

**Medical College of Wisconsin/Children's Hospital of Wisconsin  
Pediatric Urology Fellowship**

**Second Year Duties and Responsibilities of the Pediatric Urology Fellow**

**I. CLINIC**

1. The fellow will see patients in the clinic one day per week in conjunction with one of the attending faculty.
2. The fellow will maintain a list of all the patients seen on that clinic day. A diagnosis and a plan, including testing, medical treatment and follow up on recommended surgery will all be listed. This will be reviewed each week with the attending to discuss the assessment and plans. Preparation will include the written clinic notes and/or preliminary dictation, as well as access to associated outside records, lab and radiographic imaging where appropriate. The goal is to provide both education for the fellow and assurance of quality for the patient.
3. Routine surveys are performed on patients and families leaving the clinic regarding their own assessment of the care and satisfaction with the service. The fellow's patients will likewise be surveyed.

**II. SURGERY**

1. The fellow will be assigned one day per week to perform surgery. Dependant upon availability, some days may be at the SurgiCenter, other days at the main hospital OR.
2. Outpatient surgeries including, but not limited to, circumcision, penoplasty, hernia/hydrocele repairs, orchidopexy for palpable testes, cystoscopy and STING procedures and other such similar procedures can be performed independently.
3. All other cases will be done in conjunction with an attending. These procedures can be performed in the attending's allotted surgical time or in the fellow's time as schedules permit.

4. The attending must be kept informed of the postoperative course of the shared patients, including both the inpatient and outpatient follow-up.

### **III. CALL**

1. **The second year fellow will be added to the rotation of the attending call schedule.** An attending will be assigned to each week the fellow is on call to provide back up call.
2. The 2<sup>nd</sup> year fellow will be given a degree of independence in terms of assessment and management of inpatient consults, outpatients needing rapid evaluation in the clinic, patients presenting to the emergency room and emergent surgeries.
3. As the 2<sup>nd</sup> year fellow is often acting independently, a complete log of all events will be maintained for review by the PD or appropriate attending.
4. **Any patient admitted must be discussed with the attending on back up call** in a timely manner; any patient taken to surgery must be discussed with the back up attending prior to beginning the procedure.

### **IV. RESEARCH**

1. The fellow will develop and engage in an independent basic science research project or detailed original clinical study as delineated by the program, the principle investigator, and the fellow. Mentorship for this research initiative may be outside the MCW faculty of pediatric urology.
2. Periodic review and update of this independent original study activity should be presented to the Pediatric Urology Thursday conference on a quarterly basis. The initial presentation on the planned research initiative should be presented no later than one month into the second year of fellowship.

### **V. EDUCATIONAL RESPONSIBILITIES**

1. The fellow is responsible for the schedule of the Thursday morning conference. The schedule will include:

- a. a monthly journal club, a morbidity and mortality conference, and a didactic lecture. The lecturer may be recruited from the Pediatric Urology faculty, MCW faculty, or invited guests.
- b. a quarterly pathology conference, an interesting cases and follow-up conference, and review of clinical and basic science research conference of research within the section of Pediatric Urology.

**VI. ADMINISTRATIVE RESPONSIBILITIES**

It is the duty of the fellow to insure that these above outlined steps occur. The program goal is to provide a forum for the continued professional growth of the 2<sup>nd</sup> year fellow while assuring ongoing high-quality care, effective communication with referring providers, and patient/family satisfaction. The attending faculty has the responsibility to be available for consultation, support and mentoring in all phases of the clinical and academic growth of the fellow. Communication will always be the key to success. The program will provide the fellow with a written ongoing assessment of progress and performance.

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Charles T. Durkee, MD  
Fellowship Director

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(Name)  
2<sup>nd</sup> Year Fellow