



## What's New – July 19, 2019

### Update from Dr. Hafez, Associate Chair for Education

#### Education, Outreach and OR Supply Chain Initiative

Over the years, I have been known to write the shortest “What’s New.” With that in mind, I would like to provide an update on the educational and outreach initiatives that we hope to accomplish over the next few years. In addition, I will take the opportunity to present an update on departmental performance measures for FY2020, with special focus on the OR/Procedural Supply Chain Initiative. While it might take a few minutes to read from start to finish, I am hoping to get faculty to buy into a few upcoming projects that I view to be critical for our mission.

#### Education and Outreach

A few months ago, I was asked to provide a strategic plan for education and outreach. After discussion with our Section Chiefs, Associate Chairs, as well as the Vice Chair and the Chair, I was able to define short-term (1-3 years) and long-term (3-5 years) goals. To better articulate them, they are organized in a concentric fashion into departmental/institutional, regional, national, and global goals. While some might not come to fruition, we will give it our best effort.

#### Departmental/Institutional Goals

**Open Surgical Urology Curriculum:** To develop a detailed step-by-step approach to medical student and resident training that enhances our educational brand and relies on an open surgical curriculum that progresses from basic to advanced and includes instruments/equipment. We will utilize comprehensive flashcards for urologic instruments, staples, energy sources, needles and suture material; as well as surgical videos illustrating open surgical incisions/exposure (submit to the AUA core curriculum videos). The curriculum has the potential for dissemination to other residency programs and possibly web-based implementation. Drs. Lindsey Herrel and Robert Wang have been working to move this goal forward.

**Fellows as Future Educators:** To prepare our fellows for an academic career as educators and enhance the impact of fellowship programs on the quality of residents’ education. A comprehensive curriculum will prepare our fellows to become tomorrow’s surgical educators by teaching them how to mentor, evaluate and provide feedback to trainees; how to be surgeon teachers; and how to use resources from ACOS, GME and ACGME courses. We plan to collaborate with Dr. Cheryl Lee of OSU to develop this curriculum. It will be implemented in our respective institutions, and potentially disseminated to other programs across the nation.

## Regional Goals

**Community/Regional Educational Program:** To provide exposure to high school, community college and undergraduate students to our field through the development of a community engagement educational program, as well as mentorship/shadowing programs that target underrepresented minorities (URM). I have been in touch with Dr. Lucas (Program Manager from the DEI office) and some of you have volunteered to be part of this initiative. We hope to extend this opportunity to 40 students by the end of this summer. Over the last two weeks, I have had URM students shadow my OR/clinics at the Main and VA hospitals and enjoyed interacting with them and learning about their stories and aspirations. As we gauge their interest and commitment, we will refine future plans.

**Urology PA Fellowship Program or Didactic Series:** To improve our access to a highly qualified pool of APPs through the development of a PA urology fellowship and/or Didactic Series. We will be collaborating with UM Flint to develop didactic lectures at the UM Flint PA school series and might want to consider launching a six-month fellowship (3 general urology and 3 subspecialty) with specialty focus (Onc, Peds, Endo, NPR).

## National Goals

**Continued Medical Education Program:** To develop a CME program that further promotes our educational presence on the regional, national and international scenes. An annual CME symposium can be held at a geographically strategic location and target community urologists, fellows and residents. The course's focus will be on high clinical relevance (e.g. complications, ambulatory urology). I've been exploring options to target late February/early March for our first CME course. Ganesh and I feel that it will be more appealing to focus on high-yield clinical scenarios. In my opinion, a course focused on prevention and management of urologic complications will draw interest from the target audience. We can include interactive sessions where attendees discuss cases or complications they encountered. Another thought is to invite a few external faculty to complement our group. **I would like to reach out to those who are interested to email me their ideas and availability to participate.** In the interest of maintaining an interactive platform, it would be helpful to focus on imaging, studies, and operative pictures/videos. Your much appreciated input and contribution will allow me to start developing the program content, as the target date approaches. I'm currently working with an organizing company to secure funding, and finalize location and timing.

## Global Goals

**Global Outreach (Drs. Chrouser, Gupta, Park and Salami):** To promote our educational presence, mission and brand on the global scene. Providing onsite training for current and future international urologists will give our residents a unique exposure and promote collaborative research. Through liaison with Dr. Kolars (Associate Dean) we can draw upon the U of M global outreach programs and ensure that our outreach initiatives are sustainable. We will continue to explore exchange training initiatives at centers that are deemed sustainable in the educational, research and clinical training domains (e.g. with Guy's hospital and U of Copenhagen). As we look into future funding including philanthropy, we are currently exploring initiatives in Africa (Nigeria, Senegal and sub Saharan African countries), Central America (Jamaica and possibly returning to Belize), as well as Central Asia (Uzbekistan).

## Performance Measure FY2020:

Three performance measures are effective for FY2020, each is estimated to generate a 3% increase in RVU (which is projected to translate into more than \$1 million for our department). The first two performance measures, which address access, include reducing bump rate below 4% within six weeks of scheduled appointments and achieving a 3% growth in new patients. The third performance measure, which I will focus on, involves the OR/Procedure Supply Chain Initiative. As presented by Dr. Mullholland during the Surgical Champions Initiation Meeting, the initiative aims to:

- ⇒ achieve price/cost reductions and standardization of 1-2 product vendors, based on supply chain analysis;
- ⇒ develop a single and lean supply list for each OR/procedure site; and
- ⇒ develop standardized lean instrument trays

Our departmental internal committee has been organized and the following faculty have been nominated by their Section Chiefs to represent their divisions:

### Urology Surgical Champions

- ⇒ Urologic Oncology: Hafez (open) and Weizer (robotic)
- ⇒ Pediatric Urology: Bryan Sack
- ⇒ Endourology: Sapan Ambani
- ⇒ General and Community Urologic Health/ACU: James Dupree
- ⇒ Neurourology and Pelvic Reconstruction/ACU: Bahaa Malaeb

In addition, Malissa Eversole and Dr. Jeff Montgomery will be integrating our departmental finances/impact. We will meet regularly to make sure we are on target with institutional deadlines. Early steps will include reviewing/consolidating procedure lists then adopting a similar approach with individual preference cards.

For us, I believe the biggest return will be from disposables—particularly staples (lap/open), energy sources, and hemostatic agents. We will then need to coordinate with other surgical departments to align our preferences in these regards. I propose we adopt a general rule that **all disposables on the surgeon's list be in the room, but only opened until after the faculty confirms with the scrub tech.** This could be done after the verification time, during induction, and before scrubbing. (I was doing a cystectomy last week in core A and found out that they had opened all sutures for both neobladder and ileal conduit before the patient was in the room). We are all very well-positioned to be part of the solution, in that respect. This will be a full year project with moving targets and will learn/adapt along the way.

I hope this was an adequate update (just long enough) and as always feel free provide me with your feedback and insight. Enjoy the Duckett Visiting Professorship, the Ann Arbor Art Fest, and the sweltering heat.

Have a great weekend.