
	Satisfied with faculty members' feedback	78%	4.2	85%	4.4	76%	4.1
Educational Content	Instruction on minimizing effects of sleep deprivation	100%	5.0	93%	4.7	86%	4.5
	Instruction on maintaining physical and emotional well-being	100%	5.0	97%	4.9	94%	4.8
	Instruction on scientific inquiry principles	100%	5.0	98%	4.9	94%	4.8
	Education in assessing patient goals e.g. end of life care	100%	5.0	97%	4.9	96%	4.8
	Opportunities to participate in scholarly activities	100%	5.0	97%	4.9	94%	4.8
	Taught about health care disparities	89%	3.9	91%	4.1	86%	3.8
	<u>Program instruction in how to recognize the symptoms of and when to seek care regarding:</u>						
	Fatigue and sleep deprivation	100%		89%			
	Depression	100%					
	Burnout	100%					
Diversity and Inclusion	Preparation for interaction with diverse individuals	100%	4.7	98%	4.6	95%	4.3
	Program fosters inclusive work environment	100%	4.7	98%	4.7	97%	4.5
	Engagement in program's diverse resident/fellow recruitment/retainment efforts	100%	4.4	95%	4.5	91%	4.1

Clinical Experience and Education

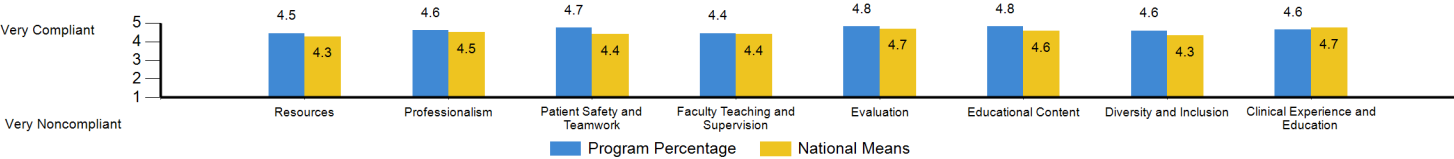
80-hour week (averaged over a four-week period)
Four or more days free in 28 day period
Taken in-hospital call more than every third night
Less than 14 hours free after 24 hours of work
More than 28 consecutive hours work
Additional responsibilities after 24 consecutive hours of work
Adequately manage patient care within 80 hours
Pressured to work more than 80 hours

% Program Compliant	Program Mean	% Specialty Compliant	Specialty Mean	% National Compliant	National Mean
78%	4.4	93%	4.7	92%	4.6
89%	4.6	91%	4.6	84%	4.4
100%	4.9	99%	5.0	98%	4.9
100%	4.9	97%	4.9	96%	4.8
100%	4.7	94%	4.7	97%	4.8
100%	4.8	95%	4.8	97%	4.8
78%	4.3	94%	4.6	91%	4.6
89%	4.6	98%	4.9	98%	4.9

Total Percentage of Compliance by Category



Program Percentage at-a-glance



Based on the breadth and depth of your program's training, how confident are you that you will be able to practice competently and independently at the completion of training in each of the following areas?	Not at all confident	Slightly confident	Moderately confident	Quite confident	Very confident
Ambulatory medicine	0.0%	0.0%	0.0%	28.6%	71.4%
Endoscopic surgery	0.0%	0.0%	0.0%	14.3%	85.7%
Open surgery-abdominal/pelvic	0.0%	0.0%	14.3%	14.3%	71.4%
Open surgery-scrotal/inguinal	0.0%	0.0%	14.3%	14.3%	71.4%
Open surgery-perineal/penile	0.0%	0.0%	14.3%	28.6%	57.1%
Robotic surgery	0.0%	14.3%	14.3%	0.0%	71.4%

Based on the breadth and depth of your program's training, how confident are you that you will be able to practice this specialty competently and independently at the completion of training?	Not at all confident	Slightly confident	Moderately confident	Quite confident	Very confident
	0.0%	0.0%	0.0%	42.9%	57.1%

How effective is your program in providing you with appropriately progressive responsibility in the operating room?	Not at all effective	Slightly effective	Moderately effective	Quite effective	Very effective
	0.0%	0.0%	14.3%	14.3%	71.4%
How effective is your program in providing you with appropriately progressive responsibility in settings outside the operating room (e.g., inpatient wards, emergency room, clinics)?	Not at all effective	Slightly effective	Moderately effective	Quite effective	Very effective
	0.0%	0.0%	14.3%	14.3%	71.4%

Since the beginning of this academic year, how many half-day sessions per week did you spend in the outpatient clinic (on average)?	0	1	2	3-5	>5
	14.3%	57.1%	28.6%	0.0%	0.0%

An important component of the Common Program Requirements is that physician well-being is crucial to delivering the safest, best possible care to patients. The results of the Well-Being Survey are intended to help your program and institution build and improve local well-being efforts, and make it easier to comply with the ACGME well-being requirements.

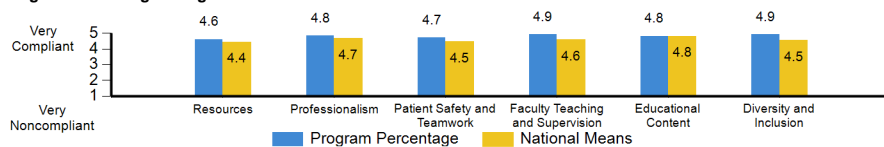
Aggregate reports will be provided to the program and sponsoring institution when a minimum number of responses is reached. This ensures anonymity and maintains confidentiality for survey respondents. **These results are NOT used by the ACGME in the accreditation process.**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Program Mean	National Mean
I find my work to be meaningful.	44.4%	55.6%	0.0%	0.0%	3.4	3.7
I work in a supportive environment.	44.4%	55.6%	0.0%	0.0%	3.4	3.6
The amount of work I am expected to complete in a day is reasonable.	55.6%	44.4%	0.0%	0.0%	3.6	3.4
I participate in decisions that affect my work.	44.4%	44.4%	11.1%	0.0%	3.3	3.5
I have enough time to think and reflect.	44.4%	33.3%	22.2%	0.0%	3.2	3.3
I am treated with respect at work.	44.4%	44.4%	11.1%	0.0%	3.3	3.6
I feel more and more engaged in my work.	44.4%	44.4%	11.1%	0.0%	3.3	3.4
I find my work to be a positive challenge.	44.4%	55.6%	0.0%	0.0%	3.4	3.5
I find new and interesting aspects in my work.	55.6%	44.4%	0.0%	0.0%	3.6	3.5

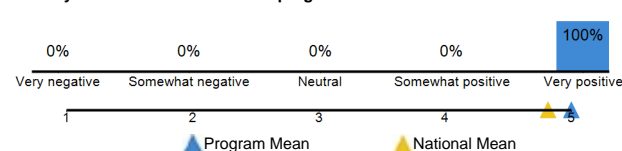
	Strongly Disagree	Disagree	Agree	Strongly Agree	Program Mean	National Mean
I often feel emotionally drained at work.	33.3%	33.3%	22.2%	11.1%	2.9	2.8
After work, I need more time than in the past in order to relax.	22.2%	22.2%	33.3%	22.2%	2.4	2.6
I feel worn out and weary after work.	22.2%	33.3%	22.2%	22.2%	2.6	2.7

This report is confidential and not for further distribution. Please do not publish or share these results outside of your Sponsoring Institution.

Program Percentage at-a-glance



Faculty's overall evaluation of the program



Resources

Satisfied with professional development and education
Workload exceeded residents/fellows' available time for work

% Program Compliant	Program Mean	% Specialty Compliant	Specialty Mean	% National Compliant	National Mean
100%	4.8	98%	4.6	97%	4.5
100%	4.4	93%	4.4	90%	4.4

Participated in faculty development and/or scholarly activities to enhance professional skills in:
Education

100%

Quality improvement and patient safety

100%

Fostering your own well-being

100%

Fostering resident/fellow well-being

100%

Practice-based learning and improvement

100%

Contributing to an inclusive clinical learning environment

100%

Professionalism

Faculty members act unprofessionally
Residents/fellows comfortable calling supervisors with questions
Process for confidential reporting of unprofessional behavior
Satisfied with process to deal confidentially with problems and concerns
Personally experienced abuse, harassment, mistreatment, discrimination, or coercion
Witnessed abuse, harassment, mistreatment, discrimination, or coercion

% Program Compliant	Program Mean	% Specialty Compliant	Specialty Mean	% National Compliant	National Mean
100%	4.8	96%	4.6	94%	4.5
100%	4.9	97%	4.8	96%	4.7
100%	5.0	99%	5.0	99%	5.0
100%	4.9	96%	4.7	94%	4.6
100%	4.9	97%	4.9	97%	4.8
100%	4.8	98%	4.8	97%	4.8

Patient Safety and Teamwork

Information not lost during shift changes, patient transfers, or the hand-off process
Effective teamwork in patient care
Interprofessional teamwork skills modeled or taught
Effectively emphasizes culture of patient safety
Residents/fellows participate in clinical patient safety investigation and analysis of safety events
Know how to report patient safety events
Process to transition patient care and clinical duties when residents/fellows fatigued

% Program Compliant	Program Mean	% Specialty Compliant	Specialty Mean	% National Compliant	National Mean
86%	4.4	93%	4.4	90%	4.3
100%	4.9	98%	4.8	96%	4.7
100%	4.8	93%	4.7	92%	4.6
100%	4.9	98%	4.8	96%	4.7
93%	4.7	95%	4.8	93%	4.7
100%	5.0	99%	5.0	99%	4.9
100%	5.0	96%	4.8	91%	4.5

Faculty Teaching and Supervision

Sufficient time to supervise residents/fellows
Faculty members committed to educating residents/fellows
Program director effectiveness
Faculty members satisfied with process for evaluation as educators

% Program Compliant	Program Mean	% Specialty Compliant	Specialty Mean	% National Compliant	National Mean
100%	4.9	98%	4.7	95%	4.6
100%	5.0	98%	4.8	97%	4.8
100%	5.0	96%	4.8	94%	4.7
93%	4.8	89%	4.5	85%	4.3

Educational Content

Residents/fellows instructed in cost-effectiveness
Residents/fellows prepared for unsupervised practice
Learning environment conducive to education

% Program Compliant	Program Mean	% Specialty Compliant	Specialty Mean	% National Compliant	National Mean
93%	4.7	96%	4.9	94%	4.8
100%	4.9	99%	4.9	97%	4.8
93%	4.7	97%	4.9	97%	4.8

Diversity and Inclusion

Program fosters inclusive work environment (with respect to race, ethnicity, gender, sexual orientation, ability, or religion)
Engaged by program in efforts to recruit diverse residents/fellows
Engaged by program in efforts to retain diverse residents/fellows

% Program Compliant	Program Mean	% Specialty Compliant	Specialty Mean	% National Compliant	National Mean
100%	4.9	99%	4.8	99%	4.7
100%	5.0	97%	4.7	95%	4.5
100%	4.9	97%	4.6	94%	4.4

Participated in efforts to recruit diverse:

Pre-residency learners, including

medical students*

Residents/Fellows*

% Frequency**

100%

100%

Faculty members*

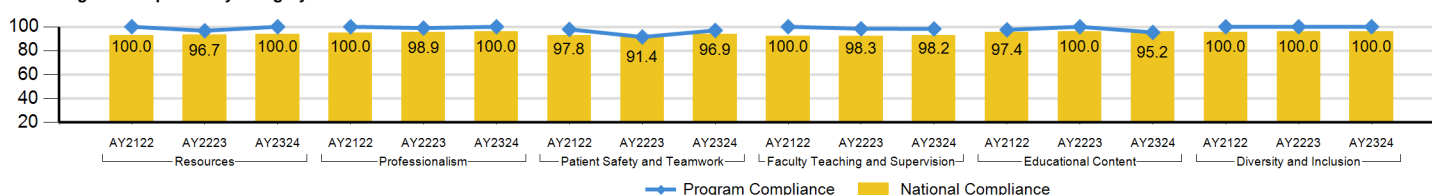
Other GME staff*

% Frequency**

100%

93%

Total Percentage of Compliance by Category



An important component of the Common Program Requirements is that physician well-being is crucial to delivering the safest, best possible care to patients. The results of the Well-Being Survey are intended to help your program and institution build and improve local well-being efforts, and make it easier to comply with the ACGME well-being requirements.

Aggregate reports will be provided to the program and sponsoring institution when a minimum number of responses is reached. This ensures anonymity and maintains confidentiality for survey respondents. **These results are NOT used by the ACGME in the accreditation process.**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Program Mean	National Mean
I find my work to be meaningful.	100.0%	0.0%	0.0%	0.0%	4.0	3.8
I work in a supportive environment.	85.7%	14.3%	0.0%	0.0%	3.9	3.6
The amount of work I am expected to complete in a day is reasonable.	78.6%	14.3%	7.1%	0.0%	3.7	3.4
I participate in decisions that affect my work.	78.6%	21.4%	0.0%	0.0%	3.8	3.5
I have enough time to think and reflect.	64.3%	35.7%	0.0%	0.0%	3.6	3.4
I am treated with respect at work.	85.7%	14.3%	0.0%	0.0%	3.9	3.7
I feel more and more engaged in my work.	71.4%	28.6%	0.0%	0.0%	3.7	3.3
I find my work to be a positive challenge.	78.6%	21.4%	0.0%	0.0%	3.8	3.6
I find new and interesting aspects in my work.	64.3%	35.7%	0.0%	0.0%	3.6	3.6

	Strongly Disagree	Disagree	Agree	Strongly Agree	Program Mean	National Mean
I often feel emotionally drained at work.	42.9%	50.0%	7.1%	0.0%	3.4	2.9
After work, I need more time than in the past in order to relax.	28.6%	35.7%	28.6%	7.1%	2.9	2.8
I feel worn out and weary after work.	42.9%	42.9%	7.1%	7.1%	3.2	2.9

This report is confidential and not for further distribution. Please do not publish or share these results outside of your Sponsoring Institution.

2023-24 Annual Program Evaluation

Thank you very much for completing your training program's Annual Program Evaluation (APE). We know this exercise takes time and thought, and we very much appreciate your efforts.

The GMEC Annual Oversight Committee (AOC) carefully reviews each program's APE as part of its Annual Program Review (APR). Each year, the AOC sends an APR letter to each program, often requesting the program address some metric (or metrics) on its ACGME annual trainee or faculty survey or Letter of Notification. If the AOC requested that you address a specific metric (or metrics) on your APR letter, please include action item(s) here. If you need your APR letter resent, please contact Sarah [so8d@uvahealth.org].

The following questions will also be used in your Annual Program Review. Ultimately, the APE and APR are done in the name of continuous program improvement. Thank you again for your time and effort to complete.

NOTE: You cannot edit the form once hitting the "Complete" button; hit the "Complete" button only when the form is ready for submission. Any information filled out will auto-save without hitting "Complete."

Urology

University of Virginia Medical Center

Program Director : [Ryan P Smith M.D.](#)

Program Coordinator : [Meghan Rover](#)

Program Length : 5

Number of Trainees : 12

Number of Core Faculty : 2

Program Evaluation Committee

[Ryan P Smith M.D.](#) (PD)

[Christine Ibilibor](#) (FAC)

[Nicolas Ortiz](#) (FAC)

[Noah S. Schenkman M.D.](#) (FAC)

[Nora Kern](#) (FAC)

[Sean T Corbett M.D.](#) (FAC)

[Stephen Culp](#) (FAC)

[Sumit Isharwal](#) (FAC)

Questions

- 1 As the program director, I attest that the Program Evaluation Committee has conducted a thorough review of the required items for the Annual Program Evaluation outlined in the Common Program Requirements V. C. 1. b) through e). I enter the last PEC meeting date and my name here to complete the attestation.

11/20/2023

We had a residency education team meeting update on 2/9/2024 as well including additional PEC items.

Ryan Smith

Not Scored

Please provide your answers to the following questions. When applicable, provide detailed answers in accordance with your program requirements.

- 2 In the past five years, did any trainee(s) fail the board exam on their first attempt? If yes, provide detailed information.

NA

- 3 What action items, unique to your program, are in place to promote trainee and faculty well-being? Please list any specific policies or initiatives that are currently in use in your program.

We have continued to have a resident appreciation day where the fellow and other faculty cover call. This also occurs around the time of the inservice exam. We enforce having residents going home after a busy call night to ensure they are well rested and to limit the risks of burnout. Our residents who are on call over a weekend have their Monday resident clinic blocked in advance to ensure time to recover post-call. Our residency expanded to three residents in the 2024 match which will decrease call and allow for additional educational opportunities as we will always have a PGY-1 on our service moving forward. There are times when we will have two PGY-1's on our service as well. We continue to use a PA to assist with inpatient coverage and alleviate resident administrative duties. One of our residents moved from the 6-year to 5-year program which further has increased our available resident team. In 2024 we have implemented a consult service which the residents have relayed greatly improved wellness and alleviating concurrent inpatient and consult duties from one resident. We also changed our weekend call based on resident feedback to Friday PM to Sunday AM which alleviates a resident working a Saturday/Sunday into clinical duties on Monday.

Not Scored

4

What are your program's strategies to PREVENT trainees' clinical and educational work hour violations?

As noted previously, in 2024, we have changed our weekend call coverage based on PEC discussions to alleviate residents from covering weekend call into a week of full clinical duties. Residents now take weekend call from Friday PM to Sunday AM and are off the remainder of the day. We also created a consult service which has dispersed on call duties to separate team members such that one individual sees consults and the other is covering inpatients. In 2024-2025 we will consistently have one or two PGY-1's on our service who service as additional team members to help with clinical duties. We also expanded our residency to 3 residents per year in 2024 and had one resident who elected to move from the PGY-6 to PGY-5 program. In discussion with our residents, the work week concerns were reviewed and duty hours are checked monthly by the program director and monitored by our institutional GME Work Hours subcommittee. Resident logging compliance has been addressed, and our program coordinator now assesses logging every week. Residents who have not logged their hours are sent a reminder notification. The program director continues to review all work hours.

Not Scored

- 5** Please describe how your trainees and faculty members have the opportunity to raise concerns and provide feedback without intimidation or fear of retaliation, and in a confidential manner.

Residents can provide program feedback to the Program Leadership or Chair. They also have resources through our GME office to provide feedback on the program outside of the Urology faculty. Residents provide feedback regarding faculty twice per year through a survey distributed through New Innovations which is reviewed by the Chair and Program Director with faculty at their annual meeting. We also have an Anonymous Resident Feedback source on our Residency website (<https://med.virginia.edu/urology/education-and-residents/anonymous-resident-feedback/>) which residents can use to anonymously enter program or faculty feedback.

Not Scored

- 6** How does your program create a safe space for reporting unprofessional behaviors?

Residents can provide program or faculty feedback to the Program Leadership or Chair. They also have resources through our GME office to provide anonymous feedback on the program outside of the Urology department. Unprofessional interactions that may arise from other healthcare teams outside of the department are addressed by the Program Director and Chair. Residents provide feedback

*regarding faculty twice per year through a survey distributed through New Innovations which is reviewed by the Chair and Program Director with faculty at their annual meeting. These are anonymous submissions. We also have an Anonymous Resident Feedback source on our Residency website (<https://med.virginia.edu/urology/education-and-residents/anonymous-resident-feedback/>) which residents can use to anonymously enter program or faculty feedback. The University also has a few global mechanisms to report unprofessional concerns:
<https://hr.virginia.edu/employee-relations/respect-uva>
<https://justreportit.virginia.edu/>*

Not Scored

- 7** The AOC is committed to identifying, addressing, and reducing unprofessional behavior (abuse, mistreatment, harassment, discrimination, coercion). When these instances rise to your attention, how do you address them?

Our GME policy is that unprofessional behavior is directly reported to the residency program leadership. The Program Director handles these concerns directly and often in conjunction with the Department Chair. These situations are often very complex and nuanced and require diplomacy. It can depend on the context of the event, but residents are reassured that they are able to raise concerns without fear of intimidation or retaliation and report being satisfied with process for dealing confidentially with problems and concerns. This has been addressed at our PEC meetings and recent resident education retreat on 2/9/2024. We have an anonymous means for residents to submit a concern via an intradepartment site with our residency education webpage.

Not Scored

- 8** How does your program involve trainees in patient safety, quality improvement, and root cause analysis/adverse event investigations?

We have a monthly morbidity and mortality conference where adverse events and patient safety are discussed as a group. Residents and faculty are present for this meeting jointly. The residents are also involved in quality projects along with one of our faculty, Dr. Zillioux who coordinates our resident research.

Not Scored

- 9** How does your program provide your trainees with education on health care disparities?

We have continued to expand our diversity initiatives. We currently have our most diverse resident class in the history of our program. We also have continued to offer a diversity scholarship for 4th year medical students interested in our Urology visiting student rotation. The program is open to applicants who are first generation medical school attendees, socioeconomically disadvantaged students, individuals who have overcome substantial educational or economic obstacles or students who come from backgrounds underrepresented in medicine (Black/African-American, Hispanic/Latino, American Indian, Asian/Pacific Islander, and Alaskan Native). Dr. Tracy Downs joined the UVA Urology department in 2021 and continues to serve as the Chief Diversity & Community Engagement Officer for UVA Health. Dr. Downs is involved in our residency program helping us to implement programs and mentorship that promote diversity and inclusion. This will also help us to continue to work on our health care disparity education. We have residents on the housestaff diversity council and are members of the R. Frank Jones Urologic Society which independently works to support Urologists of diverse backgrounds. We also have had visiting students participate in the UVA GME URiM leadership program in addition to the scholarship: Diversity & Inclusion - Graduate Medical Education (virginia.edu). We have also participated in the Mid-Atlantic PEP (more for undergraduate): Undergraduate Pre-Medicine Enrichment Program - MAAUA which works to increase the number of diverse applicants interested in medical school. This year we are adding a DEI lecture as a department and we have a department diversity facilitator, Dr. Zillioux.

Not Scored

The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities (CPR V. B. 1).

Faculty members must receive feedback on their evaluations at least annually (CPR V.B. 2). Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans (CPR V. B. 3)

Faculty members must pursue faculty development designed to enhance their skills at least annually as educators, in quality improvement and patient safety, in fostering their own and their residents' well-

being, and in patient care based on their practice-based learning and improvement efforts (CPR II. B. 2)

- 10** In what areas has your department or program provided GME-related faculty development in the past academic year?

Faculty and residents participate in our Grand Rounds lecture series which has included GME-related topics on diversity, equity and inclusion in Urology, opioid stewardship and the role of acute care prescribing in the opioid epidemic. Another GME-related topic was "Do You Hear What I Feel? An Exploration of Experience, Perception, Interaction (EPI) as Motivation Toward Cultural Actualization and Empathic Modeling in Clinical Practice." We also had a recent 4-hour residency education team meeting with our residents and program leadership as we look forward to the upcoming increase in our resident complement. This was in addition to our regular PEC meetings and we have a Faculty retreat with resident participation that serves for faculty and resident development. Multiple urology faculty also have participated in the Leadership in Academic Matters training at UVA. The program leadership and chair have participated in professional development as a part of the Society of Academic Urologists.

Not Scored

- 11** How does your program provide feedback to your faculty with regard to their performance?

Faculty receive feedback from the department chair regarding teaching evaluations. These are conducted twice yearly by the residents. Faculty also receive teaching evaluations from third-year medical students that rotate on the Urology service.

Not Scored

In order to fulfill our institutional mission, we must continue and further expand our efforts to increase the diversity of our team members and ensure that they work and learn in an equitable and inclusive environment. Please provide your answers to the following questions regarding the clinical and working environment.

- 12** What specific action items has your program/division/department initiated to recruit and retain a diverse workforce (faculty, trainee, staff)? List action plans unique to your program/division/department and not those provided by the GME.

We want diversity and inclusion to be a cornerstone of our residency program and department. Our department participates in the GME URiM leadership program and we have our own visiting medical student scholarship to support URiM students interested in our residency program. We increased our funding to this program this year. Our department also supports our URiM residents to participate in national and regional conferences and serve as ambassadors for our Urology residency program. This includes one of our residents who will be an ambassador at the SNMA AMEC 2024 and also participates on our GME housestaff diversity council. Our URiM residents are members of the R. Frank Jones Urological Society which serves as the Urology section for the NMA. This society provides mentorship for residents of diverse backgrounds in Urology. Our most recent research fellow in the residency program identifies as URiM as well.

We utilize a holistic approach in review and selection of the resident applicants. Initial screening is blind to applicants' demographic characteristics (e.g., gender, age, race, etc.) and no single measure (e.g., USMLE) denies or advances an applicant to further assessment for interview or inclusion in the ranking list. Dr. Downs who is the Chief Diversity Officer for UVA Health and one of our Urology faculty continues to participate in our resident applicant reviews and selection processes. We have also participated in the Mid-Atlantic American Urological Association Premedicine Enrichment Program (for undergraduate students of diverse backgrounds interested in medicine): Undergraduate Pre-Medicine Enrichment Program - MAAUA.

Dr. Downs is working on increased Urology participation and community involvement in men's health including prostate cancer screening discussion at churches. We have a JEDI (Justice, Equity, Inclusion, Diversity) department representative (Dr. Zillioux) who assists with helping with our department diversity initiatives including DEI research and Grand Rounds speakers. This year we are adding a DEI lecture as a department as a part of our DAR goals. Dr. Tella, one of our residents has published two manuscripts this past year on diversity research within Urology (references below).

The Department of Urology has increased the URM representation among faculty and staff over the last several years. 7/17 (41%) of our faculty members are women and in 2022, women comprised 11.6% of the urology workforce. This includes our Urology Chair and vice-Chair. Prior to 2020, our Urology department did not have any faculty who were underrepresented in medicine. We presently have (6/17, 35%) of our Urology faculty who are women. 3/17 Urology faculty are underrepresented in medicine.

As a department and institution, we also want to improve on retaining our diverse residency graduates as faculty. Within our residency program, we have 3/11 residents who identify as URM (27%) and 6/11 (54%) who are women.

Academic Productivity Among Underrepresented Minority and Women Urologists at Academic Institutions.

Tella D, Ostad B, Barquin D, Smith C, King R, Ballantyne C, Greene KL, Downs TM, Kern NG.

Urology. 2023 Aug;178:9-16. doi: 10.1016/j.urology.2023.03.044. Epub 2023 May

5.

PMID: 37149061

Grant funding among underrepresented minority and women urologists at academic institutions.

White S, Tella D, Ostad B, Barquin D, Smith C, King R, Greene KL, Downs T, Kern NG.

Can J Urol. 2024 Feb;31(1):11777-11783.

PMID: 38401257

Not Scored

Action Plans

The following action plans are not limited to activity during the current academic year.

Active

Name	Date	Assigned	Status
Resident Rotations	2/22/2024		NEW
Faculty Professionalism	2/22/2024		NEW
Educational Leadership Team Growth	2/22/2024		NEW
Intern Onboarding	2/22/2024		NEW
Residency Curriculum Development	2/22/2024		NEW
Diversity Retention and Recruitment	2/22/2024		NEW

Resources



0 files attached

Form Status

Urology **completed** on 2/28/2024.

Pending GME Review

Notes

STATUS Ryan Smith set the form to Completed 2/28/2024 2:24 PM

Urology APE Action Plans-2024

1. Resident Rotation (new)

With an increased resident complement, we have moved to a new consult service. This will be comprised of our Urology 2 and Urology 3 residents. A pilot of the program was highly successful and residents were enthusiastic about continuing. PGY-2 residents continue in our resident clinic. PGY-3 residents will rotate (remain as 2 residents in clinic at a time and off when they are on consult block). We are also changing weekend call coverage from Friday PM to Sunday AM based on our PEC meeting to further protect resident wellness and provide time off before a new week starts. Since the transition, we have not had any concerns with duty hours. We are adjusting our subspecialty block rotations with a split between Endoscopy/Benign and Oncology and Reconstruction. Proposed schedule for 2024-2025 is attached.

Year 24-25	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Intern A		Uro	Uro		Uro	Uro			Uro	Uro		Uro
Intern B			Uro	Uro			Uro	Uro			Uro	Uro
Intern C				Uro	Uro			Uro	Uro		Uro	Uro
R2 A		Consult	Consult					Consult	Consult	Peds	Peds	Peds
R2 B				Consult	Consult		Peds	Peds	Peds		Consult	Consult
R3A	Consult	Recon	Recon	Recon	Endo	Endo	Endo		ONc	Consult	Onc	Onc
R3B	ONc	ONc	Onc		Recon	Recon	Consult	Recon	Consult	Endo	Endo	Endo
R3C	Endo	Endo	Endo	Onc	ONc	Consult	Onc	Consult		Recon	Recon	REcon
R4A	Peds	Peds	Peds	Infert	Urogyn	Urogyn	Onc	Onc	Endo	Endo	Endo	Endo
R4B	Recon	Recon	Recon	Peds	Peds	Peds	Urogyn	Urogyn	Infert			
Chief A	Onc	Onc	Onc	Onc	Endo	Endo	Endo	Endo	Recon	Recon	Recon	Recon
Chief B	Endo	Endo	Endo	Endo	Recon	Recon	Recon	Recon	Onc	Onc	Onc	Onc

2. Faculty Professionalism (new)

Based on our ACGME survey last year, we scored lower in faculty professionalism. We met with the resident team on several occasions and no specific actionable concerns were identified. As faculty, we created an anonymous website submission for the residents to relay any residency concerns. Over the last year, none have been submitted and in our recent PEC and semi-annual residency meeting no professional concerns were brought forward.

3. Educational Leadership Team Growth (new)

We have expanded our resident education leadership team. Dr. Tuong is the Director of Resident Curriculum and is revising some of our educational conferences. This includes our didactics, simulation and prosthetic labs. Dr. Sands is also contributing to the intern onboarding of residents. Dr. Zillioux is championing resident research and our resident quality projects.

4. Intern onboarding (new)

With an increased resident complement, we are improving on our orientation to the Urology service. Interns will provide inpatient floor coverage and work with an upper level resident on the consult block. Residents are developing an Intern checklist of core diagnoses and skills, in collaboration with program leadership, that interns should experience and master over the course of the year. We have also had better intern integration with general surgery in terms of educational opportunities (robotic training and others) over the last year based on resident feedback. Dr. Sands and Dr. Gillock are assisting with our resident onboarding as interns and into the resident clinic.

5. Residency Curriculum Development (new)

Based on our ACGME survey last year, we scored lower in faculty professionalism. We met with the resident team on several occasions and no specific actionable concerns were identified. As faculty, we created an anonymous website submission for the residents to relay any residency concerns. Over the last year, none have been submitted and in our recent PEC and semi-annual residency meeting no professional concerns were brought forward.

6. Diversity Retention and Recruitment (new)

We are continuing our visiting 4th year medical student scholarship. The program is open to applicants who are first-generation medical school attendees, socioeconomically disadvantaged students, individuals who have overcome substantial educational or economic obstacles, or students who come from backgrounds underrepresented in medicine (Black/African-American, Hispanic/Latino, American Indian, Asian/Pacific Islander, and Alaskan Native). We are also continuing to participate in the GME URiM Leadership Program.

This is a recruitment program designed to attract students who identify as URiM and/or who have a strong interest in improving health equity. We had several students participating in these programs last year and we have increased our scholarship allotment this year as well.