

## UROLOGY

### **Medical Knowledge:**

1. Describe the normal anatomy and physiology of the genitourinary system to include the following structures:
  - a. Kidneys
  - b. Ureters
  - c. Bladder
  - d. Prostate seminal vesicles and vas deferens
  - e. Urethra (male and female)
  - f. Male genitalia to include erectile function and testicular function
  - g. Basic adrenal anatomy and function
  
2. Discuss the components of a focused genitourinary history and physical examination to include:
  - a. History
    - (1) Pain
      - (a)Renal           (d)Penile
      - (b)Vesical       (e)Testicular
      - (c)Prostatic
    - (2) Hematuria
      - (a)Painful, painless
      - (b)Initial, terminal, total
      - (c)Presence of clots
    - (3) Lower urinary
      - (a)Irritative
      - (b)Obstructive
    - (4) Incontinence (stress, urge)
    - (5) Sexual dysfunction
  - b. Physical Examination
    - (1) Kidneys
      - (a)Flank masses
      - (b)Peritoneal signs
      - (c)Signs of nerve root irritability
    - (2) Bladder
    - (3) Penis
    - (4) Scrotum and contents
    - (5) Rectal examination (to include prostate)
    - (6) Pelvic examination in female
  
3. Summarize the indications for routine diagnostic procedures in urology such as:

- a. Cystoscopy (ureteral catheterization)
  - b. Bladder catheterization
  - c. Intravenous pyelogram
  - d. Cystogram (retrograde ureteropyelogram)
  - e. CAT and ultrasound of the GU tract
  - f. Urography in trauma
  - g. Indications for using MRI
  - h. Retrograde urethrogram
  - i. Transrectal ultrasound
4. Discuss the nature and indication for routine therapeutic procedures in genitourinary disease such as:
    - a. Bladder catheterization
    - b. Passage of Coude tips and filiform catheters
    - c. Meatotomy if necessary for catheterization
    - d. Suprapubic punch cystostomy
    - e. Dorsal slit for phimosis
  5. Describe the rationale for transurethral prostate resection and other endoscopic urologic procedures.
  6. Summarize the appropriate therapy for simple (non-complex) urologic disease.
  7. Outline the essential components of a clear and appropriate request for urologic consultations.
  8. Describe the embryology of the GU tract to include a discussion of the following pediatric disease processes:
    - (1) Hypospadias
    - (2) Ureteropelvic junction (UPJ) with hydronephrosis
    - (3) Reflux
    - (7) Cryptorchidism
    - (8) Hydrocele

**Patient Care:**

1. Complete and record a focused urological history and physical examination.
2. Perform an examination and provide a differential diagnosis of the acute scrotum.
3. Work up a prostatic enlargement on a routine rectal examination, including processing necessary radiologic and laboratory studies.

4. Plan and initiate appropriate therapy for urological disorders such as:
  - a. Hematuria work up
  - b. Obstructive uropathy work up
  - c. Simple infections
  - d. Resistant infections
  - e. Initiate therapy for: calculus disease, renal mass
  - f. Maintain a working knowledge of carcinoma of the prostate
5. Monitor the inpatient and outpatient management of genitourinary disease.
6. Write clear and appropriate requests for urological consultation.
7. Perform a bladder catheterization (including passage of Coudet tips).
8. Perform a urologic evaluation, diagnostic studies, and treatment in a trauma setting.
9. To be Familiar with CAT and ultrasound results in genitourinary diseases.
10. assist in cystoscopy and urethral catheterization.
11. assist in scrotal surgery for hydrocele, torsion, or varicocele.
12. Request intravenous pyelography (IVP), CAT, and ultrasound genitourinary procedures in appropriate cases.
13. Manage urologic emergencies such as torsion of testicle, scrotal masses, and urinary retention.

### **Practice Based Learning**

Familiarity with the literature regarding surgical management of urologic conditions including areas of controversy is also expected.

### **Interpersonal and Communication Skills**

1. The PGY 1 residents should instruct students about the preoperative and postoperative care of surgical patients and the principles of surgery.
2. Residents should develop good interpersonal skills with nurses, patients, and families.

### **Professionalism**

1. Demonstrate commitment to patient care and acquiring the necessary knowledge to successfully carry out the duties of a PGY 1 resident.
2. They are expected to attend urology clinics as assigned the equivalent of at least one full day a week.
3. Develop a working relationship with members of the urology team in managing postoperative patients.

### **Systems-Based Practice**

1. Develop an appreciation of multi-disciplinary approaches to urology patients by participating in multi-disciplinary outpatient and inpatient activities.
2. Presentation of urology patients in multidisciplinary patient management conferences.