



## Objectives of Training

# Urogynaecology Rotation

Royal Victoria Hospital and St. Mary's Hospital Centre

## Orientation to Rotation

- **Rotation duration:** Two 4-week blocks
- **Rotation supervisor:** Dr. Jens-Erik Walter
- **Schedule:** During this rotation, the Resident is expected to participate in the pertinent clinical activities, rounds etc. **The week before commencement of the rotation** the resident should contact Dr. Walter email ([walter.je@gmail.com](mailto:walter.je@gmail.com)) to obtain rotation schedule. **On the first day report for orientation with Objectives of Training document.**

## Evaluation

- The resident will be required to contact Rotation supervisor for midway feedback.
- Rotation supervisor will be responsible for organizing face-to-face feedback at the end of every four week block.
- The final evaluation will be posted on MRESone45.

## References

- SOGC clinical practice guidelines for Urogynaecology ([www.sogc.org](http://www.sogc.org))
- Urogynecology and Reconstructive Pelvic Surgery (Mark Walters and Mickey Karram) 3rd Edition

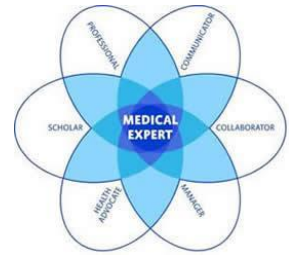
## Websites

- International Continence Society ([www.icsoffice.org](http://www.icsoffice.org))
- American Urogynecologic Society ([www.augs.org](http://www.augs.org))
- Society of Pelvic Reconstruction Surgeons ([www.sprsr.org](http://www.sprsr.org))

See the RVH Librarian for more information concerning reference texts

# Specific Objectives and CanMEDS competencies

The role of **medical expert** is central to the function of the obstetrician-gynaecologist, and draws on the competencies for the roles of **scholar, communicator, health advocate, manager, collaborator, and professional**.



## 1. Medical expert

### Knowledge of Anatomy and Physiology

To develop an understanding of reproductive anatomy including:

- Normal and abnormal pelvic anatomy with respect to development of urinary and fecal incontinence and genital prolapse
- Specifically, in depth knowledge of retropubic space, presacral region, pararectal space, pathway of the ureter, etc.

To understand:

- The effect of aging/menopausal state on urinary incontinence and genital prolapse/pelvic support defects
- Normal micturition process
- Pelvic support mechanism (pelvic floor muscles/ligaments/fascia)

### Data Gathering

- Be able to obtain a complete history from patient
- Be able to conduct the physical examination to evaluate urinary incontinence and genital prolapse in both standing and supine positions and draw appropriate conclusions from the clinical examination
- Be able to perform an office cystoscopy and identify ureteric orifices as well as bladder tumors, stones, polyps
- Be able to perform an office urethroscopy to evaluate urethral diverticulum
- Be able to interpret single and multichannel urodynamics for evaluation of lower urinary tract symptoms as well as perineal and introital ultrasonography

### Clinical Reasoning, Management and Judgement/Diagnostic and Therapeutic Planning

The resident should be able to manage common urogynecologic disorders in a conservative manner:

- urinary incontinence (stress, urge and mixed)
- Fistula
- Recurrent cystitis
- Interstitial cystitis
- Urinary retention postoperatively and postpartum
- Genital prolapse including vault prolapse
- The resident should be able to discuss principles of use hormone replacement in urinary incontinence for postmenopausal women.
- Various routes of estrogen replacement for postmenopausal women.
- The resident should be able to discuss various anticholinergic therapies available for overactive bladder and nocturia
- The resident should be able to describe various surgical approaches for the above disorders and the risks and success rates of such procedures as well as the indications for surgery

### Procedural skills

- The resident should be competent in fitting of various types of pessaries for incontinence and prolapse

- The resident should be able to participate in advanced minimally invasive surgical procedures for stress incontinence and genital prolapse (such as Laparoscopic Burch, 2 team sling, vault suspensions, LAVH). The resident is not expected to be competent in the performance of these procedures.
- **The resident** should demonstrate a level of skill appropriate for their level of training:
  - Cystoscopy (office and intraoperatively when consulted)
  - Vaginal surgery including anterior, posterior and enterocoele repairs
  - Vaginal hysterectomy, culdoplasty
  - LAVH BSO
  - Total laparoscopic hysterectomy
  - Vaginal hysterectomy
  - TVT-O, TOT
  - Abdominal sacral colpopexy
  - Laparoscopic myomectomy
- **NOTE:** In order to ensure residents (PGY4-5) and fellows (PGY6-7) understand their respective distinct roles, below is a list of procedures specific to **fellows**:
  - TVT
  - Rectus fascial sling
  - Intravesical Botox
  - Ureteral catheterization
  - Uterosacral/ileococcygeus/sacrospinous suspensions
  - Laparoscopic sacral colpopexy
  - Total laparoscopic hysterectomy
  - Transvaginal mesh

## 2. Communicator

### Physician/Patient Relationship

- The resident should demonstrate the ability to elicit the trust and cooperation of the patient in ambulatory care settings, the emergency department, in-house consultations and perioperatively.

### Verbal Communication Skills

- The resident should demonstrate appropriate communication skills when interacting with clinic administrative staff and other members of the multidisciplinary health care team.

## 3. Collaborator

### Team Relations

- The resident should be able to identify the role of the various health care team members and recognize their contribution to urogynecology unit
- The resident should demonstrate appropriate utilization of health professionals and resources.

## 4. Manager

### **Time Management**

- The resident should demonstrate an ability to assess patients in an efficient manner in the ambulatory clinics.

### **Resources and Allocation**

- The resident should be able to determine appropriate investigations for diagnosis of the common urogynecological disorders as specified above.
- The resident should be able to determine appropriate setting for patient management (ambulatory clinic or inpatient care) for the common urogynecological disorders.

### **Administrative Skills**

- The resident should demonstrate the ability to coordinate ambulatory patient care including communication with consulting services, follow up of investigations, responding to patient/family queries and timely completion of health records.

## 5. Health advocate

### **Determinants of Health/Health Advocacy**

- The resident should be able to appreciate the unique developmental and social pressures that affect geriatric patients and their families, including:
  - Cultural influences on sexuality
  - Controversial issues surrounding hormone replacement

## 6. Scholar

### **Self -Directed Learning**

- The resident should develop a critical approach to the literature regarding investigation, therapeutics and health care delivery with respect to urogynecological care.

### **Critical Appraisal**

- The resident will be expected to review recent urogynecologic literature, pertaining to a question of investigation, treatment, causation or natural history of a urogynecological problem.
- The resident will present their review as a urogynecology round, once during their rotation, with an attending staff mentor.
- The resident may choose to participate in a research project either on-going in the division or arising from their own interests in urogynecology.

### **Teaching Skills**

- The resident will demonstrate the ability to impart new information in the clinical situation to patients and their families.
- If Junior residents and clerks are present on the rotation, the resident will be responsible for appropriate teaching in the ambulatory care setting.

## 7. Professional

### Responsibility

- The resident will be expected to be available to the administrative staff and health care team and to participate in the management of the urogynecology patients in the clinic, on the wards and in the emergency department in conjunction with the staff, urogynecology fellow and clinic nurse.

### Self Assessment Skills/Insight

- The resident should demonstrate the ability to communicate with attending staff and request assistance in patient management when appropriate.
- The resident should consult ancillary services when required to enhance patient care.
- The resident should develop an individual learning plan with regards to urogynecology knowledge basis, with assistance of the attending staff.

### Ethics

- The resident should be aware of the medicolegal issues and ethical issues with respect to patient confidentiality

### Written Skills and Record Keeping

- The resident shall document interactions with patients and families in the ambulatory clinic setting and in telephone interactions.
- The resident shall complete Health Records in a timely manner.

### Determinants of Health/Health Advocacy

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