

O5 Urological, renal and genitourinary presentations

Assessment of these competencies is via Mini-CEX, CbD (formative or summative) or ACAT-EM and a reflective log. In addition, key aspects of communication and professionalism can be captured through the MSF.

Potential presentations in which these competencies could be assessed include the following:

- Dysuria +/- flank pain and signs of sepsis
- Acutely swollen testis
- Urinary retention
- Severe dehydration with reduced urine production secondary to shock or sepsis
- Acute macro or micro haematuria
- Severe acute flank pain, suspected renal calculi
- Suspected uraemia
- Any presentation where patient has chronic moderate/ severe renal impairment, where management of presentation may be impacted
- Suspected genital ulceration or discharge plus orchiditis

Core competencies to achieve (for all patients), are EPA level 3 (Indirect active-partial supervision by senior clinician, no prompting or help provided, direct line of vision or supervisor immediately available).

| Knowledge/ Skill/ Behaviour | Detail of competency |
|--------------------------------|--|
| Knowledge | Knows the common causes of acute urinary retention, urinary tract infections, haematuria and scrotal pain or injury including their pathophysiology |
| | Understands the principal causes of a low urine output in the critically ill patient, and can identify the principal sub-causes (pre-renal, renal and post-renal), including but not limited to: <ul style="list-style-type: none"> • hypotension and inadequate renal perfusion • renal tract obstruction • nephrotoxic drugs and contrast media |
| | Understands the methods of assessment of renal function including but not limited to: blood tests, assessment of renal excretion, imaging of the genitourinary tract |
| | Outlines the immediate management options for low urine output including but not limited to: fluid resuscitation, increased cardiovascular monitoring, administration of vasoactive drugs and inotropes, the role of diuretics |
| | Understands the role of renal replacement therapy in the oliguric patient |

| Knowledge/ Skill/ Behaviour | Detail of competency |
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| | Describes common causes of chronic renal disease, their presentation and complications |
| Skills- History | Takes an accurate history of past treatment for chronic renal disease, history of other systemic disease that may impact renal function and drug treatments |
| Skills - Examination | Makes a rapid and systematic assessment using an ABCDE approach, of the patient with suspected uraemia, renal calculi, renal sepsis including appropriate clinical examination |
| | Identifies and refers those patients with testicular torsion promptly |
| | Is able to elicit signs of severe dehydration that may impair renal function |
| Skills- investigation and treatment | Is able to relieve symptoms of urinary retention by passage of a urethral catheter |
| | Is able to order and correctly interpret tests for urinary tract infection, renal calculi, scrotal disorders, including radiographic tests |
| | Is able to establish the underlying cause and search for the complications of urinary tract infections e.g. pyelonephritis |
| | Is able to safely prescribe for patients in renal failure |
| | Initiates early (critical) management of acute kidney injury (e.g. fluid administration) including requesting safe monitoring and identification of hyperkalaemia |
| | Ensures appropriate tests undertaken and treatment started, including any required swabs for genitourinary infection |
| Skills- Clinical decision making and judgement (In addition to CC1) | Is able to plan and communicate to the wider team appropriate monitoring requirements of the patient with a low urine output |
| | Involves appropriate senior and specialist support to facilitate immediate assessment and management of those with decreased renal function (e.g. imaging, intensive care, surgeons, renal physicians) |
| | Identifies those patients that need referral for admission and or emergency renal replacement therapy |
| Behaviour- Communication & Professionalism (In addition to CC7 & CC8) | Is able to reassure patients with severe pain or distress |
| | Is able to counsel patients on the safe use of medication in renal impairment |
| | Is able to counsel patients on follow up and contact tracing with suspected genitourinary infection |
| | Seeks support from specialists early when patient has severe derangement of renal function |
| Paediatric | Knows the principles of monitoring urine output in infants |
| | Is able to rationalise and manage the acute causes of testicular pain in children |

Additional optional competencies- EPA 1 to 2

| Knowledge/ Skill/ Behaviour | Detail of competency |
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| Skill- examination | Examination for suspected STD, obtaining microbiological samples via urine or swab |
| Skill- Investigation & treatment | Examination of CT with contrast for renal calculi |
| | Supra-pubic catheterisation |
| Behaviour | Counselling prior to HIV testing |
| | Communication of positive HIV or STD result |