STANFORD UNIVERSITY
DEPARTMENT OF UROLOGY
RETREAT AGENDA
MARCH 8, 2008 Saturday

07:45 Breakfast

Curriculum and Goals
08:00 Goals: Core and Specialty Curriculae (Knowledge base and Procedures)
  Shortliffe
08:15 Residency Curriculum Review (Gill)
  Selection Process
  Conferences: Grand Rounds, Friday Resident Session
  Mentoring/Monitoring systems

09:15 Core Procedure metrics (Shinghal)
09:45 Simulation Training Program VA and Stanford (Chung)
10:00 Symposium: open discussion (Shortliffe)

10:30 BREAK

10:45 Research Curriculum at Stanford (Brooks)
  Monday Conferences, Research Visiting Professors
11:45 Clinical Visiting Professors (Shortliffe)

12:15 LUNCH (break-out with your Quality Groups, if unassigned go to appropriate group)

12:45 Subspecialty Curriculae and SUCPD (Shortliffe)
12:50 Pediatric Urology: curriculum (knowledge+procedure), benchmarks, block
diagrams, funding (Shortliffe)
01:00 Onc/Lap: block diagrams of rotations, curriculum, benchmarks, potential
funding (Presti)
01:30 Female and Pelvic Reconstruction: block diagrams of rotations, curriculum,
benchmarks, potential funding (Comiter)
02:00 Administrative Deconstruction/Reconstruction (Edelman)

02:15 Quality Measures at all hospitals with discussions
02:15 Pediatric Urology (Kennedy)
02:30 Onc/Lap (Presti)
02:45 Neuro/Female (Payne)
03:00 General Urology (Kessler)
03:15 Closure and discussion

03:30 ADJOURN
10:35 Residency Core, Benchmarks, Metrics: Gill
11:00 Focus Residency: Pediatrics: Abidari
11:10 Focus Residency: Oncology--Pesti
11:20 Focus Residency: Female/Neuro—Payne
11:30 Administrative Goals re: Residency—Edelman
11:40 Discussion of Core

12:20 LUNCH
12:45 WORKING LUNCH: Continued Discussion of Core and Focus Residency
Residents may depart following this discussion at 1:30

RESEARCH
1:30 Research Direction and Goals—Liao
1:40 GU Oncology Direction and Goals—Sun
1:50 Pediatric Urology Direction and Goals—Reese
2:00 Discussion
2:40 Symposium/Visiting Prof Future Goals—Brooks
2:50 Discussion
3:00 Clinical Service Review—Pesti
3:10 Discussion and Wrap-up
3:30 Closure

There is a report and discussion of the status of the training program and research. We will not be focusing upon much clinical activity except as it involves the training program. The first 7 topics before the break are the plans that were outlined last retreat, and these are status reports of where we are; these are not new ideas. After the break we will discuss potential changes to the residency and new possibilities related to residency training and then research and postdoctoral integration. The groups should have already put together some of their ideas, but this is opportunity for the rest of the group to weigh into future plans for the department.

Thank you for sending me your slides.
Linda Shortliffe
| Absent: | Rosenstein |
| Approved and Edited: | LDS |

**I. CALL TO ORDER - LDS**

Call to Order at 8:00 am by LDS.

**II. GENERAL**

**A. Medical Staff Vote 2008 - Shortliffe**

Will have more institutional responsibility and will work with the SHC CEO and SoM Dean in making decisions. There are in-house as well as community physicians applying. Dr. Shortliffe encouraged all of the faculty to vote.

Dr. Shortliffe presented the program for the upcoming meeting of the Society of University Urologists. Topics for the meeting will include residency core curriculum and subspecialties, the significance of case logs, the Canadian System and lack of growth in training programs over last 25 years.

**B. SUU Program - Shortliffe**

**III. RESIDENCY CURRICULUM AND GOALS**

**A. Overview of Program - Gill**

Dr. Gill reviewed the residency program as Director. Highlights and discussion item included:

- RRC Requirements
  - Friday morning sessions - Dr. Gill presented survey results from the residents that show the majority of residents are pleased with the current way the sessions are being run, although they would like to see a change in the topics presented. After much discussion, the faculty decided to keep this session as is for now, but will try to have topics the residents find useful.
  
  Grandrooms review - Discussion as to the "intent" of grandrooms and whether to increase the budget. Overall, the faculty are content with the way this is being run. Dr. Presti asked that the faculty send him names of potential speakers so that he can submit the schedule in August for CME.

- Mentoring Program - Drs. Duong and Tarin feel like the program is working and would like to see the residents have the opportunity to continue picking their mentors.

- Adult Index Cases - Review of case logs for both adult and pediatric services.

- Selection Process - Review of this process.

- Schedule - Acknowledged that there may not be enough residents at the VA and that there are too many ORs at Stanford to cover.

Dr. Gill presented how surgical skills are evaluated. A new assessment form was adopted by the ACGME and is now available online at their website. Dr. Shingal also presented a "procedure-specific" form, which could be created but would require time and effort by the faculty. Questions posted were had to do with how often and which cases should be evaluated. Also, faculty were asked whether they felt the eval form should be paper or electronic. Faculty discussed and decided that the residents should be evaluated on only one specific index case per rotation and that the evaluation should occur both at the start and end of the rotation. Because there was also the decision that the eval form should be electronic, the faculty might try to create their own evaluation form on Medhub.

**B. Surgical Assessment - Shingal**

Faculty to vote for new medical staff president.

**ACTION**

Gill to look into the topics and develop curriculum based schedule rather than faculty based interests

Faculty to send Dr. Presti names of potential speakers for grandrooms from local individuals

Dr. Shingal will circulate the index case list to the faculty so that they can pick which cases should be used for evaluation.
Also discussed was resident dictation and the fact that this will probably get worse with the inception of EPIC. The residents would like "model templates" on certain cases to be included in their handbook.

Goals, needs and initiatives were reviewed. Dr. Chung presented data to show that laparoscopy and use of robotics at all 3 institutions has increased over all 3 institutions. They are difficult to teach though and have a steep learning curve. There was a lot of faculty discussion about concerns in using pigs because of their prohibitive cost and political and ethical issues surrounding their use. Will need to review future initiatives.

### IV. RESEARCH

#### A. Curriculum - Brooks

Dr. Brooks presented goals: 1) meet RRC requirements, 2) train urologists to be academicians, 3) train scientists to be Ph.D.s, 4) meet needs of all research constituencies.

An inventory of all meetings/conferences was presented as well as a review of challenges and potential solutions. The individual departmental lab meetings between Sun, Peehl and Brooks were combined in order to create one with common interests/themes. Also helps meet the needs of the postdocs. Dr. Brooks also posed the question of how to revamp the Monday research meeting and what the goal of that meeting should be (current attendance is low). The faculty discussed this issue and decided that it is too difficult to meet the needs of both groups together in this forum. The suggestion was made to have different disease groups meet at the same time and let the faculty and staff decide which one their interested in attending. Another idea was to have everyone attend the same meeting if there was an exceptional outside speaker brought in.

Research Visiting Professors - Dr. Brooks announced that the Cancer Center is going to pay for 3-4 speakers per year and the focus will be prostate. Two potential upcoming speakers are Mike Freeman and Leland Chung. Dr. Brooks asked for faculty to suggest other names.

Dr. Brooks suggested that future research meeting topics might include things like how to write a manuscript, grant, run a lab, be an effective collaborator, do translational research, etc. Dr. Peehl said that most of this is covered by SPECTRUM, so perhaps we should invite them to present at one of the meetings and cover this topic. Another suggestion was to have lay-erson talks for the postdocs by the clinicians. Dr. Peehl echoed this suggestion by stating that perhaps there should be once a month.

#### Faculty to submit other names to Dr. Brooks.

#### Dr. Gill to look at the schedules and bring some potential days/times to the next faculty meeting.

### V. VISITORS AND SYMPOSIUM

#### A. Visiting Professors - Shortliffe

Dr. Shortliffe presented the following list for consideration for a visiting professor, which the faculty added to:

**Clinical**

- Anthony D'amico
- Mark Litwin
- Tomas Griebling - Remove; been out recently
- Hunter Wessels
- Toby Chai
- Ray Rackley - Remove; been out recently
- Larissa Rodriguez
- Ken Peters
- Michael Chancellor
- Bal Carter
- Peter Scardino
- William Nelson
- Peter Albertsen

These names will be brought back to the faculty meeting for discussion and decision on who to ask.
Tim Boone
Raj Pruthi
Robert Reiter
Ralph Clayman
Craig Peters
Peggy Pearle
Michael Koch
Andy Novick
Joel Nelson
Brantley Thrasher
Neil Resnick
Mani Menon
Robert Flannigan
John Libertino
Jerry Kassirer - Past Editor of the New England Journal of Medicine

Basic Science
Karl-Eric Andersson - Wake Forest
Karl Thor
Susan Keay
Kanchan Chiteley
Lori Birder

Dr. Shortiffe gave some history of the department's annual symposium and asked whether or not the faculty thought it would be useful to continue having it. The faculty agreed not to continue it.

VI. SUBSPECIALTY CURRICULAE

A. Pediatrics - Shortiffe

Dr. Shortiffe reviewed the creation of the pediatric fellowship, which took from the fall of 2003 until spring of 2008 to secure the position and funding. Goals, curriculum, responsibilities and benchmarks were reviewed. Yang Wu is coming 9/1/08 and we have secured approval to add two more faculty positions.

Dr. Presti reviewed clinical statistics from FY '05 through FY '08 YTD December. He also included actual volumes of kidney, prostate and cystectomy cases at Stanford alone, illustrating that there is plenty of volume to add an oncology fellow. This case volume did not include case counts from the VA or Valley. A proposed fellowship would be 2 years, starting with research first. In questioning how to make this a "unique" program, Dr. Presti feels that our program is small enough to help tailor a program to an individual's needs. We also have a positive working relationship with XRT and MedOne, which helps strengthen the program. The funding for the research year could come from the Gallo fund; the clinical year could be covered by clinical earnings (fellow can bill) or might even have VA 8ths. As far as recruitment, the department is currently recruiting for two positions, Hsu's replacement and one at the VA. Lastly, Dr. Presti reviewed the current inventory of MedOne conferences.

B. Oncology - Comiter

Dr. Comiter reviewed the required curriculum, procedures, integration, strengths and weaknesses for a fellowship. He presented a potential schedule, citing the need for adding a month of an obstetrics rotation to the fellowship so that one could better understand why urological issues arise from childbirth. Dr. Abidari suggested having the fellow do the obstetrics rotation at the Valley since there is a huge volume of deliveries there. Funding for this might be shared with OB/GYN since a joint fellowship is being proposed. Other funding opportunities might be from outside funding from companies such as Medtronic or Astellas. The target submission date for this is by June 2008.

C. Female/Neuro - Comiter

A second fellowship was also proposed, which would be for male (SUFU) or FPM&RS. Spinal cord volume from the VA could be accessed. Target submission date for this application is December 2008.

VII. QUALITY MEASURES

A. Pediatrics - Kennedy

Infection studies

B. Oncology - Presti

Not using mini-heparin Unless there is a prior history of DVT or high-risk.

All groups will be presenting plans at future faculty meetings.
| C. Neuro - Payne | Quality project will look at the timing of antibiotics and standardization of case cards. They are also going to focus on UDS and patient satisfaction. Proper documentation for training will be address, as will as monitoring and addressing how well residents are trained in this. Going to start looking at complication statistics every 3 months. Will have Stanford Urology's and the national averages in order to compare. Will also get these stats by faculty in order to see the raw data in each area. |
| D. General - Kessler | |

**VIII. CLOSING**

| A. Announcement - Shortliffe | Dr. Shortliffe announced that she will be taking sabbatical from September 1, 2008 through May 30, 2009 at Harvard RI Advanced Study. She plans on returning to the area once a month on average. More details will follow in the coming months. | Recruiting continuing prior and during |