

Urinary Incontinence

Goal: To provide an opportunity for the fellow to learn the causes, evaluation and management of urinary incontinence in older adults.

Location: Benedum Geriatrics Continence Clinic
200 Lothrop Street
Pittsburgh, PA 15213

Preceptors: Neil M. Resnick, MD, Chief of Geriatric Medicine. Dr. Resnick is a fellowship-trained and Board certified geriatrician with expertise in geriatric urinary incontinence in the clinical and the research settings. He founded the first Continence Clinic in North America and has conducted research on urinary incontinence for 20 years.

Stasa D. Tadic, MD, Assistant Professor of Medicine, is a fellowship-trained and Board Certified geriatrician who specializes in geriatric incontinence and is actively working on central mechanisms of bladder control and effects of biofeedback therapy.

Linda Organist, MSN, CRNP, is a Nurse Practitioner with 12-years experience in working with older adults with urinary incontinence using behavioral therapy. Her expertise is in using biofeedback therapy to train individuals to perform pelvic floor muscle exercises.

Experience: The fellow will is expected to see and evaluate at least five (5) patients in the Incontinence Clinic over the course of their clinical year. They should check when patients are scheduled and arrange to be present when they have time available.

Competency-based Objectives:

Medical Knowledge

1. To understand the physiology of the lower urinary tract and how this physiology changes with age.
2. To understand the different types of urinary incontinence, including those that are reversible.
3. To know pharmacologic and non-pharmacologic treatment of the most common form of incontinence among older adults (urge incontinence) and to be aware of treatment options for the other forms of incontinence
4. To understand the indications for urodynamic evaluation and gain a basic understanding of its interpretation

Patient Care (Clinical Skills)

5. To perform an appropriately focused H&P in a patient with lower urinary tract symptoms, including performance of a targeted pelvic, rectal and neurological exam as well as a clinical stress test and a residual urine determination

Patient Care (Patient Management Skills)

6. To be proficient in incorporating accessory information (records from other physicians, urodynamic studies) and developing a plan of care to manage urinary incontinence appropriately, using both non-pharmacologic and pharmacologic approaches

Professionalism

7. To become competent in taking a history on sensitive issues and performing a genitourinary exam that makes the patient comfortable

Communication

8. To write a succinct (< 2 page) and effective consult letter about complex older adults with urinary symptoms

Evaluations: Competency-based evaluation by preceptor at end of rotation

Recommended reading:

Resnick NM, Yalla SV. Geriatric incontinence and voiding dysfunction. In: Walsh PC, Retik AB, Vaughan Jr ED, Wein AJ (eds.). Campbell's Urology (9th Ed). WB Saunders Co., 2006; in press.

DuBeau CE. The aging lower urinary tract. J Urol. 2006 Mar;175(3 Pt 2):S11-5.

Ouslander JG. Management of overactive bladder. N Engl J Med. 2004 Feb 19;350(8):786-99.

Preceptor

Fellow

Date: _____

Date: _____