

Course syllabus for

# Clinical Urology, 3 credits

Klinisk Urologi, 3 hp

This course has been cancelled, for further information see Transitional provisions in the last version of the syllabus.

Please note that the course syllabus is available in the following versions:

Autumn2011 , Spring2014

Course code	2LK067
Course name	Clinical Urology
Credits	3 credits
Form of Education	Higher Education, study regulation 2007
Main field of study	Medicine
Level	AV - Second cycle
Grading scale	Pass, Fail
Department	Department of Clinical Science, Intervention and Technology
Decided by	Programnämnd 2
Decision date	2011-04-26
Course syllabus valid from	Autumn 2011

## Specific entry requirements

Passed all courses semester T1-T6. A student failing due to shortcoming in knowledge skills or attitudes, thus jeopardizing patient security and/or trust in medical care, could be assigned for a new clinical rotation only after having completed the individual plan.

## Objectives

The main learning objectives are to gain a deeper and more profound knowledge in epidemiology, etiology, investigational methods, symptoms and different treatment perspectives and alternatives in common urological diseases in emergency medicine, primary health care, hospital and specialty care, and palliative care. Knowledge and understanding The student should be able to: evaluate, reflect, value, analyze and handle patients with the symptom hematuria (S3) evaluate, reflect, value, analyze and handle symptoms from the lower urinary tract (S3) evaluate, analyze and handle patients with urinary incontinence of different types (S2) evaluate, value, analyze and handle patients with acute scrotum, tumors and pain in the scrotum (S2) evaluate, and handle patients with urethral discharge and ulcers of unknown origin in the external genitals (S2) evaluate, reflect, value and analyze the individual urological cancer patients needs for an optimal quality of life (S2) discuss and reflect around common uro-oncological diseases and their treatment alternatives (S2-3) Skills The student should be able to: Perform and document an examination of the external genitals (M4) Perform and document a prostate

examination (M4) Perform a proper hematuria investigation (M4) Perform a proper investigation of unknown tumors in the scrotum (M4) Attitudes. The student should be able to: Show an increased and deeper knowledge, including having an ethical attitude, about patients thoughts and behavior when struck by diseases in the genitals. (S2) Understand the value of interprofessional attitudes and understanding (S2) Understand interdisciplinary attitudes and behavior in connection with the urological specialty (S2) Understand the collaboration between primary care, urological primary/private care, urological hospital care and the corresponding level of responsibility (S2)

## Content

Diseases within the urinary tract and genitals are prevalent and commonly occurring diseases. Twentyfive percent of all patients in a surgical emergency ward have problems related to the urinary tract. The urological malignancies are the most prevalent and incident cancer diseases in the world. Benign prostatic hyperplasia is prevalent in almost every man, the incidence of stones within the urinary tract strikes about every tenth individuals in Sweden and infections within the urinary tract and genitals are extremely prevalent, eg half of all females will get one or more urinary tract infections during a lifetime. The urooncological diseases are the largest cancer groups in the western world whereof prostate cancer is the most common and prevalent cancer disease with an incidence of about 10.000 new cases in Sweden per year. More than 50 percent of all male patients with prevalent cancer in 2030 is believed to be patients with prostate cancer. The incidence of urinary bladder cancer is about 2000 new cases per year and renal cancer around 1000 new cases per year in Sweden. Many of the patients treated for urological cancer disease will live a long time after therapy leading to the conclusion that most clinical physicians has to gain basic knowledge in urooncology. Clinical core: The clinical core of the course includes the integrated tasks: Hematuria Dysuria, frequent urgency and urinary incontinens, often called LUTS (lower urinary tract symptoms). Tumor/pain in the testicle and scrotum. Discharge from the genitals. Pain and ulcers within the genital tract.

## Teaching methods

Student activating TLAs in different formats will be used during the course. The Vernissage seminar with interactive discussions, interprofessional discussions, case discussions, peer learning, bedside education, mentometer seminars and practical excercises at the simulator centre and Clinical Training Ward are all examples of different activating pedagogical methods that will be used. Site visits in the urological departments and oncological departments will be planned for. All educational activities will be held in the English language.

## Examination

Mandatory: all interactive seminars (will be held every day) Absence: Maximum 20% = 2 days. There will be extra assignments in case of more than 20% absence. Examination: Interactive mentometer test with SOLO 3 questions followed by immediate reflection. Limitation of test and rotation. The number of possible opportunities follows the local guidelines of Karolinska Institutet, the maximum number of possible examination opportunities are limited to 6. Repeated tests in case of a failing degree will be administered once every semester.

## Transitional provisions

If the course has ceased to exist or undergone major changes there are at least two examinations, excluding the ordinary examination, related to the previous content during a time period of one year from the time when the change occurred.

## Other directives

**Examination** The examiner may with immediate effect interrupt a student's clinical rotation (VFU), or the equivalent, if the student demonstrates such serious deficiencies in knowledge, skills or attitudes that patient safety or patient confidence in healthcare is at risk. When clinical rotation is interrupted in this way, it implies that the student fails in the current part. A new clinical rotation should consequently be discussed. In such cases, an individual action plan should be set up for required activities and examinations, before the student is given a possibility for a new clinical rotation in the course.

**Eligibility** Student failing due to shortcomings in knowledge skills or attitudes, thus jeopardizing patient security and/or trust in medical care, could be assigned for a new clinical rotation only after having completed the individual plan.

## **Literature and other teaching aids**