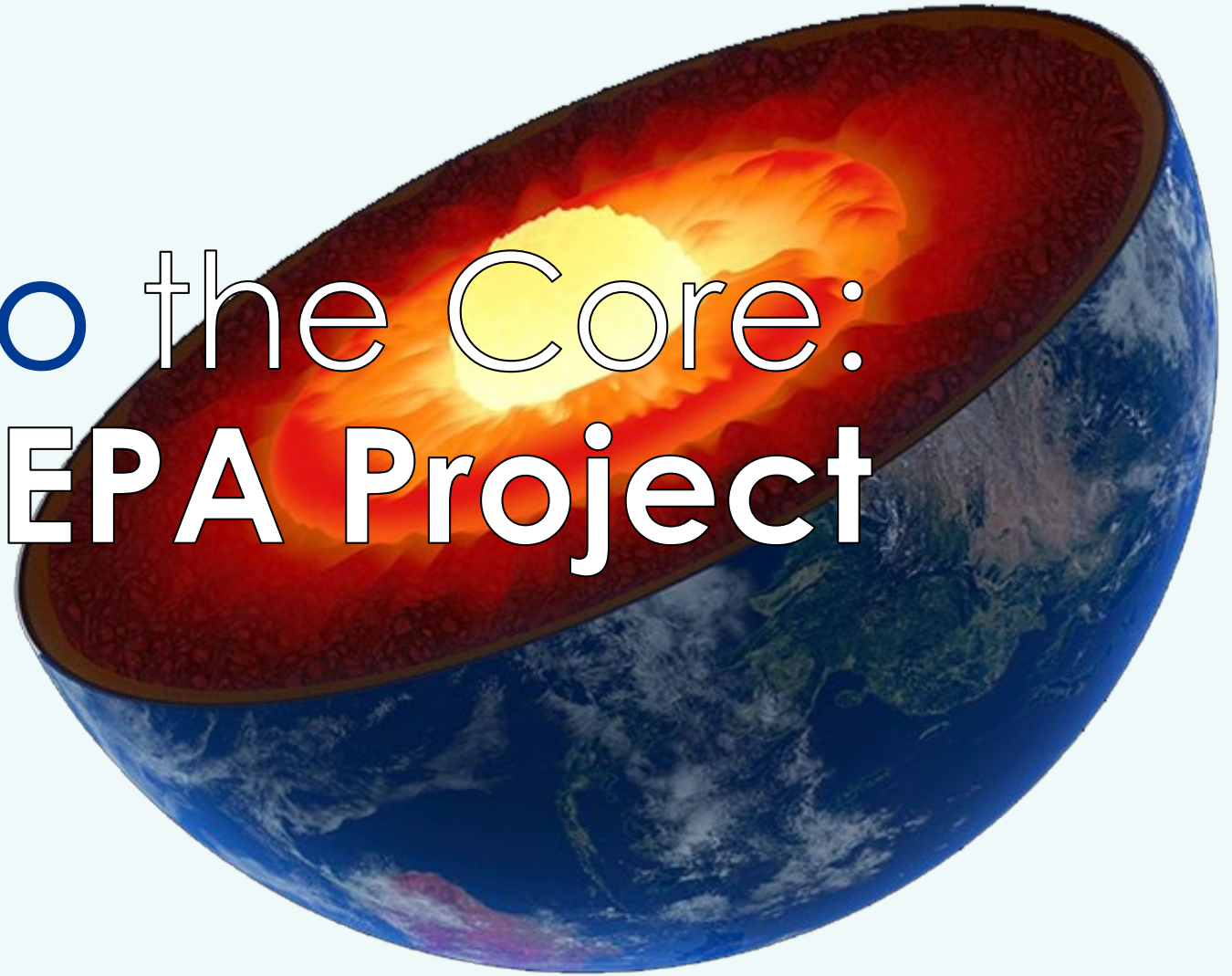


# Getting to the Core: The Urology EPA Project

SAU 2026 Winter Meeting  
Project Update

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# Disclosures

**This project is funded in part by an SAU Urology Education grant.**

**I do not have any relationships to report with ACGME defined ineligible companies.**

**I will not be discussing unlabeled/investigational uses of medical devices or pharmaceuticals during this presentation.**

# Project Goal:

“Everyday urologist activities”

Activities that every urology trainee in US training programs can be entrusted to perform independently without supervision upon graduation



To identify a set of  
“core” EPAs suitable  
for urology training in  
the United States

# Project methods

1

Draft a **comprehensive list of urology EPAs** covering breadth of urology practice

2

Identify “**core**” urology EPAs that every graduate should be able to perform

3

Organize “core” EPAs into ~**10-20 overarching items** to guide urology training

1

## Draft a comprehensive list of urology EPAs



## Guiding Principles:

1. Organize by presentation & pathology
2. Be inclusive
3. Be specific

## Data sources

1. AUA guidelines
2. AUA Core curriculum
3. ABU exam blueprints
4. ACGME urology program requirements
5. ACGME case log minimums



1

Draft a **comprehensive list of urology EPAs**

**Office/General Urology**

**Voiding Dysfunction**

**Consults and Emergencies**

**Urinary Tract Obstruction**

**Urolithiasis**

**Oncology**

**Andrology & Infertility**

**Female Pelvic Medicine**

**Pediatric Urology**



1

# Draft a comprehensive list of urology EPAs

## Office/General Urology

- Common diagnostic procedures
- Elevated PSA
- Microhematuria
- Gross hematuria
- LUTS
- Pelvic/GU pain
- GU cutaneous conditions
- Scrotal conditions
- GU infections
- Long-term catheter management

## Voiding Dysfunction

- BPH
- OAB
- Female stress incontinence
- Male stress incontinence
- Non-neurogenic chronic retention
- Neurogenic lower urinary tract dysfunction

## Consults and Emergencies

- Acute GU infections
- GU trauma
- Testicular torsion
- Priapism
- Acute stone
- Paraphimosis
- Acute urinary obstruction
- Acute post-operative complications of urologic surgery

## Urinary Tract Obstruction

- Chronic UPJ obstruction
- Ureteral stricture
- Bladder neck and urethral stricture

## Urolithiasis

- Kidney and ureteral stones
- Bladder stones

## Oncology

- Adrenal tumors
- Kidney tumors
- Upper tract urothelial cancer
- Bladder cancer
- Prostate cancer
- Testicular cancer
- Penile cancer

## Andrology & Infertility

- Male factor infertility
- Erectile dysfunction
- Disorders of ejaculation and orgasm
- Peyronie's disease
- Testosterone deficiency

## Female Pelvic Medicine

- Female sexual dysfunction
- Pelvic organ prolapse
- Urethral diverticular disease
- Urinary fistulas
- Interstitial cystitis
- Recurrent UTI
- GU syndrome of menopause

## Pediatric Urology

- Pediatric GU exam
- VUR
- Cryptorchidism
- CAH
- Hypospadias
- Antenatal hydronephrosis
- Lower urinary tract obstruction / PUV
- Spina bifida / neurogenic bladder

1

## Draft a comprehensive list of urology EPAs

### GU trauma

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- Initial evaluation (H&P, labs, imaging)
- Medical/non-surgical management
- Renal exploration and trauma nephrectomy
- Ureteral repair/reimplant
- Cystotomy repair
- Primary urethral realignment
- Suprapubic catheter placement
- Penile exploration and fracture repair
- Scrotal exploration

### Kidney tumors

---

- Initial evaluation (H&P, labs, imaging, diagnostic testing)
- Active surveillance
- Radical nephrectomy
- Partial nephrectomy
- Partial nephrectomy - simple (small, solitary, exophytic)
- Partial nephrectomy - complex (multifocal, large, endophytic)
- IVC thrombectomy

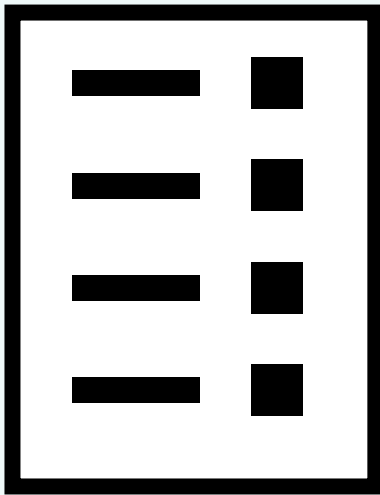
### Common diagnostic procedures

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- Flexible cystoscopy
- Postvoid residual
- Uroflowmetry
- Urodynamics
- Transrectal ultrasound
- Transabdominal ultrasound
- POC Renal/Bladder ultrasound
- Voiding cystourethrography
- Retrograde urethrography
- Cystogram
- Retrograde pyelogram
- Antegrade nephrostogram

1

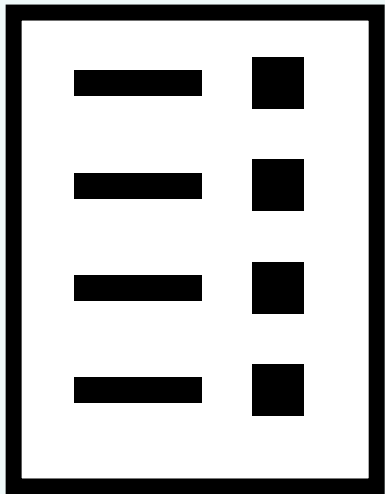
Draft a comprehensive list of urology EPAs



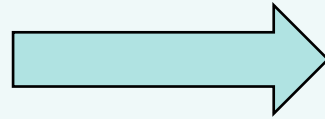
224 urology EPAs

2

## Identify “core” urology EPAs



224 urology EPAs

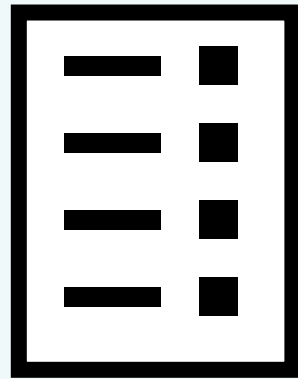
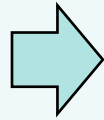


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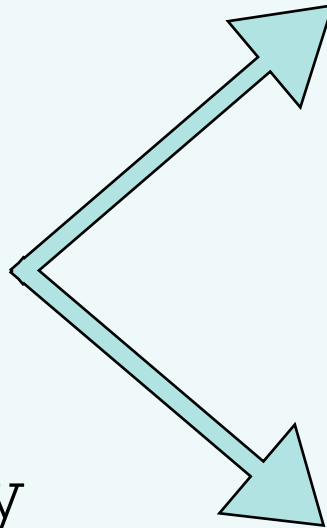
## Identify “core” urology EPAs



n=92



224 urology  
EPAs

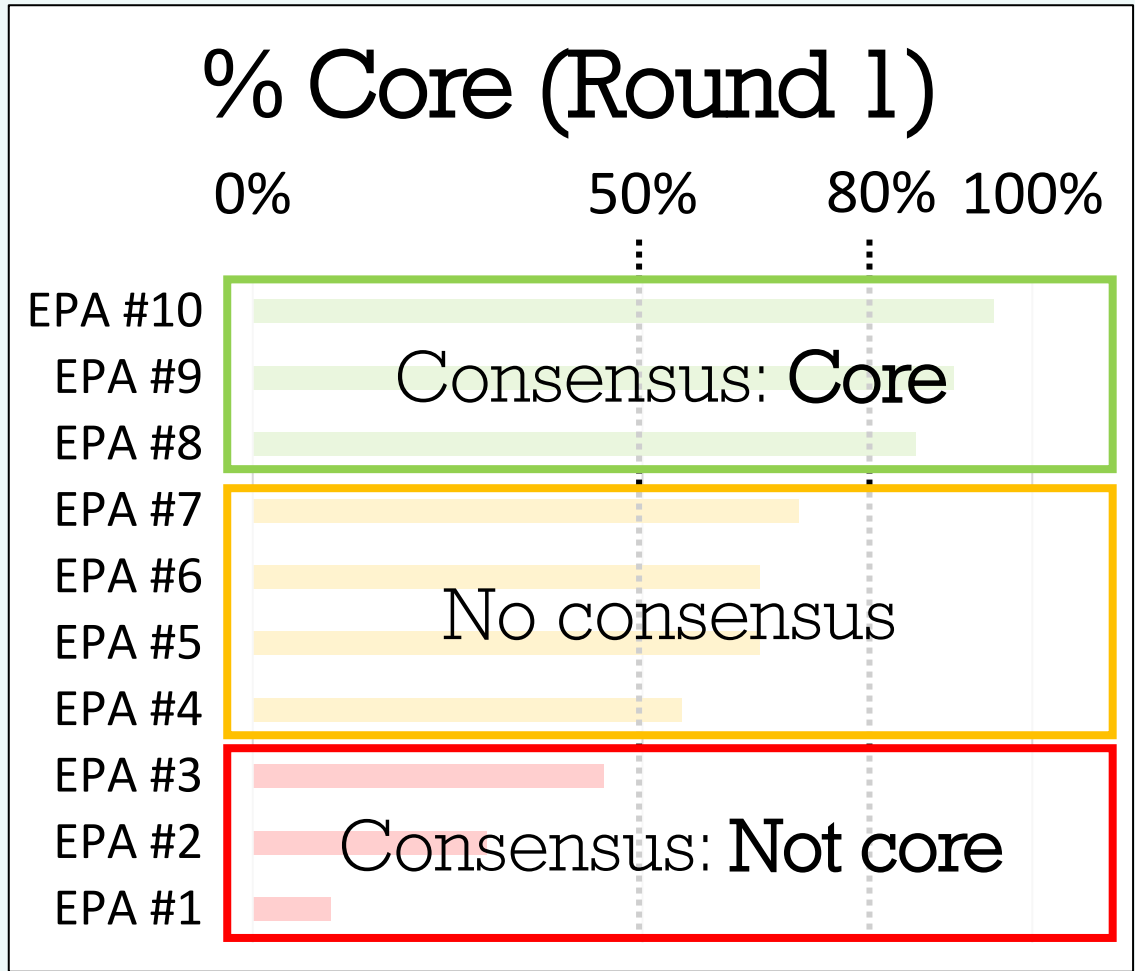


Core

Not core

2

# Identify “core” urology EPAs

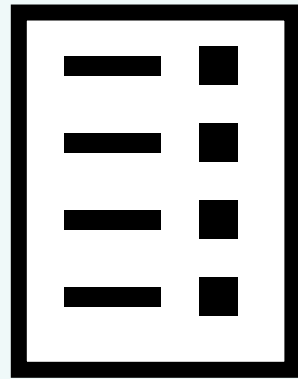
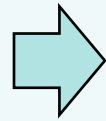


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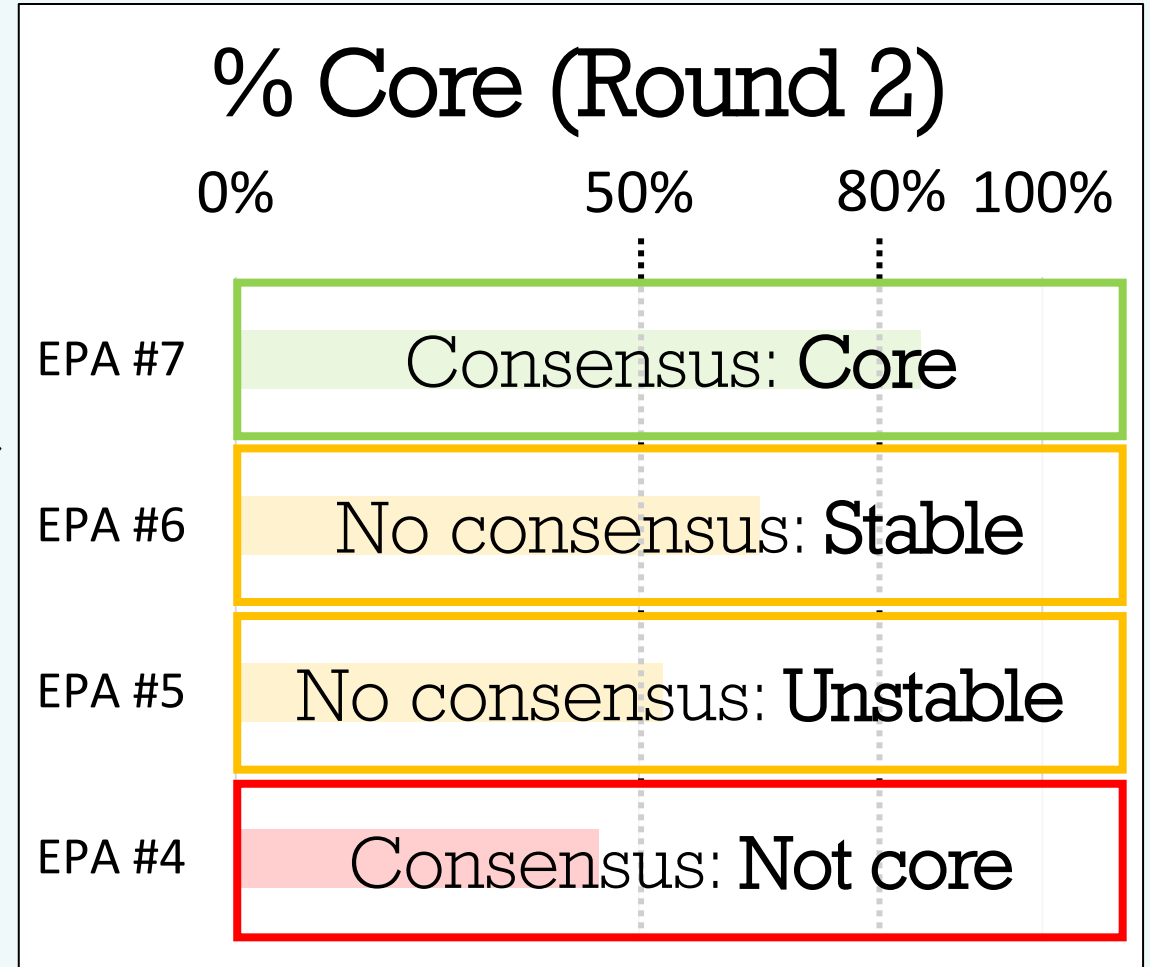
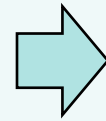
# Identify “core” urology EPAs



n=92



224 urology EPAs

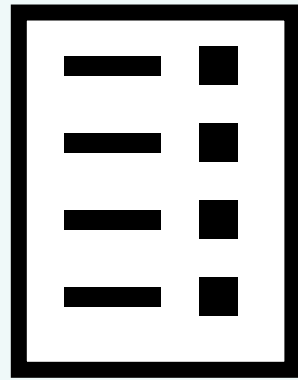
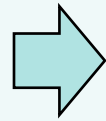


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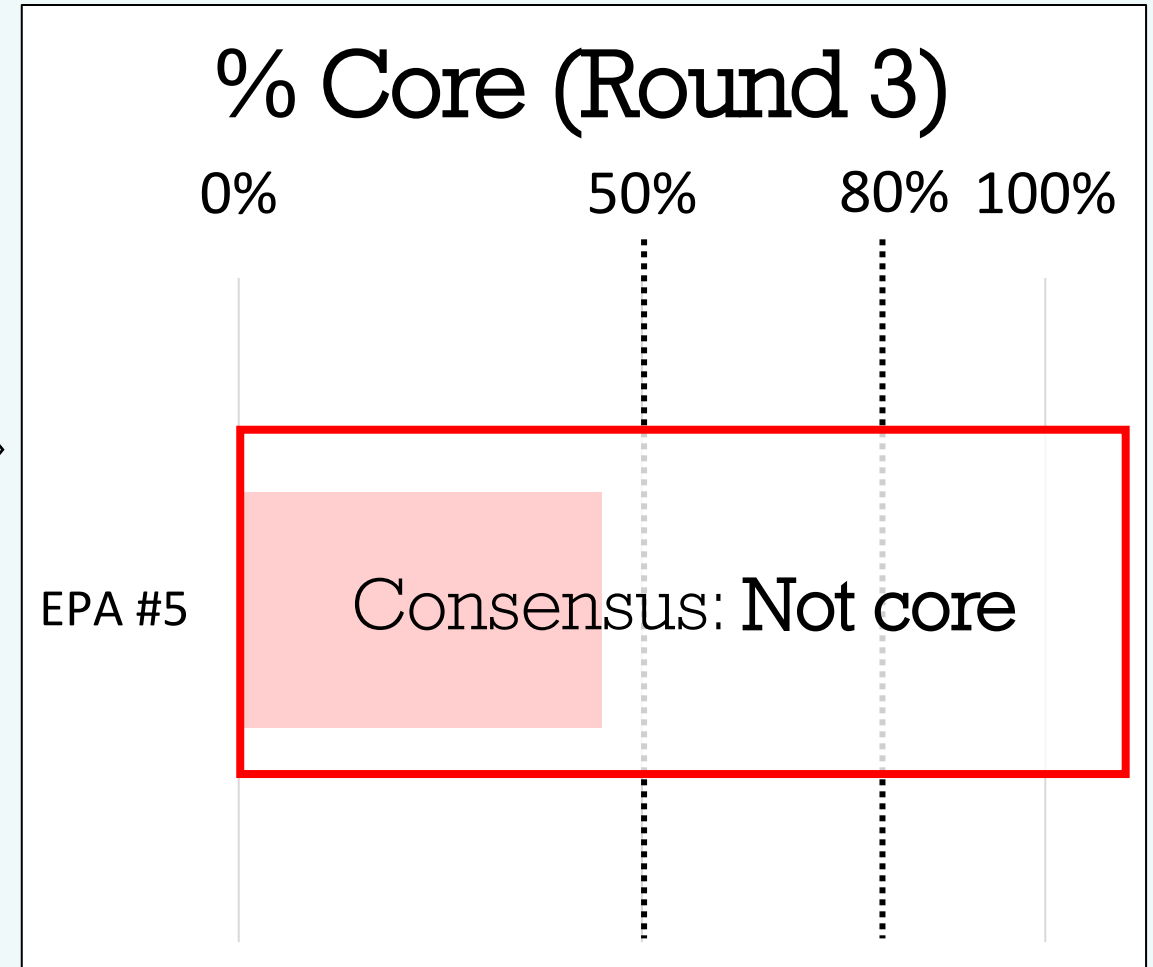
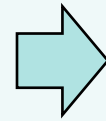
## Identify “core” urology EPAs



n=92



224 urology EPAs





2

## Identify “core” urology EPAs

### Office / General Urology

Core ( $\geq 80\%$ )

No consensus

Not core ( $\leq 50\%$ )

#### Common diagnostic procedures

Flexible cystoscopy

Bladder scan / PVR

Uro-flowmetry

Urodynamics

TRUS

RBUS

RUG

Cystogram

Ant. nephrostogram

Retrograde pyelogram

VCUG

#### Microhematuria

Initial Evaluation

#### Gross hematuria

Initial Evaluation

#### Elevated PSA

Initial evaluation

US-guided biopsy

MR/US fusion biopsy

#### GU infections (UTI, STI)

Initial evaluation

Medical management



2

## Identify “core” urology EPAs

### Office / General Urology

Core ( $\geq 80\%$ )

No consensus

Not core ( $\leq 50\%$ )

#### LUTS

Initial evaluation

Medical management

#### GU cutaneous conditions

Initial evaluation

Medical management

Circumcision

WLE (simple)

WLE (complex)

#### Scrotal conditions

Initial evaluation

Hydrocelectomy

Scrotal orchiectomy

Spermatoclectomy

Varicocelectomy

Epididymectomy

#### Pelvic / GU pain

Initial evaluation

Medical management

Spermatic cord block

Cord denervation

Trigger point injection

#### Long-term catheter management

Chronic foley

Chronic SP tube

CIC

Chronic ureteral stent

Chronic PCN



2

## Identify “core” urology EPAs

### Voiding Dysfunction

Core ( $\geq 80\%$ )

No consensus

Not core ( $\leq 50\%$ )

#### BPH

Initial evaluation

Medical management

Endoscopic treatment

Simple prostatectomy

#### Overactive bladder

Initial evaluation

Medical management

Bladder botox

PTNS

Sacral neuromodulation

Bladder augment / urinary diversion

#### Female stress incontinence

Initial evaluation

Medical management

Mid-urethral sling

Urethral bulking

Colposuspension

Autologous PV sling

#### Male stress incontinence

Initial evaluation

Medical management

AUS

Male sling

Adj. balloon device



2

# Identify “core” urology EPAs

## Voiding Dysfunction

Core ( $\geq 80\%$ )

No consensus

Not core ( $\leq 50\%$ )

Non-neurogenic chronic retention

- Initial evaluation
- Medical management

Neurogenic bladder

- Initial evaluation
- Medical management
- Sphincterotomy
- Bladder neck closure
- Continent catheterizable channel
- Ileovesicostomy



2

## Identify “core” urology EPAs

### Urinary Tract Obstruction

Core ( $\geq 80\%$ )

No consensus

Not core ( $\leq 50\%$ )

#### Chronic UPJ obstruction

Initial evaluation

Pyeloplasty

Endoscopic management

Salvage surgery

#### Ureteral stricture disease

Initial evaluation

Ureteral reimplant

Ureteroureterostomy

Salvage surgery

#### Bladder neck / urethral stricture

Initial evaluation

Endoscopic management

Posterior urethroplasty

Graft/flap urethroplasty

Anastomotic urethroplasty

Perineal urethrostomy



2

## Identify “core” urology EPAs

### Consults and Emergencies

Core (≥80%)

No consensus

Not core (≤50%)

#### Acute GU infections

Initial evaluation

Medical management

I&D

Fournier's debridment

#### Testicular torsion

Initial evaluation

Detorsion & 'pexy

#### Acute stone

Initial evaluation

Medical management

Ureteral stenting

#### GU trauma

Initial evaluation

Medical management

Cystotomy repair

SP tube placement

Scrotal exploration

Penile exploration /  
fracture repair

Ureteral reimplant\*

Renal exploration /  
trauma nephrectomy

Primary urethral  
realignment

#### Acute urinary obstruction

Initial evaluation

SP tube

Complex foley



2

# Identify “core” urology EPAs

Core (≥80%)      No consensus      Not core (≤50%)

## Consults and Emergencies

### Paraphimosis

- Initial evaluation
- Bedside reduction
- Surgical reduction / circumcision

### Priapism

- Initial evaluation
- Medical management
- Aspiration & irrigation
- Phenylephrine
- Distal shunt
- Corporal tunneling

### Acute postoperative complications of urologic surgery

- Clot retention
- Sepsis
- Anastomotic complications
- Catheter-related complications
- Wound complications (i.e. dehiscence)
- Acute hemorrhage
- GU implant erosion / infection (IPP, AUS)
- GI complications (non-operative)
- Urinary mesh erosion / infection
- GI complications (operative)



2

## Identify “core” urology EPAs

### Urolithiasis

Core ( $\geq 80\%$ )

No consensus

Not core ( $\leq 50\%$ )

#### Kidney and ureteral stones

Initial evaluation

Medical management

Metabolic evaluation  
and management

Ureteroscopy and  
laser lithotripsy

Shockwave lithotripsy

PCNL

Percutaneous renal  
access

Nephrolithotomy /  
ureterolithotomy

#### Bladder stones

Initial evaluation

Cystolitholapaxy

Cystolithotomy

2

## Identify “core” urology EPAs

### Oncology

Core ( $\geq 80\%$ )

No consensus

Not core ( $\leq 50\%$ )

#### Adrenal cancer / tumors

Initial evaluation

Hormonal evaluation

Medical management

Adrenalectomy

#### Kidney cancer / tumors

Initial evaluation

Active surveillance

Radical nephrectomy

Partial nephrectomy  
(simple)

Partial nephrectomy  
(complex)

IVC thrombectomy

#### Upper tract urothelial cancer

Initial evaluation

Ureteroscopy & biopsy

Endoscopic ablation

Instillation therapy  
(mitomycin gel)

Nephroureterectomy

#### Bladder cancer

Initial evaluation

TURBT

Intravesical therapy

Cystectomy

2

## Identify “core” urology EPAs

### Oncology

Core ( $\geq 80\%$ )

No consensus

Not core ( $\leq 50\%$ )

#### Prostate cancer

Initial evaluation

Active surveillance

Radical prostatectomy

Focal therapy

ADT

#### Testicular cancer / tumors

Initial evaluation

Radical orchiectomy

RPLND

#### Penile cancer

Initial evaluation

Topical therapy

Wide local excision

Partial penectomy

Laser ablation

Total penectomy

Inguinal LND

Pelvic LND



2

## Identify “core” urology EPAs

### Andrology & Infertility

Core ( $\geq 80\%$ )

No consensus

Not core ( $\leq 50\%$ )

#### Male infertility

Initial evaluation

Medical management

Vasectomy

Vasectomy reversal

Varicocelectomy

TURED

TESA

TESE

MicroTESE

#### Testosterone deficiency

Initial evaluation

Medical management

#### Disorders of ejaculation & orgasm

Initial evaluation

Medical management

#### Peyronie's disease

Initial evaluation

Medical management

Intralesional injections

Penile plication

Incision and grafting

#### Erectile dysfunction

Initial evaluation

Medical management

Penile prosthesis



2

## Identify “core” urology EPAs

### Female Pelvic Medicine

Core ( $\geq 80\%$ )

No consensus

Not core ( $\leq 50\%$ )

#### Recurrent UTI

Initial evaluation

Medical management

#### Urethral diverticular disease

Initial evaluation

Diverticulectomy

#### Pelvic organ prolapse

Initial evaluation

Pessary placement

Transvaginal repair

Colpocleisis

Sacrocolpopexy

#### Urinary fistulas

Initial evaluation

Medical management

Endoscopic treatment

Transabdominal repair

Transvaginal repair



2

# Identify “core” urology EPAs

Core ( $\geq 80\%$ )

No consensus

Not core ( $\leq 50\%$ )

## Female Pelvic Medicine

### Interstitial cystitis

Initial evaluation	Medical management
Hydrodistension	Intravesical instillations
Treatment of Hunner's lesions	Bladder botox
Neuromodulation	Salvage surgery

### Female sexual dysfunction

Initial evaluation	Medical management
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### GU syndrome of menopause

Initial evaluation	Medical management
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2

## Identify “core” urology EPAs

### Pediatrics

Core ( $\geq 80\%$ )

No consensus

Not core ( $\leq 50\%$ )

#### General

GU exam of pediatric patient

#### Cryptorchidism

Initial evaluation

Scrotal/Inguinal orchidopexy

Abdominal orchidopexy

#### VUR

Initial evaluation

Medical management

Ureteral bulking

Ureteral reimplant

#### CAH

Initial evaluation

Medical management

Urogenital sinus mobilization/flap vaginoplasty

Feminizing genitoplasty

2

## Identify “core” urology EPAs

### Pediatrics

Core ( $\geq 80\%$ )

No consensus

Not core ( $\leq 50\%$ )

#### Spina bifida / neurogenic bladder

Initial evaluation

Medical management

Bladder augment

Catheterizable  
channel creation

#### Antenatal hydronephrosis

Initial evaluation

Pyeloplasty

Cutaneous  
ureterostomy/  
pyelostomy

#### Hypospadias

Initial evaluation

Distal repair

Proximal repair

#### Lower tract obstruction / PUV

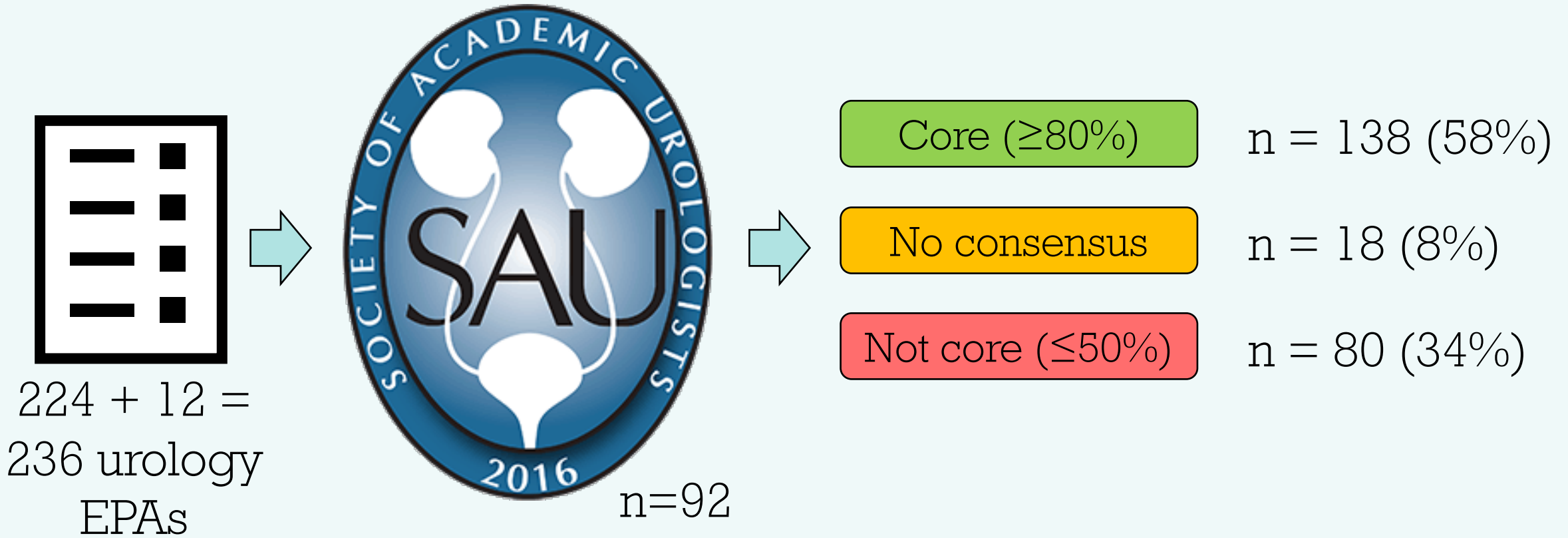
Initial evaluation

Vesicostomy

Endoscopic valve  
ablation

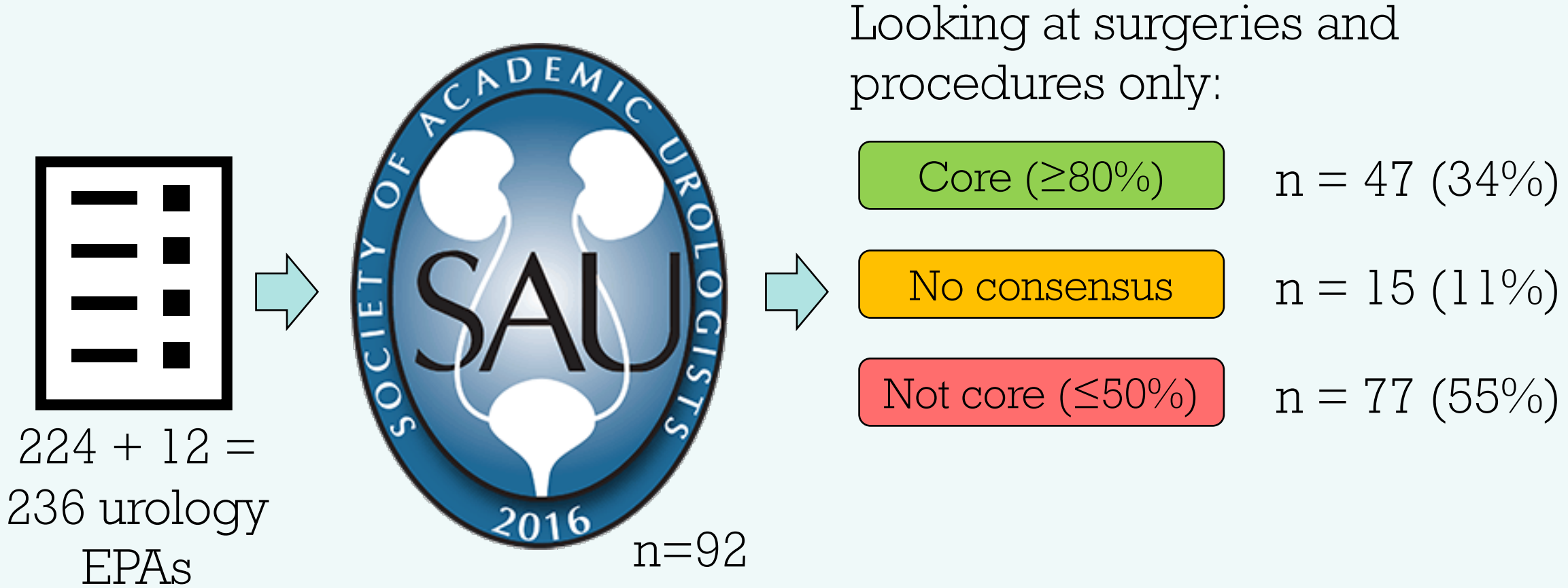
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## Identify “core” urology EPAs



2

# Identify “core” urology EPAs



2

## Identify “core” urology EPAs

# Key points

- Initial evaluation & medical management are almost always “core”.
- Only 1/3<sup>rd</sup> of procedures were identified as “core”.
- Outside of emergencies, few diagnoses are “core” in all components.
- “No consensus” items (below) reflect a changing landscape of increased subspecialization.

Partial nephrectomy  
(simple)

PCNL

Pyeloplasty

Radical prostatectomy

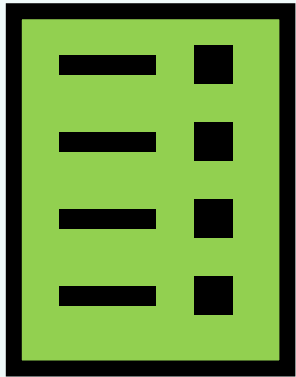
Mid-urethral sling

3

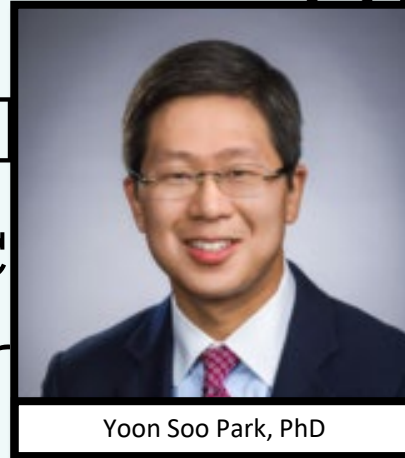
Organize into overarching “core” urology EPAs

# Goals

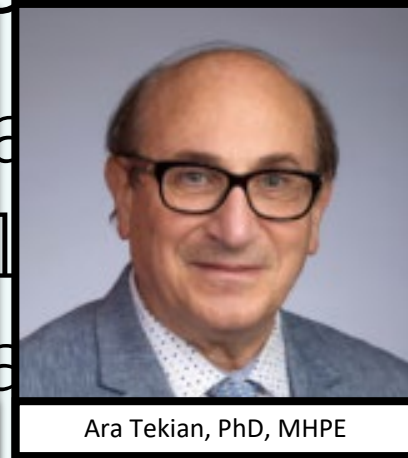
- Maximize understanding
- Facilitate collaboration on
- Mirror and align EPAs



138 “core”  
urology  
EPAs



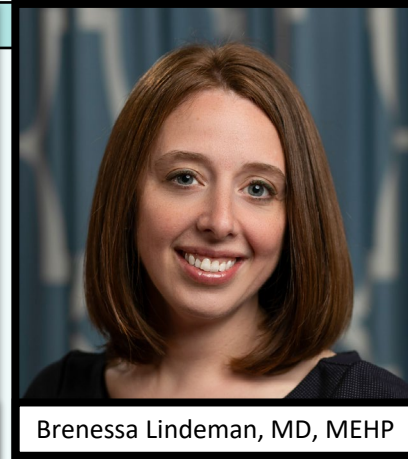
Yoon Soo Park, PhD



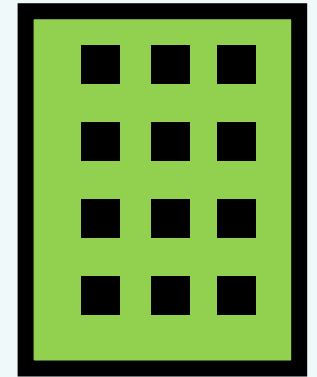
Ara Tekian, PhD, MHPE



Gurjit Sandhu, PhD

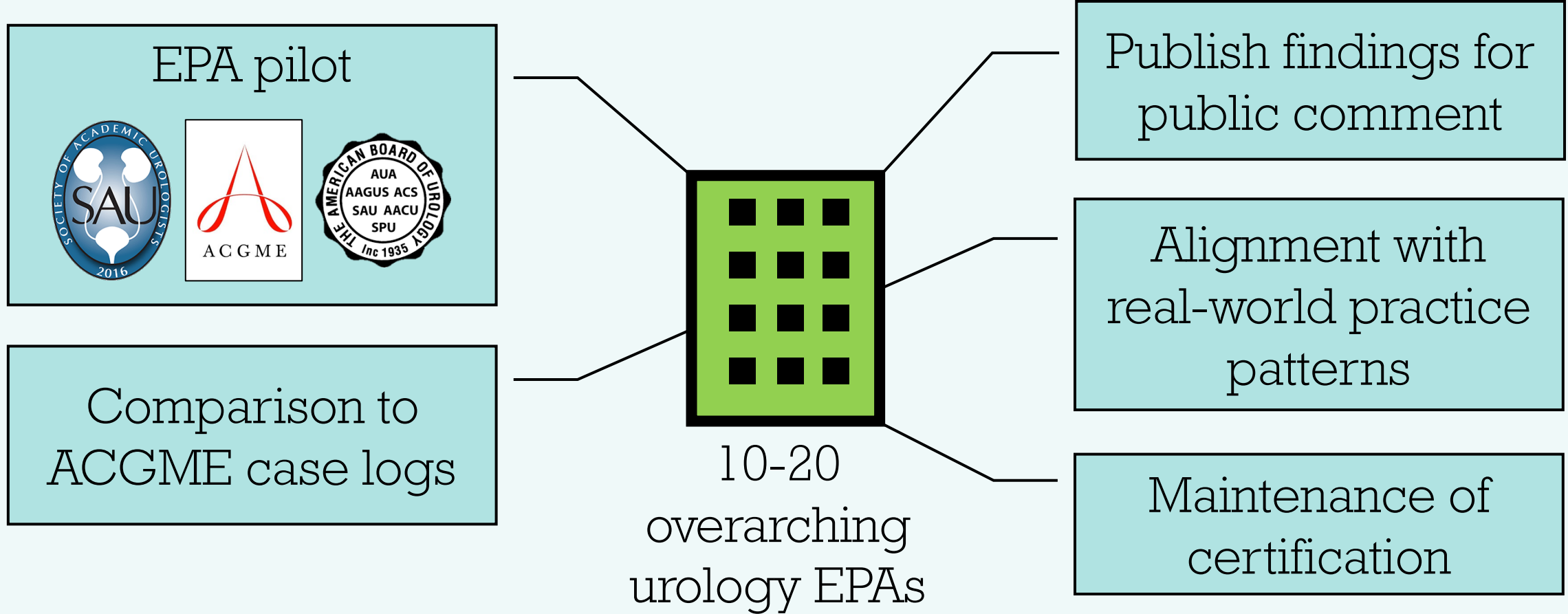


Brenessa Lindeman, MD, MEHP



10-20  
overarching  
urology EPAs

# Future directions



# Points for discussion

- **Do you agree with the Delphi panel findings?**
  - Are there notable omissions for “core” EPAs?
  - Are there notable inclusions that should not be “core”?
- **How do we start thinking about implementation?**
  - What other stakeholders do we need to involve?
  - What can we learn from prior experiences (Canadian Urology EPAs, American General Surgery EPAs)?

Thank you!

rswang @ mgb.org