

# The Kidney Centre

## Urology Residency Program

# Residents' Manual



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

In the name of Allah, Most Gracious, Most Merciful

أَقْرَأْ بِاسْمِ رَبِّكَ الَّذِي خَلَقَ

Read, in the name of your Lord, Who created-

خَلَقَ الْإِنْسَانَ مِنْ عَلَقٍ

Created Man, out of a clot, of congealed blood-

أَقْرَأْ وَرَبُّكَ الْأَكْرَمُ

Proclaim! And your Lord, is the most Bountiful

الَّذِي عَلَّمَ بِالْقَلَمِ

He who taught by the pen!

عَلَّمَ الْإِنْسَانَ مَا لَمْ يَعْلَمْ

Taught Man what he knew not.

## Preface:

The Kidney Centre Post-Graduate training Institute is a leading Urology Training institute of the country. This is among the very few residency training institutions which were started more than 2 decades earlier by the founder members, Dr. Salman El Khaled and Dr. Zafar Zaidi, who started the residency from scratch and took it to the highest level of training available in Pakistan. Different faculty members including Dr. Majid Rana, Dr. Mamun Mehmud and Dr. Sharjeel Saulet have contributed for various durations in the development of this Residency Training Program. This residence manual was first formulated during Dr. Muhammad Shoaib Mithani's tenure as the Residency Program Director in 2020.

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## Level of Hierarchy:

### Dean of Faculty:

In the academic line, Dean of the Institution is the highest position who will supervise and direct all faculty and residents and give his expert advice in the policy matters. He will make sure that all training programs in the institutions are meeting the minimum level of education and skill for the safe and ethical clinical practice.

### Section Head of Urology Division:

He will have a direct supervision on the Urology Faculty for the ethical practice as well as academic background. He will also make sure that the training provided to the residents is up to the mark of standards set by The College of Physicians and Surgeons Pakistan.

### Residency Program Director:

He is responsible to guide the residents and follow the training on certain outlines mutually agreed by the faculty members. He will make sure that the academic and surgical skills are made available to all residents equally. He will also strive to improve the quality of training according to the needs of the time.

### Chief Resident:

He is the immediate Senior available on everyday basis for residents' supervision during their various rotations. He will take a guide through the Residency Program Director.

### General Rule Of Urology Residency:

- 1) The 4 years residency program will be distributed to cover ward rotations, pediatric urology and adult urology as well as emergency cases and ward consultations.
- 2) Each resident will also be rotated for an external rotation to get a better exposure of renal transplant at SIUT and Uro-Oncology at AKU.
- 3) Over 4 years of residency, 6 months will be a mandatory time to cover the ward, 6 months to cover the pediatric urology and the remaining period to cover the adult urology. There may be a minor variation according to the need and availability of residents. It will be our utmost desire to design a residency so that there is only minimal possible variations of rotations between the residents and a uniform schedule is designed right from the beginning of the 4 years period.
- 4) Clinics should be equally distributed between Junior and Senior Residents and it should not be imposed as the responsibility of only the Junior resident.
- 5) Leaves and external rotations will be equally distributed in any of the above rotations according to the need arrives.
- 6) Residents are encouraged to get enough exposure of Radiology and Emergency procedures like Ultrasounds, kidneys and bladder, IJ line insertions and surgical skills development on their available time.
- 7) Residents' protected time: Faculty will figure out how to make sure for the availability of certain hours for residents every week to be dedicated as academic or search related activities.
- 8) External Rotation will be scheduled only after completion of minimal requirements of in-house Rotations.

## Level of Surgical Procedures:

### Level 1:

Procedure done by the resident independently without a supervising surgeon scrubbed in the procedure but present within the Operating Room premises.

### Level 2:

Procedure done by the resident with a supervising surgeon scrubbed in the procedure.

### Level 3:

Procedure done by the supervising surgeon assisted by the resident.

### Level 4:

Procedure done by the supervising surgeon. The resident is present in the procedure as the second assistant.

## Forms:

### Resident's Evaluation Form:

This form will be distributed to the faculty members at the completion of each rotation. Residents will be given feedback based on his evaluation form. These forms will be a part of residents' personal file with the residency program director.

### Faculty Feedback Form:

Each resident will be given a feedback form at the completion of each rotation. Residents will have a right to fill up the hard copy OR a soft copy and submit it confidentially to the head of Urology division directly without submitting it to the respective faculty member or the residency program director. The hard copy or soft copy will be available from the office secretary of DPRC.

### Communication Form:

Any request, grievances or complains about fellow residents, faculty members or about the system should be submitted or emailed on this Communication Form. The hard copy or soft copy will be available from the office secretary of DPRC.

### Rotation Profile Form:

This will be a part of the residents' manual. It will be the resident's individual responsibility to keep filling this form after the completion of every rotation.



## Disciplinary matters:

### Residents' Attitude Issue:

Apart from learning about the science of patients' care, improvement in residents' approach and attitude towards the patients, their attendants' fellow colleagues and hospital staff is an essential part of resident's training. The faculty as well as the hospital administration keep an eye on this aspect. It will be a resident's responsibility to manage the conflicts at a manageable level. Actions will be taken from individual counselling to the suspension from residency for a certain period according to the severity of the situation.

### Hand Scanning/IRIS Scanning During Off Hours:

The hospital administration has taken this matter at serious note. Like any other hospital employee, residents will not be allowed to leave the premises without the scan-out. This will save the individual as well as the institution when any mishap happens to the individual out of the premises of the hospital. The only exception is given for the Jumma Prayer time on Fridays to avoid excessive crowd at the scanning machines.

### Emergency And Consultation Response Time:

A maximum of 1 hour documented response time is permitted before consultation will be diverted to the consultant on-call. Residents are requested to write the date and time in their responding note.

### Morning Round Cutoff Time:

Morning round is supposed to start at 8 O' Clock in the morning. It is chief resident's responsibility that every resident has joined the round before certain cutoff time. Residency program director will keep a check on the round activity from time to time.

### Informal Resident Hour:

Every Saturday between 9 to 10 AM, all residents will have a Faculty sponsored Resident Hour. Chief resident will make sure that all urgent matters are sorted out before the Resident Hour and all residents are back to their clinical assignments at 10 AM.

## Leaves:

### Intermediate Module Exam Preparation Leave:

Ideally, it's a candidate's responsibility to have passed or be prepared for the IM exam before joining the Residency Program. However, a maximum of 8 days including weekends for at the most 2 occasions can be granted for IM exam preparation. After 2 unsuccessful attempts for the IM, leaves for the 3<sup>rd</sup> attempt will be subjected upon the decision of the faculty meeting along with a warning letter, if the leaves are granted.

As per another rule, the residents will be terminated if he is unable to pass by the completion of 2 years of residency. This rule is implemented to make sure that the resident gets at least last 2 years of Urology Residency dedicated to Urology without any interruption for any other exam.

### FCPS Exam Preparation Leave:

- a) One month off-call leaves will be permitted, however, the resident will have to cover the regular daytime activities. This off-call will be granted only once during the residency period.
- b) 2 weeks of complete off-service leaves will be granted before the exam. This rule should be followed uniformly irrespective of the number of attempts.

### Wedding Leave:

A uniformed rule states that 15 days leave, inclusive of weekends, will be granted (only for the first marriage).

### Emergency Leave:

For any family or health-related issues, a leave can be granted after consulting a chief resident. It's the resident's obligation to attempt and inform the chief resident as early as possible so that he can make the alternate arrangement to cover up for the resident.

### Paternity Leave:

A maximum of 3 days will be granted as Paternity Leave for at the most 2 times in the whole residency period. More than 3 days will be declared as an Emergency Leave and that will be covered by the mutual understanding between the residents through the chief residents' coordination.

### Hajj/Umrah Leave:

A maximum of 1 month for Hajj, and 2 weeks for Umrah will be granted only once during the residency period.

**By Rotating Resident (Individually)**

<b>Ethical Practice:</b> In Clinical Practice 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/>	<b>General Attitude:</b> Interpersonal 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/>	<b>Surgical Skill Teaching:</b> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/>	<b>Academic &amp; Research Support:</b> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/>	<b>Future Guidance:</b> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/>
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**Total:** \_\_\_\_\_

**Overall Strengths:**

**Needs Improvement:**


- 1. Unacceptable
- 2. Just Meeting
- 3. Average
- 4. Above Average
- 5. Out Standing

**Identification Undeclared**

### By Faculty Member (Individually)

<b>Academic:</b> Initiative & Participation 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/>	<b>General Performance:</b> Punctuality & Interpersonal 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/>	<b>Surgical Skills:</b> At his level of Training 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/>	<b>Research:</b> Progress 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/>	<b>Plans (Only 4<sup>th</sup> Year Resident):</b> Sub specialization 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input type="checkbox"/>
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**Total:** \_\_\_\_\_

**Overall Strengths:**

**Needs Improvement:**


- 1. Unacceptable
- 2. Just Meeting
- 3. Average
- 4. Above Average
- 5. Out Standing

**Faculty Name & Signature:** \_\_\_\_\_

**COMMUNICATION FORM**

**Subject:** \_\_\_\_\_

**Details/ Or accompanied email:**

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**Sign:** \_\_\_\_\_

**Matter Discussed:** \_\_\_\_\_

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**Respond:** \_\_\_\_\_

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**Sign:** \_\_\_\_\_