

## Female Pelvic Medicine and Reconstructive Surgery Qualifying Exam Blueprint and Topics

The content of the Certifying Examination will be based on the blueprint for Female Pelvic Medicine and Reconstructive Surgery. The major categories and subcategories are shown below, including percentages of the categories.

Urinary Incontinence and Lower Tract Symptoms: Frequency, Urgency, Nocturia, and Bladder Pain (18%)

- Diagnosis and Exam
  - Diagnose and differentiate types of lower urinary tract dysfunction
  - Perform comprehensive history and physical exam (e.g. POP-Q; myofascial pelvic exam; pelvic muscle tone, strength, and coordination; pelvic muscle spasm and trigger points)
  - Select, perform, and interpret results of initial diagnostic testing (e.g. pad test; post-void residual; urinalysis, culture, and sensitivities; cough stress test)
  - Perform and interpret results of advanced diagnostic testing (e.g. urodynamics, cystoscopy)
  - Obtain and interpret results of voiding diary tests
  - Obtain and utilize results of sleep study tests
  - Perform interventions to address lower urinary tract dysfunction
  - Counsel patients on lower urinary tract dysfunction pathophysiology and diagnostic testing
- Counseling of Efficacy, Risks, and Benefits of Non-Surgical Treatments
  - Pelvic floor physical therapy
  - Pharmacologic therapy
  - Urethral bulking
  - Onabotulinum toxin A injection
  - Neuromodulation (Posterior Tibial Nerve Stimulation, PTNS)
  - Pessaries
- Non-Surgical Treatments
  - Urethral bulking
  - Onabotulinum toxin A injection
  - Neuromodulation (Posterior Tibial Nerve Stimulation, PTNS)
  - Pessaries
- Post-Procedural Management of Non-Surgical Treatments
  - Monitor therapeutic effects and adjust treatment
  - Manage complications or side effects of non-surgical treatment
- Counseling on Efficacy, Risks, and Benefits of Surgical Treatments
  - Retropubic suspension
  - Midurethral sling
  - Autologous fascial sling
  - Neuromodulation (Sacral Neurostimulation)
- Surgical Treatments
  - Retropubic suspension
  - Midurethral sling

- Autologous fascial sling
- Neuromodulation (Sacral Neurostimulation)
- Manage complications of surgical treatment

#### Lower Urinary Tract Injury (12%)

- Diagnosis of Bladder Injury
  - Cystoscopy
  - CT urogram
  - Retrograde pyelogram
  - Voiding cystourethrogram
  - Evaluate for complex fistula
- Treatment of Bladder Injury
  - Cystotomy repair
  - Vesicovaginal fistula repair (vaginal)
  - Vesicovaginal fistula repair (minimally invasive)
  - Vesicovaginal fistula repair (abdominal)
  - Treatment of uterovaginal fistula repair
  - Interpositional graft
- Diagnosis of Ureteral Injury
  - Cystoscopy
  - CT Urogram
  - Retrograde pyelogram
  - Ureterolysis
  - Ureteral catheter / stent
- Treatment of Ureteral Injury
  - Stent
  - Ureteroneocystotomy
  - Ureterouretostomy
  - Percutaneous nephrostomy tube
  - Boari flap
  - Psoas hitch
  - Interpositional graft
- Diagnosis of Urethral Injury
  - Cystoscopy
  - Voiding cystourethrogram
- Treatment of Urethral Injury
  - Urethrovaginal fistula repair
  - Martius flap

#### Pelvic Organ Prolapse (20%)

- Diagnosis and Exam
  - Diagnose and differentiate types of pelvic organ prolapse
  - Perform and interpret results of post-void residual tests
  - Perform and interpret results of urinalysis, culture, and sensitivities tests

- Counsel patients on pathophysiology and indications and results of additional testing
- Non-Surgical Treatments
  - Counsel patients regarding efficacy, risks, and benefits of pelvic floor physical therapy
  - Counsel patients regarding efficacy, risks, and benefits of pessaries
  - Perform pessary fitting
  - Counsel patient on management of pessary care
  - Manage complications or side effects of non-surgical treatment
- Counseling on Efficacy, Risks, and Benefits of Surgical Treatments
  - Vaginal hysterectomy
  - Minimally invasive (Laparoscopic) hysterectomy
  - Abdominal hysterectomy
  - Anterior compartment native tissue repairs
  - Posterior compartment native tissue repairs
  - Vaginal mesh and graft augmented repairs
  - Open abdominal sacrocolpopexy
  - Minimally invasive (Laparoscopic) sacrocolpopexy
  - Vaginal native tissue apical suspensions
  - Minimally invasive (Laparoscopic) native tissue apical suspensions
  - Hysteropexy
  - Rectopexy
  - Obliterative procedures
- Surgical treatments
  - Vaginal hysterectomy
  - Minimally invasive (Laparoscopic) hysterectomy
  - Abdominal hysterectomy
  - Anterior compartment native tissue repairs
  - Posterior compartment native tissue repairs
  - Posterior compartment native tissue repairs
  - Vaginal mesh or graft augmented repairs
  - Open abdominal sacrocolpopexy
  - Minimally invasive (Laparoscopic) sacrocolpopexy
  - Vaginal native tissue apical suspensions
  - Minimally invasive (Laparoscopic) native tissue apical suspensions
  - Hysteropexy
  - Rectopexy
  - Obliterative procedures
- Complications of Surgical Treatments
- Augmentation of Surgical Materials
  - Counsel patients regarding different types of mesh and graft materials (e.g. allograft, autograft, xenograft, synthetic)
  - Identify and manage complications of mesh and graft materials
  - Counsel patients regarding alternatives, risks, benefits, and complications associated with mesh and graft materials

Fecal Incontinence and Defecation Disorders (7%)

- Diagnosis and Exam
  - Diagnose and differentiate types of fecal incontinence and defecation disorders
  - Perform and interpret results of endoanal ultrasound tests
  - Perform and interpret results of pelvic floor ultrasound tests
  - Perform and interpret results of anorectal manometry tests
  - Obtain and interpret results of defecography tests
  - Obtain and utilize results of colonoscopy tests
  - Obtain and interpret results of motility studies
  - Obtain and interpret results of fistulogram tests
  - Obtain and interpret results of CT tests
  - Counsel patients on pathophysiology and diagnostic testing of fecal incontinence and defecation disorders
- Counseling on Efficacy, Risks, and Benefits of Non-Surgical Treatments
  - Pelvic floor physical therapy
  - Pharmacologic therapy
  - Bulking
  - Neuromodulation (Posterior Tibial Nerve Stimulation, PTNS)
  - Pessaries
- Non-Surgical Treatments
  - Bulking
  - Neuromodulation (Posterior Tibial Nerve Stimulation, PTNS)
  - Pessary fitting and placement
- Post-Procedural Management of Non-Surgical Treatments
  - Monitor therapeutic effects and adjust treatment
  - Manage complications or side effects of non-surgical treatment
- Surgical Treatments
  - Counsel patients regarding efficacy, risks, and benefits of the surgical treatment: Neuromodulation (Sacral neurostimulation)
  - Counsel patients regarding efficacy, risks, and benefits of the surgical treatment: Rectovaginal fistula repair
  - Counsel patients regarding efficacy, risks, and benefits of the surgical treatment: Anal sphincteroplasty
  - Perform neuromodulation (Sacral neurostimulation)
  - Perform rectovaginal fistula repair
  - Perform anal sphincteroplasty
  - Manage complications or adverse effects of surgical treatment

#### Congenital Anomalies of the Urogenital Tract (4%)

- Diagnosis and Exam
  - Diagnose and differentiate types of congenital anomalies
  - Obtain and interpret results of diagnostic testing (e.g. ultrasound, MRI, karyotype, hormone testing, hysteroscopy)
  - Counsel patients on urogenital anomalies including pathophysiology and diagnostic testing

- Non-Surgical Treatments
  - Counsel patients regarding timing, efficacy, risks, and benefits of non-surgical treatments (e.g. expectant management, vaginal dilation)
- Counseling on Timing, Efficacy, Risks, and Benefits of Neovagina Surgical Procedures
  - McIndoe
  - Laparoscopic Vecchietti
  - Laparoscopic Davydov
  - Resection of septum
- Neovagina Surgical Procedures
  - McIndoe
  - Laparoscopic Vecchietti
  - Laparoscopic Davydov
  - Resection of Septum
- Complications or Adverse Effects of Neovagina Surgical Procedures
  - Manage complications or adverse effects of neovagina surgical procedures

#### Urethral Mass (6%)

- Diagnosis and Exam for Urethral Mass
  - Diagnose and differentiate types of urethral masses
  - Perform and interpret results of pelvic floor ultrasound
  - Perform and interpret results of cystoscopy diagnostic testing
  - Obtain and interpret MRI results
  - Counsel patients on urethral mass pathophysiology and diagnostic testing
  - Manage complications or adverse effects of treatment
- Counseling on Efficacy, Risks, and Benefits on Treatment Options for Urethral Mass
  - Observation
  - Drainage
  - Excision
  - Urethral reconstruction
  - Concomitant anti-incontinence procedure
- Treatment Options for Urethral Mass
  - Observation
  - Drainage
  - Excision
  - Urethral reconstruction
  - Concomitant anti-incontinence procedure

#### Urinary Tract Infection (UTI) and Hematuria (5%)

- Urinary Tract Infection (UTI)
  - Evaluate and diagnose UTIs
  - Manage acute, chronic, and complicated UTIs
  - Diagnose and treat urogenital atrophy
- Hematuria

- Obtain and interpret results of initial diagnostic testing (e.g. post-void residual; urinalysis, culture and sensitivities; cystoscopy and biopsy)
- Obtain and interpret results of advanced diagnostic testing (e.g. CT urogram/IVP, urine cytology, renal ultrasound)
- Counsel patients on hematuria pathophysiology and diagnostic testing

#### Application of Anatomy of Patient Care (8%)

- Describe and apply knowledge of anatomy to safely perform surgery and avoid complications (e.g. vascular and nerve supply, bladder, urethra, anatomic supports, ureter, anal sphincter, rectum, small bowel, large bowel)
- Describe and apply knowledge of central and peripheral nervous system anatomy as it applies to the etiology and treatment of pelvic floor disorders (urinary tract dysfunction, fecal incontinence)

#### General Perioperative Management (15%)

- Identify and perform preoperative testing depending on patient comorbidities (e.g. immunosuppression, diabetes, cardiovascular disease)
- Identify and perform preoperative testing depending on patient population (e.g. geriatric)
- Manage perioperative anticoagulation (e.g. prevention of VTE, chronic anticoagulation)
- Position patient to decrease adverse outcomes
- Utilize intraoperative techniques to minimize vascular, visceral, and urinary tract injuries
- Manage intraoperative injuries (e.g. vascular, bowel, urinary tract, and nerve)
- Manage postoperative medical and surgical complications
- Manage prolonged urinary catheterization

#### Core Competencies and Cross Content (5%)

- Ethics and Professionalism
  - Systematically engage in practice review to identify health disparities
  - When engaged in shared clinical decision making, incorporate patient, family, and cultural considerations in making treatment recommendations
  - When providing care for patients, consider psychological, sexual, and social implications of various treatment options
- Patient Safety
  - Systematically analyze the practice for safety improvements (e.g. root cause analysis)
  - Systematically engage in practice reviews for safety improvements (e.g. root cause analysis)
  - Incorporate the standard use of procedural briefings, “time outs”, and debriefings in clinical practice
  - Participate in the review of sentinel events, reportable events, and near misses
  - Implement universal protocols (e.g. bundles, checklists) to help ensure patient safety
- Interpersonal Communication Skills
  - Communicate to patient and family regarding adverse outcomes and medical errors

- Demonstrate sensitivity and responsiveness when communicating with a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
  - Provide comprehensive information when referring patients to other professionals
- Systems-Based Practice
  - Incorporate considerations of cost awareness and risk-benefit analysis in patient care
  - Provide care with multidisciplinary teams to promote patient safety and optimize patient outcomes
- Practice-Based Learning and Improvement
  - Design or participate in practice or hospital quality improvement activities
- Evidence-Based Medicine
  - Incorporate evidence-based practices and national guidelines to improve practice patterns and outcomes
  - Implement evidence-based protocols to enhance recovery after surgery (ERAS)

In the Certifying Examination, evaluation of the candidate will include critical review and discussion of the thesis, questions related to principles of biostatistics, clinical trial and/or basic science study design, and hypothetical cases. It will also include review of the submitted case lists, discussion of structured cases, and surgical techniques. It may include interpretation of operative, radiologic and computer-generated images and videos, and simulations (radiology studies, urodynamics, intraoperative photographs, etc.). The candidate should demonstrate the capability of managing complex problems relating to Female Pelvic Medicine and Reconstructive Surgery. The candidate should have the scientific methodologic training to advance knowledge in this subspecialty and be able to interpret and evaluate new concepts and their supporting data.