

UROLOGY MSIII CLERKSHIP: SYLLABUS

I. INTRODUCTION AND EXPECTATIONS

The division of Urology at Virginia Commonwealth University School of Medicine provides direct exposure to our subspecialty for medical students during their surgical rotations. Medical students who chose **urology** as their subspecialty elective spend two weeks functioning as members of the **urology team** at either the VCU campus or the McGuire VA campus. Exposure to pediatric urology is only available at the VCU campus. Students with a known interest in pediatric urology should therefore make a specific request for this rotation. However, depending on student volume and interest, we may not be able to accommodate every student request. Prior to the onset of their rotations, students should contact (via pager or email) the current chief resident for their specific location to coordinate a meeting time and place for their first day of service. Our academic office (West hospital, 7th floor: 804-628-1559) can provide contact information for the current chief residents.

Students are expected to “pick-up” patients who are admitted to the service through the emergency department or in the post-operative period. If possible, students should follow at least one patient at all times but should not follow more than three. They should familiarize themselves with all aspects of the patient’s history and physical examination findings either through chart review or preferably through direct interaction with the patient/family members. Students should present patients on morning and afternoon rounds in a formal fashion using the “SOAP” system. However, a full presentation of the history and physical is required when the patient is initially “picked-up” or admitted.

Students should check with the chief resident in charge of their service to determine the upcoming surgical cases. **Reading ahead** of time on surgical cases is *strongly* suggested. At a minimum, students should know what case is occurring, the main indications for the procedure **as well as relevant anatomy**.

Students are also asked to present a short (approximately 5-10 minute), informal presentation on a relevant urologic topic. The presentation should include a brief (approx. 1-2 page) handout which lists the student’s name, date, and references of any sources utilized. **The topic may be chosen from the cases the student participated in while on service or it** may simply be a topic that has peaked the student’s interest. Students should review the topic with their chief resident or appropriate faculty member. **Topics should be chosen by the conclusion of week one and the presentation should occur on the final day of the rotation unless otherwise requested.** Students may not be “reminded” regarding this requirement; however, they are encouraged to be assertive and make sure they are given dedicated time to present their work.

Students are encouraged to purchase (or borrow) a urology hand book or reference text. The following sources have been considered helpful:

- Smith's General Urology- Emil A. Tanagho et al.
- Clinical Manual of Urology- Philip M. Hanno et al.
- Blueprints in Urology- Stanley Zaslau et al.
- Urology Secrets- Martin Resnik et al.
- Houseofficer Urology- Michael Macfarlane
- Pocket Guide to Urology- Wieder et al

Copies of Campbell-Walsh Urology (our main urologic reference text) are also available in the resident offices and clinics at both VCU and the VA. In addition, "AUA Updates" are available in the academic library (West Hospital, 7th floor). These provide focused review of specific topics and are authored by known experts in the field.

II. FACULTY

The division of urology currently has three full-time faculty members:

- Harry P. Koo, M.D.: Professor and Chair, Division of Urology
Sub-specialization: Pediatric Urology:
Email: hpkoo@vcu.edu
- B. Mayer Grob, M.D.: Associate Professor and Chief of Service, McGuire VA Medical Center
Sub-specialization: Urologic Oncology
Email: drgrob@pol.net
- Adam P. Klausner, M.D.: Assistant Professor and Urology clerkship director
Sub-specialization: Neuro-urology, female urology, and voiding dysfunction
Email: apklausner@vcu.edu

Students are encouraged to interact directly with faculty members in clinics and the operating room.

III. SCHEDULE

During the two-week urology rotation, students will spend their time observing urologic surgical procedures, out-patient urologic clinics, in-patient and emergency urologic care. Day-to-day participation in these activities should be arranged and coordinated with the current chief resident at the VCU or VA campus. Grand rounds occurs on Friday from 700am to 830am (Alumni House, 2nd floor). All students are required to attend these conferences unless otherwise directed. At grand rounds, students are expected to dress professionally and should not wear scrubs. Students who take surgery "call" during their rotation should alert the chief resident in advance. Students are **required to go home**

early post-call, if staying at work would cause them to exceed 30 continuous hours on duty. Students are also required to attend general surgery lectures and should make every effort to be on time for these events.

IV. CORE CURRICULUM

At the conclusion of each 2-week urology rotation, students should be able to answer the following questions:

- A) Hematuria
 - a. What is the definition of microscopic vs. gross hematuria?
 - b. What is the differential diagnosis of hematuria?
 - c. What is the work-up for hematuria?
 - d. How is gross hematuria treated?
- B) Benign Prostatic Hyperplasia (BPH)
 - a. What are “LUTS?”
 - b. What is the AUA symptom score?
 - c. What are medical therapies for BPH?
 - d. What are surgical therapies for BPH?
- C) Urolithiasis
 - a. What stones are not visible on abdominal xray?
 - b. What are “infection” stones and what causes them?
 - c. What is standard medical therapy for calcium stones?
 - d. What are surgical options for stones?
- D) Uro-Oncology
 - a. What is PSA and who should be screened?
 - b. How is prostate cancer diagnosed?
 - c. What is the Gleason Score?
 - d. What are the treatment options for prostate cancer?
 - e. What are the treatment options for bladder cancer?
 - f. What are treatment options for kidney cancer?
- E) Incontinence
 - a. What are the different types of urinary incontinence
 - b. What are medical therapies for incontinence
 - c. What are surgical therapies for incontinence
- F) Erectile Dysfunction
 - a. What are the causes of organic impotence?
 - b. What are the available non-surgical treatments for ED?
 - c. What are the surgical treatments for ED?
- G) Pediatric Urology
 - a. What is the differential diagnosis for acute scrotal pain in a child?
 - b. What is the work-up for acute scrotal pain in a child?
 - c. How is testicular torsion treated?
 - d. What is the differential diagnosis for hydronephrosis in a neonate
 - e. What is the differential diagnosis for ambiguous genitalia in a neonate?
 - f. What is the work-up for urinary tract infection in a child?

V. UROLOGY SKILLS

At the conclusion of their two-week rotation, students should have been given the opportunity to practice the following skills:

- A) Placement of a foley catheter
- B) Manipulation of a cystoscope
- C) Digital Rectal Exam to evaluate prostate size and texture
- D) Scrotal and penile examination
- E) Interpretation of a KUB and an Intravenous Pyelogram (IVP)
- F) Interpretation of a “renal colic” CT scan

VI. GRADING

Students will be evaluated on six core competencies as stipulated by the ACGME including: patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism, and systems based practice. Grades will be assigned based on a composite evaluation provided by urology chief residents and faculty. Issues regarding grading (other than appeals) should be directed to Dr. Klausner (apklausner@vcu.edu). Appeals should be submitted directly to Dr. Savas within the specified timeframe, as noted in the appeals policy.

VII. CONTACT INFORMATION

Tina Hamlet: Urology Division Administrator
Email: thamlet@mcvh-vcu.edu
Phone: 804-828-5320