

DOES FORMAL URODYNAMIC TRAINING HAVE AN IMPACT ON CLINICAL PRACTICE?

Aims of Study

Urodynamic studies have an important role in the investigation and management of patients with lower urinary tract symptoms. A survey of personnel performing urodynamic investigations showed that half of the respondents thought that their training had been inadequate¹. In order to address this a four-day practical course for teaching urodynamics has been run since 1995 at our Institute with, more recently, sister courses at three other centres. The course is multi-disciplinary and covers the basic principles of urodynamics, urodynamic techniques, setting up equipment, interpretation of results and writing reports through a combination of lectures, interactive discussion and practical demonstrations followed by a short theoretical test.

We are not aware of any published studies that assess the impact of formal urodynamic training on clinical practice. There is currently interest in introducing an ICS accredited teaching course in urodynamics (www.icsoffice.org documents) with a similar format to the course that we are running. With this in mind we have set out to determine whether urodynamic training has had an impact on clinical urodynamic practice.

Methods

Questionnaires were sent out to 84 delegates who had attended the course over a two-year period (2001–2003). The questionnaire was based on a pre-course questionnaire used to assess their knowledge and experience prior to attending the course. There was a four-week follow up of non-responders.

71% of the delegates had previously completed the pre-course questionnaire.

Paired questions were used to assess urodynamic practice before and after the course and also to establish whether their practice had changed as a direct result of attending the certificate course.

Results

So far, 43 (51%) questionnaires have been returned. Follow-up letters and questionnaires have been sent to non-responders.

Initial analysis of the questionnaire shows that 79% had changed their practice since completing the course.

The most significant changes to practice were:

- 42% were able to check the calibration of their equipment before the course compared with 91% after training.
- 50% were confident in setting up their equipment before the course compared to 98% after training. Level of confidence is being analysed.
- 64% were able to interpret their urodynamic traces before the course compared to 88% after training. Confidence in ability to interpret is currently being analysed.
- 60% were able to check that computer generated traces/results were correct before the course compared to 83% after training.
- 52% were able to write their reports before the course compared to 73% after training.
- 60% had changed their practice with regard to quality control and included a cough every minute during the test.

- 29% had also received further urodynamic training most of which was informal.

Further statistical analysis to test significance of these results is currently being undertaken.

Conclusions

The results of this survey suggest that attendance at a recognised urodynamic training course has had an impact on clinical practice. Training and education through a specific course has raised the confidence and ability to perform and interpret urodynamic investigations. A recent survey of urodynamics showed a wide variation of practice with a considerable proportion of respondents not adhering to ICS standards². This study has demonstrated that attendance at a recognised course can improve urodynamic technique making urodynamic investigations more accurate, reliable and consistent.

References

1 Br J Urol 1997 79:159-62

2 J Obstet Gynaecol 2002 22:48-50