

**Goals & Objectives**  
**UROLOGY/GYNECOLOGICAL ROTATION FOR GERATRIC FELLOWS**

**I. EDUCATIONAL PURPOSE**

Goals: Develop knowledge in care of geriatric urologic and gynecological problems.

Objectives:

1. Explain the mechanisms and types of urinary incontinence.
2. List the indication for urodynamics and interpret results from these studies.
3. Prescribe pharmacologic and non pharmacologic treatment and management for urinary incontinence.
4. List the main indications for surgical intervention in urinary incontinence.
5. List the indications and mechanisms for screening, diagnosing and evaluating GU cancer primarily prostate, bladder, uterine, vulvar and cervical.
6. Describe the presentation, evaluation and treatment modalities for uterine, bladder, rectal decensus.
7. Describe indications for and types of treatment for prostatitis and BPH.
8. Describe the evaluation and treatment of common gynecologic problems in the aged

**II. TEACHING METHODS**

1. Clinical bedside teaching (outpatient)
2. Outpatient procedures: urogynecological exam, pessary fitting, endometrial biopsy, office cystourethroscopy, simple cystometry, foley catheter placement, vaginal or vulvar biopsies, bladder instillations, suprapubic catheter placement and care.

**III. MIX OF DISEASES**

1. Full spectrum urologic diseases with emphasis on incontinence and aging urologic disorders. (Dr. Agarwala, UNMC Urogynecology, Dr Hemstreet, and Urology Dept Staff)
2. Aging gynecological disorders with emphasis on prolapse disorders and post menopausal conditions like abnormal bleeding, atrophy, polyps and genital lesions (Dr. Agarwala)

**IV. PATIENT CHARACTERISTICS**

1. Adult and elderly with chronic urologic problems.
2. Adult and elderly with gynecological disorders.

**V. TYPES OF CLINICAL ENCOUNTERS**

1. Outpatient evaluation and management, preoperative workup, and postoperative care.
2. Surgery observation

## **VI. PROCEDURES AND SERVICES**

1. Outpatient procedures like an urogynecological exam, pessary fitting, endometrial biopsy, office cystourethroscopy, simple cystometry, foley catheter placement, vaginal or vulvar biopsies, bladder instillations, suprapubic catheter placement and care.
2. Observe urodynamic studies

## **VII. EDUCATIONAL RESOURCES**

1. Dubeau C.E. Urinary Incontinence. GRS 5<sup>th</sup> edition, pp 139-147  
Davila G.W. Gynecological Disorders And Diseases. GRS 5<sup>th</sup> edition pp 350 -355.
2. Granville L.J. Prostate Diseases. GRS 5<sup>th</sup> edition pp 384-389.
3. Female Urology, Urogynecology and Voiding dysfunction . Taylor and Francis Group, 2005. Edited by Vasavada, Appell, Sand and Raz.
4. Powerpoint presentation on work up of Urinary Incontinence – Agarwala.
5. Burnett AL, Wein AJ. Benign prostatic hyperplasia in primary care: What you need to know. J Urol 2006; 175:S19-S24.
6. Burnett AL. Erectile dysfunction. J Urol 2006; 175:S25-S31.
7. DuBeau CE. The aging lower urinary tract. J Urol 2006; 175:S11-S15.
8. Wein AJ, Rackley RR. Overactive bladder: A better understanding of pathophysiology, diagnosis and management. J Urol 2006; 175:S5-S10.

## **VIII. METHOD OF EVALUATION**

At the end of each rotation, faculty, staff and patients evaluate the fellows in written form and the fellows evaluate faculty and the rotations in written form. The attending's evaluations are documented in written form and are reviewed at a quarterly faculty meeting before being shared with the Fellows.

## **IX. TEACHING PERFORMED BY FELLOWS**

Fellows are encouraged to teach members of the team special aspects of geriatric care. There may be additional learners ( Medical, PA or NP students) on rotation simultaneous and the fellow is encouraged to provide relevant geriatric additional information to them. Fellows may also be assigned topics for review and presentation by the Urology attending.