Fellowship Overview

The Endourology Fellowship of the Icahn School of Medicine at Mount Sinai at Mount Sinai St. Luke’s Roosevelt Hospital Center is a one-year fellowship designed to prepare leaders in the field of Endourology and Stone Disease. Fellows will acquire clinical and research expertise that will provide development of surgical and scientific skills geared toward a career in academic urology. The fellowship is an immersive experience where individuals will become integral members of both clinical and research teams.

Clinical Objectives

1. To assist in and perform under supervision Endourological procedures, including shock wave lithotripsy, percutaneous nephrolithotomy, advanced endoscopy, and ureteroscopy.
2. The fellows will direct patient care pre-operatively and post-operatively in the hospital for inpatients and in the urology outpatient clinics.

Research Objectives

1. The fellow is expected to participate in clinical research related to Endourology and Stone Disease.
2. The fellow will be responsible for managing the Endourology Database.
3. The fellow will gain valuable experience writing IRB protocols and submitting protocols to the IRB, persevering in getting research protocols approved, and implementing the protocols in the clinical realm.
4. The fellow will prepare manuscripts for publication, co-author book chapters, and present data at national/international meetings.

Clinical Volume

The Endourology program boasts a robust clinical volume in terms of both outpatient visits as well as urological surgical procedures, with well over 2000 outpatient clinic visits and 800 surgical procedures a year.

Candidates

Successful candidates should have completed 4-5 years of post-medical school urology training in the U.S. or a foreign country. Applicants must have
superior skills in endoscopic techniques. Candidates must be licensed or able to obtain a license to practice medicine in the state of New York.

Plan of Supervision

1. Statement of Intent

The goal of the fellowship is to prepare leaders in the field of Endourology. Fellows will learn clinical and research skills that will provide a framework for a successful academic career in Urology. The fellowship is an immersive experience where individuals will become integral members of both clinical and research teams. Each fellow will receive supervision that is appropriate to his/her educational level and abilities and to the severity and complexity of the particular patients’ illness or condition. Clinical responsibilities and authority will be delegated in a graded, conditional fashion as each fellow demonstrates readiness for advancement, with the perimeters of the fellows’ authority sufficiently articulated to ensure that the fellow understands the scope of his/her authority and independence.

2. Levels of Supervision

While the Fellowship is not an ACGME-accredited program, methods of supervision are to be understood in the context of the classification of levels of supervision delineated in the ACGME Common Program Requirements:

- **Direct Supervision** implies the physical presence of the supervising physician with the fellow and the patient.
- **Indirect Supervision** may mean either that the supervising physician is:
  - Physically in the hospital or other patient care site and immediately available to provide Direct Supervision, or
  - Immediately available by telephone or other comparable means of communication to provide Direct Supervision
- **Oversight** means that the physician is available to provide review of procedures or encounters with feedback provided after care is delivered

3. Methods of Supervision

The chairman/program director identifies specific criteria to be applied in determining:

- The scope of an individual fellow’s authority and independence and his/her advancement through the program;
- The level of supervision required in particular patient care environments such as the OR and clinics; and
• The circumstances and events in which fellows must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

Delineation of Privileges

At the initiation of training and following each semi-annual review, the chairman/program director reviews the delineation of privileges and confers the right to perform such additional routine procedures as is warranted by the fellow’s demonstrated abilities. These include more advanced urological procedures performed outside of the operating room. Each trainee’s privileges are accessible to all the trainees and attendings through the Hospital’s program management software system.

As per hospital regulations, Indirect Supervision will continue to be available for all procedures performed in the operating room, regardless of anesthesia requirements throughout the fellow’s training.

Role of Attendings and Trainees

Each patient in the clinical learning environment has an attending physician. Private patients arrive with their own attending, and patients seen in resident clinics or admitted from the clinic or emergency room are assigned an appropriate attending. The attending physician of record is readily known by all of the residents for all patients. There is a published call schedule available on the Internet and embedded in the patient management software, and an attending is available by pager or phone number at all times.

Attending physicians are licensed, board certified or eligible physicians who hold faculty appointments at the Icahn School of Medicine. These attendings have the ultimate responsibility for the complete care of the patient. They review the performance of trainees on a daily basis and document their participation with appropriate rotation in the written record.

The trainees may make initial decisions regarding patient management but these are discussed with the attending physician before implementation.

OR

The fellow performs operative procedures under Indirect or Direct Supervision of the attending, depending on the complexity of the case and the level and expertise of the fellow. Direct Supervision would indicate that the attending physician is physically present in the operating suite for all surgical procedures. However the attending physician may act as first assistant so that the fellow is allowed to work on his technical skills. Attendings must be present for all critical portions of all
procedures. Indirect Supervision would indicate the attending is immediately available in the Hospital at the time of noncritical portions of the case. Fellows are intimately involved with all aspects of postoperative care.

Wards

The fellow and residents will perform management of inpatients with Direct or Indirect Supervision by the attending as is appropriate to the individual fellow's skills. All inpatients are seen on a daily basis by their attending physician or a covering attending physician. The fellow may make rounds with the urology team or independently and present findings to the attending, or he/she may round with the attending.

Performance Evaluation

At the end of each rotation, the program director and faculty on the basis of expectations outlined in the fellowship overview evaluate fellows. These evaluations, along with operative logs, inform the semi-annual evaluation conducted by the program director. A summary of the semi-annual evaluation becomes part of the fellow's permanent file. Satisfactory performance is required in order for the fellow to advance through the program. The award of a formal certificate acknowledges successful completion of the one-year fellowship.