The Cooper Medical School of Rowan University Program in Urology is structured as a five-year program, including one year in General Surgery, leading to eligibility for certification by the American Board of Urology. The program is accredited by the ACGME Residency Review Committee/Urology.

The primary goal of the program is to produce superior clinical and academic surgeons who are trained in all facets of modern urologic surgery. Urology residents are part of the operating team in all cases at the Cooper University Hospital and the Outpatient Surgical Center. All residents are afforded a rich operative experience due to the volume and variety of surgical diseases throughout the hospital system. Chief residents will average more than 1500 index cases over four years.

The operative experience of the program is complemented by a rigorous academic conference schedule, which is designed to promote resident advancement in surgical knowledge and to develop and hone presentation skills. The interdisciplinary nature of several of the conferences enhances the educational experience of the residents and promotes an appreciation for various views and approaches to surgical problems and issues.

In recognition of the need for both clinical and academic physicians in the current and future healthcare environments, the program requires residents to complete yearly clinical research projects as well as an outcomes project over their last two years.

Broad exposure to the components of adult and pediatric urology is gained through rotations at the core facilities: Cooper University Hospital, Voorhees Outpatient Surgical Center, Alfred I. DuPont for Children, Our Lady of Lourdes Hospital, and Voorhees Adult Urology Clinic.

Your growth as a surgeon should parallel your personal development. During your training, many of you will form close, lifelong relationships both inside and outside the hospital. Do not neglect these relationships. We encourage you to continue hobbies and interests that make you a complete person. These endeavors will not only be fruitful for you in your personal growth, but will benefit your patients, by providing them a balanced, compassionate urologist.

The quality of education offered by the Cooper Medical School program ranks highly among its peers, yet a committed faculty continuously searches for ways to improve upon the structure. We value your individual participation and feedback regarding your experience. The entire faculty hopes that you will find a balance of clinical and academic activities and enjoy a healthy camaraderie and team spirit during your residency.
Facilities

Surgical training takes place at the sponsoring institution of Cooper University Hospital and its’ integrated outpatient surgical center, located in Voorhees, New Jersey. Two participating institutions, Alfred I. Dupont Hospital for Children and Our Lady of Lourdes Hospital, will also serve as a teaching site for our program.

Cooper University Hospital (CUH) the largest hospital in the Southern New Jersey area, is a 640-bed acute care academic medical center providing both primary and tertiary care. CUH is a provider of health services, medical education and clinical research in southern New Jersey and the Delaware Valley. The hospital is a clinical campus of the Cooper Medical School of Rowan University and offers training programs for medical students, residents, fellows, nurses and allied health professionals in a variety of specialties. The Trauma Center at Cooper University Hospital was established in 1982 and is one of only three New Jersey State-Designated Level I Trauma Centers. It is certified by the American College of Surgeons and serves as the regional trauma center for southern New Jersey including Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Ocean and Salem counties and acts as a resource for the Level II Trauma Centers in the South Jersey region. A Level I Trauma Center cares for severely injured patients including persons involved in motor vehicle crashes, falls, and assaults with guns, knives, or other blunt objects. On average, Cooper treats more than 2,700 trauma patients each year, making it the busiest center in New Jersey. In addition, Cooper University Hospital serves as Southern New Jersey’s major tertiary-care referral hospital for specialized services. Cooper’s primary services are: the Bone & Joint Institute, Cancer Institute, Critical Care Medicine, Heart Institute, Level I Trauma Center, Neurological Institute and Urological Institute.

Our Lady of Lourdes Medical Center in Camden is a regional referral center known for providing the most sophisticated levels of care. The 410-bed medical center offers many specialty services, including: The New Jersey Heart Institute at Lourdes; the Regional Perinatal Center for high-risk mothers and infants; the Lourdes Regional Rehabilitation Center; the Southern New Jersey Regional Dialysis Center; and the Center for Organ Transplantation. Residents will visit through this medical facility while on their renal transplantation rotation with Dr. Nasser Youssef.

Alfred I. DuPont located in Wilmington, DE, is a 300 acres in-patient and outpatient clinic dedicated to providing children in the Philadelphia and South Jersey area with state-of-the-art treatments for urological conditions. This facility is under the supervision of Dr. T. Ernesto Figueroa, a board-certified and fellowship-trained pediatric urologist. All major pediatric urologic procedures will be performed at the Cooper University Hospital.

Residents are immersed in this rich environment, and have ample opportunity to interact with faculty and peers through formal and informal teaching sessions.
Facilities

Voorhees Adult Urology Office and Surgical Center located in Voorhees, New Jersey, is a 60,000 square-feet facility that is attached to four outpatient surgical suites and one procedure room. This facility houses a multi-disciplinary adult clinic ranging from cardiology to hematology-oncology to other primary care disciplines. Urology shares space at this outpatient facility. This facility has in-house radiology and laboratory suites.

Cooper University Hospital Adult Clinical Urology Clinic provides a good procedural experience as well as an extensive outpatient experience, including both outpatient office visits and outpatient office procedures, such as cystoscopy and transrectal biopsy clinics. There is a wide breadth of general primary urology that is experienced at this facility. The clinic is staffed by three of our full-time faculty members. The resident team is composed of a third-year Urology resident and a first-year Urology resident (PGY-4 and PGY-2 respectively) under the supervision of the chief resident (PGY-5). The clinic is held one half-day on Monday afternoons, Wednesday afternoons, and Thursday mornings.

Each level of training has specific number of rotations. The year is divided equally among rotations at each level to provide equality to each area and to better provide for continuity of patient care. These details are seen with each of the rotation schedules.

Urological residents are part of the operating team at each of our institutions. The chief resident assigns the residents at the junior PGY levels to scheduled cases in both inpatient and outpatient operating rooms according to case complexity in proportion to the level of training of each resident. Each institution maintains a pre-admission testing area where residents evaluate the patients and diagnostic studies performed five to seven days prior to admission. This system allows for optimal preoperative assessment of various operations that the resident will perform. In addition, this system has been devised on particular services for residents to participate in preoperative evaluation of patients in the faculty member’s offices as well as postoperative follow-up visits (Adult Outpatient resident/Transplant resident). The resident team plays a major role in the postoperative care of all patients, serving as a first-call response and rounding twice per day. Work habits, interpersonal skills, overall abilities, and attitudes are learned through role modeling and throughout organized didactic sessions.

On the Pediatric rotations, the resident participates in the office setting via providing continuity of care. At the Alfred I. DuPont campus, the resident encounters patients preoperatively and sees the patients that he/she has operated on postoperatively on a regular and continuing basis.
A full range of academic conferences takes place at Cooper University Hospital.

<table>
<thead>
<tr>
<th>CONFERENCE</th>
<th>HOSPITAL</th>
<th>FREQUENCY</th>
<th>CONFERENCE LEADER</th>
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<tbody>
<tr>
<td>Urology Grand Rounds/Didactic</td>
<td>Cooper University Hospital (CUH)</td>
<td>1 per week Wednesday Morning (7-8am)</td>
<td>Attending Staff</td>
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<tr>
<td>Conference</td>
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<tr>
<td>Uroradiology Case Conference</td>
<td>CUH</td>
<td>1 per week Monday Evening (5-6pm)</td>
<td>Attending Staff</td>
</tr>
<tr>
<td>Adult Journal Club</td>
<td>CUH</td>
<td>1 per month (1st Monday of month) (6-7pm)</td>
<td>Attending Staff</td>
</tr>
<tr>
<td>Morbidity and Mortality</td>
<td>CUH</td>
<td>1 per month (2nd Monday of the month) (6-7pm)</td>
<td>Attending Staff</td>
</tr>
<tr>
<td>Uropathology Conference</td>
<td>CUH</td>
<td>1 per month (3rd Monday of month) (6-7pm)</td>
<td>Allen Seftel, MD</td>
</tr>
<tr>
<td>Multi-Disciplinary Tumor Conference</td>
<td>Voorhees Office</td>
<td>1 per week Tuesday Morning (8-9am)</td>
<td>Attending Staff &amp; Pathology Department</td>
</tr>
<tr>
<td>Pediatric Uroradiology Conference</td>
<td>Alfred I. DuPont</td>
<td>1 per week Thursday Evening (5-6pm)</td>
<td>T. Ernesto Figueroa, MD</td>
</tr>
<tr>
<td>Pediatric Journal Club</td>
<td>Alfred I. DuPont</td>
<td>1 per week Thursday Evening (5-6pm)</td>
<td>T. Ernesto Figueroa, MD</td>
</tr>
<tr>
<td>Visiting Professor</td>
<td>CUH</td>
<td>Approximately 2 per year</td>
<td>Attending Staff</td>
</tr>
<tr>
<td>Mock Oral Examination</td>
<td>CUH</td>
<td>Once a year in April</td>
<td>Attending Staff</td>
</tr>
<tr>
<td>Anatomical Dissection Conference</td>
<td>Cooper Medical School</td>
<td>Once a week (Wednesday Morning) for the entire month of July</td>
<td>Attending Staff</td>
</tr>
</tbody>
</table>
Educational Conferences

A full range of academic conferences takes place at Cooper University Hospital. The primary focus of the conference schedule is resident education that includes the advancement of surgical knowledge and to develop and hone individual presentation skills. The conferences also provide consistent forums for direct communication between the residents and faculty regarding the care of their patients. Every Monday evening, Tuesday morning, and Thursday Evening are devoted to resident education in order to give the residents a protected and dedicated time period for these academic activities as well as to improve attending physician involvement by scheduling the major conferences at regular and convenient times. Attendance at these conferences by the residents is mandatory.

On a semi-annual basis, the Educational Committee conducts an electronic survey of the program and all of the conferences by all residents and faculty. The data is then correlated and initially reviewed at the Urology Educational Committee meeting held in December and June of each year. The results are then presented and discussed at the divisional faculty quarterly meeting as well as the residents’ quarterly meeting. The Education Committee reviews the performance of graduates on the Qualifying Examination as well as the performance of residents on the In-Service Examination. In addition, the Education Committee takes into account the curriculum requirement as outlined by the RRC and the American Urological Association.

Urology Didactic Conferences

Urology didactic conferences are held each Monday evening at Cooper University Hospital. This weekly conference covers the core urology curriculum. The list of topics covers a two year span and is chosen and modified yearly by the education committee. The list is generated after input from faculty and residents and takes into consideration the results of the in-service examinations. Topics include core urology, medico-legal and ethical issues. The chief resident chooses the topics for a given month from the list provided by the education committee. The monthly schedule has to be approved by the chairman of the education committee. A faculty member is assigned to run the conference, except for those given by outside faculty or by the resident. A reading list is provided to the residents by the assigned faculty member at least one week prior to each conference. Most of the conferences are discussions in a Socratic format, with the assigned faculty asking residents to explain specific aspects of the urologic topic under discussion. Certain conferences (such as fundamentals of chemotherapy, radiation therapy, renal transplantation, geriatrics, medico-legal, and risk management) are presented by experts outside of the department. These are presented in a lecture format. Each resident is expected to present one conference per year. These topics are chosen by the resident with approval from the faculty. The resident is expected to review the literature by utilizing departmental journals as well online library resources and to create a PowerPoint presentation. This allows the residents to pursue areas of interest in more detail. The Urology Grand Rounds addresses and reinforces the competencies of medical knowledge, interpersonal and communication skills, and practice based learning. The Urology Grand Rounds addresses and reinforces the competencies of medical knowledge, interpersonal and communication skills, and practice based learning.
Educational Conferences continued

**Uroradiology & Patient Management Conference**

This conference is held every Monday evening for 1.0 hour (5-6pm), designed to discuss clinical cases from initial patient presentation to final treatment plan. The focus of this conference is to have an in-depth radiology-based discussion of clinical cases to define appropriate clinical management algorithms and controversies. Residents are responsible for preparing cases with x-rays and reviewing current treatment of urologic diseases in preparation for this conference. This conference will be held before the Journal Club, Morbidity and Mortality, and Uropathology conferences on Monday evenings. All Urologic Attendings and a Radiologist will be present for this conference. The Chief resident will be responsible for choosing the pertinent educational case. For each case a resident familiar with the patient is expected to explain the clinical presentation. Another resident, not familiar with the patient, is chosen to work through the case by asking for additional history, physical exam findings, laboratory results and radiologic studies. The resident is often requested to explain the rationale for requesting additional studies. There is much emphasis on understanding what useful information will be gained by obtaining additional studies. This leads to a discussion between residents and faculty about the value of particular studies in certain scenarios. It may also bring up controversies regarding the management options for individual cases. Most cases have radiologic studies which are first reviewed by a resident not familiar with the case, and then by the radiologist emphasizing teaching points about the interpretation of the study, the choice of studies, and the indications and value of additional studies. In some circumstances, a faculty member may present a case of particular diagnostic or management difficulty. This conference emphasizes the core competencies in medical knowledge, interpersonal and communication skills, practice based learning, and patient care. A faculty member is designated to direct the conference on a rotating basis.

**Journal Club**

This conference is held once a month on the first Monday evening of each month for 1.0 hour (6-7pm), designed to keep the residents and faculty up to date with current urology literature and to teach to read scientific articles critically by discuss pertinent articles from various urologic disciplines in the Journal of Urology, Urology, JAMA, NEJM, American Urology Associations (AUA) Evidence Based Reviews in Urology (EBRU), and other specialty-specific journals. All Urologic Attendings will be responsible for attendance. With the input from the faculty, the Chief Resident will be responsible for selecting the pertinent topic from the journal. The chief resident then prepares and designates the reading assignments to the junior residents. Each resident reviews their selected articles and completes a template which forces an organized and comprehensive approach to medical literature. The objective is to teach methods of study design, how outcomes are measured, and what statistical methods were used and is it appropriate for the type of study. The template emphasizes an appraisal of the quality of the writing, the study design, the clinical applicability of the results, and an assessment of the statistical methods. An assigned faculty member runs the conference with the resident presenting a review of the article based on the template. The resident will be
Educational Conferences continued

questioned about the article and the faculty will assist in putting the study into perspective. Each resident is responsible for reviewing one or two of the articles. Each resident presents a summary of the assigned article(s) and the faculty questions the resident, bringing out important points for discussion. The journal clubs utilize the core competencies of medical knowledge and practice based learning as well as interpersonal and communication skills.

Morbidity and Mortality Conference

This is a monthly conference held once a month on the second Monday evening of each month for 1.0 hour (6-7pm) and is mandatory for both residents and faculty. The primary purpose of this forum is to provide quality assurance and peer review for the Division of Urology by discussing all surgical cases from the previous month that merit educational discussion. Management, complications, and outcome improvements are the main emphases; was there an error in judgment, technique, diagnosis, system-based problems, and/or complication due to nature of disease. Specific complications are presented and the case reviewed to analyze opportunities for patient care and process improvement. All discussion is to be literature based with references provided for each presented case. Complications and deaths for each service are submitted by service for each one month period to the urology administrative secretary, Linda Marsh, one week prior to the monthly conference. The senior resident assigned to each hospital discusses the cases with a complication in detail including the presenting complaint, the indications for surgery, the clinical course as well as possible causes of the complication and ways to avoid similar outcomes in the future. The faculty involved in the case adds additional information resulting in a discussion involving both faculty and residents. The educational cases will be presented by the resident who participated in the care of the patient. Each presenting resident will be notified when the case is chosen. A short (5-10 min) PowerPoint presentation is to be prepared to discuss the disease process and/or complication and methods to avoid such complications in the future. The faculty members will evaluate each presenter in terms of quality of presentation, understanding of the issues, and manner of presentation. The core competencies addressed in this conference include medical knowledge, interpersonal and communication skills, practice based learning, and patient care. These evaluation forms as well as the PowerPoint presentation will be placed in the resident’s academic file (in New Innovations) and may be viewed during normal operating hours of the Urology Office.

Uropathology Conference

This conference is held once a month on the third Monday evening of each month for 1.0 hour (6-7pm), designed to identify and diagnosis urologic diseases histologically and pathologically. This is set up as a topic oriented conference reviewing normal and abnormal pathology of the entire genitourinary tract. All Urologic Attendings will be responsible for attendance and the conference will be lead by a member from the Department of Pathology. The cases will be presented by the resident involved with the patient’s care, and the pathologist will present the pathology moderated in didactic and Socratic lecture style. The yearly schedule is based in part upon the previous year’s topics, and
Educational Conferences continued

covers the major areas in urologic pathology: the prostate, bladder, testis, kidney, penis, and adrenal gland. To guide the pathology faculty, we use the American Urological Association genitourinary pathology curriculum which is supplied to the pathology faculty on disc.

Urology Grand Rounds
This conference is held every Wednesday morning for 1.0 hour (7-8am) by the Chief of the Division of Urology. These rounds will consist of topic presentations by the urology faculty, residents, guest lecturers, and faculty from other departments. Given in didactic format with time allotted for questions. The overall schedule is defined by the chief residents. Academic faculty mentors and the subspecialist attending with expertise in the given specialty assist the presenting resident with topic selection and presentation development. Residents will be required to present one Grand Round presentation of a topic of their choice per academic year. The faculty members will evaluate each presenter in terms of quality of presentation, understanding of the issues, and manner of presentation.

SASP
This is a resident-oriented conference based upon standardized urology test questions and is held during Grand Rounds. The question set is provided prior to the conference and the answers are discussed in an interactive format with an attending staff member.

AUA Updates
This conference is designed to review the monthly distributed AUA Updates. It is held once a month during Grand Rounds. The conference is interactive and hosted by different members of the Urology faculty, depending on the topic presented.

Pediatric UroRadiology Conference
This conference is held every Thursday evening for 1.0 hour (5-6pm) with the pediatric urology faculty. This conference functions as an introduction to pediatric urologic radiology and pediatric urology case management. This is a topic based conference. The resident assigned to the pediatric service with an attending selects 3-4 cases of a particular theme in pediatric urology. The cases are discussed individually, and then a resident presents a 15 minute summary of the topic often with a handout and references. The pediatric urology faculty members will also question the residents about the case and the urologic condition. The conference emphasizes the core competencies of medical knowledge, interpersonal and communication skills, practice based learning, and patient care.

Pediatric Urology Journal Club
This conference is held once a month on a Thursday evening for 1.0 hour (5-6pm), designed to discuss pertinent pediatric urology articles in the Journal of Urology. This conference is proctored by Dr. Figueroa. Articles are chosen and presented by the residents, and discussed by the group with respect to hypothesis and study design, results, and context with respect to other published literature.
Educational Conferences continued

**Multi-Disciplinary Cancer Conference**
This conference is held every Tuesday morning for 1.0 hour (8-9am); it is attended by academic faculty from urology, radiation oncology, genitourinary pathology, and medical oncology, designed to discuss and employ the most up-to-date treatment of urologic cancers. This is an important conference not only because of the GU cancers discussed, but to learn how to manage urology patients with a multidisciplinary team. This conference emphasizes the care competencies of patient care, medical knowledge, and system-based practice.

**Mock Oral Examination**
This examination is held once a year in April (at the end of the resident year), designed to simulate an actual urology oral board examination. This will be conducted by the entire urology faculty and all residents are required to participate in this annual event. This examination will consist of a case presentation associated with various radiologic imaging studies, urodynamics studies and/or pathology slides. This format specifically reinforces the ACGME core competencies of medical knowledge, practice based learning and improvement, systems based practice, as well as professionalism. Residents will be evaluated on his/her performance. It is expected that all residents will be as flexible as possible with their vacation schedules in order to participate. Failure to participate in the Mock Orals, when there is at least two months notice of the date, and without special permission from the Program Director, may result in academic probation.

**Anatomical Dissection Conference**
This one-month long teaching session held every Wednesday morning during the month of July (at the beginning of the resident year) is designed to review surgical anatomy pertinent to urologic surgery. This conference will be held in place of Grand Rounds in the month of July. This teaching session will be held in the gross anatomy lab at Cooper Medical School and will be proctored by a faculty member from the Division of Urology and Department of Anatomy. Anatomical dissections will be performed to review pelvic/lower urinary tract anatomy, upper urinary tract anatomy, retroperitoneal anatomy, and male/female external genital anatomy—one topic to be discussed each week.

**Basic Science Conference**
This conference will be held by Dr. Michael DiSanto, Director of Surgical Research. Dr. DiSanto will conduct basic science review lectures throughout the academic year. Lectures will include renal physiology, renovascular hypertension, clinical and research bioethics, biostatistics, neuro-urology physiology, etc.

At the end of the academic year, both faculty and residents are required to complete a survey/questionnaire to determine the status of the conferences. The results are then reviewed at the next Urologic Education Committee Meeting.
### Educational Conferences

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY*</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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<tr>
<td>5pm – Uroradiology 6pm – Journal Club</td>
<td>8am – Multi-Disciplinary Cancer Conference</td>
<td>7am – Urology Grand Rounds</td>
<td>5pm – Pediatric Uroradiology</td>
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### Master Rotation Schedule

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<tr>
<th>PGY 5 CHIEF URO-4</th>
<th>JULY 1st – SEPTEMBER 30th</th>
<th>OCTOBER 1st – DECEMBER 31th</th>
<th>JANUARY 1st – MARCH 31th</th>
<th>APRIL 1st – JUNE 30th</th>
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<td>Cooper University Hospital</td>
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<th>JULY 1st – SEPTEMBER 30th</th>
<th>OCTOBER 1st – DECEMBER 31th</th>
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<th>APRIL 1st – JUNE 30th</th>
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<td>CUH – Adult Urology Service</td>
<td>Alfred I. DuPont Hospital For Children Campus</td>
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<tr>
<td>Adult Urology @Voorhees Mall</td>
<td>Alfred I. DuPont Hospital For Children Campus</td>
<td>Adult Urology @Voorhees Mall</td>
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<tr>
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<td>Cooper University Hospital</td>
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<td>Nephrology</td>
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Selection Requirements of the Program

Urological residencies are subject to periodic review by the Residency Review Committee (RRC) for Urology which operates under the umbrella of the American Medical Association (AMA) with representation from the ABU, American College of Surgeons (ACS) and the AMA council on medical education. The accreditation process is an in-depth review of the resident experience including the quantity of clinical material and quality of the teaching program. The role of the RRC is to protect the interest of the resident by insuring that the educational expectations implicit in the training program will be met.

Because of the competitive nature of the urology residency selection process, residency program directors are interested not only in national board scores (USMLE), medical school class rank, and other traditional methods to measure the ability of medical students, but also in the quality and quantity of electives taken during the senior year. In general, most urology program directors think that two months is the maximum amount of time that should be spent on urology electives during the senior year. Taking a urology elective is reasonable primarily to “firm up” career decisions about pursuing urology. The other reason to take urology electives during the fourth year is to do electives at programs where the student is seriously considering applying. Our program in urology encourages medical students from outside institutions to do a one-month elective at our university hospital. Outside medical students may obtain information for an elective in urology by calling the registrars’ office at Cooper Medical School of Rowan University.

The Urology Residency Matching Program assigns match numbers to applicants and programs that register online. Applicants register with the Electronic Residency Application Service (ERAS®) and contact programs to request application forms, for those programs not participating in ERAS®, and to set up interviews. All applicants and programs complete the preference list forms online and submit to the Urology Residency Matching Program before the deadline. The Urology Residency Matching Program performs the match and sends out results to applicants, medical schools and urology training programs. Applicants must also go through the National Resident Matching Program (NRMP) as a formality for the surgery training required before urology training. Applicants for the Cooper Medical School of Rowan University Program in Urology should register with the NRMP match, as the general surgery PGY-1 year will be done at the Cooper University Hospital.

To qualify for certification by the American Board of Urology (ABU), a candidate must complete an approved urologic residency training program. A minimum of five years of clinical postgraduate education is required; of which 12 months must be spent in general surgery and 36 months must be spent in clinical urology. The remaining 12 months must be spent in general surgery, urology or other clinical disciplines relevant to urology and acceptable to the Board. Irrespective of the training format provided, the final 12 months must be spent as a chief resident in urology with appropriate clinical responsibility under supervision in institutions that are an approved part of the program.
Certification in urology is under the aegis of the American Board of Urology (ABU). The ABU arranges and conducts examinations testing the qualifications of candidates who present themselves voluntarily for certification. Completion of the requirements for certification in urology requires the successful passage of a qualifying written examination which must be taken within three years after completing an approved urology residency. After successful passage of this written qualifying examination, a second certifying examination must be taken within five years after notification of successful completion of the written examination. This certifying examination consists of pathology, uroradiology and a standardized oral examination. Over the past decade, approximately 80 percent of the candidates taking the written qualifying examination have passed, with the highest passing rate being among United States Medical School graduates. The certifying examination also has a failure rate of about 20 percent. Certification by the ABU is for a 10-year period with recertification required after that time.
How to Apply

The Urology Residency Program at Cooper University Hospital participates in the Electronic Residency Application Service (ERAS), and all information is processed through this system without exception. Information regarding the ERAS application process and timeline is available on the websites listed below.

Association of American Medical Colleges
www.aamc.org/eras

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Three Cooper Plaza, Suite 411
Camden, NJ 08103
The Cooper Campus and Surrounding Area

It is extraordinary to have such a high concentration of leadership at one institution but, then, Cooper is an extraordinary hospital.

Cooper University Hospital is the center of a growing health science campus that includes the main hospital, Cooper Medical School of Rowan University, MD Anderson Cancer Center at Cooper, the internationally acclaimed Coriell Institute for Research, Three Cooper Plaza medical offices and the Ronald McDonald House.

Adjacent to the Cooper Plaza/Lanning Square neighborhood, Cooper has a long history of outreach and service efforts to its local community. Some of these initiatives include health and wellness programs for the neighborhood, development of three neighborhood parks and playground, and outreach to programs into local schools.

The Hospital’s 312,000-square-foot, 10-story Roberts Pavilion houses state-of-the-art patient care facilities, including 120 private patient rooms, a 30-bed medical/surgical intensive care unit, 12 technologically advanced operating room suites with hybrid imaging capabilities, an advanced laboratory automation facility and a 14,000-square-foot Emergency Department. The Emergency Department features 25 beds, dedicated isolation suites and autonomous CT scanning technology. Two new floors in the Roberts Pavilion, each with 30 private patient rooms, opened in August 2014. The two floors are designed to serve specific patient populations with Pavilion 8 serving a growing advanced-care surgery patient population and Pavilion 9 serving the Cooper Heart Institute for hospitalized heart patients. The Pavilion features an expansive lobby and concourse, a restaurant and coffee shop, health resource center, business center, gift shop and chapel.

The Pavilion also houses the 25,000-square-foot Dr. Edward D. Viner Intensive Care Unit. A design showcase for patient and family-centered care, the unit features 30 private patient rooms equipped with the latest in advanced technology, and allowing 360-degree patient access. Five patient rooms are capable of negative pressure isolation, and five rooms have chambered isolation alcoves. In addition, an enlarged room with operating room caliber lighting is outfitted to perform bedside exploratory laparotomy in patients too unstable for transport to the operating room.

In 2013 Cooper celebrated the opening of MD Anderson Cancer Center at Cooper, the $100 million, four-story, 103,050-square-foot center located on the Cooper Health Sciences Campus in Camden, dedicated to cancer prevention, detection, treatment and research. MD Anderson Cancer Center at Cooper offers South Jersey's only dedicated inpatient, 30-bed cancer unit adjacent to the new cancer center at Cooper University Hospital. The center includes bright, spacious chemotherapy treatment areas, patient exam rooms, conference centers and advanced diagnostic and treatment technologies. The designers incorporated an aesthetic approach to healing with abundant natural light, a rooftop Tranquility Garden, an illuminated floor-to-ceiling “Tree of Life” centerpiece and more than 100 pieces of original art created by 71 New Jersey artists.

The expansion project at Cooper is a direct reflection of the growth in services that Cooper has experienced over the past several years.
The Cooper Campus and Surrounding Area

Cooper Medical School of Rowan University Medical Education Building is located on the Cooper Health Sciences Campus on South Broadway, between Benson and Washington Streets in Camden. The new $139 million building, which opened in July 2012, was designed for CMSRU’s curriculum with spaces and technologies to support faculty and students in their educational process. In 2012, CMSRU welcomed the class of 2016 with 50 students.

The Cooper campus is located in the heart of the Camden’s business district. The academic medical center campus is easily accessible by car or public transportation—the commuter high-speed line and bus terminal are located a half-block from the campus. Cooper is a short walk or drive from the exciting Camden waterfront where the New Jersey State Aquarium, the River Sharks stadium, the USS New Jersey and Susquehanna Bank Center are located.

Cooper is conveniently close to Philadelphia. Just a mile-long drive over the Benjamin Franklin Bridge or a ferry boat ride will put you at the doorstep of Philadelphia’s cultural, culinary and historic venues.

South Jersey also offers a range of living and entertainment options. Quaint towns such as Haddonfield and Collingswood are just 10 minutes away. The lights and action of Atlantic City and those other popular beach towns such as Cape May and Ocean City are a one-hour drive from Cooper.
Cooper Campus Map

The most up-to-date directions to Cooper University Hospital are available at: coophealth.org/directions