



# Certificate in Ambulatory Urogynecology

Department of Obstetrics & Gynaecology Faculty of Medicine Ramathibodi Hospital Mahidol University

# This program is endorsed by the International Urogynecological Association (IUGA).

AdministratorDivision of Female Pelvic Medicine & Reconstructive SurgeryCourse typeFace-to-faceHands-on

**Course description** This postgraduate course is designed to facilitate higher-order thinking skills to meet the health needs and expectations of patients and relevant health care delivery system regarding pelvic floor symptoms care. The activities provided would prepare trainees to be capable of working within interprofessional team for improvement of patient care, committed to life-long learning and participation in continuing professional development. The expected learning outcomes, the assessments, and the learning activities are aligned with one another. Therefore, the course would ensure the graduate's ability in undertaking comprehensive appropriate medical practice in Ambulatory Urogynecology.

**Statement of the problem** Presently, Thailand is facing a situation of a changing population structure into an aging society. The office of the National Economic and Social Development Council has reported that in the middle of 2019, Thailand had a total population of approximately 69.3 million people. Of these, the number of elderly people aged 60 years and over reached 11.7 million, representing 17.6% of the total population, and by 2031, there will be an elderly population of 18 million, representing 28 percent (super aging society). The reduction in estrogen at menopause, combined with normal aging, result in symptoms and changes of various systems including the urinary system and reproductive organs.

Urogynecology is a medical specialty that has emerged in the last 20 years in order to care for women with pelvic floor problems. The pelvic floor refers to the organs or components located in the pelvis, which consist of the lower urinary tract, reproductive organs and the lower gastrointestinal tract including the muscles and nervous system involved. Pelvic floor dysfunction (PFD) is related to problems that affect the pelvic floor including urinary incontinence (UI), fecal incontinence (FI), pelvic pain and pelvic organ prolapse (POP). UI and POP have been demonstrated as a result of pregnancy, childbirth, menopause deterioration from aging and other reasons. From surveys in different countries including Thailand, UI and POP are common problems and affect the quality of life in postmenopausal and older women. Although PFD is not a life-threatening disease, it can affect social, psychological, familial, occupational, physical and sexual aspects of women's lives. In addition, PFD has an impact on the economy. The expenditure on the purchase of urine pads and the overall health expenditure of the country are also increasing.

In Thailand, there is progress in the sub-specialty training in Female Pelvic Medicine & Reconstructive Surgery (FPMRS). The Royal College of Obstetricians and Gynecologists of Thailand (RTCOG) and the Medical Council of Thailand has approved the two-year fellowship training in the subspecialty of Female Pelvic Medicine and Reconstructive Surgery since 2015. Currently, in 2022, there are 4 accredited institutes, which have been training one fellow per institution per year. However, FPMRS specialists are still few in number and inadequate to care for the current and anticipated growing population of women with pelvic floor problems. Therefore, in order to develop and improve the quality of care for women with pelvic floor problems in Thailand, it is essential to establish a shortcourse training program for obstetricians and gynecologists who are interested in PFD to be able to provide ambulatory health services at secondary or tertiary level centers. In doing so, the regional or future women's health problems and needs related to PFD would be effectively and timely met.

#### Objectives After training, trainees will be able to

1. Explain and discuss common and complex pelvic floor problems.

2. Demonstrate clinical competency in comprehensively assess, investigate, manage and refer women with urinary incontinence and pelvic organ prolapse.

3. Appraise and evaluate the literature and scientific data in order to use and adjust the content to changing contexts.

4. Building an effective urogynecology clinic, which is suitable for available resources and needs of the health care delivery system.

#### **Course structure**

The total duration of the training is 3 months, divided into the following clinical practice periods:

- 1. The Female Pelvic Medicine & Reconstructive Surgery Division (2.5 months)
- 2. Working in different departments (0.5 months)

To rotate to work in various departments as follows

Division of Urology, Department of Surgery and/or Rehabilitation Medicine 0.5 months

### **Training methods**

- 1. Academic lectures, discussions
- 2. Clinical practice, hands-on

**Course details** Theory teaching and practice under the supervision of FPMRS lecturers and Urogynecology-specialized nurse.

## **Course content**

Being knowledgeable obstetricians-gynecologists trained in Ambulatory Urogynecology, they would be able to practice based on ethics, knowledge and ability to manage and care for women with common and complex pelvic floor problems beyond the capabilities of general obstetricians-Gynecologists. They will have clinical competence in the investigation and conservative treatment of the disorders of function of the lower urinary tract, pelvic floor and pelvic organs. They should be in a position to establish and maintain a urogynecology clinic and should provide a referral service for women with complicated urinary and pelvic floor problems.

#### **Brief content**

### 1. Fundamentals

- Anatomy of lower urinary tract and pelvic floor: Should have a good basic knowledge of the anatomy of the lower urinary tract and pelvic floor to be used in the care of patients

- Embryology of urinary tract and pelvic floor: Should have a basic knowledge of the development of the lower urinary tract and pelvic floor at a good embryo stage to help understand the pathogenesis of disorders of the lower urinary tract and pelvic floor.

- Clinical physiology and pharmacology of the urinary tract: Should have a good basic knowledge of the physiology and pharmacology of the lower urinary tract and pelvic floor to be used in the care of patients.

2. Diseases or conditions that are important

Urinary incontinence

Pelvic organ prolapse

3. Procedure and/or interpretation of laboratory results

- Clinical diagnostic techniques: Should have the ability to take history, physical examination of patients with abnormalities in gynecological diseases of the urinary tract including being able to provide additional diagnostic tests, interpret the results, provide the correct diagnosis and provide

appropriate treatment including evaluating the results of the examination and treatment.

4. Knowledge of integration

- Critical appraisal: Should be able to read and critique clinical research.

- Ethical and legal aspects: Should have the ability to discuss ethical and legal knowledge relevant to case studies.

- Management and administrative experiences: Should be assigned management responsibility for the benefit in the future regarding the management of service in outpatient clinics

<b>Course length</b>	3 months (1 trainee/course and 4 trainees/year)	
	January-March	
	April-June	
	July-September	
	October-December	

# **Course venue**

-Lecture/conference	Department of OB&GYN, Faculty of Medicine Ramathibodi Hospital
-Clinical experience	Urogynecology Clinic, FPMRS Division

# **Qualifications of trainees**

In order to start a short-course program in Ambulatory Urogynecology the following requirements are mandatory:

Trainees must be licensed to practice medicine and have received a certificate in the field of Obstetrics and Gynecology.

## Assessment

AT 1 EPA; entrustable professional activities (5 activities)

DOPS; direct observation of procedural skills (5 procedures)

- AT 2 Critical appraisals of 1 journal article and 3 mini-reviews of related topics (oral presentation)
- AT 3 Writing a project of building a urogynecology clinic, which is relevant to the trainee's context and responsibilities (paper submission)

# Expected outcomes in women's health care

1. Improve overall knowledge and skills of trainees to take care of common and complex pelvic floor problems.

2. Help trainees to be able to comprehensively assess, investigate, manage and refer women with urinary incontinence and pelvic organ prolapse.

3. Promote the concentration of specialized Obstetricians-gynecologists who will be of considerable benefit to Thai women with pelvic floor dysfunction and hence improve the quality of their care.4. Encourage coordinated management of relevant clinical services throughout a region and country.

<b>Course faculties</b>	Jittima Manonai (Director)	
	Rujira Wattanayingcharoenchai	
	Komkrit Aimjirakul	
	Orawee Chinthakanan	
	Varisara Chantarasorn	
	Athasit Kitmanawat	
	Sirirat Sarit-apirak	
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Subjects	Lecturers/supervisors
1. Pelvic organ prolapse	Komkrit/Fellow 2/Fellow 1
<ul> <li>Diagnosis / POP-Q</li> <li>Treatment</li> </ul>	
2. Urinary incontinence	Rujira/Fellow 2/Fellow 1
- Diagnosis - Treatment	
3. Other common problems	Faculties/Fellow 2/Fellow 1
<ul> <li>Overactive bladder</li> <li>Bladder pain syndrome</li> <li>Genitourinary syndrome of menopause (GSM)</li> <li>UTI</li> </ul>	
4. Urodynamic study	Varisara/Fellow 2/Fellow 1
<ul> <li>Basics &amp; principle</li> <li>Interpretation</li> </ul>	
5. Non - surgical treatment for POP and UI	Jittima/Sirirat
6. Pelvic floor muscle rehabilitation	Sirirat
<ul><li>Kegel exercise</li><li>Biofeedback</li></ul>	
7. Pessary	Sirirat/Jittima
- POP - SUI	
8. Pelvic floor ultrasound	Varisara/Jittima
- Principle - Hands - on	
9. Novel modalities for pelvic floor dysfunction care	Orawee
10. Urogynecology clinic set up	Athasit/Sirirat
<ul> <li>Patient Flow / Questionnaires</li> <li>Patient education</li> </ul>	
11. Introduction to the Thai Urogynecologists Society (TUGS) and the International Urogynecological Society (IUGA)	Jittima