



SCHOLARSHIP REPORT

This report should be completed by recipients of awards and scholarships from the Royal College of Physicians and Surgeons of Glasgow on completion of the activity for which they received their award or scholarship. Please complete all sections of the report form.

Please return your completed report via email to: scholarships@rcpsg.ac.uk

Or via mail to: **Scholarships Committee Administrator, Royal College of Physicians and Surgeons of Glasgow,
232-242 St Vincent Street, Glasgow G2 5RJ, UK**

Please use typeface when completing this form.

SECTION 1 PERSONAL AND AWARD DETAILS			
Title	Dr	PID	61850
Surname	McGovern	Forename(s)	Aine
Scholarship/award awarded	Travelling Fellowship award	Amount awarded	£2000

SECTION 2 PROJECT/VISIT DETAILS	
Name/Title	Bladder and bower health
Location	University of Alberta Hospital, Edmonton, Canada
Aims and objectives	<ul style="list-style-type: none">• To observe the practice of a world renowned medical specialist team in the area of bladder and bowel health.• To compare service structure and delivery, practice and systems of delivering bladder and bowel healthcare with that in Scotland.• To identify areas of good practice.• To develop my own knowledge and confidence in assessment and management of bladder and bowel problems.• To engage with other allied health professionals involved in bladder and bowel healthcare and learn from their experience and expertise.• To establish relationships with likeminded physicians who can continue to offer guidance in my future career.

<p>Summary</p> <p><i>Include methodology, results and conclusions if applicable</i></p>	<p>Throughout my geriatric medicine training I have developed a keen interest in bladder and bowel health and I aim to pursue it as a subspecialty interest. However, currently in Scotland there are no geriatric consultants with bladder and bowel health as their dedicated subspecialty and therefore gaining experience has been a challenge. This is particularly true with regard to the frail elderly patients, who pose a diagnostic and therapeutic challenge by virtue of their complexity.</p> <p>Bladder and bowel problems are a major cause of disability and dependency, particularly, but not exclusively, in the elderly population. Estimations of prevalence vary according to the definitions used, but is thought to be around 15-30% in the ambulant community dwelling elderly, rising to between 50 and 80% in those in long-term care, affecting not only on the physical but the psychological wellbeing of a person.</p> <p>In May 2018 this travelling fellowship grant enabled me to travel to Edmonton, Alberta Canada to the respected and established 'Virtual Bladder Centre' located at the University of Alberta Hospital. I completed a 15 day attachment becoming actively involved in the team. The 'Virtual Bladder Centre' in Edmonton is a worldwide centre of excellence in bladder and bowel health led by Geriatricians collaboratively with other allied specialties. The multiprofessional continence clinic and its associated services is a research led clinical service run from the University of Alberta. The lead clinician, Dr. Adrian Wagg, is a geriatric consultant and an international leader in the field of urinary incontinence in older people.</p> <p>This centre is a collaborative approach between functional urology, urogynaecology, specialist physiotherapy and geriatric / general internal medicine. The continence clinic sees patients of all ages, allows a wide exposure to bladder and bowel problems of middle to late life and sees both robust and frail older persons including residents of nursing homes and those with dementias. There is also a good working relationship with neurology, a spinal injuries unit and the movement disorders service, providing exposure to patients with conditions like Parkinson's Disease, Multiple Sclerosis and spinal cord trauma.</p>
<p>Learning outcomes</p> <p><i>Detail here how the aims and objectives were met</i></p>	<p>During my time at the centre I had a full schedule spending time with all the members of the multidisciplinary team. The main focus of the week was the all-day medical continence clinic, running every Thursday (with no break for lunch!). At this clinic I got the opportunity to directly observe the practice of geriatric consultants who had trained specifically in the subspecialty of bladder and bowel health. I could see first-hand how they integrated a comprehensive geriatric assessment with bladder and bowel health as a focus. It was also my first exposure to seeing frequent use of medications in practice. I finally grasped the 'do's and don'ts', when to start, stop or combine medications and, importantly, learn about the evidence base behind this. I became confident with examination. It was during these clinic days I enjoyed discussions with the experts. I gained so much knowledge, and finally I was able to ask all the questions that I could not find someone to answer in Scotland.</p> <p>The geriatric consultants in combination with the five specialist continence nurses also provide an inpatient liaison service that runs throughout the week. I shadowed the consultants and nurses while they reviewed the patients gaining an insight into how the inpatient geriatric wards work.</p> <p>I spent time with the dedicated pelvic floor physiotherapist team. The team included seven specialised pelvic floor physiotherapist. I attended the clinics that they play important roles in, including the perineal tears clinic, the chronic pelvic pain clinic and the general urogynaecology clinic. I even took part in their physiotherapist led pelvic floor pilates class for new mothers! It was incredibly</p>

beneficial to see and compare how they roll out their patient education programmes. I saw biofeedback in action and got to meet patients who shared their experiences with it. I attended the departmental research seminars, hearing about the ongoing research and trials that the physiotherapy team are involved in.

I spent two mornings in the urodynamics suite with a specialised continence nurse. The centre is affiliated with a spinal injuries unit and therefore facilitates patients with additional mobility needs. This meant there was great variety of patients including quadriplegic and paraplegic patients due to spinal cord injuries or secondary to degenerative neurological conditions, as well as ambulant elderly patients. It was interesting to compare and contrast the procedure compared to how I have seen it in Scotland. In Canada they involve the radiology team to take images of the bladder neck opening during the procedure which does not happen in Scotland.

I spent time with the urogynaecology surgeons in clinic and in theatre. I also spent time in a new state of the art cystoscopy suite where one surgeon can perform 40 cystoscopies in one day. In theatre, I observed procedures including insertion and removal of tension free vaginal tape, botox into the bladder and injections of bulking agents. I also got to observe a robotic laparoscopic sacrocolpopexy, total hysterectomy, bilateral salpingo-oophorectomy and colpususpension. This being one of only three surgical robots in Canada. The time in theatre really helped my understanding of the anatomy of the pelvic floor.

Other allied team members I spent time with included the dedicated pharmacist and dietician who are actively involved in inpatient reviews as well as the outpatient clinics.

Evaluation

How has this scholarship/award impacted on your clinical/NHS practice or equivalent?

My experience in Edmonton by far surpassed my expectations. I achieved all the aims and objectives that I set out to achieve and my interest in the area has grown further. After years of trying to gain experience in bladder and bowel health with other specialities, all the while trying to imagine where the role of a geriatric consultant could be, I finally got to see first-hand specialised geriatric doctors working and the impact they make. Without this grant I would not have been able to receive the training I experienced while in Edmonton.

On a professional level I feel so much more competent and confident dealing with the many aspects and challenges posed with bladder and bowel problems, particularly in the elderly. I have gained invaluable career advice and established working relationships that I hope will last.

I would like to extend my sincere thanks to the RCPSG for making this placement possible and to the team in Canada, particularly Dr. Wagg for making me feel so welcome.

SECTION 3 | IMAGES

If available, please provide some images to support your report

SECTION 4 | EXPENDITURE

Breakdown of expenditures	19 nights Air bnb at £60 / night = £1140
<i>Please demonstrate how the scholarship/award funding was used to support your project/visit</i>	Flights = £750
	Daily public transport to and from hospital (multiple locations) = £65
	Subsistence = £100

SECTION 5 | PUBLICATION

Scholarship/award reports may be published in College News. Please tick here if you agree to your report being published.	yes <input type="checkbox"/> I give permission for my report to be published in College News
	<i>If your report is selected for publishing, the editor of College News will be in touch to discuss this with you.</i>

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