



American Urogynecologic Society

MEDICAL STUDENT UROGYNECOLOGY LEARNING OBJECTIVES

Submitted by the AUGS Education Committee Task Force on Medical Student Urogynecology Learning Objectives
(Developed and submitted April 2006)

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The committee endorses the ACGME Competency and Required Skills below as appropriate for Medical Students.

ACGME Competency and Required Skills Appropriate for Medical Students	
1.	Patient Care a. Caring and respectful behaviors b. Interviewing c. Informed decision-making d. Develop & carry out patient management plans e. Counsel & educate patients & families f. Performance of procedures - Routine physical exam - Medical procedures g. Preventive health services h. Work within a team
2.	Medical Knowledge a. Investigatory & analytic thinking b. Knowledge & application of basic sciences
3.	Practice-Based Learning & Improvement a. Analyze own performance for needed improvements b. Use of evidence from scientific studies c. Application of research and statistical methods d. Use of information technology e. Facilitate learning of others
4.	Interpersonal & Communication Skills a. Creation of therapeutic relationship with patients b. Listening skills
5.	Professionalism a. Respectful, altruistic b. Ethically sound practice c. Sensitive to cultural, age, gender, disability issues
6.	Systems-Based Practice a. Understand interaction of their practices with the larger system b. Knowledge of practice and delivery systems c. Practice cost effective care d. Advocate for patients within the health care system

KEY: Table for MEDICAL STUDENT UROGYNECOLOGY LEARNING OBJECTIVES

- **1st column:** Learning Objectives
- **2nd column:** Levels of Competence as defined by GE Miller in *The assessment of clinical skills / competence / performance*. (Acad Med 1990;65:S63-7.) Abbreviations used in the second column for recommended levels of competence are:

K = knows

KH = knows how

SH = shows how

D = does

- **3rd column:** Evaluation Methods as described in the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) Toolbox of Assessment Methods. Version 1.1. September 2000. www.acgme.org. Abbreviations used in the third column for suggested evaluation methods are:

MCQ = Multiple Choice Examinations

KF = Key Features Exam

SP = Standardized Patients

SOR = Standardized Oral Exam

OSCE = Objective Structured Clinical Exam

GR = Global Rating

MEDICAL STUDENT UROGYNECOLOGY LEARNING OBJECTIVES		Level of Competence	Evaluation Methods
BASIC SCIENCES			
EMBRYOLOGY	Objective: The Medical Student should demonstrate an understanding of the development of the female urinary tract, lower reproductive tract, pelvic floor, and lower gastrointestinal tract and their interrelationships. 1. Understand the normal development of the bladder, urethra, vulva, vagina, rectum, and anal canal including the interaction between the mulierian , urinary, and lower gastrointestinal tract.	K	MCQ SOE
ANATOMY	Objective: The Medical Student should demonstrate an understanding of the normal anatomy and anatomic interrelationship variations of the bony pelvis, and pelvic floor musculature, nerve supply, vasculature, connective tissue supports, and the pelvic viscera including the bladder, ureters, urethra, vagina, uterus, rectum, sigmoid colon, small bowel and surrounding structures. 1. Be familiar with the alterations in normal anatomic relationships associated with pelvic organ prolapse and urinary and anal incontinence	K	MCQ SOE
PHYSIOLOGY	Objective: The medical students should demonstrate a working understanding of the normal function of the lower urinary tract during the filling and voiding phases, the factors responsible for anal continence, and the key elements involved in normal pelvic floor support. 1. Understand the autonomic and somatic neurologic control of lower urinary tract function. 2. Understand the normal bladder capacity and voiding frequency. 3. Be familiar with the role of neurotransmitters and receptors in coordinated bladder and urethral function. 4. Be familiar with the functional sphincteric mechanisms of the urethra. 5. Recognize how vaginal delivery, estrogen, aging, obesity, health habits (like smoking, chronically straining at bowel movements, and chronic cough), and pelvic surgery may impact lower urinary tract function; muscles, and lower intestinal function.	K	MCQ SOE
PHYSIOLOGY: THE URINARY TRACT IN PREGNANCY	Objective: The medical student should demonstrate a thorough understanding of the morphologic and physiologic changes to the urinary tract in pregnancy: 1. Understand the physiologic changes in renal function. 2. Identify the special problems that may result from urinary tract infection in the pregnant woman.	K	MCQ SOE
HISTORY AND PHYSICAL EXAMINATION			
THE PELVIC FLOOR	Objective: The medical student should be able to perform a complete history and physical examination to evaluate lower urinary tract symptoms and signs. Objectives (History): 1. Apply standard terminology as related to signs and symptoms of lower urinary tract disorders (e.g.,	K	MCQ SOE

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<p>urgency, urge incontinence, stress incontinence as a symptom, a sign, and a syndrome.)</p> <ol style="list-style-type: none"> Evaluate the severity and impact on the quality of life including its impact on social and sexual function. Evaluate past medical and surgical histories as they might relate to urinary tract symptoms. Be familiar with the possible relationship of current medications to lower urinary tract symptoms. Apply standard terminology as related to signs and symptoms of lower urinary tract disorders (e.g., urgency, urge incontinence, stress incontinence, nocturia). Evaluate past medical and surgical histories as they might relate to urinary tract symptoms. Evaluate the possible relationship of current medications to lower urinary tract symptoms. <p>Objectives (Physical Examination):</p> <ol style="list-style-type: none"> Be familiar with how to perform a thorough pelvic physical examination including neurologic examination. Be aware of the quantitative staging systems for pelvic organ prolapse (e.g. POPQ). Be familiar with the three compartments of prolapse (anterior, apical, posterior). Recognize stress urinary incontinence on physical examination. Identify the pelvic floor muscles during physical exam. 	<p>KH K K KH K</p>	<p>MCQ SOE KF OSCE</p>
UROGYNECOLOGY DISORDERS		
<p>GENERAL CONSIDERATIONS</p> <p>Objectives:</p> <ol style="list-style-type: none"> Incorporate screening questions regarding urinary incontinence in appropriate patients. Understand the differences between stress urinary incontinence, urge urinary incontinence and overflow urinary incontinence. Obtain an appropriate history to differentiate these types of urinary incontinence. Identify behavioral, medical and surgical treatments for urinary incontinence and pelvic organ prolapse. 	<p>K</p>	<p>MCQ SOE</p>
<p>SPECIFIC DISORDERS</p> <p>STRESS INCONTINENCE</p> <p>Objectives:</p> <ol style="list-style-type: none"> The medical student should understand the principles involved in the diagnosis of stress incontinence. Be familiar with the various approaches, both nonsurgical and surgical, for the treatment of genuine stress incontinence. He/she should know when referral for further evaluation and treatment is appropriate. 	<p>K</p>	<p>MCQ SOE</p>
<p>URGE INCONTINENCE</p> <p>Objectives:</p> <ol style="list-style-type: none"> The medical student should understand the principles involved in the diagnosis of urge incontinence. Understand the clinical presentation of the condition and other conditions from which it must be distinguished such as infection or neurologic etiologies. 	<p>K</p>	<p>MCQ SOE</p>

MEDICAL STUDENT UROGYNECOLOGY LEARNING OBJECTIVES	Level of Competence	Evaluation Methods
3. Be familiar with the various approaches, both nonsurgical and surgical, for the treatment of urge incontinence. 4. He/she should know when referral for further evaluation and treatment is appropriate.		
URINARY RETENTION / OVERFLOW INCONTINENCE Objectives: 1. The medical student should understand the clinical presentation of the condition and other conditions which are similar in presentation. 2. Be familiar with the diagnostic measures (e.g. Post void residual) and the need for referral for this condition.	K	MCQ SOE
URODYNAMIC EVALUATION Objective: 1. The medical student should be familiar with the terminology, basic testing methods and information that may be obtained from the tests.	K	MCQ SOE
URINARY TRACT INFECTION Objective: The medical student should be able to diagnose acute, chronic, and recurrent infection of the urinary tract in both pregnant and nonpregnant women. 1. Understand terminology (e.g. bacteruria, pyuria, chronic infection, reinfection, relapse, asymptomatic bacteruria). 2. Understand pathophysiology (e.g. Host responses, age relationship, influence of pregnancy, etc.). 3. Identify the difference between complicated and uncomplicated infections. 4. Be familiar with methods and significance of diagnostic techniques. 5. Understand modes of therapy for acute infection. 6. He/she should be able to treat acute infection of the urinary tract in women. 7. Understand predisposing factors, including anatomic, and the indications for referral for further evaluation.	K K K KH K	MCQ SOE
PAIN DISORDERS Objective: 1. The medical student should demonstrate an understanding of the different pain disorders referable to the urethra and bladder.	K	MCQ SOE
EXTRA-URETHRAL INCONTINENCE Objective: 1. The medical student should recognize that urinary tract fistula or ectopic ureter may be a cause of incontinence.	K	MCQ SOE
NEOPLASIA Objectives: 1. The medical student should be aware of the potential for urinary tract neoplasia in the female patient.	K	MCQ SOE

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2.	Understand the clinical presentation of these lesions and the indications for referral (e.g. hematuria).		
PELVIC ORGAN PROLAPSE Objectives:		K	MCQ SOE
1.	Recognize that childbearing, age, obesity, and genetic factors are associated with pelvic organ prolapse.		
2.	Describe the anatomic and symptomatic consequences of abnormal pelvic floor support.		
3.	Be familiar with the indications for treatment.		
4.	Identify the role of nonsurgical (including care and use of pessaries) and surgical treatment options.		
5.	Understand the indication for referral (i.e. symptomatic prolapse and especially any prolapse past the introitus).		
ANAL INCONTINENCE Objectives:		K	MCQ SOE
1.	Recognize the multiple etiologies of anal incontinence (e.g. stool transit, colonic capacitance, anal sensation and sphincter function).		
2.	Understand the psychological, social, and sexual impact of fecal incontinence.		
3.	Describe the role of nonsurgical and surgical therapy in the treatment of anal incontinence.		
PROCEDURES			
Potential procedures that medical students should be able to demonstrate:		K	MCQ SOE OSCE SP
1.	Pelvic examination skills such that a medical student could identify prolapse if presented with an image or patient with the condition.		
2.	Female urethral catheterization.	KH	

Evaluation of Medical Students

The task force recommends that the clerkship program should demonstrate that it has an effective plan for assessing medical student performance throughout the program and for utilizing assessment results to improve medical student performance. This plan should include:

1. use of dependable measures to assess medical student competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice
 2. mechanisms for providing regular and timely performance feedback to medical students
 3. a process involving use of assessment results to achieve progressive improvements in medical students' competence and performance
- Programs that do not have a set of measures in place should develop a plan for improving their evaluations and should demonstrate progress in implementing the plan.

Clerkship Program Evaluation

The task force recommends that:

1. The clerkship program should use medical student performance and outcome assessment results in their evaluation of the educational effectiveness of the clerkship program.
2. The clerkship program should have in place a process for using medical student performance assessment results together with other program evaluation results to improve the clerkship program.

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