

Menopausal issues, gynaecological cancers, incontinence & prolapse

Module Code:	PSI7007-C
Academic Year:	2018-19
Credit Rating:	30
School:	The Ridge Medical Practice
Subject Area:	Practitioners with a Special Interest
FHEQ Level:	FHEQ Level 7 (Masters)
Module Leader:	Mrs Sue Calvert

Additional Tutors:

Pre-requisites:

Co-requisites:

Contact Hours

Type	Hours
Lectures	6
Work based learning	180
Tutorials	4
Directed Study	110

Availability Periods

Occurrence	Location/Period
BDA	University of Bradford / Semester 2 (Feb - May)
BDA	University of Bradford / Semester 3 (June - Oct)

Module Aims

To acquire knowledge in menopausal issues, gynaecological cancers, incontinence and prolapse, enabling the student to develop skills to work confidently & effectively as a Practitioner with a Special Interest in gynaecology.

Outline Syllabus

Menopause:

Premature menopause

Diagnosis and management of the menopause

HRT – indications and contraindications, types, modes of administration, side effects, risks and benefits

Alternative therapies

Abnormal bleeding on HRT

When to refer for specialist advice

Osteoporosis prevention, diagnosis and treatment

Use of other treatments: SERMS, Bisphosphonates

Incontinence/Prolapse:

History, examination and making a clinical diagnosis

Treatment options in primary care

- stress incontinence

- the overactive bladder

The role of the appropriate physiotherapy

Conservative management of prolapse including ring pessaries

What, who and when to refer

Urodynamics

Surgery for urodynamic stress incontinence and prolapse

Secondary care management of the overactive bladder

The difficult bladder e.g. voiding disorders, sensory bladder problems

Pads/catheters

Gynaecological cancers:

Indications for fast track referral for suspected gynaecological malignancies

Palliative care

Overview of the management of gynaecological cancers

Knowledge of further specialist investigations and/or when to refer appropriately.

Module Learning Outcomes

On successful completion of this module, students will be able to...

- 1
 - a. Synthesise the evidence for the pathophysiology of Premenstrual syndrome, the menopause and menopausal issues.
 - b. Substantiate, and make sound judgments based upon, a systematic understanding of the epidemiology and current management of gynaecological cancers.
 - c. Synthesise the evidence for the epidemiology and pathophysiology of urinary incontinence, genitourinary prolapse and more complex urinary problems.
- 2
 - a. Identify patients for referral for Bone Mineral Densitometry and manage the results.
 - b. Assess, diagnose, investigate and manage (pharmacologically and non pharmacologically) patients presenting with menopausal symptoms and premenstrual syndrome.
 - c. Assess, diagnose, investigate and manage (conservatively and medically) patients presenting with urinary incontinence and prolapse. .
 - d. Assess, investigate and make appropriate fast track referrals for suspected gynaecological cancer.
 - e. Identify and refer patients appropriately.

f. Practice evidence based medicine.

- 3
 - a. Practice critical effective problem solving skills.
 - b. Demonstrate effective team working skills with colleagues and peers.
 - c. Communicate effectively

Learning, Teaching and Assessment Strategy

Face- to- face tuition is delivered by a mixture of advanced clinicians. Knowledge required to underpin working at a higher level in gynaecology is addressed by LO: 1a, b, c, 2a,b,c,d, Work- based learning occurs via clinical placement under the supervision of a consultant mentor in the student's locality. It includes at least 14 sessions of relevant clinical experience and LO:1a, b, c,2a,b,c,d,e,f. 3a,b,c. Self -directed learning & guided study is identified through discussion with mentor and the construction of an individual learning programme addresses LO: 1a,b, c, 2a, b,c,d,e,f. 3a,b.

Assessment is in the form of: Verification of competence and key skills as observed by mentor whilst on placement which tests LO: 2a, b, c, d, e,f. 3a, b, c and is supported by a learning diary of 12 cases seen on placement showing breadth of learning and experience, testing LO:1a, b, c, 2a, b, c, d, e,f. ,3a,b,c. Two written reflective case studies and one case study presented orally to look in detail at the management of patients seen on placement and assess LO: 1a, b, c, , 2a, b, c, d, e, 3a . Students submit their work electronically and receive a summative % mark and written feedback. A short draft may be sent to tutors for formative assessment.

Mode of Assessment

Type	Method	Description	Length	Weighting	Final Assess'
Referral	Presentation	A4: Repair deficiencies in original submission.	30 minutes	34%	No
Summative	Presentation	A4: Presentation of case study, different subject to written case studies (20 minutes plus 10 minutes answering questions).	30 minutes	34%	Yes
Referral	Coursework	A3: Repair deficiencies in original submission.	-1500 words	33%	No

Summative	Coursework	A3: Written reflective case assessment from a given list (different subject to A2.1)	-1500 words	33%	Yes
Referral	Coursework	A2: Repair deficiencies in original submission.	-1500 words	33%	No
Summative	Coursework	A2: Written reflective case assessment from a given list.	-1500 words	33%	Yes
Referral	Clinical Assessment	Supplementary A1: Verification of clinical competence & key skills together with completed learning diary. New plan covering areas of concern will be set up and signed off by the mentor	Up to 8 sessions	%	No
Summative	Clinical Assessment	A1: Verification of clinical competence & key skills together with completed learning diary.	Approximately 14 sessions	%	No

Legacy Code (if applicable)

HH-8006T

Reading List

To view Reading List, please go to [rebus:list](#).