



Advancing Female Pelvic Medicine
and Reconstructive Surgery

A Training Guide - Core Competencies for the Advance Practice Provider Entering Urogynecology

A Training Guide - Core Competencies for the Advance Practice Provider Entering Urogynecology has been developed to assist practices with hiring and training advance practice providers (APP) for Urogynecology-focused offices. For the purposes of this document APP is defined as advanced practice nurses such as nurse practitioners, certified nurse midwives, and certified nurse specialists, as well as physician assistants.

The majority of APPs who are hired to work in the field of Urogynecology do not have specific urogynecology experience and require on the job training. Currently a comprehensive training guide does not exist to support the training of APPs. This document was developed to provide a comprehensive approach to training APPs. It is not intended to be used for the purposes of certification.

Training should include observation, reading recommended sources, viewing videos and webinars and then demonstrating specific skills in the presence of an experienced colleague (MD or NP/PA). This document provides two resources:

- Training Guide Checklist – This provides an outline of the core competencies for the Urogynecology-focused APP. A resource section is provided for each skill set area.
- Training Guide Evaluation Form – This form utilizes the content from the training guide and creates an evaluation form for the office. The form provides a systematic approach to a competence-based assessment of the individual's skills. This is a tool that can be used to identify areas for continued professional development.

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Name:		Date of Hire:
Requested	GENERAL PROCEDURES	Competence demonstrated (date/ initial)
	Perform general patient assessment, including history and physical examination, and record or dictate the information appropriately in the patient medical record	
	Order, perform, and interpret point-of-care tests, diagnostic laboratory tests and radiological studies	
	Order medications and other therapies	
	Consult with or refer to physician and non-physician health care professionals	
	Give written or verbal orders per established collaborative practice agreement or per communication with the attending physician	
	Admit and discharge patients in collaboration with the attending physician	
	Direct provision of comprehensive, non-surgical management of common gynecologic conditions (e.g. age-appropriate periodic screening for gyn-related cancer, abnormal uterine bleeding, pelvic inflammatory disease, menstrual abnormalities, menopausal symptoms, sexual dysfunction, sexually transmitted infections, vulvovaginitis, vulvar dermatoses)	
Requested	SPECIAL PROCEDURES [e.g. Procedures that may not be part of prior training and/or are specific to urogynecology or practice]	Competence demonstrated (date/ initial)
	<p>Advanced Urogynecologic Pelvic Examination (neurologic examination; POP-Q assessment; post-void residual; assessment of pelvic muscle strength, function, and pain; uroflow assessment; screening for urinary tract infection)</p> <p>Resources: Walters, M.D., Karram, M.M. (2015). Chapter 9, Evaluation of Urinary Incontinence and Pelvic Organ Prolapse: History, Physical Examination, and Office Tests. In M.D. Walters (Ed) Urogynecology and Reconstructive Surgery. 4th edition. (pp. 117-129). Philadelphia, PA: Elsevier Saunders. Bent, A.E., Ostergard, D.R., Cundiff, G.W., Swift, S.E. (2003). Urogynecology and Pelvic Floor Dysfunction. 5th edition. Philadelphia, PA: Lippincott Williams & Wilkins</p>	
	<p>Insertion and Removal of Non-indwelling and Indwelling Urethral Catheters and Teaching of Self Catheter Care and Foley Bag Management</p> <p>Resources: Up to Date®: Placement and management of urinary bladder catheters; Transurethral catheter placement; Catheter care http://nursingworld.org/ANA-CAUTI-Prevention-Tool https://www.sun.org/resources/cautiWhitePaper.pdf https://www.sun.org/resource/clinical-practice-guidelines – SUNA member access only; Clinical practice guidelines: Adult female urethral catheterization.</p>	

Name:	Date of Hire:	
	<p>Suprapubic Catheter Removal/Reinsertion and Teaching of Catheter and Foley Bag Care</p> <p>Resources:</p> <ul style="list-style-type: none"> • Up to Date®: Placement and management of urinary bladder catheters: Suprapubic catheter placement; Catheter care • https://www.sun.org/resource/clinical-practice-guidelines - SUNA member access only; Clinical practice guidelines: Suprapubic Catheter Replacement • https://www.youtube.com/watch?v=MOv19GaXH7g - Suprapubic Tube and/or Catheter Change, Published May 6, 2014 • https://www.youtube.com/watch?v=Xc108kOQFh8 - Care of Suprapubic Catheter, Post Care Discharge Patient; Covenant Health, Published on Jan 22, 2015 • Educations Medical Video. 4:16. Pub 11/9/13 • https://www.youtube.com/watch?v=nXOmaKB41L0 - Care of Suprapubic Catheter, PostCare Discharge Patient Education Medical Video; PostCare™ Discharge Series • Published on Nov 9, 2013 	
	<p>Bladder Instillations</p> <p>Resources:</p> <p>SUNA and AUA Joint Statement on Intravesical Administration of Therapeutic Medications: Standard Operating Procedure. July 2015</p> <p>https://www.sun.org/resources/intravesicalMedAdminStatement.pdf</p>	
	<p>Biopsy of Skin Lesion (e.g. Punch\excisional)</p> <p>Resources:</p> <ul style="list-style-type: none"> • Diagnosis and management of vulvar skin disorders. Practice Bulletin No. 93. Obstetrics & Gynecology, 111,1243–1253. Contents: U.S. recommendations regarding vulvar lesions, answers the question: When and how should a vulvar biopsy be performed. American College of Obstetricians and Gynecologists. (2008b reaffirmed 2013). • Mayeaux, E.J. & Cooper, D. (2013). Vulvar Procedures. <i>Obstetrics & Gynecology Clinics of North America</i>, 40, 759–772. Contents: how to biopsy illustrated with photos. 2014 UK National Guideline on the Management of Vulvar Conditions When to biopsy, management strategies • Vulvovaginal Expertise for Complete Women’s Health Care Website: http://vulvovaginaldisorders.com/ (free, sign-in required) 	
	<p>Simple Cystometrogram</p> <p>Resources:</p> <p>Up to Date®: Urodynamic Evaluation of Women with Incontinence Summary and Recommendations; Cystometry; Postvoid Residual Volume; Electrophysiologic Testing; Leak Point Pressure</p>	

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	<p>Urodynamic Studies (uroflow, complex cystometrogram, pressure flow studies, EMG)</p> <p>Resources:</p> <ul style="list-style-type: none"> • Up to Date®: Urodynamic Evaluation of Women with Incontinence Summary and Recommendations; Cystometry; Postvoid Residual Volume; Electrophysiologic Testing; Leak Point Pressure • AUGS Webinar – Urodynamics: What Can They Tell Us? Swift S. 2010 • SUNA — Urodynamic Testing Handbook (for purchase) • AUGS Webinar – Urodynamics for Incontinence. Nager C. June 2012 	
	<p>Pessary Fitting</p> <p>Resources:</p> <ul style="list-style-type: none"> • https://www.cbuna.org/sites/default/files/download/education/2014/posttest3203114124.pdf - Atnip, S, O'Dell K. Vaginal Support Pessaries: Indications for Use and Fitting Strategies. Urologic Nursing (2012). 32(3):114-124 • http://www.mdedge.com/obgmanagement/article/79135/pelvic-floor-dysfunction/pessaries-vaginal-prolapse-critical-factors - Dr. Teresa Tam demonstrates proper insertion and removal technique and illustrates correct measurement of pessary size. Published Nov 22, 2013 	
	<p>Pessary Cleaning and Management</p> <p>Resources:</p> <ul style="list-style-type: none"> • Atnip, S, O'Dell K. Vaginal support pessaries: Indications for use and fitting strategies. Urologic Nursing (2012). 32(3):114-124. • O'Dell, KK, Atnip S. Pessary Care: Follow-up and Management of Complications. Urologic Nursing (2012). 32(3):126-136. • https://www.sun.org/download/education/2014/article3203138145.pdf - O'Dell KK, Woodridge LS, Atnip S. Managing a Pessary Business. Urologic Nursing (2012). 32(3):138-145 	
	<p>Chemical Cauterization of Granulation Tissue and Medical Management and Follow-up (An understanding of chemical cauterization is important for APP who do pessary care and post-op (both acute and long-term) care after vaginal surgery. The resources listed below do not discuss cauterization of vaginal tissue.)</p> <p>Resources:</p> <p>https://www.understandwoundcare.com/?p=66 - Understand Wound Care</p>	
	<p>Endometrial Biopsy</p> <p>Resources:</p> <p>Up to Date® - Endometrial Sampling Procedures; Indications and Contraindications General Procedure Summary and Recommendations; Indications Endometrial Evaluation (Tables); Pipelle and Vabra Instruments (photos)</p>	

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	<p>InterStim Interrogation and Programming</p> <p>Resources:</p> <ul style="list-style-type: none"> • http://professional.medtronic.com/pt/uro/snm/#.VvG7xIUrK7M • Videos available via the AUGS education portal: <ul style="list-style-type: none"> ○ Optimizing Surgical Techniques for Sacral Neuromodulation ○ Peripheral Nerve Evaluation for Sacral Neuromodulation ○ OAB with Emphasis on Neuromodulation • http://www.uptodate.com/contents/8390?search=&source=graphics_search&imageKey=PI/60564#H17 	
	<p>Anorectal Manometry</p> <p>Resources: Up to Date® - Motility Testing: When Does it Help?; Anorectal Manometry Summary and Recommendations; Pelvic Floor Dyssynergia (Figures); Causes of Fecal Incontinence (Tables)</p>	
	<p>Electroglvanic Stimulation (intracavity vaginal or anal)</p> <p>Resources:</p> <ul style="list-style-type: none"> • Shamliyan, T., et al. (2008). Systematic Review: Randomized, Controlled Trials of Nonsurgical Treatments for Urinary Incontinence in Women. <i>Annals of Internal Medicine</i>. 148:6; 459-474. • Cochrane Review of Non-invasive E-stim for OAB - http://www.cochrane.org/CD010098/INCONT_non-invasive-electrical-stimulation-overactive-bladder-adults • Jerez-Roig, J., et al. (2012). Pelvic Floor Electrostimulation in Women with Urinary Incontinence and/or Overactive Bladder Syndrome: A Systematic Review. <i>Actas Uro Esp</i>. 37:429-444 • Starr, J. et al. (2013). Outcomes of a Comprehensive Nonsurgical Approach to Pelvic Floor Rehabilitation for Urinary Symptoms, Defecatory Dysfunction, and Pelvic Pain. <i>Female Pelvic Medicine & Reconstructive Surgery</i>. 95;5: 260-65 	
	<p>Percutaneous Tibial Nerve Stimulation</p> <p>Resources:</p> <ul style="list-style-type: none"> • https://www.youtube.com/watch?v=5wnle5lrPH4 - Urgent PC Treatment Session, Uroplasty, Published on Nov 21, 2012 • https://www.youtube.com/watch?v=MLDzN9iTaFA – Percutaneous Tibial Nerve Stimulation; Cleveland Clinic Foundation; Published June 5, 2011 • http://www.cogentixmedical.com/health-care-professionals/products/urgent-pc - Urgent PC Neuromodulation; Congentix Medical 	

Name:	Date of Hire:
	<p>Biofeedback Pelvic Floor and Accessory Muscle Training</p> <p>Resources:</p> <ul style="list-style-type: none"> • http://www.bcia.org (certification available through this organization) • Herderschee, R., Hay-Smith, E.J., Herbison, G.P., Roovers, J.P., & Heineman, M.J. (2011). Feedback or Biofeedback to Augment Pelvic Floor Muscle Training for Urinary Incontinence in Women. Cochrane Database Systematic Reviews, 7, CD009252. doi:10.1002/14651858.CD009252 • Heymen, S., Scarlett, Y., Jones, K., Ringel, Y., Drossman, D., & Whitehead, W.E. (2009). Randomized Controlled Trial Shows Biofeedback to be Superior to Pelvic Floor Exercises for Fecal Incontinence. Diseases of the Colon Rectum, 52, 1730-1737. • Newman, DK. (2014). Pelvic Floor Muscle Rehabilitation using Biofeedback. Urologic Nursing 34(4), 193-202.
	<p>Trigger Point Injection</p> <p>Resources:</p> <ul style="list-style-type: none"> • https://www.ncbi.nlm.nih.gov/pubmed/25527482 - A Pilot Randomized Trial of Levator Injections versus Physical Therapy for Treatment of Pelvic Floor Myalgia and Sexual Pain • Up to Date: Treatment of Myofascial Pelvic Pain Syndrome in Women; https://www.uptodate.com/contents/treatment-of-myofascial-pelvic-pain-syndrome-in-women • Trigger Point Injection: Tips and Tricks; AUGS PFD Week 2016 Presentation; AUGS Website
	<p>Paracervical Block</p> <p>Resources:</p> <ul style="list-style-type: none"> • Up to Date® - Pudendal and Paracervical Block; Paracervical Block (gynecologic); Paracervical Block (obstetrical); Summary and Recommendations; Paracervical Block (Figures); Paracervical Block OBS (Figures) • https://www.youtube.com/watch?v=m0EyyHouT00 – A Physician’s Guide to Paracervical Block; Hologic, Published on Nov 4, 2015
	<p>Cystoscopy (Cystoscopy can be done by advanced practice providers after training by a mentor)</p> <p>Resources: Videos available via the AUGS education portal</p>
	<p>First Assist in Operating Room</p> <p>Resources:</p> <ul style="list-style-type: none"> • Training programs are available to learn first-assist skills • Videos available via the AUGS education portal

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	<p>Wound Management</p> <p><i>Resources:</i></p> <ul style="list-style-type: none"> Up-to-Date: Complications of GYN Surgery; http://www.uptodate.com/contents/complications-of-gynecologic-surgery?source=search_result&search=post+op+pelvic+wound+management&selectedTitle=10%7E150 Up-to-Date: Complications of Abdominal Surgery: http://www.uptodate.com/contents/complications-of-abdominal-surgicalincisions?source=search_result&search=post+op+pelvic+wound+management&selectedTitle=6%7E150 	
	<p>Suturing and Suture and Staple Removal</p> <p><i>Resources:</i></p> <ul style="list-style-type: none"> http://passpaschool.com/?p=705 - 8 Common Suture Techniques for Skin Closure; (Video 34:21, 790MB); J. K. Williams, MPAS, PA-C https://www.youtube.com/watch?v=TFwFMav_cpE - Suture Skills Course - Learn Best Suture Techniques 	
	<p>Observation of Urogynecologic Surgical/ Instrumented Procedures (To gain in-depth understanding of common Urogynecologic procedures and immediate post-op period, in order to better provide pre- and post-op patient education and management.)</p> <p><i>Topics:</i></p> <ul style="list-style-type: none"> Midurethral sling; Abdominal, laparoscopic, robotic assisted laparoscopic and vaginal repairs or obliterative procedures Sacral neuromodulation device implant, Stage 1 & 2 Intravesical onabotulinumtoxin A injection, urethral bulking procedures, cystoscopy Anal sphincteroplasty, fistula repair Other procedures as applicable 	
	<p>The ins and Outs of RVUs and Incident-to Billing</p> <p><i>Resources:</i> Webinar AUGS Education Portal - This webinar discusses the definition of an RVU and how it is calculated. It also discusses the relationship between RVU's and CPT codes, meaningful use, and how to maximize RVU collection.</p>	

Practices may wish to evaluate and document the competences of the APPs in their office. This **Training Guide Evaluation Form** has been developed to provide a systematic approach to a competence-based assessment. The evaluation has been divided into two levels:

- Level One – APP is new to urogynecology (up to 2 years’ experience)
- Level Two – APP has experience working in a gynecologic/urogynecologist practice (2 plus years’ experience)

When **Level Two** is completed, APP would be managing interactions independently, accessing consultation at the discretion of the APP, and/or in accordance with individualized practice guidelines and state-specific regulatory statutes. An APP that has achieved Level Two would focus on maintaining Urogynecology-focused Technical Skills by attending related educational meetings/courses.

LEVEL ONE (APP is new to urogynecology, and shadowing mentors and/or co-examining and co-managing patients.)	
Competence	Date Achieved/Initials
Describe basic abdominal, pelvic, and pelvic floor anatomy, and distinguish abnormal findings	
Describe basic normal pelvic floor physiology and functional anatomy	
Describe pathophysiology of stress urinary incontinence (SUI), overactive bladder/urgency urinary incontinence (OAB/UUI), and pelvic organ prolapse (POP)	
Describe risk factors, symptoms, expected physical exam findings for SUI, OAB/UUI, POP	
Identify resources to inform clinical urogyn questions (texts, online tools and websites)	
Obtain comprehensive urogynecology history from women who report pelvic floor symptoms at both new and return visits, including assessment of quality of life and symptom bother	
Perform advanced pelvic examination including neurologic components, POP-Q examination, pelvic muscle evaluation for function and pain, and vaginal and/or rectal examination as appropriate	
Perform basic bladder function assessment including uroflow interpretation, post void residual (straight catheter and ultrasound scanner), and appropriate testing for urinary infection and hematuria	
Provide evidenced-based dietary and behavioral counseling regarding constipation and bowel dysfunction	
List abnormal findings related to pelvic floor symptoms that would indicate need for urgent referral (e.g. unexplained weight loss, bleeding, acute pain, atypical findings)	
Formulate basic differential diagnoses for pelvic floor conditions	
Interpret findings and describe basic management options to women with varied levels of education and understanding	
Formulate an initial management plan for uncomplicated pelvic floor disorders, working with each woman to incorporate her values and preferences, and reviewing options at a basic level (behavioral, physical therapies, devices, surgeries)	
Provide education related to specific behavioral strategies to women with uncomplicated OAB/UUI, SUI, and POP	
Describe basic pharmacologic management for women with uncomplicated OAB/UUI, SUI, and POP	
Demonstrate ability to use setting’s medical record, including problem lists/coding, visit documentation, order entry and result retrieval and follow-up	
Demonstrate basic understanding of cost-effective care	
Utilize appropriate terminology to describe pelvic floor function	

LEVEL TWO

(APP is ready to see women without direct oversight, but may be reviewing select cases with a mentor.)

Competence	Date Achieved/Initials
Demonstrate basic knowledge of abnormal pelvic floor anatomy and physiology	
Assess bowel dysfunction (stool and symptom history, physical examination, any indicated laboratory testing or imaging, differential diagnosis)	
Demonstrate ability to perform or interpret complex urodynamics, anal manometry, pelvic floor physical therapy and biofeedback	
Demonstrate ability to interpret common laboratory results (urine microscopy, urine and vaginal yeast culture and sensitivity, pathology reports) and imaging results	
Demonstrate application of basic surgical principles, including informed consent, universal precautions, aseptic technique, and handling of tissue biopsies	
Formulate comprehensive patient-centered management plans for women with common comorbidities (e.g. hypertension, diabetes, obesity, mobility-impairment, anxiety/ depression)	
Formulate comprehensive patient-centered, management plans with women with recurring or chronic pelvic floor disorders	
Describe general algorithms for management of higher-risk findings (e.g. asymptomatic microscopic hematuria, gross hematuria, non-responsive OAB, under-active bladder/urinary retention, chronic constipation, pelvic pain syndromes)	
Discuss treatment options, risks and benefits with women and their families, guiding formulation of realistic initial treatment goals and correlated management options	
Counsel	
Provide education on behavioral strategies to women with complicated OAB/UUI, SUI, and POP	
Provide pre- and post-operative counseling	
Describe pharmacologic treatment options for women with pelvic floor disorders complicated by multiple medication use	
Determine need for consultation, referral, or transfer of women with complex pelvic floor disorders, adverse responses to treatment, or comorbidities	
Monitor own practice outcomes to improve practice	
Participate in patient-safety tracking/quality improvement projects and systems analysis	
Incorporate cost awareness into clinical decision-making (formulary and generic drugs, tailored diagnostic tests)	