

Selectives - Surgery

Urology Selective

Selective Number: (Oasis - S78b) 3103

Rotation Supervisor: Dr. Noah Schenkman

Available: Rotations 1 - 12

Duration: 2 weeks

Report to: Clinic Resident or Chief Resident

Time to Report: 6:00am

Place to Report: 5 West, call Urology Resident On-Call (PIC#1586) with questions.

Typical Day: 6:00 am - 6:00 pm

Suggested Preparatory Reading: review of pertinent genitourinary anatomy

Number of students per rotation: 2

Course Description: The student will learn pathophysiology, evaluation, and treatment for diseases of the urinary tract, male genital tract, retroperitoneal space and adrenal glands. The selective allows students to have a broad exposure to urology, both office and operative. Students are expected to attend the following weekly conferences: 5 pm Monday: Imaging, M&M, Case based discussion, and journal club; 7:00 am Wednesday basic science/clinical correlates; and 9 am Wednesday oncology conference. Students will round with the team on inpatients and participate in the outpatient evaluation and preoperative, intraoperative, and postoperative management of patients with urologic disorders. Students are evaluated based on performance in the clinic, operating room and on rounds. There is a summative quiz based on standardized online readings. There is no night or weekend call.

General Goals:

- Learn to perform a history, physical examination and office evaluation of patients with common urologic diseases under the direction of resident and attending staff: urologic oncology (renal tumors, transitional cell carcinoma, prostate cancer, testicular cancer and adrenal tumors); stone disease; incontinence and bladder dysfunction; urinary tract infections; bladder outlet obstruction and lower urinary tract symptoms; erectile dysfunction and male infertility
- Learn about and observe common diagnostic techniques used in the urology clinic: ultrasound, urinalysis, flow rate, urodynamics and cystoscopy
- Learn the indications for and reading of common urologic evaluation: plain films, IVP, nuclear medicine, ultrasonography and CT
- Learn the fundamentals of pharmacologic treatment of common urologic conditions
- Observe common urologic surgical procedures: radical nephrectomy, radical cystectomy with urinary diversion, radical prostatectomy, ESWL, ureteroscopy, TURP and TURBT.

Urology Third Year Selective Learning Objectives

Acute Scrotum

Learning Objective #1: The student will provide a differential diagnosis of conditions that produce acute scrotal pain and/or swelling, select appropriate imaging studies for confirming the diagnosis of acute scrotum, and determine which acute scrotal conditions require emergent surgery versus elective surgery or medical treatment.

Urinary Stone Disease

Learning Objective #2: Given a patient with urinary stone disease in the clinic setting, the student will identify the appropriate imaging study for diagnosis, explain the indications for urgent intervention, and discuss medical therapies and surgical techniques for managing urinary stones that fail to pass with observation.

Learning Objective #2a: When presented with a patient with acute flank pain in the emergency setting, the student will provide a differential diagnosis and explain the appropriate laboratory and imaging studies necessary to make the diagnosis.

Learning Objective #2b: The student will describe the five most common chemical compositions of urinary stones.

Urinary Incontinence

Learning Objective #3: Given a patient with urinary incontinence, the student will take a history, identify the symptoms and signs of various types of incontinence (stress, urge, overflow, mixed, total), and describe medical and surgical treatment options for management of stress and urge incontinence.

Hematuria

Learning Objective #4: When presented with a patient with hematuria, the student will take a relevant history, describe common glomerular and non-glomerular causes of hematuria, and identify imaging studies used in the workup of hematuria.

Prostate Disease

Learning Objective #5: The student will identify the predominant locations in the prostate where BPH and prostate cancer develop and relate this fact with the associated signs and symptoms of the two conditions. The student will also be able to describe medical and surgical treatment options for both BPH and prostate cancer.

Renal Mass

Learning Objective #6: The student will be able to provide a differential diagnosis for a renal mass found incidentally on CT, and describe treatment options for a mass suspicious for malignancy.

Urinary Tract Infection

Learning Objective #7: The student will be able to provide a differential diagnosis of acute voiding problems and identify the most common pathogens in adults and pediatric patients. The student will be able to describe routine workup and antimicrobial management of UTI

Erectile Dysfunction

Learning Objective #8: The student will be able to identify the common causes of erectile dysfunction. The student will describe the pathophysiology of ED with specific reference to the nitric oxide pathway. The student will be able to identify common medical management of ED.

Urinary Tract Catheterization

Learning Objective #9: The student will be able to describe the indications for urethral catheterization. Given a male or female patient under anesthesia in the operating room, the student will demonstrate proper sterile placement of a urethral catheter.

Assesment will be based on:

1. Online quiz to be taken by the last day of the rotation. Students need a minimum of 70% on the quiz to achieve a passing grade.
2. Resident evaluation based on core competencies. A consensus opinion from the residents will be used based on daily performance on rounds, in the operating room, and in ambulatory clinics.
3. Staff Urologist evaluation in operating room and ambulatory clinic
4. Demonstration of proper placement of foley catheter in one patient.
5. Optional presentation on topic of choice.

Required Readings: Urology National Medical School Curriculum:

<http://www.auanet.org/content/education-and-meetings/med-stu-curriculum.cfm>

Acute Scrotum

- Pediatric UTI
- Adult UTI –
- Urinary Stones
- Incontinence
- BPH
- ED
- Hematuria
- Prostate Cancer/PSA

Also familiarize with:

Uroradiology Cases

GUtube: Male and Female catheterization

Extra: Interacitve Cases in Urology

Suggested rotations:

There are 8 different urologic daily experiences:

1. Adult urology clinic
2. Pediatric urology clinic
3. Outpatient Surgery Center (OPSC)
4. Endoscopy outpatient surgery center (GUOR)
5. Main OR
6. Angio/IR/Image guided therapy (Angio/IR)
7. Urodynamics
8. Urologic Ultrasound

For students desiring a structured broad urologic experience, you may follow one of the suggested tracks below. Students are always encouraged to pursue their individual interests and may concentrate on any area they choose.

	Monday	Tuesday	Wednesday	Thurs day	Friday
	Conference 5-6 PM		Conference 7-10 AM		
Week 1					
Student 1	Angio/IR	Ultrasound	Main OR	Clinic	GUOR
Student 2	OPSC	Main OR	GUOR	Urodynamics	Clinic
Student 3	Main OR	GUOR	Clinic	OPSC	Ultrasound
Student 4	GUOR	Clinic	Urodynamics	Main OR	GUOR
Week 2					
Student 1	OPSC	Main OR	GUOR	Urodynamics	Clinic
Student 2	Angio/IR	Ultrasound	Main OR	Clinic	GUOR
Student 3	GUOR	Clinic	Urodynamics	Main OR	GUOR
Student 4	Main OR	GUOR	Clinic	OPSC	Ultrasound

What You Really Need to Know...

We want you to get out of this rotation what is going to be most pertinent to the field of medicine you have chosen. If you don't know what you want to do with your life, we want you to see a little of everything Urology has to offer – we obviously love our field of work!

Rounds:

1. We usually have you pick up 2 – 5 in-house patients and follow them, write daily progress notes, and present them on morning rounds.
2. How to present in the morning – we have a fairly straight forward way of presenting patients, try to follow this guide and rounds will move faster and we'll understand more in the mornings...
"Mr. X is now POD#X from a X. Over the past 24 hrs, he's (insert any events...diet, OOB, n/v, procedures, etc.) His vital signs are (state the most recent vital signs and whether the patient was febrile in the last 24 hours). His outputs over the **past 8 hours** were (include all outputs...Foley, vomiting, BMs, JPs, etc. If the past 8 hour output hasn't been recorded yet, visually estimate how much is in each bag / drain). Exam (just mention abdominal and GU exams...mention what color the urine is). Assessment/Plan.
Add anything else you think is pertinent to the patient's note and your presentation of that patient. Ask the post call resident (ie – the resident on afternoon rounds the day before) about the plan...it'll make you look smarter on rounds!
3. Afternoon rounds: It is variable when these happen, usually sometime around 3:30 to 4:00 PM start time. Come if you are not in the O.R., or ask the resident you are working with if you should leave what you are doing to go to afternoon rounds. To know when rounds will happen, ask around, or ask the Urology resident on call for the day (page 1586). No pre-rounding on your patients in the afternoon is necessary, but do so if you have time.
4. Weekend rounds: Come in one of the two days on the weekend. Rounds are typically at 8 AM. Split it up with the other students so half of you come in each day. Try to work it out to have the other students to see your patients on the day you won't be there. You don't have to come in on the last weekend of the rotation (i.e. your rotation will end on that Friday).
5. Time off: If you need to take a day off for interviews or otherwise, you will need to come in an extra weekend day to make up the time lost.
6. Placing notes in the chart: Make sure all notes get signed by a resident and returned to the charts as soon as rounds are over. If you need to get to the OR, give your notes to another student for them to put away.

What to do each day: Know what you will be doing **a day in advance**. Ask the residents what is happening tomorrow. Pay attention at the end of morning rounds – that's when the residents say whom is doing what so you know which person you should follow for the day. If you are going to the OR, make sure you get there on time! If you want to make a good impression, get there early and load up the EMR (Centricity) and PACS with the patient's imaging.

Conferences:

1. Monday evening: Every Monday at 5 PM we have conference with all the attendings / residents / students in the Urology department (ask the residents where conference will be). This is a different conference each week (radiologic case presentations, M&M or Journal Club).
2. Wednesday morning: Every Wednesday at 7 AM we have conference (which is why we round at 6 AM on Wednesdays) in the Urology department, in the "Blue Room." There will be various teaching topics until 10 AM.
3. Thursday afternoon (sometimes): The second Thursday of every month at 3 PM there is pediatric urological radiology conference in the radiology department.

End-of-Rotation Presentations: Interested students may give a 5 minute talk to the other students and residents. This is informal and usually is a power point presentation or handout. Choose a topic that you are interested in or is pertinent to your chosen field as well as urology (for example, if you are going into Ob/Gyn, a good presentation would be stones in pregnancy). Typically these are given on the last day or two of your rotation.

Etiquette:

1. You must have a pager to be on the Urology service. List your pager number and email address on the white board in the resident office.
2. When paging one of the residents, please always leave both a 5 digit extension to call back and also your 4 digit pager in the message.
3. Please keep your bags and belongings in the PGY-2 resident office (the right-hand office). If using computers, try to use the computers in that room, and always sign off from the computer so you don't lock it.

This should hopefully be a fun rotation for you. As residents, we're all here to help, so just ask us questions whenever you want! When you're an MD, if you feel more comfortable with Urology jargon and know when and when not to call your urology colleague for a consult or help or just a question, then we've done our job.