Specialty Clinics Rotation / UW Urogynecology Clinic

Description: This experience occurs during the specialty clinic 4-week rotation. The geriatric fellow will spend one ½ clinic every week in the UW Urogynecology Clinic. This education occurs under the tutelage of a urogynecologist and nurse practitioner experienced in managing incontinence and bladder disorders.

Supervisor: Dr. Tova Ablove
Supervisor contact information:

Phone: 274-5300
Pager: 2797

Goals
To educate fellows in the diagnostic approaches, behavioral interventions, and pharmacologic/surgical treatments for adults with urinary urgency and incontinence in order to deliver more thoughtful and comprehensive care of this common problem of later life.

Objectives and Steps to Evaluate Competency in this Objective
The fellow will be able to

(Medical Knowledge)
- Classify incontinence and bladder dysfunction in recognized categories such as urge, stress and mixed causes
- Describe the basic innervations and neurotransmitters involved with bladder function and normal micturition
- Identify medications commonly associated with incontinence and the mechanisms by which they influence continence

As measured by 1) a geriatrics in-service examination, 2) their ability to discuss pertinent clinical data in their case presentations (reported in global end-of-rotation evaluations)

(Patient Care)
- Elicit a thorough history that enhances the diagnosis of factors that cause and exacerbate urinary incontinence
- Recognize the role for urodynamic testing in management of urinary incontinence.
- Tailor a management plan that considers the full range of treatment strategies including behavioral, containment, pharmacologic, and surgical approaches.

As measured by 1) direct faculty observation with performance rated at global end-of-rotation evaluations and 2) fellow-directed chart audits of their primary care patients afflicted with incontinence

(Interpersonal and Communication Skills)
- Deliver effective patient education regarding lifestyle and behavior adaptations that will influence bladder instability and incontinence (e.g. caffeine consumption, delayed voiding)

As measured by 1) global end-of-rotation evaluation
Discuss the individual and societal impact that this condition has on functional and economic status

As measured by 1) global end-of-rotation evaluation and 2) multi-source evaluations completed by interdisciplinary team members (NP)

Type of Clinical Encounter
Clinic evaluation of patient with supervision by faculty preceptor (the fellow will review the medical record, interview and examine the patient, synthesize information and then present the case to a geriatric faculty member principally with the faculty member present)

Teaching Methods
Mini-didactic sessions with faculty and other learners
Case-based learning (case discussions with faculty preceptor)
Individual study using listed references and web-based materials

Patient Characteristics/ Mix of Diseases
This is a tertiary clinic population comprised of 100% older women that have common uro-gynecological conditions such as urinary incontinence, atrophic vaginitis, lichen sclerosis, detrusor instability and need for pessary use.

Procedures
Office-based urodynamic studies

Bibliography:
2. National Association for Continence. Treatment Options for Patients with Overactive Bladder. 2005 (see Dr. Barczi).
6. DuBeau CE. Clinical Presentation and Diagnosis of Urinary Incontinence, and Treatment of Urinary Incontinence. 2007 Up-To-Date (www.uptodate.com).

I have read and reviewed the goals and objectives for this rotation.

_________________________________  ___________________________________
Fellow Signature                      Faculty Signature