Selectives Course Overview
2017-2018

Scott Department of Urology
Baylor College of Medicine
# Table of Contents

I. Introduction/Selectives Overview........................................pg. 3  
II. Clinical Sites........................................................................pg. 3  
III. Contact & Site Information..................................................pg. 3  
IV. BCM Teacher-Learner Compact...........................................pg. 4  
V. BCM Core Competencies and Graduation Goals.................pg. 5  
VI. Relationship of Selective Objectives to CCGG’s...............pg. 6  
VII. You Said, We Did...............................................................pg. 6  
VIII. Student Roles, Responsibilities and Activities...............pg. 7  
IX. Schedules............................................................................pg. 5  
X. Feedback and Evaluation.....................................................pg. 6  
XI. Policies and Procedures.......................................................pg. 7  
XII. Professionalism and Misconduct........................................pg. 7  
XIII. Recommended Texts/Videos/Resources............................pg. 9  
XIV. Frequently Asked Questions.............................................pg. 9  
XV. Course and Lecture session objectives..............................pg. 10
I. Introduction & Overview:
The selective rotation in Urology is designed to provide medical students with an exposure to the field of Urology through lectures and clinical experiences over the course of two weeks.

Course Prerequisites: Students must have successfully completed their Core Clerkship in General Surgery prior to enrolling in the selective rotation.

Students will receive information by email from the Selective Coordinator:
1) Urology Selective Course Overview Document
2) Surgical Subspecialty Lecture series schedule.
3) Elements of focused GU history and physical.
4) Sign-in Sheet for Urology lecture series (one student will be responsible to save throughout week and email/scan to Coordinator).

II. Clinical Sites:
Adult Public hospitals – Ben Taub General Hospital, Michael E. DeBakey VAMC
Pediatric Urology – Texas Children’s Hospital

Students will be assigned to one of the three clinical sites for the entire two week rotation.

III. Contacts and Site Information:
Urology Selective Course Director: Dr. Jennifer M. Taylor, MD
Pager: 281-567-0482; Phone: 713-791-1414 x26429. jmtaylor@bcm.edu
Urology Selective Coordinator: Carol Vacek, 713-798-3498; cvacek@bcm.edu
Dr. Taylor oversees the various sites, and Ms. Vacek is the primary point of contact regarding assignments, questions, absences, etc.

The Chief Resident at each site provides guidance as to logistics and schedule of the specific site, and the resident’s contact information is provided in the email from the coordinator that precedes the rotation.

Site Directors:
Ben Taub – Dr. Thomas G. Smith III
office 713-798-3498, pager 713-404-7568; tgsmith@bcm.edu

VAMC – Dr. Jennifer Taylor
VA pager 281-567-0482; office 713-791-1414 x26429
jennifer.taylor@bcm.edu

TCH – Dr. Nicole Janzen / nxjanzen@texaschildrens.org
Dr. David Roth / davidrr@bcm.edu
IV. Baylor College of Medicine Teacher-Learner Compact

Learners pursuing a professional career at Baylor assume responsibility to develop in-depth knowledge, acquire and apply special skills, and demonstrate professionalism. Teachers guide and educate learners, and model appropriate attitudes, interpersonal skills and professional behaviors. Core educational staff support both learners and teachers. This Compact serves both as a pledge and a reminder to teachers, learners, and educational staff that moral, ethical and professional behavior by all BCM personnel is essential to the basic principles of this institution.

Guiding Principles of the Educational Compact

DUTY
All participants in the education mission have a duty to sustain a learning environment conducive to maintaining the knowledge, attitudes, and skills necessary for providing contemporary standards of professional behavior.

INTEGRITY
All education participants/parties will behave in a manner that reflects individual and institutional commitment to intellectual and moral excellence.

RESPECT
Fundamental to the ethic of professions is respect for every individual. Mutual respect between learners, as newer members of the profession, and their teachers, as experienced professionals, is essential for nurturing that ethic. In addition to individual respect, all educational parties must respect and follow established professional policies.

As a teacher, I pledge to:
- Maintain currency in my professional knowledge and skills
- Ensure excellence of the educational curriculum
- Be a Model of professionalism in all of my interactions with faculty, learners, patients, colleagues, and staff
- Respect all faculty, learners, patients, colleagues, and staff as individuals, without regard to gender, age, race, national origin, religion, or sexual orientation; and oppose observed disrespect or bias
- Nurture learner commitment to achieve personal, family, and professional balance
- Recognize and acknowledge expressions of professional attitudes and behaviors as well as the achievement of quantifiable academic excellence
- Respond vigorously to unprofessional behavior and indications of abuse or exploitation of faculty, learners, patients, colleagues, or staff
- Create a safe environment in which faculty, learners, and staff can communicate any concern about breaches of this compact
- Accept responsibility for instilling these attributes in learners and faculty for whom I have responsibility

As a learner, I pledge to:
- Acquire the knowledge, skills, attitudes, and behaviors necessary to fulfill all established educational objectives
- Embody the professional virtues of integrity, empathy, altruism, compassion, respect, honesty, courage, and trustworthiness
- Respect as individuals, without regard to gender, race, national origin, religion, or sexual orientation, all patients, peers, faculty and staff
- Uphold the highest professional standards and conduct myself accordingly in all interactions with patients, peers, faculty and staff
- Assist my fellow learners in meeting their professional obligations, while fulfilling my own obligations as a professional
- Help create a safe environment in which faculty, learners, and staff can communicate any concern about breaches of this compact
V. BCM Core Competencies and Graduation Goals

1. Professionalism  
   Each student graduating from BCM will:  
   1.1. Apply ethical decision making that upholds patient and public trust  
   1.2. Employ honesty, integrity, and respect in all interactions  
   1.3. Demonstrate a commitment to advocate for the needs and well-being of patients, colleagues, and self  
   1.4. Demonstrate caring, compassion, and empathy  
   1.5. Demonstrate awareness of one’s own biases and sensitivity to diverse patients and colleagues  
   1.6. Identify and fulfill responsibilities and obligations as a learner and a colleague  
   1.7. Recognize and avoid conflicts of interest  
   1.8. Adhere to patient confidentiality rules and regulations

2. Medical knowledge  
   Each student graduating from BCM will:  
   2.1. Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to diagnose, manage, and prevent disease  
   2.2. Utilize the principles of public health, epidemiology, and biostatistics in identifying and reducing the incidence, prevalence, and severity of disease to improve health  
   2.3. Interpret diagnostic tests as they relate to common clinical, laboratory, and radiologic findings in the spectrum of health and disease

3. Patient care  
   Each student graduating from BCM will:  
   3.1. Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care  
   3.2. Develop and implement patient evaluation and management plans appropriate to all levels of patient acuity  
   3.3. Develop a prioritized problem list and differential diagnosis using patient’s biopsychosocial history, medical records, physical exam findings, and diagnostic studies  
   3.4. Obtain consent for and perform basic technical procedures competently  
   3.5. Perform comprehensive and focused biopsychosocial exams in a variety of patient care settings and recognize when each is indicated  
   3.6. Assess health risks using gender- and age-appropriate criteria and recommend potential preventive and therapeutic interventions  
   3.7. Select and interpret diagnostic tests accurately  
   3.8. Interpret physical findings accurately  
   3.9. Utilize critical thinking to provide appropriate evidence or support for clinical decisions and management of diseases  
   3.10. Provide timely and accurate documentation of all assessment, plans, interventions, and orders including prescriptions and transfers of care between providers or setting

4. Interpersonal and communication skills  
   Each student graduating from BCM will:  
   4.1. Demonstrate patient-centered interview skills in order to create and sustain a supportive and therapeutic relationship with patients and families  
   4.2. Demonstrate the ability to communicate effectively, efficiently, and accurately as a member or leader of a health care team  
   4.3. Demonstrate the ability to effectively communicate and collaborate with colleagues, other health care professionals, or health related agencies  
   4.4. Apply verbal and written medical communication skills to basic and advanced medical scenarios

5. Practice-based learning and improvement  
   Each student graduating from BCM will:  
   5.1. Identify personal strengths and deficiencies in one’s knowledge, skills, and attitudes to integrate feedback and set personal improvement goals  
   5.2. Use and manage technology to access medical information resources to expand personal knowledge and make effective decisions  
   5.3. Apply principles and practices of evidence-based medicine (EBM) in making decisions about prevention, diagnosis, and treatment of disease

6. Systems-based practice  
   Each student graduating from BCM will:  
   6.1. Analyze the roles insurance plans and health care providers play in the health care system and how they affect providers’ and patients’ behavior  
   6.2. Provide appropriate referral of patients, including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes  
   6.3. Examine the role of quality improvement and clinical pathways in optimizing health systems  
   6.4. Demonstrate the rationale for reporting and addressing events that could affect patient safety

7. Leadership  
   Building upon the foundation in other domains, each student graduating from BCM will be able to:  
   7.1. Demonstrate the ability to work effectively as a member of an interprofessional health care team  
   7.2. Demonstrate the ability to give and receive behaviorally-specific feedback  
   7.3. Utilize skills that enhance the learning environment and team functioning
## VI. Relationship of Selective Objectives to CCGG’s

<table>
<thead>
<tr>
<th>BCM CCGGs</th>
<th>Related Selective Objective</th>
<th>Mode of Teaching</th>
<th>Mode of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1, 2.2, 2.3</td>
<td>Demonstrate knowledge of basic diagnoses managed by Urologists.</td>
<td>Clinical - Observe</td>
<td>✓</td>
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<tr>
<td></td>
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<td></td>
<td>✓</td>
</tr>
<tr>
<td>3.5, 3.8</td>
<td>Describe basic elements of a focused genitourinary history and physical.</td>
<td>Clinical - Perform</td>
<td>✓</td>
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<tr>
<td></td>
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<td>✓</td>
</tr>
<tr>
<td>2.1, 3.9</td>
<td>Recognize common surgical techniques and principles for urologic surgery.</td>
<td>Clinical - Observe</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>1.1, 1.2, 1.3, 1.6</td>
<td>Develop clinical behaviors and practices which uphold professionalism principles.</td>
<td>Clinical - Observe</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

**You Said, We Did: We value your feedback and the following changes have been made in response to student concerns and suggestions.**

<table>
<thead>
<tr>
<th>You Said</th>
<th>We Did</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-2017 It would be useful to have a more clear orientation at the beginning of rotation.</td>
<td>We coordinated an orientation that would be required at each site, to be done of the first day of the rotation.</td>
</tr>
</tbody>
</table>
VIII. Student Roles, Responsibilities and Activities:

- Roles and Responsibilities
  - The student will participate in all educational and clinical activities while on the rotation, as permitted by schedule:
    - assist in surgical cases
    - scrub in to surgical cases
    - participate in clinic activities, including rounds and seeing patients in clinic with resident or attending physician. In clinic setting, student will perform history-taking, physical exam, and preliminary documentation in EMR.
    - participate in teaching conferences
  - The student is expected to behave in a professional manner in all settings in accordance with the guidelines of the College of Medicine

- Lectures and Quiz
  - Students will have five lectures during one week of the Selective month
    - Urologic Oncology
    - Infertility and male sexual dysfunction
    - Pediatric Urology
    - Urolithiasis and minimally invasive Urology
    - Incontinence and voiding dysfunction
  - 7:00am to 8:00 am is protected academic time Monday through Friday throughout the month for reviewing or attending lectures in the various subspecialties
  - Students are expected to arrive at site by 8:30am at the latest, allowing for travel time from BCM.

- Before the Rotation Begins
  - The selective coordinator will send out an email to upcoming students with instructions.
  - The student is responsible for obtaining the necessary identification badges and computer access prior to the first day of the rotation.
    - Ben Taub/SLMC: ID and badge through GME office.
    - VAMC: If your computer access is inactive, please contact Carol Young in the Operative Care Line office at least 1 week ahead for assistance in activating your network and CPRS usernames. Her email address is <carol.young2@va.gov>

- Upon arrival to individual site:
  - Students should arrive to the first day and report to the site director or chief resident for instructions.
  - Students should plan to review the upcoming OR schedule with the residents and map out a balanced distribution of types of cases and encounters (clinic vs. OR).

- For surgical cases
Students are expected to read ahead for the case: know the patient’s history in brief detail, know the case and indication, be prepared for anatomy or clinical questions to be reviewed during the case. Ask the resident who will be involved what the background and thought process is.

For ambulatory (clinical) encounters
- Students are expected to see patients and then present to and discuss with resident.
- Students are expected to perform a H&P, History and Feedback, with particular attention to the GU exam.
- An observed focused GU history and physical is a required element of the selective rotation.
- Many clinic visits are procedures: students can assist in procedures and should actively observe the procedure.

Required elements of the rotation
- Attendance at all GU lectures: Attendance WILL be taken and documented.
- Focused GU history and physical, observed by resident or faculty.
- Placement of a urethral foley catheter.
- Observation of a variety of surgical cases.
  - Adult setting: stone disease; malignant diseases (primarily kidney cancer, prostate cancer, bladder cancer); benign diseases (eg. BPH, hydrocele); prosthetic cases
  - Pediatric setting: undescended testis; vesicoureteral reflux; hypospadias; upper tract diseases (stones, ureteropelvic junction obstruction)
- Observation of a variety of ambulatory encounters
  - Clinic encounters: new patients, return patients, postoperative patients
  - Clinic procedures: eg, cystoscopy, prostate biopsy, vasectomy
- There will be instruction given on first day of rotation for a short case presentation to an attending during the second week, based on a clinical question or scenario from a patient encounter.
  - Any patient experience or surgery can be the basis for your presentation. Avoid trying to tackle too large a subject, eg. “broad overview of prostate cancer.”
  - Prepare a short (5-10 slides) powerpoint presentation with history and physical, any pertinent imaging (via screen shots from EMR), and discussion of background and considerations from your literature review.
  - You will present during the second week of the selective. You will be informed on the first day when to be prepared to present.

IX. Schedules:
- Basic schedule expected to be 8:30-5 Monday-Friday.
  (As an FYI, surgical cases start at 7:30 or 8:30am daily. However, student time 7-8 is protected for lectures.)
- Conferences available to attend (optional when conflict with morning lecture or other assignment):
  - Urology Grand Rounds: Wednesday AM 7-8am, weekly
  - Multidisciplinary tumor board
    - VA: Thursday PM 4pm, 2x/month
X. Feedback and Evaluation:

- Each student will meet with site director or delegate at the beginning of the 2-week rotation to review goals, objectives, and expectations.
- Student performance assessments will be formulated by composite review of the student by the supervising faculty member(s) and residents, and the evaluation form in e-value will be completed by the Site Director.
- Each student will meet with site director or chief resident at the end of the rotation to review his or her performance.
- Evaluations:
  - The evaluation form you will complete will ask for you to identify at least 2 faculty members with whom you worked. It will then launch evaluation forms for each of those faculty members.
  - The evaluation form will also prompt you to identify any residents with whom you worked to complete a housestaff evaluation. Completing a housestaff evaluation is optional.
  - WE ENCOURAGE YOU TO PROVIDE FEEDBACK, BOTH POSITIVE AND NEGATIVE, ON FACULTY AND HOUSESTAFF. This feedback provides information for our faculty and housestaff teaching development and for continually improving the selective rotation. All feedback will be deidentified and prior to sharing with any faculty or housestaff.
  - Any specific immediate concerns should be brought to the attention of Dr. Taylor, the selective director, by email.
- Basis for Grade
  - Attendance at all Urology selective morning didactic lectures is mandatory. Failure to do so will result in a “deferred” grade until satisfactory documentation of all lectures attended by making up during another month.
  - Grade will be based on the student performance evaluation completed by the Site Director in e*value. The determination will be based on evaluation of participation in elective, rating of focused GU history and physical, and evaluation of student’s case presentation.
  - The student will receive a final grade of Honors, High Pass, Pass, Marginal Pass, or Fail based upon their clinical performance and completion of the requirements of the course.
  - Absences or lapses in professionalism may result in a lesser final grade given to the student or course failure. A student can fail the urology selective based on professionalism alone, independent to clinical performance.
  - Grades will be posted to the Registrar by 4 weeks after the course has ended as per the BCM SOM Timeliness of Grades Policy.
  - The clinical performance grade will be assessed using the following scale:
    - Honors 80 – 90
    - High Pass 70 – 79.9
XI. Policies and Procedures


Link to student handbook: [https://www.bcm.edu/education/schools/medical-school/student-affairs/student-handbook](https://www.bcm.edu/education/schools/medical-school/student-affairs/student-handbook)

- **Pass** 40 – 69.9
- **Marginal Pass** 30 – 39.9
- **Fail** 10 – 29.9

- Absences
  - The student will contact by email or phone the clinical site director or course coordinator in the event of an absence.
  - The student will be allowed one excused absence per two week rotation with additional absences resulting in a ‘deferred’ grade and requirement of making up the missed time or entire rotation.
  - Any unexcused absences can negatively affect the student’s overall grade and could result in failure of the course. **Failure to communicate with the coordinator and preceptor about an absence will result in the absence being considered unexcused and is grounds for failure.**
  - Please refer to the BCM attendance and participation policy for clinical rotations for the definitions of excused and unexcused absences.

- **Dress Code**
  - The student should review the dress code for the specific site with the site preceptor on the first day of the rotation.
  - The student will wear professional attire with BCM white coat for grand rounds and while on rotation at BSLMC and TCH.
  - No food or drink is allowed in patient care areas.

- **Professionalism**
  - The student is expected to behave in a professional manner in all settings in concordance with the guidelines of the College of Medicine.
  - Significant lapses in professionalism may result in a lesser or failing grade on the selective rotation.

XII. Professionalism and Misconduct

- **Reporting Breaches in Professional Behavior**
  - Students should report all breaches in professional behavior or mistreatment to the Integrity Hotline at 855 764-7294 or go to the Integrity Hotline Web Portal: [https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html](https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html) For more information see the student handbook available at: [https://www.bcm.edu/education/academic-faculty-affairs/student-services/student-grievances](https://www.bcm.edu/education/academic-faculty-affairs/student-services/student-grievances)

- **Student Grievances/Mistreatment**
  - The leadership, faculty and staff of Baylor College of Medicine are all here to support and help you on your journey to becoming a leader in your chosen profession. In the event you have a grievance, we have created several pathways for you to receive help. Baylor community members are prohibited from retaliation.
We encourage that student grievances be resolved, if possible, by the student and the individual (student, faculty, and/or staff) most closely related to the grievance.

- If no resolution is established, the student may ask her/his supervisor, program director, or dean for assistance.
- If the grievance cannot be informally resolved by the supervisor, program director, or dean, the student must be directed to the Integrity Hotline and recommended to file a written grievance.

https://www.bcm.edu/education/academic-faculty-affairs/student-services/student-grievances

Read the Student Grievances Policy.

Filing a Written Grievance

- Grievances are not the same as disagreements. A student cannot file a grievance merely because s/he disagrees with the grade. A student can file a grievance if they believe the grade was unfair, for example, if it is felt to be an act of discrimination.
- At any point, a student may choose to file a grievance utilizing the Integrity Hotline (phone number or web portal). To file a grievance by phone, call toll free at (855) 764-7292. An operator will document all the information regarding your grievance. If you are not filing anonymously, the operator will also document your personal information. Once all the information is obtained, the operator will file on your behalf.
- To file a grievance online, a student may call: (855) 764-7292 or go to the Integrity Hotline Web Portal. Select the category that best matches your concern or grievance.
- You may choose to identify yourself or to file anonymously. If you choose to file anonymously your confidentiality will be protected to the limit of the law and within the scope of certain program accreditation requirements.
- Once the grievance has been filed (via phone or online), you will be asked to create a password. You will be assigned a tracking number, called a Report Key. You may use your Report Key and your password to log back into the Integrity Hotline Web Portal to check status, answer follow up questions (if any) or submit new information.
- Written grievances are handled in accordance with the College’s policy on student grievances. Written grievances filed through the Integrity Hotline shall follow prescribed grievance resolution procedures for written grievances based upon grievance type (grade appeal, adverse academic action appeal, other academic or student services/conduct grievance, non-academic professionalism mistreatment).
- Grade appeals and Adverse Academic Action Appeals must be submitted within ten business days of the grade/action posted.
- The Office of Compliance will work closely the Office of the Provost to triage student grievances.

Mistreatment Policy

- Mistreatment either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. Examples of mistreatment include sexual harassment, discrimination, humiliation, and other forms of assessment in a punitive manner.
- Students should report all mistreatment to the Integrity Hotline at 855 764-7294 or go to the Integrity Hotline Web Portal: https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html
- For more information see the student handbook available at: https://www.bcm.edu/education/academic-faculty-affairs/student-services/student-grievances
Grade Verification

- Due process involves providing students with a clear description of course expectations, including grading requirements, as well as behavioral and professionalism guidelines. Students may have questions about their final grade or the grading process. If students want to verify their final grade, they are first encouraged to meet with the course/clerkship directors informally to discuss those questions. After grade verification and discussion, the student may choose to proceed with a formal grade appeal if they believe they have received a grade unjustly. Grievances are not the same as disagreements. A student cannot file a grievance merely because s/he disagrees with the grade. A student can file a grievance if they believe the grade was unfair, for example, if it is felt to be an act of discrimination.

Patient Safety

- Patient safety is everyone's responsibility. Concerns should be reported to the appropriate affiliated institution for both quality improvement and assurance. Click on the link above for information on how and where to report at BCM affiliated institutions.

Reporting Patient Safety Concerns


Student Disability Policy

- Baylor College of Medicine (BCM) is committed to providing equal educational access for qualified students with disabilities in accordance with state and federal laws.
- Newly accepted and currently enrolled students are responsible for initiating a disability-related request for reasonable accommodation or modification no less than 30 business days prior to the start of the course for which accommodation is requested.

Full policy: https://intranet.bcm.edu/index.cfm?fuseaction=Display_Policy&Policy_Number=23.1.07

Duty Hours Policy

- Duty hours, including all in-house call activities, must be limited to an average of 80 hours per week over a 4-week period. Duty periods may be scheduled to a maximum of 24 hours of continuous duty in the hospital. An additional 4 hours may be spent to ensure appropriate, effective and safe transition of care. Minimum time off between scheduled duties is 10 hours. Students must receive a minimum of either 24 hours off per 7-day work period, or 4 days off per 28-day work period.

Full description: https://intranet.bcm.edu/index.cfm?fuseaction=Display_Policy&Policy_Number=28.1.04

XIII. Recommended Texts/Videos/Resources:

Wieder's Pocket Guide to Urology

- Excellent outline format comprehensive guide.
- Excellent resource for housestaff. Several copies in common areas at public hospitals.
Campbell-Walsh Urology, 10th Ed.
- Available through TMC library website under Books.

AUA Medical Student Curriculum
http://www.auanet.org/education/education-for-medical-students.cfm

Urologymatch.com
- Excellent resource with videos, digital surgical atlas.
Textbook guide: http://urologymatch.com/textbook

XIV. Frequently Asked Questions:
1. Where do we show up for the assignment?
   - Based on site but if questions, contact the site director or designated preceptor.
2. When do I get a grade?
   - Grades should be submitted by the Coordinator to Registrar within 4 weeks.
3. Where to get scrubs?
   - Speak to the OR front desk at the respective institution.
XV. Objectives

Course Objectives
1. Demonstrate knowledge of basic diagnoses managed by Urologists.
2. Describe basic elements of a focused genitourinary history and physical.
3. Recognize common surgical techniques and principles for urologic surgery.
4. Develop clinical behaviors and practices which uphold professionalism principles.

Session Objectives

Urologic Anatomy and Urinary tract Obstruction
1. Discuss the various imaging modalities used for evaluation of the upper and lower urinary tracts.
2. List the most common congenital and acquired causes of upper and lower urinary tract obstruction.
3. Demonstrate knowledge of the various management options and indications for surgical intervention for kidney stones.
4. Recognize the different surgical treatment options for upper and lower urinary tract obstruction.

Male Infertility and Sexual Dysfunction
1. Summarize the major causes and evaluation of male-factor infertility.
2. Describe the anatomy and physiology of erections.
3. Summarize the epidemiology of and basic treatment approaches to erectile dysfunction (ED).

Pediatric Urology
1. Describe congenital genitourinary anomalies that can present with a urinary tract infection in infancy or childhood.
2. Describe management options for phimosis and paraphimosis.
3. Demonstrate knowledge of basic diagnoses managed by pediatric urologists

Neuro-Urology & Voiding Dysfunction
1. Describe neurophysiology of urinary storage and voiding and alterations that occur with pathology.
2. Define overactive bladder (OAB) and benign prostatic enlargement (BPE) and their impacts on urinary function.
3. Compare pharmacologic and minimally invasive treatment options for OAB/BPE.

Urologic Oncology
1. Recognize the different genitourinary malignancies, along with their basic epidemiology and management options.
2. Describe the benefits of prostate cancer screening with PSA and the controversies around PSA as a screening test.
3. Describe the algorithm for management of hematuria.