

FROM THE *Office of Education*

Dr. Elspeth McDougall
Chair of Education
Orange, California

Ultrasonography is increasingly being used in urological practice for the diagnosis, assessment and treatment of urological disorders. This modality can be used in the office practice setting to enhance patient evaluation and treatment and, thus, has generated increased interest in postgraduate training.

Educational Initiatives in Urological Ultrasound



Dr. Pat F. Fulgham
Dallas, Texas

In response to the expanded role of the urologist to perform ultrasound in clinical practice the AUA Office of Education

has created a series of 4 DVDs for ultrasound training. The *Basic Ultrasound* DVD covers the basic aspects of ultra-

sound including physics, indications for scanning, scanning techniques, documentation and patient safety. Since 2007 more than 1,134 *Basic Ultrasound* DVDs have been purchased from the AUA.

A more advanced series of ultrasound DVDs on *Abdominal Ultrasound – Renal and Bladder*, *Ultrasound of the Male Genitalia* and *Transrectal Ultrasound of the Prostate* is also available. These DVDs provide

a reproducible knowledge base on which the learner may be objectively tested. If participants successfully complete the online test they are awarded an AMA Level II Verification of Skills Certificate.

The AUA also offers several ultrasound courses with hands-on skills training. A comprehensive 1.5-day hands-on ultrasound course was held in October 2009 and will be repeated February 27–28, 2010. For more information or to register go to www.auanet.org, and click the Education and Meetings tab. These comprehensive courses cover all aspects of urological ultrasound and accommodate 40 participants. There are also hands-on ultrasound dry lab courses offered at the AUA annual meeting. This year a 1-day comprehensive ultrasound course will be offered on Friday, May 28, 2010 in San Francisco before the start of the AUA annual meeting. AUA Section meetings also have the option to sponsor an ultrasound modular course as a “course of choice” once a year. To request a “course of choice” visit the AUA web site at [http://](http://www.auanet.org)

www.auanet.org/eforms/education-and-meetings/section-submissions/.

Since 2007, 518 urologists have attended AUA ultrasound skills training courses. Now due to the overwhelming demand for additional urological ultrasound courses, the AUA Office of Education developed a mechanism for exporting ultrasound courses. If an organization or institution would like to offer an ultrasound course for urologists and provide AUA endorsed Continuing Medical Education credit, they may obtain the *Guidelines for Exporting Ultrasound Courses* from the AUA web site (<http://www.auanet.org/content/education-and-meetings/cme-connection.cfm>). These guidelines include a budget and course requirements, such as approval from the National Urologic Ultrasound Faculty (NUUF) and participation of NUUF approved instructors. For further information contact Sandra Baird at sbaird@auanet.org or 410-689-4040. ♦

GRADUATE MEDICAL *Education News*

Highlights of the 33rd Annual Business Meeting of the American Medical Association



Dr. Janelle A. Fox
AUA Delegate to the
American Medical
Association
Rochester, Minnesota

At the 33rd annual meeting of the American Medical Association (AMA) in Chicago this June I glimpsed the process by which health care policy is made. This year's meeting was unique with a live speech by President Obama outlining his current proposed health system changes.

I became familiar with the AMA annual business meeting through the Urology Caucus, which consists of representative members of the American Association of Clinical Urologists and the AUA Government Relations & Advocacy Department. The AMA provides many opportuni-

ties to become involved at the medical student, resident, and junior and senior attending physician levels. In addition to networking I witnessed policymaking on behalf of all medical specialties and participated in discussions of topics with the greatest impact on the practicing urologist. These topics included primary care and the “medical home,” broadening health care coverage with a public option, the inadequacies of the current Sustainable Growth Rate, Medicare reimbursement, information technology for medicine and Medicare reform.

Of particular interest to residents were the proposed resolutions to evaluate child care resources provided by training programs, eliminate questions about dependents and partnership during residency interviews, and provide extensions of up to 12 weeks

of residency for parental leave while maintaining board eligibility. In addition, the Institute of Medicine (IOM) report on Resident Duty Hours was reviewed, which documents the experience with duty hour regulations since 2003. The IOM report proposed further recommendations to optimize quality of care, education in training programs and communication in the transfer of patient care.

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Proposed changes to duty hours include adding a 5-hour sleep period for a 30-hour shift, setting a maximum shift length of 16 hours if sleep is not required, increasing average days off

in 4 weeks from 4 to 5, and establishing a maximum of 4 consecutive night shifts with no change in the 80-hour per week limit. If implemented this proposal would cost an estimated additional \$1.7 billion in personnel expenses which would be compensated with the cost savings of increased patient safety. The report was submitted to the Accreditation Council for Graduate Medical Education in December 2008 and the suggested changes are currently under consideration.

Medicare reimbursements were again a concern in this tight economy with physicians currently facing a proposed 21% Medicare rate cut in 2010. Currently staff services are compensated using the Medicare Physician Fee Schedule (MPFS), under which Medicare Part B reimburses hospitals and physicians. Resident services are reimbursed under the MPFS if a teaching physician is physically present for the critical portion of a service. Services provided by medical and surgical residents only do not qualify for MPFS reimbursement, but they may be covered by direct graduate medical education or indirect medical education payments. More spe-