

Canmeds 2015 Goals and Objectives for Obstetrics and Gynecology residents on Urogynecology Rotation University of Alberta

Definition

Urogynecologists or gynecologic urologists are integrally involved with the evaluation and management of patients with pelvic floor dysfunction (including the main conditions of pelvic organ prolapse and incontinence).

The requirements will include that the resident has the ability to take a complete incontinence and prolapse inquiry, conduct a complete physical examination and pelvic examination, including a screening urologic exam specific to the urinary tract, elicit the bulbocavernosus and anocutaneous reflexes, quantification of the degree of pelvic relaxation, assess the ability of patients to control the levator ani muscle, objectively demonstrate incontinence, demonstrate an understanding of the value and significance of laboratory, radiologic and other diagnostic studies, discuss the relative merits of various treatment options, list and discuss indications, contraindications, types, variations, complications, and risks and benefits of surgical and non-surgical treatments, discuss the significance of perioperative and postoperative problems that might arise following surgery on the genitourinary tract.

1. MEDICAL EXPERT

1.1 General Objectives

Upon completion of this sub-specialty rotation, the urogynecology resident will have acquired the following competencies and will function effectively as a medical expert/clinical decision maker. 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 with respect to patient care and education
- recognition of personal limitations of expertise, including the need for appropriate patient referral in continuing medical education

1.2 Specific Objectives

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

Cognitive Skills

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 totality and not be considered as comprehensive for all disorders in the practice of this specialty.

An **extensive knowledge** is required for the following:

- surgical anatomy of the pelvic floor, including genital, urinary, colorectal, anal, skeletal myofascial elements, and understand the pathologic variance
- functional anatomy of the continence mechanisms of the urethra and anus
- pathophysiology, investigation, diagnosis and/or management of: stress urinary incontinence and urodynamic stress incontinence, urge urinary incontinence, and

- detrusor over-activity, obstetrical anal sphincter injury (I feel this is an extensive level of knowledge criteria), physiologic effect of aging on the pelvic floor
- voiding dysfunction, including postoperative and postpartum urinary retention, bladder outlet obstruction, and detrusor hypotonia
- recurrent cystitis, acute and recurrent urinary tract infection
- pelvic organ prolapse, including pessary care
- the use of appropriate tests and investigations of genitourinary disorders including:
 - urethral pressure profilometry
 - uroflowmetry
 - multichannel urodynamics
- the use of proper pharmacologic agents in the treatment of genitourinary disorders
- the surgical options available (including indications, contraindications, success/failure rates, complications) for stress incontinence and prolapse including:
 - Midurethral slings
 - Autologous Sling Procedures
 - Abdominal colposacropexy
 - Prolapse repairs (including anterior, posterior and enterocele repair)
 - Sacrospinous vault fixation
 - Colpocleisis

The urogynecology resident should have a **working knowledge** of:

- indications and limitations and interpretation of urodynamic testing
- indications and limitations of cystoscopy
- pathophysiology, investigation, diagnosis and management of
 - congenital anomalies of the genitourinary system
 - bladder malignancy
 - interstitial cystitis
 - non-infectious urethritis, atrophic urethritis
 - urethra diverticula
 - anal incontinence
- drug interactions with lower urinary tract function
- recognize and repair operative injuries to the urinary tract
- recognize and manage urinary fistula
- Other surgical options including:
 - Burch repair
 - 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.

Focused Physical Examination

- screening urologic evaluation specific to the urinary tract
- elicit the bulbocavernosus and anocutaneous reflexes, neuro sensory motor exam of the perineum
- quantitation of the degree of pelvic relaxation (POP-Q)
- assessment of control of levator ani muscle
- objective demonstration of incontinence

Serology, Microbiology

- urinalysis
- urine microscopy
- urine culture

Imaging

- transabdominal ultrasound for gynecologic disease
- transvaginal ultrasound for gynecologic disease
- CT and CT-venogram/CT-IVP
- Renal scan
- MRI

Plain Abdominal Voiding

- cystourethrography (static and fluoroscopic)
- video cystourethrography with pressure recording
- positive pressure urethrography

Cytology & Histopathology

- cervical cytology
- urine cytology

Other Investigations

- cystometry
- understanding for sensation, maximum cystometric capacity, compliance, contractility
- urethral profilometry
- understanding maximum urethral closure pressure and leak point pressure
- functional urethral length
- total urethral length
- pressure transmission ratios
- uroflowmetry
- 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 independently perform the following:

Open Gynecologic Procedures

- Pfannensteil 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

Other gynecologic procedures :

- Pessary fitting and removal.
- Cystoscopy (to identify urethra, ureters, injury to bladder)

List B

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

- abdominal or laparoscopic colposacropexy
- cystotomy repair
- enterotomy repair
- McCall culdoplasty
- Colpocleisis
- Sacrospinous fixation of the vaginal vault

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
- fistula repair
- vaginoplasty
- abdominal paravaginal repair

Other

- ureteroureterostomy
- ureteric implantation
- percutaneous nephrostomy

2. COMMUNICATOR

Definition

To provide humane, high-quality care, urogynecologists establish effective relationships with patients, other physicians, and other health professionals. Communication skills are essential for obtaining information from, and conveying information to patients and their families. Furthermore, these abilities are critical in eliciting patients' beliefs, concerns, and expectations about their illnesses, and for assessing key factors impacting on patients' health.

2.1 General Objectives

The urogynecology resident must be able to:

- establish a therapeutic relationship with patients and their families characterized by understanding, trust, empathy, and confidentiality
- obtain and synthesize relevant history from patients, families, and/or community
- discuss appropriate information with the patient, her family, and other health care providers that facilitates optimal care. This also implies the ability to maintain clear, accurate, timely and appropriate records.

2.2 Specific Objectives

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

- the ability to obtain informed consent for medical and surgical therapies
- 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
- evidence of good interpersonal skills when working with patients, families, and other members of the health care team
- an awareness of the unique personal, psychosocial, cultural and ethical issues that surround individual patients with obstetric or gynecologic problems
- the ability to prepare and present information to colleagues and other trainees (if applicable) both informally (i.e., ward rounds) and formally. Each resident will be responsible for presenting once during their rotation at Urogynecology rounds.

3. COLLABORATOR

Definition

The Canadian model closely integrates health care providers (nurses, nurse practitioners, nurse continence advisors, physiotherapists, pharmacists, dieticians) and primary care providers with obstetricians and gynecologists in the provision of health care for women. This underlies the need for residents to develop excellent skills as collaborators. They also must learn to effectively and respectfully work with specialists in other fields, including emergency room physicians, anesthesia, diagnostic radiology, pathology, internal medicine (including endocrinology), and medical oncology, radiation oncology, general surgery, and urology

3.1 General Objectives

The fully-trained urogynecology resident must be able to:

- consult effectively with other physicians
- consult effectively with other health care providers
- contribute effectively to a multidisciplinary health care team

3.2 Specific Objectives

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

- function competently in the initial management of patients with conditions that fall within the realm of other medical or surgical specialties
- 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
- identify, understand and respect the significant roles, expertise, and limitations of other members of a multidisciplinary team required to optimally achieve a goal related to patient care, medical research, medical education or administration

4. LEADER

Definition

Urogynecologists function as leaders when they make everyday practice decisions involving resources, co-workers, tasks, policies, and their personal lives. They do this in the settings of individual patient care, practice organizations, and in the broader context of the health care system. Thus, specialists require the abilities to prioritize and effectively execute tasks through teamwork with colleagues, and make systematic decisions when allocating finite health care resources. Urogynecologists can also assume a leadership role through involvement in health care administration and in professional organizations.

4.1 General Objectives

The urogynecology resident should be able to:

- manage resources effectively to balance patient care, learning needs and outside activities
- allocate finite health care resources wisely
- work effectively and efficiently in health care organization
- utilize information technology to optimize patient care, life-long learning and practice administration

4.2 Specific Objectives

To achieve these objectives, the urogynecology resident should:

Time Management

- demonstrate an ability to assess patients in an efficient manner in the ambulatory clinics
- be able to effectively manage a clinical and surgical practice, including the follow up of normal and abnormal test results

Resources and Allocation

- demonstrate an understanding of the principles of quality assurance in the practice of urogynecology, and be able to conduct morbidity and mortality reviews
- 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

5. HEALTH ADVOCATE

Definition

Urogynecologists must recognize the importance of advocacy activities in responding to the challenges represented by those social, environmental, and biological factors that determine the health of patients and society. Health advocacy is an essential and fundamental component of health promotion that occurs at the level of the individual patient, the practice population, and the broader community. Health advocacy is appropriately expressed both by the individual and collective responses of urogynecologists in influencing public health and policy.

5.1 General Objectives

The fully-trained urogynecology resident will:

- identify the important determinants of health affecting patients
- contribute effectively to improved health of patients and communities
- recognize and respond to those issues where advocacy is appropriate

5.2 Specific Objectives

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

- identify the important determinants of health for an individual patient, highlight which determinants are modifiable, and adapt the treatment approach accordingly
- make clinical decision for an individual patient, when necessary, balancing her needs against the needs of the general population and against the available resources
- facilitate medical care for patients even when that care is not provided personally or locally or when that care is not readily accessible
- advise patients about the local and regional resources available for support, education, and rehabilitation
- provide direction to hospital administration regarding compliance with national clinical and surgical practice guidelines
- discuss the important function and role of various professional organizations, including the Society of Obstetricians and Gynecologists of Canada (SOGC) in the support of urogynecologists in this country and in the provision and maintenance of optimal health care for Canadian woman

6. SCHOLAR

Definition

Urogynecologists must engage in a lifelong pursuit of mastery of their domain of professional expertise. They must constantly critically evaluate and modify their clinical practice in the context of new information, usually in the form of clinically relevant research. They recognize the need to be continually learning and appropriately integrating research findings into clinical practice, while modeling these competencies for others. Through their scholarly activities, they contribute to the generation, collection, appraisal, understanding, and dissemination of accurate and relevant health care knowledge for women, and facilitate the education of their colleagues, students, patients, and others.

6.1 General Objectives

The fully-trained urogynecology resident must:

- develop, implement, and monitor a personal continuing education strategy
- be able to critically appraise sources of medical information and appropriately integrate new information into clinical practice
- facilitate patient and peer education, placing new research findings in an appropriate and clinically relevant context
- contribute to or collaborate in the development of new knowledge in the field of obstetrics and gynecology

6.2 Specific Objectives

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

- 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
- 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.
- identify gaps in personal knowledge and skill, and develop strategies to correct them by self-directed reading, discussion with colleagues and ongoing procedural expertise
- identify gaps in knowledge of skill within the field of urogynecology to generate the clinical questions that will drive the research agency in the specialty
- complete weekly homework assignments and review these with staff member
- review recent urogynecologic literature, pertaining to a question of investigation, treatment, causation or natural history of a urogynecologic problem.
- will present their review at urogynecology rounds, once during their rotation.
- complete a final rotation oral examination
- provide teaching for junior learners on rotation
- use medical research appropriately in clinical care by appropriately adapting research findings to the individual patient situation

7. PROFESSIONAL

Definition

Urogynecologists have a unique societal role as professionals, with a distinct body of knowledge,

skills, and attitudes dedicated to improving the health and well-being of women. They are committed to the highest standards of excellence in clinical care and ethical conduct, and continually perfecting mastery of their discipline.

7.1 General Objectives

The fully-trained urogynecology resident must:

- deliver the highest quality of medical care with integrity, honesty, compassion, and respect
- exhibit appropriate personal and interpersonal professional behaviors
- practice medicine in a way that is consistent with the ethical obligations of a physician

7.2 Specific Objectives

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

- foster a caring, compassionate and respectful attitude towards patients, families, and other members of the health care team
- provide medical care that is ethical, and seek advice or second opinion appropriately in ethically difficult situations
- monitor patients appropriately and provide appropriate follow-up medical care, particularly after starting a new treatment or following a surgical procedure
- maintain patient confidentiality at all times
- demonstrate the ability to communicate with attending staff and request assistance in patient management when appropriate
- consult ancillary services when required to enhance patient care
- complete reports, letters, and summaries in a timely fashion and maintain medical records that are consistently accurate, informative and legible
- 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
- 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
- be able to appropriately delegate clinical and administrative responsibilities
- have the ability to balance professional and personal life