

Residency Rotation-Specific Objectives**Rotation: UROGYNAECOLOGY / FEMALE PELVIC MEDICINE & RECONSTRUCTIVE SURGERY (FPMRS)**

Resident name:	Supervisor name:
Rotation dates:	Hospital:

IMPORTANT: Supervisor and resident must discuss these rotation-specific objectives during the rotation orientation, and sign below to confirm discussion has taken place.

Resident signature	Supervisor signature	Date

1 MEDICAL EXPERT**1.1 Knowledge of Anatomy and Physiology Objectives:**

- 1 Demonstrate an understanding of:
 - a) Normal micturition
 - b) Reproductive anatomy including:
 - Normal and abnormal pelvic anatomy with respect to development of urinary incontinence, fecal incontinence, and pelvic organ prolapse
 - In-depth knowledge of retropubic space and pathway of the ureter.

1.2 Data Gathering Objectives:

- 1 Obtain a complete history from patient.
- 2 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.
- 3 Perform an office cystoscopy and identify ureteric orifices, stones, and polyps.
- 4 Perform an office urethroscopy to evaluate urethral diverticulum.
- 5 Interpret urodynamics for evaluation of lower urinary tract symptoms.

1.3 Clinical Reasoning, Management and Judgement/Diagnostic and Therapeutic Planning**Objectives:**

- 1 Understand risk factors for, etiologies of, and prevalence of the following common pelvic floor disorders:
 - a) Stress urinary incontinence
 - b) Overactive bladder
 - c) Neurogenic Bladder
 - d) Fistula (Urinary/Bowel)
 - e) Recurrent Urinary Tract Infection
 - f) Interstitial cystitis/Painful Bladder Syndrome
 - g) Voiding Dysfunction
 - h) Pelvic Organ Prolapse
 - i) Urinary Issues in Pregnancy
 - j) Fecal Incontinence
 - k) Defecatory Dysfunction
- 2 For the above disorders, have a standard management plan that includes a) conservative approach, b) medical approach (medical options, indications, contraindications, side effects), and c) surgical approach (indications for surgery, various surgical approaches, risks and success rates of such procedures).

1.4 Procedural skills Objectives:

- 1 Demonstrate skill appropriate for level of training, in cystoscopy (office and intra-operatively) vaginal surgery including anterior, posterior, and enterocele repairs; and vaginal hysterectomy.
- 2 Fit the appropriate type of pessary for incontinence and prolapse.
- 3 Participate in advanced minimally invasive surgical procedures for stress incontinence and genital prolapse.

2 COMMUNICATOR

2.1 Physician/Patient Relationship Objectives:

- 1 Elicit the trust and cooperation of the patient in ambulatory-care settings, the emergency department, in-house consultations and peri-operatively.

2.2 Verbal / Written Communication Skills Objectives:

- 1 Demonstrate appropriate communication skills when interacting with all members of the multidisciplinary healthcare team and administrative staff.
- 2 Listen effectively, discuss appropriate information with patients/families and the healthcare team.
- 3 Convey bad news with empathy to patients and families.
- 4 Complete health records in an accurate and timely manner.

3 COLLABORATOR

3.1 Team Relations Objectives:

- 1 Identify the role of the various healthcare team members and recognize their contribution to urogynaecology unit.
- 2 Demonstrate appropriate utilization of health professionals and resources.

4 MANAGER

4.1 Time Management Objectives:

- 1 Assess patients in an efficient manner in the ambulatory clinics.

4.2 Resources and Allocation Objectives:

- 1 Determine appropriate investigations for diagnosis of the common urogynaecological disorders (see 1.3 above).
- 2 Determine appropriate setting for patient management (ambulatory clinic or inpatient care) for the common urogynaecological disorders.

4.3 Administrative Skills Objectives:

- 1 Coordinate ambulatory patient care including communication with consulting services, follow up of investigations, response to patient/family queries and timely completion of health records.

5 HEALTH ADVOCATE

5.1 Determinants of Health/Health Advocacy Objectives:

- 1 Appreciate the unique developmental and social pressures that affect geriatric patients and their families, including: cognitive status, mobility, living situation, and cultural influences on sexuality.
- 2 Recognize and respond to those issues where advocacy is appropriate.

6 SCHOLAR

6.1 Self-Directed Learning Objectives:

- 1 Demonstrate a critical approach to the literature regarding investigation, therapeutics and health care delivery with respect to urogynaecological care.

6.2 Critical Appraisal Skills Objectives:

- 1 Review recent urogynaecologic literature, pertaining to a question of investigation, treatment, causation or natural history of a urogynaecological problem.
- 2 Present review as a urogynaecology round, once during their rotation, with an attending staff mentor.

6.3 Teaching Skills Objectives:

- 1 Teach medical students, junior residents, other staff, and patients in the clinical situation and ambulatory-care setting.

7 PROFESSIONAL

7.1 Responsibility Objectives:

- 1 Be available to the administrative staff and healthcare team and to participate in the management of the urogynaecology patients in the clinic, on the wards and in the emergency department in conjunction with the staff, urogynaecology fellow and clinic nurse.
- 2 Demonstrate professional attitudes in interactions with patients and other healthcare personnel

7.2 Self-Assessment Skills/Insight Objectives:

- 1 Demonstrate the ability to communicate with attending staff and request assistance in patient management when appropriate.
- 2 Consult ancillary services when required to enhance patient care.
- 3 Develop an individual learning plan with regards to urogynaecology knowledge basis, with assistance of the attending staff.

7.3 Ethics Objectives:

- 1 Demonstrate an awareness of the medicolegal issues and ethical issues with respect to patient confidentiality.

Version Control

Date	Version No	Author	Location of Revisions	Approved at RPC Meeting
Not available	Earlier versions			
<i>Dec 02 2014</i>	V2.5	C Sutherland		
Oct 17 2016	V2.6	C Sutherland	Health Advocate section	Prep version
Nov 07 2016	V2.7	C Sutherland	Health Advocate section	Nov 07 2016.