

Obstetrics and Gynecology: Urogynecology Rotation Objectives: Core of Discipline)

anMEDS Framework: Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional.

Urogynecology Learning Objectives

Medical Expert:

Upon completion of this sub-specialty rotation, the urogynecology resident will have acquired the following competencies and will function effectively as a medical expert.

The resident must demonstrate:

- Diagnostic and therapeutic skills for effective and ethical patient care.
- The ability to access and apply relevant information in clinical practice.
- Effective consultation services concerning patient care and education.
- Recognition of personal limitations of expertise, including the need for appropriate patient referral in continuing medical education.

In order to achieve the objectives, the urogynecology resident must demonstrate both knowledge and technical ability in the approach to problems in the practice of urogynecology.

Other Educational Objectives

The resident will possess the knowledge of the following clinical conditions or problems encountered commonly in the practice of urogynecology. This list should be considered in its entirety and not be considered as comprehensive for all disorders in the practice of this specialty.

Extensive knowledge is required for the following:

1. Surgical anatomy of the pelvic floor, including genital, urinary, colorectal, anal, skeletal myofascial elements, and understand the pathologic variance.
2. Functional anatomy of the continence mechanisms of the urethra and anus.
3. Pathophysiology, investigation, diagnosis, and management of stress urinary incontinence and urodynamic stress incontinence urge urinary incontinence, and detrusor overactivity, obstetrical anal sphincter injury and the physiologic effect of aging on the pelvic floor.
4. Voiding dysfunction, including postoperative and postpartum urinary retention, bladder outlet obstruction, and detrusor hypotonia.
5. Recurrent cystitis, acute and recurrent urinary tract infection.
6. Pelvic organ prolapse, including pessary care.
7. The use of appropriate tests and investigations of genitourinary disorders including urethral pressure profilometry, uroflowmetry, and multichannel urodynamics.
8. The use of proper pharmacologic agents in the treatment of genitourinary disorders.
9. The surgical options available (including indications, contraindications, success/failure rates, complications) for stress incontinence and prolapse including:
 - 9.1 Periurethral bulking agents
 - 9.2 Midurethral slings
 - 9.3 Autologous Sling Procedures
 - 9.4 Abdominal colposacropexy
 - 9.5 Prolapse repairs (including anterior, posterior and enterocele repair)
 - 9.6 Sacrospinous vault fixation
 - 9.7 Colpocleisis
10. Interstitial cystitis

Rotation Information

Rotation Contact:

Dr. Momoe Hyakutake

Reading material:

Prior to this rotation, the resident should read the following: *Syllabus, rotation objectives and assigned readings for week 0. The resident resource Google drive link with above information will be provided to residents 2-3 weeks prior to start of their rotation via email.*

Rotation duration:

12 weeks

Vacation and time off:

See PARA guidelines and resident vacation policy.

Review of rotation objectives: Rotation objectives should be reviewed with the resident soon after their rotation begins.

Assessment:

Please review the orientation package. You will be required to complete quizzes on some of your weeks. These quizzes will act as your assessments in addition to EPAs. You will also receive a interim evaluation and a final evaluation on this rotation.

EPAs

During this rotation, the following EPAs should be achieved:

Core of Discipline

C11 Providing care for patients with pelvic floor dysfunction

5 successes

C15A Performing major vaginal and vulvar procedures

3 successes

C17A Performing major open abdominal gynecologic procedures

1 success

C 18 Managing patients with surgical complications is on EPA map

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The urogynecology resident should have a working knowledge of:

1. Indications and limitations and interpretation of urodynamic testing
2. Indications and limitations of cystoscopy
3. Pathophysiology, investigation, diagnosis and management of congenital anomalies of the genitourinary system
4. Bladder malignancy
5. Non-infectious urethritis, atrophic urethritis
6. Urethra diverticula
7. Anal incontinence
8. Drug interactions with lower urinary tract function
9. recognize and repair operative injuries to the urinary tract
10. Recognize and manage urinary fistula
11. Other surgical options including Burch repair and Fistula repair

Technical Skills

The resident will acquire a wide variety of technical skills in the practice of urogynecology. The following is a detailed list of required technical skills, including surgical skills. These lists should be considered in its totality and not be considered as exhaustive for all disorders in sub-specialty practice.

Diagnostic procedures and techniques:

The fully trained resident will demonstrate an understanding of the indications, risks and benefits, limitations, and know the following investigative techniques specific to the practice of urogynecology.

1. Focused Physical Examination

- 1.1 Screening urologic evaluation specific to the urinary tract
- 1.2 Exam of the perineum
- 1.3 Quantitation of the degree of pelvic relaxation (POP-Q)
- 1.4 Assessment of levator ani muscle strength, tone and tenderness
- 1.5 Objective demonstration of incontinence
- 1.6 Serology, Microbiology
- 1.7 Urinalysis
- 1.8 Urine microscopy
- 1.9 Urine culture

2. Imaging

- 2.1 Transabdominal ultrasound for gynecologic disease
- 2.2 Transvaginal ultrasound for gynecologic disease
- 2.3 CT and CT-venogram/CT-IVP
- 2.4 Renal scan
- 2.5 MRI

3. Plain Abdominal Voiding

- 3.1 Cystourethrography (static and fluoroscopic)
- 3.2 Video Cystourethrography with pressure recording
- 3.3 Positive pressure urethrography

4. Cytology & Histopathology

- 4.1 Cervical cytology
- 4.2 Urine cytology

5. Other Investigation

- 5.1 Cystometry
- 5.2 Understanding of sensation, maximum cystometric capacity, compliance and contractility
- 5.3 Urethral profilometry
- 5.4 Understanding maximum urethral closure pressure and leak point pressure
- 5.5 Functional urethral length
- 5.6 Total urethral length
- 5.7 Pressure transmission ratios
- 5.8 Uroflowmetry
- 5.9 Understanding flow time, time to peak flow, peak and average flow rate, voiding volume, flow rate pattern, residual volume, electromyography, and understanding the theory and its clinical applications.

Surgical Skills

A list of surgical skills is divided into categories reflecting the frequency with which these procedures are encountered during residency training in urogynecology as well in the general practice of urogynecology. The categorized list also reflects a level of technical skill competency for each surgical procedure expected after completion of a residency training program in obstetrics and gynecology.

List A

The fully trained urogynecology resident should be competent to perform the following independently:

Open Gynecologic Procedures

- Pfannenstiel incision
- Vertical midline incision
- Total abdominal hysterectomy
- Sub-total abdominal hysterectomy
- Repair wound dehiscence
- Cystotomy repair
- Vaginal Gynecologic Procedures
- Vaginal hysterectomy
- Anterior colporrhaphy
- Posterior colporrhaphy and perineorrhaphy repair
- Vaginal enterocele repairs
- Mid-urethral sling
- Pessary fitting and removal.
- Cystoscopy (to identify urethra, ureters, injury to the bladder)

List B

The fully trained resident in urogynecology will understand and be able to perform, though he/she may not have acquired sufficient skill in residency to perform them independently.

- Abdominal or laparoscopic colposacropexy
- Cystotomy repair
- Enterotomy repair
- McCall culdoplasty
- Colpocleisis

List C

The fully trained resident in urogynecology will understand but will not be expected to perform the following procedures. He/she should understand the principles of the procedures as well as indications for referral and the perioperative management and complications.

- Retropubic bladder neck suspension (colposuspension)
- Laparoscopic colposuspension
- Martius graft advancement
- Vesico-vaginal and recto-vaginal fistula repair
- Vaginoplasty
- Abdominal paravaginal repair

Other

- Ureteroureterostomy
- Ureteric implantation
- Percutaneous nephrostomy
- Sacrospinous fixation of the vaginal vault

Communicator

The urogynecology resident must be able to:

1. Establish a therapeutic relationship with patients and their families characterized by understanding, trust, empathy, and confidentiality.
2. Obtain and synthesize relevant history from patients, families, and community.
3. Discuss appropriate information with the patient, her family, and other health care providers that facilitate optimal care; this also implies the ability to maintain clear, accurate, timely, and appropriate records.

To achieve these objectives as a communicator, the resident must demonstrate:

4. The ability to obtain informed consent for medical and surgical therapies.
5. The ability to record accurately and succinctly data collected from patients, laboratory tests and radiological studies and to communicate (oral or written) conclusions based on these data to patients and their families, referring physicians and other involved health care personnel.
6. Evidence of excellent interpersonal skills when working with patients, families, and other members of the health care team
7. An awareness of the unique personal, psychosocial, cultural and ethical issues that surround individual patients with obstetric or gynecologic problems.
8. The ability to prepare and present information to colleagues and other trainees (if applicable) both informally (i.e., ward rounds) and formally.
9. Each resident will be responsible for presenting once during their rotation at Urogynecology rounds.

Collaborator

The fully-trained urogynecology resident must be able to:

1. Consult effectively with other physicians and health care providers.
2. Contribute effectively to a multi-disciplinary health care team.

To achieve these objectives as a collaborator, the urogynecology resident must be able to:

3. Function competently in the initial management of patients with conditions that fall within the realm of other medical or surgical specialties.
4. Demonstrate the ability to function effectively and, where appropriate, provide leadership, in a multi-disciplinary health care team, showing respect, consideration and acceptance of other team members and their opinions while contributing personal specialty-specific expertise.
5. Identify, understand and respect the significant roles, expertise, and limitations of other members of a multi-disciplinary team required to achieve a goal optimally.

Leader

The urogynecology resident should be able to:

1. Able to recognize personal limitations and seek assistance when necessary.
2. Manage resources effectively to balance patient care, learning needs and outside activities.
3. Allocate finite health care resources wisely.
4. Work effectively and efficiently in health care organization.
5. Utilize information technology to optimize patient care, life-long learning and practice administration.

To achieve these objectives, the urogynecology resident should:

6. Demonstrate good time management skills.
7. Demonstrate an ability to assess patients efficiently in the ambulatory clinics.
8. Be able to effectively manage a clinical and surgical practice, including the of normal and abnormal test results.
9. Demonstrate an understanding of the principles of quality assurance in the practice of urogynecology, and be able to conduct morbidity and mortality reviews.
10. Demonstrate an understanding of population-based approaches to the provision of medical care, including the costs of how health care governance influences patient care, research and, educational activities at the local, provincial, and national level.

Health Advocate

The fully-trained urogynecology resident will:

1. Identify the important determinants of health affecting patients.
2. Contribute effectively to improved health of patients and communities.
3. Recognize and respond to those issues where advocacy is appropriate.

In order to achieve these objectives as an advocate, the urogynecology resident should be able to:

4. Identify the important determinants of health for an individual patient, highlight which determinants are modifiable, and adapt the treatment approach accordingly.
5. Make a clinical decision for an individual patient when necessary, balancing her needs against the needs of the general population and against the available resources.
6. Facilitate medical care for patients even when that care is not provided personally or locally or when that care is not readily accessible.
7. Advise patients about the local and regional resources available for support, education, and, rehabilitation.
8. Provide direction to hospital administration regarding compliance with national, clinical and surgical practice guidelines.
9. Discuss the important function and role of various professional organizations, including the Society of Obstetricians and Gynecologists of Canada (SOGC), in support of urogynecologists in this country and in the provision and maintenance of optimal health care for Canadian woman.

Scholar

The fully-trained urogynecology resident must:

1. Develop, implement, and monitor a personal continuing education strategy.
2. Be able to critically appraise sources of medical information and appropriately critically.
3. Integrate new information into clinical practice.
4. Facilitate patient and peer education, placing new research findings in an appropriate and clinically relevant context.
5. Contribute to or collaborate in the development of new knowledge in the field of obstetrics and gynecology.

In order to achieve these general objectives as a scholar, the urogynecology resident must

6. Develop a habit of life-long learning, utilizing information technology for referencing cases, literature review and participation, through understanding, performing, and utilizing, in basic or applied clinical research.
7. The resident will be expected to review recent urogynecologic literature pertaining to a question of investigation, treatment, causation or, natural history of a urogynecologic problem.
8. Identify gaps in personal knowledge and skill, and develop strategies to correct them by self-directed reading, discussion with colleagues, and ongoing procedural expertise.

9. Identify gaps in knowledge or skill within the field of urogynecology to generate the clinical questions that will drive the research agency in the specialty.
10. Complete weekly homework assignments and review these with a staff member.
11. Review recent urogynecologic literature pertaining to a question of investigation, treatment, causation or, natural history of a urogynecologic problem.
12. Will present their review at urogynecology rounds, once during their rotation.
13. Complete assigned weekly quizzes and review these with a staff member.
14. Provide teaching for junior learners on rotation.
15. Use medical research appropriately in clinical care by appropriately adapting research findings to the individual patient situation.

Professional

The fully-trained urogynecology resident must:

1. Endeavor to monitor learning by regularly attempting EPAs.
2. Deliver the highest quality of medical care with integrity, honesty, compassion, and respect.
3. Exhibit appropriate personal and interpersonal professional behaviors.
4. Practice medicine in a way that is consistent with the ethical obligations of a Physician.

In order to achieve these general objectives in the role of a professional, the urogynecolog resident must:

5. Foster a caring, compassionate, and respectful attitude towards patients, families, and other members of the health care team.
6. Provide ethical medical care and seek advice or second opinion appropriately in ethically difficult situations.
7. Monitor patients appropriately and provide appropriate follow-up medical care, particularly after starting a new treatment or following a surgical procedure.
8. Maintain patient confidentiality at all times.
9. Demonstrate the ability to communicate with attending staff and request assistance in patient management when appropriate.
10. Consult ancillary services when required to enhance patient care.
11. Complete reports, letters, and summaries in a timely fashion and maintain medical records that are consistently accurate, informative and legible.
12. Understand medical protective procedures and the role of the Canadian Medical Protective Association and other supervisory bodies such as the Alberta College of Physicians and Surgeons in areas of patient-physician dispute.
13. Show self-discipline, responsibility and, punctuality in attending to ward duties, in the operating room, and at meetings and other activities, and be a moral and ethical role model for others.
14. Be able to delegate clinical and administrative responsibilities appropriately.
15. Have the ability to balance a professional and personal life.

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Revisions	Approved at RPC Meeting
CaMEDS roles updated	December 16, 2019
EPA mapping revised	May 17, 2021