Family physicians are often required to evaluate and manage conditions of the urogenital tract of both men and women. Since diseases and problems of the urogenital tract are common concerns for patients, it is important for the family physician to be able to identify and manage these conditions. These conditions are also often sensitive issues for patients, and it is important to understand how to approach patients regarding treatment of these conditions. It is also important to understand when it is appropriate to seek the assistance of an urologist.

At the end of the rotation, the PGY-2 resident will be able to demonstrate the following competencies:

### Patient Care

**Goal**

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

**Objectives**

- Demonstrate competence in performing a thorough urogenital history and physical examination.
- Describe the normal anatomy and physiology of the male and female urogenital tract.
- Residents must develop familiarity with the following skills:
  - Vasectomy
  - Adult male circumcision

Residents must be able to demonstrate skill in performing procedures involving the urogenital tract.

Residents must develop the following skills:

- Appropriate urogenital exam, including scrotum and prostate
- Urethral swab for urogenital cultures in men
- Proper use of liquid nitrogen for removal of condyloma
• Prostatic massage to obtain fluid for analysis

Resident must appropriately order and accurately interpret the following tests:
• Urinalysis
• Semen analysis
• Prostate specific antigen assay

Medical Knowledge

Goal

Residents must be able develop the necessary knowledge, skills and attitudes to recognize, manage and appropriately refer when necessary common conditions involving the urogenital tract.

Competencies

• Clear understanding of the basic principles of diagnosis and treatment for common urological conditions
• Sufficient knowledge of basic anatomy and physiology, and ability to discuss the impact of the aging process and pregnancy, as it relates to common urological procedures and/or conditions.
• Ability to discuss the risks and benefits of various common urological procedures
• Ability to discuss urological procedures that can be safely performed in a primary care office versus those requiring the assistance of a urology specialist and/or hospitalization.

Objectives

• Describe the mechanism of action, dosage, interaction, toxicity and adverse reactions of commonly prescribed medications used in urology.
• Explain the various methods to screen for prostate cancer, summarize their indications and limits, and select the procedures to follow for an abnormal finding.
• Discuss the approach to and the differential diagnosis of the man who presents with a scrotal mass.
• Discuss the approach to and the differential diagnosis of the patient who presents with gross or microscopic hematuria.
• Differentiate benign tumors of the kidneys from those that are malignant.
• Describe the pathophysiology, presentation, evaluation, management and appropriate disposition of patients with the following urogenital conditions
<table>
<thead>
<tr>
<th>Urogenital Abnormalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Epispadias and hypospadias</td>
</tr>
<tr>
<td>• Phimosis and paraphimosis</td>
</tr>
<tr>
<td>• Urethral stricture</td>
</tr>
<tr>
<td>• Undescended testicle</td>
</tr>
<tr>
<td>• Peyronie’s disease</td>
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<table>
<thead>
<tr>
<th>Bladder Dysfunction</th>
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<tbody>
<tr>
<td>• Urinary incontinence – stress, urge, overflow</td>
</tr>
<tr>
<td>• Urinary retention</td>
</tr>
<tr>
<td>• Neurogenic diseases causing bladder dysfunction</td>
</tr>
<tr>
<td>• Enuresis</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Inguinal hernias</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Direct</td>
</tr>
<tr>
<td>• Indirect</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diseases of the prostate</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Benign prostatic hypertrophy</td>
</tr>
<tr>
<td>• Prostadynia</td>
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<table>
<thead>
<tr>
<th>Genitourinary emergencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Trauma</td>
</tr>
<tr>
<td>• Acute testicular torsion</td>
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<table>
<thead>
<tr>
<th>Infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Acute cystitis</td>
</tr>
<tr>
<td>• Chronic and/or recurrent cystitis</td>
</tr>
<tr>
<td>• Interstitial cystitis</td>
</tr>
<tr>
<td>• Pyelonephritis</td>
</tr>
<tr>
<td>• Perinephric and renal abscess</td>
</tr>
<tr>
<td>• Balanitis</td>
</tr>
<tr>
<td>• Epididymitis</td>
</tr>
<tr>
<td>• Orchitis</td>
</tr>
<tr>
<td>• Prostatitis</td>
</tr>
<tr>
<td>• Acute urethritis</td>
</tr>
<tr>
<td>• Genital warts</td>
</tr>
<tr>
<td>• Herpes simplex</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Renal Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Renal cysts</td>
</tr>
<tr>
<td>• Renal carcinoma</td>
</tr>
<tr>
<td>• Nephrolithiasia</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Urogenital Cysts/Masses/Tumors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hydrocele</td>
</tr>
</tbody>
</table>
- Varicocele
- Spermatocoele
- Epididymal cyst
- Testicular tumors

Neoplastic Disease
- Penile cancer
- Testicular cancer
- Prostatic cancer
- Bladder cancer
- Renal cancer

Residents must be able to describe the normal sexual response and manage commonly encountered reproductive and sexual problems.

- Describe the normal sexual response of men and women.
- Identify the differences in normal sexual response between men and women.
- Describe the effects of normal aging on sexual response and function.
- Discuss the differential diagnosis and treatment options for male infertility
- Manage commonly encountered male sexual problems.
  - Erectile dysfunction
    - Impotence
    - Priapism
  - Ejaculatory dysfunction
    - Premature ejaculation
    - Retrograde ejaculation
    - Bloody ejaculation
  - Diminished libido

Practice-Based Learning and Improvement

Goal
Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning.

Competencies
Residents are expected to develop skills and habits to be able to:
- Identify and perform appropriate urological activities appropriate to Family Medicine
- Incorporate formative evaluation feedback into daily practice.
- Locate, appraise and assimilate evidence from related urological literature related to patients’ health situation and daily practice.
- Use information technology to optimize learning.
Objectives
At the conclusion of this rotation the Family Medicine intern will be able to:
• Utilize evidence-based medicine to determine appropriate strategies for urological conditions
• Understand the importance of patient education and demonstrate the ability to facilitate the learning of others.
• Analyze ones own practice for needed improvement

Systems-Based Practice

Goal
Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal healthcare.

Competencies
Residents are expected to:
• Work effectively in various health care delivery settings and systems relevant to urological care
• Coordinate patient care within the health care system relevant to urological care
• Incorporate considerations of cost awareness and risk-benefit analysis in patient care

Objectives
• Demonstrate the ability to work as part of a team with other physicians, nursing and ancillary staff to provide comprehensive care to the urological patient.
• Residents must recognize the limits of one’s abilities and appropriately choose consultation from urologists.
• Describe the role of the urologist as consultant, and list those conditions that may require consultation or referral.
• Identify the proper, cost-effective role of the following tests in evaluating conditions of the urogenital tract:
  o Intravenous pyelography (IVP)
  o Renal ultrasound, CT, MRI
  o Transurethral prostatic ultrasound
  o Cystoscopy
  o Retrograde radiologic and nuclear studies
  o Cystometry and other flow studies
Professionalism

Goal
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Competencies
Residents are expected to demonstrate:

- Compassion, integrity, and respect for others
- Responsiveness to patient needs that supersedes self-interest
- Respect for patient privacy and autonomy
- Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation

Objectives
By the end of the rotation, the resident will be able to:

- Demonstrate compassion and understanding to the diverse patient population while showing respect for the patients privacy and autonomy at all times.
- Define these ethical and legal issues involved with urological issues:
  - Informed consent

Residents must demonstrate skill in communicating with patients and families regarding urogenital conditions.

- Develop a comfortable approach to discussing sensitive issues such as sexuality, sexual dysfunction, STD prevention and treatment, urinary incontinence, and enuresis.
- Review with patients and families certain common urological procedures for these conditions:
  - Contraception
    - Proper use of condoms
    - Vasectomy
  - Erectile dysfunction
    - Vacuum devices
    - Intraurethral injections
    - Penile implants
    - Erectile dysfunction medications
Teaching Methods

1. This one-month rotation is scheduled during the PGY-2 year. It is intended to provide residents with a general experience in the urogenital care of both female and male populations. The urogenital experience is structured at a private urologist’s office, with a focus on the care of urological issues and the common ambulatory urological procedures in this area.

2. Remember that not all of the goals and objectives will be covered in the month depending on the patients and diseases that present. Therefore, the resident will be responsible for supplementing their own learning experience through reading through the educational resources listed below as well as those that may be recommended by the urologist.

3. In addition to the teaching provided during the urology rotation, this topic is also taught as part of the residency program’s 18-month curriculum.

Assessment Method (Residents)

1. At the end of the rotation, the urologist(s) will provide an evaluation of the resident’s performance, using the competency-based evaluation form developed by the Family Medicine residency program. To successfully complete this rotation, the resident will demonstrate competence in all areas outlined in the curriculum. Cognitive competence must include not only familiarity with the factual aspects of urology, but also the ability to integrate such factual knowledge into the daily practice of Family Medicine.

2. At the beginning of the rotation, the resident will meet with their faculty advisor to review the goals and objectives in the rotation description.

3. The yearly Family Medicine in-training examination will also assess the cognitive aspects of urology.

4. The Hopkins Module on Professionalism: Informed Consent and Decision Making Capacity must be completed by the end of this rotation.
Assessment Method (Program Evaluation)

1. The resident will evaluate the faculty and the rotation upon its completion using the rotation evaluation form developed by the Family Medicine residency program.

2. Both residents and faculty will complete annual standard program evaluations towards the end of the academic year.

Level of Supervision

Supervision of residents is accomplished through both direct and indirect observation by the attending urologist.

Educational Resources

11. McDonald, M; Swagerty, D. “Assessment of Microscopic Hematuria in Adults.” Am Fam Physician. 2006 May 15;73(10):1748-1754
18. MD Consult (online resource)
19. First Consult (online resource)
20. Procedures Consult: Vasectomy, Male Catheterization, Female Catheterization

Last revised: 4/16/12 (TPG)

I, ________________________ hereby attest I have read the above goals and objectives of the required Urology rotation and have reviewed them with ________________________, who acts as my faculty advisor. I hereby attest that I understand these goals and objectives, how they relate to the 6 core competencies set forth by the ACGME, and agree to work diligently within their constructs.

________________________________________               _____________
resident signature                                                                                         date

________________________________________               _____________
faculty advisor signature                                                                                   date