

Post Graduate Program Obstetrics and Gynaecology Goals & Objectives Manual

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GOALS & OBJECTIVES

CANMEDS GENERAL OBJECTIVES

1	As a <i>professional</i>, the resident must:
1.1	foster a caring compassionate and respectful attitude towards patients, families and other members of the health care team
1.2	provide medical care that is ethical and seek advice or second opinion appropriately in ethically difficult situations
1.3	monitor patients appropriately and provide appropriate follow-up medical care, particularly after starting a new treatment or following a surgical procedure
1.4	maintain patient confidentiality at all times
1.5	complete reports, letters and summaries in a timely fashion and maintain medial records that are consistently accurate and legible
1.6	understand medical protective procedures and the role of the Canadian Medical Protective Association in areas of patient-physician dispute.
1.7	be able to deal with professional intimidation and harassment
1.8	show self-discipline, responsibility and punctuality in attending to ward duties, in the operating room and at meetings and other activities and be a moral and ethical role model for others.
1.9	be able to appropriately delegate clinical and administrative responsibilities
2	As a <i>scholar</i>, the resident must:
2.1	develop a habit of life-long learning, utilizing information technology for referencing cases, literature review and participation in basic or applied clinical research
2.2	identify gaps in personal knowledge and skill and develop strategies to correct them by self-directed reading, discussion with colleagues and ongoing professional experience
2.3	understand the principles of basic and applied clinical research, including biostatistics
2.4	be able to critically appraise and summarize the literature on a given subject and judge whether a research project or publication is sound, ethical, unbiased and clinically valuable.
3	As a <i>health advocate</i>, the resident must:
3.1	identify the important determinants of health for an individual patient, highlight which determinants are modifiable and adapt the treatment approach accordingly
3.2	make clinical decisions for an individual patient, when necessary balancing her needs against the needs of the general population and against the available resources
3.3	facilitate medical care for patients even when that care is not provided personally or locally or when that care is not readily accessible (e.g., therapeutic abortion)
3.4	advise patients about the local and regional resources available for support, education and rehabilitation

4	As a <i>manager</i>, the resident must:
4.1	be able to effectively manage a clinical and surgical practice, including the follow-up of normal and abnormal test results, maintenance of patient waiting lists and triage of emergency problems
4.2	demonstrate an understanding of the principles of quality assurance in the practice of Obstetrics and Gynaecology and be able to conduct morbidity and mortality reviews.
4.3	demonstrate an understanding of population-based approaches to the provision of medical care, including the costs and benefits of the various screening tests available for obstetric diagnosis and gynaecologic disease.
4.4	demonstrate an understanding of how health care governance influences patient care, research and educational activities at the local, provincial and national levels
4.5	be able to function effectively in local, regional and national specialty associations (professional or scientific) to promote better health care for women.
5	As <i>collaborator</i>, the resident must:
5.1	function competently in the initial management of patients with conditions that fall within the realm of other medical or surgical specialties
5.2	demonstrate the ability to function effectively and, where appropriate, provide leadership, in a multidisciplinary health care team, showing respect, consideration and acceptance of other team members and their opinions while contributing personal specialty-specific expertise.
5.3	identify and understand and respect the significant roles, expertise and limitation of other members of a multidisciplinary team required to optimally achieve a goal related to patient care, medical research, medical education or administration
6	As a <i>communicator</i>, the resident must:
6.1	demonstrate the ability to obtain informed consent for medical and surgical therapies
6.2	record accurately and succinctly data collected from patients, lab tests and radiological studies and communicate (oral or written) conclusions based on these data to patients, their families, referring physicians, and other involved health care personnel
6.3	demonstrate good interpersonal skills when working with patients, families and other members of the health care team
6.4	demonstrate an awareness of the unique personal, psychosocial, cultural and ethical issues that surround individual patients with obstetric or gynaecologic problems
6.5	be able to prepare and present information to colleagues and other trainees (if applicable) both informally (e.g., ward rounds) and formally (e.g., grand rounds, scientific meetings)
6.6	provide information to the general public and media about areas of local concern relevant to the practice of Obstetrics and Gynaecology.

GOALS & OBJECTIVES

RCPSC GENERAL OBJECTIVES FOR TRAINING IN OBSETRICS AND GYNAECOLOGY

These may be found by linking to <http://www.royalcollege.ca/cs/groups/public/documents/document/y2vk/mdaw/~edisp/tztest3rcpsced000922.pdf>

GOALS & OBJECTIVES		RCPSC Core Competencies						Method of Assessment
		Δ Primarily Demonstrates ◇ Moderately Demonstrates ≈ Indirectly Demonstrates						
PGY-1 ROTATION - CRITICAL CARE		Medical Expert	Communicator	Collaborator	Health Advocate	Manager	Professional	Scholar
		<p>This rotation provides clinical exposure to critical care practice in an academic tertiary care setting. The trainee should aim to get as much clinical/procedural exposure as possible; assessing critical patients from a wide range of presentations (medical, surgical, neurological and secondary to trauma) utilizing appropriate lab and imaging tests, seeing/assisting in procedures and managing care of assigned patients under supervision of an ICU/CCTC resident/consultant.</p> <p>By the end of this rotation, the resident should:</p>						
1	Demonstrate the ability to conduct an efficient patient assessment	Δ	Δ					
2	Order appropriate investigations, and integrate results to help manage patients in a timely fashion	Δ				Δ		
3	Understand and explain basic anatomy, pathophysiology (and relevant differential diagnoses) and formulate a diagnostic plan for common ICU presentations & diagnoses; i.e., myocardial infarct, unstable angina, arrhythmias, congestive heart failure, pulmonary edema, pneumonia, lung injury, hypoxia, cardiorespiratory collapse, stroke, thoracic abdominal-vascular emergencies, including those secondary to surgery, multisystem critical trauma, metabolic disturbances (acid/base, electrolyte)	Δ	Δ					
4	Understand and explain initial management and a therapeutic plan for common ER diagnoses	Δ	Δ			Δ	Δ	
5	Understand and explain initial management and a therapeutic plan for common ICU diagnoses	Δ	Δ					
								Direct Observation

6	Understand and explain the main indications, relevant anatomy, and main complications (if any) in the following tests/procedures: <ul style="list-style-type: none"> • ECG • Echocardiogram (including trans-esophageal) • Chest x-ray • Ultrasound • Venous Doppler • CT Scan • Central line insertion • Foley catheterization 	Δ	Δ						
7	Demonstrate effective communication skills when dealing with patients, consulting clinicians, nursing and clerical staff		Δ	Δ		Δ	Δ		
8	Be able to communicate clearly information about critical care cases to ICU/CCTC residents and consultants		Δ	Δ					
9	Record concise clinical notes and dictate concise reports where required	Δ	Δ				Δ		
10	Exercise a collaborative patient-centered approach with other members of the ICU team.			Δ	Δ		Δ		
11	Demonstrate good time-management skills					Δ	Δ		
12	Demonstrate advocacy on behalf of patients in regard to such things as urgency for care		Δ		Δ				
13	Demonstrate consistent professional behaviour in all encounters with patients, clerical and nursing staff, other physicians from ICU and members of consulting teams		Δ				Δ		
14	Set personal learning goals and a reading plan for the rotation						Δ	Δ	
15	Contribute to the learning of others, with teaching/supervision of medical students where appropriate						Δ	Δ	
16	Take an active role in all teaching sessions						Δ	Δ	

GOALS & OBJECTIVES		RCPSC Core Competencies						Method of Assessment
		Δ Primarily Demonstrates ◇ Moderately Demonstrates ≈ Indirectly Demonstrates						
PGY-1 ROTATION - GENERAL SURGERY		Medical Expert	Communicator	Collaborator	Health Advocate	Manager	Professional	Scholar
		<p>This rotation provides clinical exposure to general surgery practice in an academic tertiary care setting. The trainee should aim to get as much clinical/surgical exposure as possible (assessing patients with acute/subacute/chronic presentations, seeing/assisting and learning the basics of surgical procedures, and helping the team manage post-op care/complications and follow-up.</p> <p>By the end of this rotation, the resident should:</p>						
1	Understand and explain the assessment of a patient with acute abdomen, including history, physical exam, lab investigations and required imaging	Δ	Δ					
2	Understand and explain the role of medical imaging in assessment of patients suffering from both blunt and penetrating trauma	Δ	Δ					
3	Understand and explain the principles of staging common abdominal malignancies, imaging indications prior to surgery and during follow-up	Δ		Δ		Δ		
4	Understand and explain the role of imaging in follow-up of surgery complications	Δ			Δ	Δ	Δ	Δ
5	Understand and explain basic anatomy and pathophysiology (the relevant differential diagnoses) of common acute surgical conditions							
5.1	Cholecystitis							
5.2	Choledocolithiasis							
5.3	Ascending cholangitis							
5.4	Gastric/duodenal ulcer with perforation							
5.5	Pancreatitis							
5.6	Crohn's Disease/Ulcerative Colitis	Δ		Δ				
5.7	Appendicitis							
5.8	Diverticulitis							
5.9	Toxic Megacolon							
5.10	Ischemic bowel							
5.11	Small Bowel Obstruction							
5.12	Large Bowel Obstruction							
5.13	Bowel Perforation							
5.14	Pneumoperitoneum							
								Direct Observation

6	Understand and explain the main indications, anatomic changes expected and main complications in the following procedures							
6.1	Nissen fundoplication							
6.2	Billroth 1 partial gastrectomy Billroth 2 partial gastrectomy complete gastrectomy gastro-jejunostomy							
6.3	Roux-en-Y anastomosis segmental resection of small bowel Ileostomy							
6.4	cholecystectomy cholodocojejunostomy cholodocojejunostomy Whipple resection and pancreatic tail resection							
6.5	segmental resection of liver lobar resection of liver	Δ	Δ			Δ	Δ	
6.6	right/left hemicolectomy colostomy subtotal colectomy Hartman procedure low anterior resection abdominal-perineal resection (APR) total proctocolectomy and J-pouch	Δ	Δ			Δ	Δ	
6.7	Repair of hernias and body wall defects inguinal direct and indirect femoral umbilical incisional Spigellian Internal Obturator							
6.9	breast lumpectomy mastectomy axillary node dissection							
7	Communicate clearly information about acute and non-acute surgical cases to surgical residents and consultants		Δ				Δ	
8	Demonstrate effective communication skills when dealing with patients (during consent, bedside assessments or procedures, as well as with consulting-clinicians, nursing and clerical staff.		Δ			Δ	Δ	
9	Demonstrate a collaborative patient-centered approach with members of the general surgery team			Δ			Δ	
10	Develop time-management skills		Δ			Δ	Δ	
12	Advocate when needed for patients				Δ			
13	Demonstrate consistent professional behaviour in all encounters with patients, clerical and nursing staff and with physicians from surgical and referring teams						Δ	
13	Set personal learning goals and a reading plan							Δ
14	Contribute to the learning of others							Δ

GOALS & OBJECTIVES		RCPSK Core Competencies						Method of Assessment
		Δ Primarily Demonstrates ◇ Moderately Demonstrates ≈ Indirectly Demonstrates						
PGY-1 ROTATION INTERNAL MEDICINE		Medical Expert	Communicator	Collaborator	Health Advocate	Manager	Professional	Scholar
		By completion of this rotation it is expected that trainees will demonstrate developing proficiency in the following areas:						
1	assessment of patients presenting with undifferentiated medical complaints/problems including eliciting a relevant history, performance of the appropriate physical examination and evidence-based use of diagnostic testing	Δ						
2	evidence-based management of common medical illnesses as well as less common but remediable conditions.	Δ						
3	integrated management of multiple medical problems in patients with complex illnesses	Δ						
4	performance of common procedures used in diagnosis and management of medical patients including ECG interpretation, central line insertion, intubation, bone marrow aspiration and biopsy, thoracentesis, paracentesis, lumbar puncture, joint aspiration and sigmoidoscopy	Δ						
5	bedside presentation of patient problems		Δ					Direct Observation
6	discussion of diagnoses, investigations and management options with patients and their families		Δ					
8	obtaining informed consent for medical procedures and treatment		Δ					
8	communication with members of the health care team		Δ					
9	communication with referring and/or family physicians		Δ					
10	working effectively with the health care team			Δ				
11	appropriate use of consultative services			Δ				
12	recognition and respect of other physicians, nursing staff, physiotherapists, occupational therapists, nutritionists, pharmacists, social workers, administrative and support staff and community care agencies			Δ				
13	overseeing provision of care and implementation of decisions regarding patient care, including effective delegation of care roles					Δ		

14	understanding the principles and practical application of health care economics and ethics of resource allocation					Δ		
15	utilization of health care resources in scientifically, ethically and economically defensible manner					Δ		
16	time management to achieve balance between career and personal responsibilities					Δ		
17	understanding important determinants of health, including psychosocial economic and biological				Δ			
18	adapting patient assessment and management based on health determinants				Δ			
19	recognition of situations where advocacy for patients, the profession or society is appropriate and an awareness of strategies for effective advocacy at local, regional and national levels				Δ			
20	developing and documenting an effective, long-term personal learning strategy							Δ
21	generation of clinical questions related to patient care and utilization and analysis of available resources to develop and implement evidence-based solutions to such questions							Δ
22	effective utilization of basic sciences relevant to patient care including Pathology, Physiology and Pathophysiology, Biochemistry and Pharmacology							Δ
23	teaching in a manner adapted to learners' needs							Δ
24	identification of areas in basic and/or clinical science requiring research and an awareness of principles involved in designing and conduction of experiments to advance knowledge in these areas							Δ
25	integrity, honesty and compassion in delivery of the highest quality of care						Δ	
26	appropriate personal and interpersonal professional behaviours						Δ	
27	awareness of the role and responsibilities of the profession and society						Δ	
28	use of a framework for recognizing and dealing with ethical issues in clinical and/or research practice including truth-telling, consent, conflict of interest, resource allocation and end-of-life care						Δ	

GOALS & OBJECTIVES		RCPSC Core Competencies						Method of Assessment
		Δ Primarily Demonstrates ◇ Moderately Demonstrates ≈ Indirectly Demonstrates						
PGY-1 ROTATION NEONATAL INTENSIVE CARE		Medical Expert	Communicator	Collaborator	Health Advocate	Manager	Professional	Scholar
		The goal of the rotation is to obtain a working knowledge of neonatal intensive care by active participation in patient management.						
By the end of this rotation, the resident should demonstrate:								
1	understanding of and comfort with the team approach to neonatal intensive care			Δ			Δ	
2	understanding of the complexity of problems encountered in caring for sick neonates.							
3	an ability to relate obstetric events to problems of the neonate	Δ						
4	competence in the resuscitation and stabilization of neonates in the delivery room	Δ		Δ				
5	competence to assess the neonate in the delivery room for potential problems	Δ						
6	appreciation with the expected progress, prognosis and outcome for pre-term infants and factors which may influence these	Δ	Δ					
7	understanding of the emotional stress and anxiety of parents of sick neonates and to participate in parent counseling	Δ	Δ					
8	appreciation of some of the ethical issues related to neonatal intensive care	Δ			Δ		Δ	
10	basic knowledge of the pathophysiology, presentation and management of the following neonatal conditions	Δ						
10.1	respiratory distress syndrome							
10.2	bronchopulmonary dysplasia							
10.3	meconium aspiration							
10.4	transient tachypnea of the newborn							
observation								

GOALS & OBJECTIVES		RCPSC Core Competencies						Method of Assessment
		Δ Primarily Demonstrates ◇ Moderately Demonstrates ≈ Indirectly Demonstrates						
GYNAECOLOGY JUNIOR ROTATION		Medical Expert	Communicator	Collaborator	Health Advocate	Manager	Professional	Scholar
		This rotation provides an opportunity for the junior resident to develop competencies in the Gyn ambulatory clinic and Emergency Room settings.						
By the end of this rotation, the resident should:								
1	identify abnormal menstrual patterns and suggest appropriate management.	Δ						
2	outline possible diagnostic approaches and management of patients with acute and chronic pelvic pain.	Δ						
3	outline a diagnostic approach and management of patients with acute and chronic menstrual irregularities.	Δ						
4	demonstrate a good diagnostic approach to the patient with a pelvic mass.	Δ				Δ		
5	diagnose and suggest treatment of urinary incontinence on history and physical examination.	Δ						
6	diagnose and suggest treatment of pelvic floor relaxation (uterine prolapse, cystocele, rectocele, enterocele and vault prolapse).	Δ						
7	perform routine office gynaecological procedures including speculum examination, pap smear, vaginal swabs and preparation of a wet mount for microscopic examination.	Δ						
8	provide appropriate contraception and abortion counseling.	Δ	Δ		Δ			
9	outline management of a patient with an acute abdomen.	Δ						
10	be able to manage a patient with sepsis.	Δ				Δ		
10	evaluate surgical patients pre-operatively with respect to their risk and appropriate management and be able to institute appropriate investigations and therapeutic measures to minimize risks.	Δ			Δ	Δ		
11	be able to assess and manage common post operative problems.	Δ			Δ	Δ		
12	show proficiency with the safe execution of a number of minor gynaecologic procedures including:							

Direct Observation

GOALS & OBJECTIVES		RCPSC Core Competencies Δ Primarily Demonstrates ◇ Moderately Demonstrates ≈ Indirectly Demonstrates						Method of Assessment
		Medical Expert	Communicator	Collaborator	Health Advocate	Manager	Professional	
<p>GYNAECOLOGY SENIOR ROTATION</p> <p>The role of the chief resident combines all of the CanMeds competencies and is the culmination of the junior year's goals and objectives with experience and a junior consultant perspective.</p> <p>The over-riding principle of aiming to be a medical expert continues from the junior years, fine tuning the more specialized technical skills and management of complex patients. In addition, these competencies must become balanced with the leadership skills required to help juniors realize their own objectives and create a good team environment for working and learning.</p> <p>By the end of this rotation, the resident should:</p>								
1	be proficient in the initial assessment of gyn patients including history, physical exam and pelvic exam	Δ	Δ				Δ	Observation Chart Review Patient Feedback OSCE ER
2	demonstrate appropriate use of lab and radiology investigations	Δ				Δ		
3	develop an appropriate problem list, differential diagnoses, and management plan for a patient	Δ		Δ	Δ	Δ		Chief Clinics On Call Observation Presentation Chart Review OSCE
4	explain clearly surgical procedures and potential complications to patients	Δ	Δ		Δ		Δ	Observation OSCE
5	obtain informed consent for procedures	Δ					Δ	
6	manage surgical complications competently	Δ	Δ	Δ	Δ	Δ	Δ	
7	perform correctly and safely the following List A Gyn procedures							Observation
7.1	standard abdominal and vaginal hysterectomy	Δ					Δ	
7.2	anterior and posterior repairs							

7.3	excision and closure of vulvar lesions							
7.4	laparoscopy for diagnosis, tubal occlusion and minor laparoscopic surgery							
7.5	retropubic urethropexy							
7.6	establish central venous access							
7.7	abdominal wound closure: primary and delayed							
7.8	omentectomy							
7.9	peritoneal biopsy							
7.10	repair of abdominal wound dehiscence							
7.11	marsupialization and drainage of a Bartholin's gland abscess							
7.12	surgical management of an ectopic pregnancy							
7.13	lyses of adhesions							
7.14	ablation of endometriosis							
7.15	cystectomy and salpingo-oophorectomy							
7.16	diagnostic hysteroscopy							
7.17	endometrial sampling and polyp removal							
7.18	endometrial ablation							
7.19	dilatation and curettage							
7.20	abdominal paracentesis							
7.21	pessary fitting and removal							
7.22	IUD insertion and removal							
7.23	cystostomy repair							
8	perform correctly and safely the following List B Gyn procedures							

8.1	simple vulvectomy								Observation
8.2	colpo-sacropexy								
8.3	operative hysteroscopy								
8.4	operative laparoscopy								
8.5	colposcopy + LEEP and cone biopsy	Δ					Δ		
8.6	TVT or TOT								
8.7	limited cystoscopy								
8.8	laparoscopic assisted vaginal hysterectomy and total laparoscopic hysterectomy								
9	perform correctly and safely as an assistant the following List C Gyn procedures								Observation
9.1	tubal re-anastomosis								
9.2	pre-sacral neurectomy								
9.3	radical hysterectomy								
9.4	radical vulvectomy								
9.5	trachoelectomy	Δ					Δ		
9.6	lymph node dissection								
9.7	laparoscopic colpo-suspension								
9.8	McCall's culdoplasty								
9.9	fistula repair								
9.10	vaginoplasty								
10	demonstrate an understanding of the following principles to enable safe management plans								
10.1	pelvic relaxation: clinical manifestations, appropriate investigations and treatment options	Δ							
10.2	gynaecological malignancies	Δ							Observation OSCE

10.2	pre-op assessment	Δ			Δ				CREOG APOG OSCE observation
10.3	anatomy, physiology and pharmacology relevant to the female reproductive tract	Δ							
10.4	wound-healing	Δ							POS observation chart review
10.4	management of the post operative period and its complications.	Δ			Δ				observation OSCE

12.1	dilatation of the cervix with sharp and suction curettage of the uterus.								
12.2	marsupialization of Bartholin's gland.								
12.3	examination under anaesthesia and biopsy of the lower genital tract.								
12.4	laparoscopy for pelvic assessment and tubal occlusion/ligation.	Δ							
12.5	opening the abdomen.								
12.6	closing the abdomen (primary and delayed).								
12.7	suprapubic cystotomy.								
12.8	establishment of extraperitoneal drainage.								
13	demonstrate familiarity with pelvic anatomy.	Δ							CREOG, APOG, OSCE, direct observation
14	recognize unusual postoperative complications and institute appropriate investigations and therapeutic measures as indicated.	Δ		Δ			Δ		
15	demonstrate a thorough understanding of the principles of surgery.								
16	teach effectively fellow house staff including clinical clerks.								Rounds presentations, Bedside and clerk teaching
17	participate fully in the team and multidisciplinary approach to patient care.								Direct Observation
18	demonstrate familiarity with quality assurance programs in office and hospital.								M & M Rounds, Committee participation

GOALS & OBJECTIVES		RCPSC Core Competencies						Method of Assessment
		Δ Primarily Demonstrates ◇ Moderately Demonstrates ≈ Indirectly Demonstrates						
OBSTETRICS JUNIOR ROTATION		Medical Expert	Communicator	Collaborator	Health Advocate	Manager	Professional	Scholar
		<p>The goal of a resident entering this rotation should be to obtain a broad exposure to a large volume of obstetrical patients and to become skilled and comfortable with the antepartum, intrapartum and postpartum management of such patients. The level of content, skill and responsibility will be graded with respect to the resident's level of training.</p> <p>By the end of this rotation, the resident should:</p>						
1	demonstrate general capability and comfort in the ambulatory care of the obstetrical patient	Δ	Δ	Δ		Δ		
2	manage competently common antenatal complications, including:	Δ						observation OSCE
2.1	pregnancy induced hypertension							
2.2	intra-uterine growth restriction							
2.3	post-dates pregnancy							
2.4	gestational diabetes mellitus							
2.5	diabetes mellitus, type I and type II							
2.6	placenta praevia							
2.7	premature rupture of membranes							
2.8	multiple gestation							
2.9	isoimmunization							
2.10	premature labour							
2.11	fetal abnormalities							
2.12	intra-uterine fetal death							
2.13	other surgical and medical complications of pregnancy							
2.14	abruptio placenta							

3	understand and recognize the specific risk factors related to pregnancy as outlined on the Ontario Antenatal Records 1 and 2		Δ		Δ				observation OSCE
4	appreciate and respond appropriately to the normal grief response to perinatal loss with an ability to provide appropriate supportive care	Δ	Δ				Δ		
5	understand and proficiently manage patients according to the principles underlying the biophysical assessment of fetal health (e.g., non-stress tests, biophysical profiles)	Δ				Δ			
6	understand the principles underlying obstetrical ultrasound and demonstrate proficiency in interpreting their reports	Δ		Δ		Δ			
7	understand and act on the principles underlying prenatal diagnosis including indications for amniocentesis, chorionic villus sampling, cordocentesis and maternal serum alpha-feto protein determinations	Δ	Δ	Δ	Δ				
8	understand the principles underlying the use of electronic fetal heart monitoring and the application of these principles to specific situations where indicated	Δ							
9	understand the indications for intrapartum fetal scalp sampling and demonstrate proficiency in this procedure	Δ							
10	understand normal genetic principles	Δ							
11	show skills in labour assessment and manage proficiently variations from “normal” in the progress of first and second stages of labour	Δ	Δ			Δ			
12	diagnose and appropriately manage abnormal presentations in labour	Δ	Δ		Δ	Δ			
13	proficiently manage normal vaginal deliveries	Δ							
14	repair proficiently episiotomies	Δ							
15	understand the indications for and manage proficiently the induction of labour	Δ	Δ			Δ			
16	conduct proficiently post-caesarean section care and diagnose common complications including: endometritis, mastitis, cystitis, pyelonephritis and thromboembolic disease	Δ			Δ				
17	manage problems related to lactation including: suppression, pain, initiation, etc.	Δ							
18	appreciate the principles of and show skills in the immediate resuscitation of the sick newborn	Δ							
19	demonstrate an understanding of the principles underlying perinatal epidemiology including perinatal mortality and maternal mortality statistics	Δ			Δ		Δ	Δ	
20	apply fundamental principles of bioethics to clinical situations in perinatal medicine (e.g., confidentiality, truth-telling, informed consent)	Δ	Δ		Δ		Δ	Δ	

21	demonstrate a knowledge of the relevant safety issues and effects of using drugs concurrently with pregnancy	Δ							observation OSCE
22	determine accurately the gestational age of the fetus	Δ							
23	demonstrate a knowledge of the normal development of the fetus and how developmental abnormalities might be clinically expressed	Δ							
24	demonstrate an understanding of the principles underlying forceps deliveries, including the accurate assessment of fetal position and the development of skills in conducting mid-forceps deliveries	Δ							
25	demonstrate and understanding of the indications for cesarean section and show proficiency in performing uncomplicated cesarean deliveries	Δ							
26	demonstrate proficiency in managing the third stage of labour according to underlying physiological principles	Δ			Δ	Δ			
27	recognize the risk factors predisposing to abnormalities of the third stage of labour and demonstrate proficiency in dealing with complications when they occur (e.g., lacerations of the genital tract, vaginal haematomas)	Δ			Δ	Δ			
28	be able to describe and/or perform the following procedures:								
28.1	midline and mediolateral episiotomy and repair	Δ							
28.2	repair of 3rd and 4th degree perineal lacerations	Δ							
28.3	extraction of a second twin	Δ							
28.4	caesarean section	Δ							
28.5	low outlet and mid-forceps deliveries	Δ							
29	show developing competence as a teacher to all members of the health care team as well as to students in various health disciplines		Δ		Δ		Δ	Δ	
29	show responsibility as a reliable and cooperative member of the Obstetrical health care team and begin to take on some of the leadership expectations of the chief resident when delegated to do so		Δ		Δ		Δ	Δ	
30	participate reliably in public teaching rounds presentations as scheduled		Δ					Δ	

GOALS & OBJECTIVES		RCPSC Core Competencies						Method of Assessment
		Δ Primarily Demonstrates ◇ Moderately Demonstrates ≈ Indirectly Demonstrates						
OBSTETRICS CHIEF ROTATION		Medical Expert	Communicator	Collaborator	Health Advocate	Manager	Professional	Scholar
		<p>The role of the Obstetrics chief is to act as a junior consultant and oversee all complex activities on the antenatal and delivery room teams. Consultant surveillance/assistance is available constantly as the residents/chiefs are encouraged to participate in the management of any or all of the obstetrical patients as needed. The role combines medical expert goals with the leadership and management skills of a chief resident. The Ob chief acts as a mentor and manager for the junior on-service residents. The goals and objectives are a spectrum continuing from those in the junior rotations but with the aim of attaining proficiency at a consultant level.</p> <p>For the senior resident, specific objectives should be attained with a degree of skill and competence which need only minor refinement in order to be considered eligible for Royal College certification</p> <p>By the end of this rotation, the resident should:</p>						
1	understand the concept of triaging high risk patients, both in peripheral hospitals (levels 1 and 2) and within this level 3 unit. The chief resident, therefore, must:							
1.1	develop comprehensive skills and knowledge in general Obstetrics through active participation in delivery room care.	Δ	Δ	Δ		Δ		observation OSCE simulations
1.2	participate and supervise in the management of family practioners' obstetrical patients with the goal of developing an understanding of the interdisciplinary care of low and high risk obstetrical patients with involvement of their health care attendants	Δ	Δ	Δ			Δ	
1.3	have a sound understanding of the management of intrapartum and postpartum obstetrical patients at both ends of the acuity spectrum <ul style="list-style-type: none"> to handle most of the common obstetrical complications to handle less common problems based on sound principles 	Δ						
1.4	develop an extensive understanding of intra and postpartum care of the surgical obstetrical patient	Δ						
1.5	understand counseling aspects and grief management and risks of fetal/neonatal morbidity and mortality	Δ	Δ				Δ	

2.1	demonstrate competence in performing an initial assessment of the obstetrical patient including history, physical and pelvic examination	Δ	Δ		Δ		Δ		
2.2	demonstrate appropriate use of lab and radiology results in obstetrical patients	Δ		Δ		Δ			
2.3	be able to formulate a problem list of differential diagnoses and methodically investigate a problem	Δ	Δ						
3	competently perform the following procedures/actions, manage their complications and be able to explain them in lay terms in order to obtain informed consent:								
3.1	normal vaginal birth	Δ			Δ	Δ	Δ		observation
3.2	caesarean section	Δ							
3.3	abdominal wound closure (primary and delayed)	Δ							
3.4	low outlet and mid forceps delivery	Δ							
3.5	episiotomy	Δ							
3.6	repair of episiotomy and 1st, 2nd, 3rd, and 4th degree perineal tears	Δ							
3.7	twin delivery both vaginally and at caesarean section	Δ							
3.8	biophysical assessment of fetus	Δ							
3.9	diagnose and manage of fetal distress	Δ							
3.10	interpret normal and abnormal fetal heart rate tracing	Δ							
3.11	diagnose and manage intrapartum infection	Δ							
3.12	diagnose and manage fetal demise	Δ	Δ				Δ		
3.13	diagnose and manage intra and postpartum hemorrhage and hematoma	Δ							
3.14	diagnose and manage labour	Δ							
3.15	appreciate the indications for and methods of fetal scalp sampling	Δ							
4	demonstrate a comprehensive knowledge and understanding of:								
4.1	preventive strategies relating to maternal morbidity, regionally, nationally and internationally	Δ			Δ				rounds presentations
4.2	labour, its clinical manipulation, methods of identifying, methods of initiating, augmenting and terminating	Δ			Δ	Δ			observation OSCE APOG CREOG
4.3	caesarean section, indications, methods and intra-operative and post-operative management plus complications	Δ			Δ		Δ		
4.4	obstetrical anesthesia (regional and general) and analgesia methods, indications and complications.	Δ	Δ	Δ					OSCE APOG CREOG
4.5	wound healing, including a thorough knowledge of various suture materials and how they may affect the process of wound healing	Δ			Δ				
4.6	relevant anatomy, physiology, biochemistry, physiology and pathophysiology as it pertains to obstetrical management	Δ							

4.7	the normal physiologic changes that accompany pregnancy, normal fetal growth and development and the normal progress of labour and mechanisms of delivery	Δ			Δ				OSCE APOG CREOG
4.8	fetal malpresentations and abnormalities in the progress of labour including the ability to properly manage these	Δ							observation OSCE APOG CREOG
4.9	the normal grief process and be able to provide parents with appropriate supportive care	Δ	Δ	Δ	Δ				observation
4.10	the biophysical assessment of the fetus and demonstrate proficiency in performing and interpreting real time scanning and non-stress tests	Δ							observation OSCE APOG CREOG
4.11	the use of obstetrical ultrasound and to demonstrate proficiency in the interpretation of ultrasound reports	Δ		Δ					observation OSCE APOG CREOG
4.12	interpreting fetal heart rate strips and fetal scap blood samples	Δ							
4.13	the physiology and pathophysiology of the puerperium including common problems such as lactation difficulties, urinary retention, endometritis, perineal pain, thrombophlebitis and thromboembolic disease	Δ							OSCE APOG CREOG
4.14	the definitions used to determine perinatal outcome, assessment and the relationship to continuous quality improvement within the specialty	Δ							OSCE APOG CREOG
4.15	basic skills in the resuscitation of the newborn	Δ							observation
5	In order to achieve the above objectives, in the role of a Professional the resident must:								
5.1	foster a caring compassionate and respectful attitude towards patients, families and other members of the health care team								
5.2	provide medical care that is ethical and seek advice or second opinion appropriately in ethically difficult situations								
5.3	monitor patients appropriately and provide appropriate followup medical care, particularly after starting a new treatment or following a surgical procedure								
5.4	maintain patient confidentiality at all times								
5.5	complete reports, letters and summaries in a timely fashion and maintain medical records that are consistently accurate, informative and legible								
5.6	understand medical protective procedures and the role of the Canadian Medical Protective Association in areas of patient-physician dispute								
5.7	deal effectively with professional intimidation and harassment								
5.8	show self-discipline, responsibility and punctuality in attending to ward duties, in the operating room and at meetings and other activities and be a moral and ethical role model for others								

5.9	be able to appropriately delegate clinical and administrative responsibilities	
5.10	understand and demonstrate the importance of balancing professional and personal life	
6	In order to achieve the above objectives in the role of a Scholar , the resident must:	
6.1	develop a habit of life-long learning, utilizing information technology for referencing cases, literature review and participation in basic or applied clinical research	
6.2	identify gaps in personal knowledge and skill and develop strategies to correct them by self-directed reading, discussion with colleagues and ongoing professional experience	
6.3	understand the principles of basic and applied clinical research, including biostatistics	
6.4	be able to critically appraise and summarize the literature on a given subject, and judge whether a research project or publication is sound, ethical, unbiased and clinically valuable	
7	In order to achieve the objectives above in the role of a Health Advocate , the resident must:	
7.1	identify the important determinants of health for an individual patient, highlight which determinants are modifiable and adapt the treatment approach accordingly	
7.2	make clinical decisions for an individual patient, when necessary balancing her needs against the needs of the general population and against the available resources	
7.3	facilitate medical care for patients even when that care is not provided personally or locally or when that care is not readily accessible (e.g., therapeutic abortion)	
7.4	advise patients about the local and regional resources available for support, education and rehabilitation	
8	In order to achieve the above objective in the role of a Manager , the resident must:	
8.1	be able to effectively manage a clinical and surgical practice, including the follow up of normal and abnormal test results, maintenance of patient waiting lists, and the triage of emergency problems	
8.2	demonstrate an understanding of the principles of quality assurance in the practice of Obstetrics & Gynaecology and be able to conduct morbidity and mortality reviews	
8.3	demonstrate an understanding of population-based approaches to the provision of medical care, including the costs and benefits of the various screening tests available for obstetric diagnoses and gynaecologic disease	
8.4	demonstrate an understanding of how health care governance influences patient care, research and educational activities at the local, provincial and national level	
8.5	be able to function effectively in local, regional and national specialty associations (professional or scientific) to promote better health care for women	
9	In order to achieve the above objectives in the role of a Collaborator , the resident must:	
9.1	function competently in the initial management of patients with conditions that fall within the realm of other medical or surgical specialties	

9.2	demonstrate the ability to function effectively and, where appropriate, provide leadership, in a multidisciplinary health care team, showing respect, consideration and acceptance of other team members and their opinions while contributing personal specialty-specific expertise	
9.3	identify and understand and respect the significant roles, expertise and limitation of other members of a multidisciplinary teams required to optimally achieve a goal related to patient care, medical research, medical education or administration	
10	In order to achieve the above objectives in the role of a Communicator , the resident must demonstrate:	
10.1	the ability to obtain informed consent for medical and surgical therapies	
10.2	the ability to record accurately and succinctly data collected from patients, lab tests and radiological studies and to communicate (oral or written) conclusions based on these data to patients and their families referring physicians and other involved health care personnel	
10.3	evidence of good interpersonal skills when working with patients, families and other members of the health care team	
10.4	an awareness of the unique personal, psychosocial, cultural and ethical issues that surround individual patients with obstetric or gynaecologic problems	
10.4	the ability to prepare and present information to colleagues and other trainees (if applicable) both informally (e.g., ward rounds) and formally (e.g., grand rounds and scientific meetings)	
10.5	the ability to provide information to the general public and media about areas of local concern relevant to the practice of Obstetrics and Gynaecology	

GYNAECOLOGIC ONCOLOGY ROTATION

This rotation is designed to provide the resident in Obstetrics and Gynaecology with the skills and knowledge required to assess, diagnose, and appropriately refer women presenting with a gynaecologic malignancy or preinvasive disease.

COMPETENCIES: Two levels of knowledge and proficiency are referred to in this document:

- **An extensive level** refers to an in-depth understanding of an area, from basic science to clinical application, and possession of skills to manage independently a problem in the area.
- **A working level** indicates a level of knowledge sufficient for the clinical management of a condition, and/or an understanding of an approach or technique sufficient to counsel and recommend it, without having personally achieved mastery of that approach or technique.

MEDICAL EXPERT

(Definition: As “Medical Experts,” Obstetrician and Gynaecologists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. Medical Expert is the central physician Role in the CanMEDS framework.)

1. (Key and enabling Competencies) Obstetricians and Gynaecologists must be able to function effectively as a specialist, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care.

1.1 Perform a gynaecologic oncology evaluation appropriately and effectively, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request from another health care professional

1.2 Demonstrate effective use of all CanMEDS competencies relevant to Obstetrics & Gynaecology

1.3 Identify and appropriately respond to relevant ethical issues arising in patient care: demonstrate knowledge of the basic legal and ethical issues encountered in Obstetrics & Gynaecology practice, and specifically gynecologic care issues, including consent, disclosure, surgical technology, substitute decision-making, sterilization, confidentiality of a mature minor, professional ethics- boundary issues, resource allocation and research ethics

1.4 Demonstrate ability to effectively and appropriately prioritize professional duties when faced with multiple patients and problems

1.5 Demonstrate compassionate and patient-centered care

1.6 Recognize and respond to the ethical dimensions in medical decision-making

1.7 Demonstrate medical expertise in situations other than patient care, such as providing expert legal testimony or advising governments, as needed

2. Establish and maintain clinical knowledge, skills and attitudes appropriate to Obstetrics & Gynaecology and specifically gynecologic oncology

2.1 Apply knowledge of the clinical, socio-behavioral, and fundamental biomedical sciences relevant to Obstetrics & Gynecologic and specifically gynecologic oncology

- **An extensive level** of knowledge is required for the following:

2.1.1 The epidemiology, pathophysiology, pathology, investigation, diagnosis, and/or management of malignant diseases, and where appropriate preinvasive disease, of the vulva, vagina, cervix, uterus, fallopian tube, ovary and trophoblast

2.1.2 Risk factors for pre-malignant and malignant gynaecologic conditions

2.1.3 Current guidelines and indications for screening for cervical, endometrial and ovarian cancer, and an understanding of the performance of current screening methods

2.1.4 The classification, staging, and prognosis of all genital tract cancers

2.1.5 Appropriate use of simple and radical surgery, including node sampling, and debulking surgery in the management of gynecologic malignancies

2.1.6 Indication for appropriate referral for more extensive surgery, including referral to a gynecologic oncologist, radiation oncologist, or medical oncologist.

- **A working level** of knowledge is required for the following:

2.2.1 Gross and microscopic features of gynaecologic tumours. The technique used in cytologic diagnosis when screening for lower genital tract disease.

2.2.2 Principles of colposcopy, including its limitations and the indications for referral for colposcopic assessment

2.2.3 Principles and complications of chemotherapy and radiotherapy for gynecologic malignancies, including an understanding of the indications for consultation with appropriate specialists

2.2.3 Principles of palliative medicine for incurable gynaecologic disease, including the social, ethical and legal implications of the various options. Approach to the management of cancer pain and symptom management, appropriate and compassionate establishment of medical directives

3. The fully trained resident will be competent to *independently* perform the following procedures:

3.1 Open gynaecologic procedures:

3.1.1 Pfannenstiel incision

3.1.2 Vertical midline incision

3.1.3 Total abdominal hysterectomy

3.1.4 Subtotal abdominal hysterectomy

3.1.5 Salpingo-oophorectomy

3.1.6 Oophorectomy

3.1.7 Ovarian cystectomy

3.1.8 Omentectomy

3.1.9 Peritoneal biopsy

3.1.10 Repair of wound dehiscence

3.2 Vaginal gynaecologic procedures:

3.2.1 Vaginal hysterectomy

3.3 Endoscopic procedures:

3.3.1 Appropriate laparoscopic entry (including closed, open and visual entry and selection of alternate entry sites)

3.3.2 Diagnostic laparoscopy

3.3.3 Laparoscopic lysis of adhesions

3.4 Other gynecologic procedures:

3.4.1 Dilatation and curettage

3.4.2 Abdominal paracentesis

3.4.3 Cystotomy repair

4. The fully trained resident in Obstetrics and Gynecology, after a gynaecologic oncology rotation, will understand and be able to perform the following procedures, *but not necessarily independently.*

4.1 Simple vulvectomy

4.2 Operative laparoscopy (LAVH)

4.3 Colposcopy with directed cervical biopsy (including Loop Electrosurgical Excision

4.4 Procedure/LEEP) Cervical conization Enterotomy repair

4.5 Limited cystoscopy after unavoidable cystotomy or to confirm ureteric patency

5. The fully trained resident in Obstetrics and Gynaecology after a rotation in gynaecologic oncology, will understand but not be expected to be able to perform the following procedures. He/she should be able to describe the principles of these procedures, the indications for referral and the operative management and complications.

5.1 Radical hysterectomy

5.2 Radical vulvectomy

5.3 Trachelectomy

5.4 Lymph node dissection (inguinal, pelvic, para-aortic) Fistula repair

5.5 Ureteroureterostomy, Ureteric reimplantation, Percutaneous nephrostomy

5.6 Small and large bowel resection, including colostomy Appendectomy

5.7 Hernia repair

5.8 Central line insertion for invasive monitoring or administration of intravenous nutrition

6. Obtain informed consent for procedures

7. Document and disseminate information related to procedures performed and their outcomes

8. Arrange adequate follow-up for procedures performed: monitor patients appropriately and provide appropriate follow-up medical care, particularly after starting a new treatment or after a surgical procedure

COMMUNICATOR

(Definition: As “Communicators,” physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during and after the medical encounter.)

1. (Key and Enabling Competencies) Obstetricians and Gynaecologists taking care of patients with gynaecologic oncology issues must be able to:

- 1.1 Develop rapport, trust, and ethical therapeutic relationships with patients and families
 - 1.1.2 Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, patient adherence, improved clinical outcomes and physician satisfaction.
 - 1.1.2 Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy.
 - 1.1.2.1 Provide support and counseling to patients and their families, as appropriate
 - 1.1.3 Respect patient confidentiality, privacy and autonomy
 - 1.1.4 Listen effectively
 - 1.1.5 Be aware and responsive to nonverbal clues
 - 1.1.8 Facilitate a structured clinical encounter effectively

2. Elicit accurately and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals

- 2.1 Gather information about a disease, but also about a patient's beliefs, concerns, expectations and illness experience
- 2.2 Seek out and synthesize relevant information from other sources, such as a patient's family, caregivers and other professionals

3. Convey relevant information and explanations accurately to patients and families, colleagues and other professionals

- 3.1 Deliver information to a patient and family, colleagues and other professionals in a humane manner and in such a way that it is understandable, encourages discussion and participation in decision-making.
 - 3.1.1 Explain indications, risks and benefits of procedures, and perioperative management and complications
- 3.2 Deliver interpretation/conclusions of investigations performed to patients, their families, and other involved health professionals

4. Develop a common understanding on issues, problems and plans with patients, families and other professionals to develop a shared plan of care

- 4.1 Identify and explore problems to be addressed from a patient encounter effectively, including the patient's context, responses, concerns, and preferences
- 4.2 Respect diversity and difference, including but not limited to the impact of gender, sexual orientation, religious and cultural beliefs on decision-making.
 - 4.2.1 Demonstrate insight into the unique personal, psychological, cultural and ethical issues that surround individual patients with gynecologic oncology problems
- 4.3 Encourage discussion, questions, and interaction in the encounter
- 4.4 Engage patients, families, and relevant health professionals in shared decision-making to develop a plan of care
- 4.5 Address challenging communication issues effectively, such as obtaining informed consent, delivering bad news, and addressing anger, confusion, conflict and misunderstanding

5. Convey effective oral and written information about a medical encounter

5.1 Maintain clear, concise, accurate and appropriate records (e.g., written or electronic) of clinical encounters and plan.

5.1.1 Record information collected from patients, families, laboratory tests and radiological studies and communicate (oral and written) conclusions based on these data to patients and their families, referring physicians and other involved health care personnel.

5.1.2 Convey written conclusions/interpretations of investigations accurately and succinctly to patients, families and other involved health professionals, as appropriate

5.2 Present verbal reports of clinical encounters and plans effectively

5.3 Present medical information effectively to the public or media about a medical issue

COLLABORATOR

(Definition: As Collaborators, physicians effectively work within a healthcare team to achieve optimal patient care.)

1. Key and Enabling Competencies: Obstetricians and Gynaecologists taking care of patients with gynecologic issues are able to...

1.1 Participate effectively and appropriately in an interprofessional healthcare team

1.1.1 Describe the Obstetrician/Gynaecologist's role and responsibilities to other professionals

1.1.2 Describe the roles and responsibilities of other professionals within the healthcare team

1.1.3 Recognize and respect the diversity of roles, responsibilities, and competencies of other professionals in relation to their own

1.1.4 Work with others to assess, plan, provide and integrate care for individual patients (or groups of patients)

1.1.5 Work with others to assess, plan, provide and review other tasks, such as research problems, educational work, program review or administrative responsibilities

1.1.6 Participate effectively in interprofessional team meetings

1.1.7 Enter into interdependent relationships with other professions for the provision of quality care

1.1.8 Describe the principles of team dynamics

1.1.9 Respect team ethics, including confidentiality, resource allocation and professionalism

1.1.10 Demonstrate leadership in a healthcare team

2. Work effectively with other health professionals to prevent, negotiate, and resolve interprofessional conflict

2.1 Demonstrate a respectful attitude towards other colleagues and members on in interprofessional team

2.2 Work with other professionals to prevent conflicts

2.3 Employ collaborative negotiations to resolve conflicts

2.3 Respect differences and address misunderstandings and limitations on other professionals

2.4 Recognize one's own differences, misunderstandings and limitations that may contribute to interprofessional tension

2.5 Reflect on interprofessional team function

MANAGER

(Definition: As Managers, physicians are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the healthcare system.)

1. Key and Enabling Competencies: Obstetricians and Gynecologists taking care of patients with gynecologic oncology Issues are able to:

1.1 Participate in activities that contribute to the effectiveness of their health care organizations and systems

1.1 Work collaboratively with others in their organizations

1.2 Participate in systemic quality process evaluation and improvement, such as patient safety initiatives. Contribute to morbidity and mortality reviews

1.3 Describe the structure and function of the healthcare system as it relates to Obstetrics and Gynaecology, including the role of physicians.

1.3.1 Indicate how healthcare governance influences patient care, research and educational activities at the local, provincial and national level.

1.3.2 Describe the role of academic institutions and licensing bodies and their interactions with Obstetricians and Gynaecologists

1.4 Describe principles of healthcare financing, including physician remuneration, budgeting and organizational funding

1.2 Manage their practice and career effectively

2.1 Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life. Ensure follow up of normal and abnormal test results. Maintain patient waiting lists. Triage emergency problems

2.2 Manage a practice including finances and human resources

2.3 Implement processes to ensure personal practice improvement

2.4 Employ information technology appropriately for patient care

1.3 Allocate finite healthcare resources appropriately

1.3.1 Recognize the importance of just allocation of healthcare resources, balancing effectiveness, efficiency and access with optimal patient care

1.3.2 Apply evidence and management processes for cost-appropriate care.

1.3.2. Demonstrate an understanding of population-based approaches to the provision of medical care, including the costs and benefits of the various screening tests available for gynecologic oncology disease

1.4 Serve in administration and leadership roles, as appropriate

1.4.1 Chair or participate effectively in committees and meetings

1.4.2 Lead or implement change in healthcare

1.4.3 Plan relevant elements of healthcare delivery (e.g., work schedules)

HEALTH ADVOCATE

(Definition: As Health Advocates, physicians responsibly use their experience and influence to advance the health and well-being of individual patients, communities, and populations)

1. Key and Enabling Competencies: Obstetricians and Gynaecologists taking care of patients with gynaecologic oncology issues are able to:

1.1 Respond to individual patient health needs and issues as part of patient care

1.1.1 Identify the health needs of an individual patient and highlight which determinants are modifiable, so as to adapt the treatment approach accordingly.

1.1.1.1 Facilitate medical care for patients even when that care is not provided personally or locally or when the care is not readily accessible (e.g., referral to a gynecologic oncologist).

1.1.1.2 Make clinical decisions for an individual patient, when necessary balancing the needs against the needs of the general population and against the available resources

1.2 Identify opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care. Advise patients about the local and regional resources available for support, education and rehabilitation

1.2 Respond to the health care needs of the communities that they serve

1.2.1 Describe the practice communities that they serve

1.2.2 Identify opportunities for advocacy, health promotion and disease prevention in the communities that they serve, and respond appropriately

1.2.3 Appreciate the possibility of competing interests between the communities served and other populations

1.3 Identify the determinants of health for the communities that they serve

1.3.1 Identify the determinant of health for the populations, including barriers to access to care and resources

1.3.2 Identify vulnerable or marginalized populations within those served and respond appropriately

1.4 Promote the health of individual patients, communities and populations

- 1.4.1 Describe an approach to implementing a change in a determinant of health care of the populations they serve
- 1.4.2 Describe how public policy impacts on the health of the populations served
- 1.4.3 Identify points of influence in the healthcare system and its structure.
 - 1.4.3.1 Describe the important function and the role of various professional organizations, including the Society of Obstetricians and Gynecologists of Canada (SOGC) in the support of obstetricians and gynecologists in this country and in the provision and maintenance of optimal health care for Canadian women
 - 1.4.3.2 Participate in local, regional and national specialty associations (professional or scientific) to promote better health care for women.
 - 1.4.3.3 Provide direction to hospital administration regarding compliance with national clinical and surgical practice guidelines.
- 1.4.4 Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism
- 1.4.5 Appreciate the possibility of conflict inherent in their role as health advocate for a patient or community with that of manager or gate keeper.
- 1.4.6 Describe the role of the medical profession in advocating collectively for health and patient safety.

SCHOLAR

(Definition: As *Scholars*, physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and transmission of medical knowledge.)

1. Key and Enabling Competencies: Obstetricians and Gynaecologists taking care of patients with gynecologic oncology issues are able to:

- 1.1 Maintain and enhance professional activities through ongoing learning.
 - 1.1.1 Describe the principles of maintenance of competence
 - 1.1.2 Describe the principles and strategies for implementing a personal knowledge management system.
 - 1.1.2.1 Develop a life-long learning strategy, utilizing information technology for managing cases, literature review, and participation, in basic or applied clinical research.
 - 1.1.2.2 Develop proficiency at self-assessment in order to identify learning opportunities (based on gaps in skills, knowledge or attitude)
 - 1.1.3 Recognize and reflect upon learning issues in practice
 - 1.1.4 Conduct a personal practice audit
 - 1.1.5 Pose an appropriate learning question
 - 1.1.6 Access and interpret the relevant evidence

- 1.1.7 Integrate new learning into practice
- 1.1.8 Evaluate the impact of any change in practice
- 1.1.9 Document the learning process
- 1.2 Evaluate medical information and its sources critically, and apply this appropriately to practice decisions
 - 1.2.1 Describe the principles of critical appraisal, especially epidemiology and biostatistics
 - 1.2.2 Critically appraise retrieved evidence in order to address a clinical question
 - 1.2.3 Integrate critical appraisal conclusions into clinical care. Adapt research findings appropriately to the individual situation or relevant patient population
- 1.3 Facilitate the learning of patients, families, students, residents, other health professionals, the public and others, as appropriate
 - 1.3.1 Describe principles of learning relevant to medical education
 - 1.3.2 Identify collaboratively the learning needs and desired learning outcomes of others
 - 1.3.3 Select effective teaching strategies and content to facilitate others' learning
 - 1.3.4 Demonstrate an effective lecture or presentation
 - 1.3.5 Assess and reflect on a teaching encounter
 - 1.3.6 Provide effective feedback
 - 1.3.7 Describe the principles of ethics with respect to teaching
- 1.4 Contribute to the development, dissemination, and translation of new knowledge and practices
 - 1.4.1 Describe the principles of research and scholarly inquiry
 - 1.4.2 Describe the principles of research ethics
 - 1.4.3 Pose a scholarly question.
 - 1.4.3.1 Identify gaps in knowledge or skill within the field of gynaecologic oncology to generate the clinical questions that will drive the research agenda in the specialty of Obstetrics and Gynecology
 - 1.4.4 Conduct a systematic search for evidence
 - 1.4.5 Select and apply appropriate methods to address the question
 - 1.4.6 Disseminate the findings of a study appropriately

PROFESSIONAL

(Definition: As *Professionals*, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.)

1. Key and Enabling Competencies: Obstetricians and Gynaecologists taking care of patients with gynecologic oncology issues are able to:

1.1 Demonstrate a commitment to their patients, profession and society through ethical practice

1.1.1 Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism.

1.1.1.1 Demonstrate self-discipline, responsibility and punctuality in attending to ward duties, in the operating room, and at meetings and other activities, and be a moral and ethical role model for others

1.1.2 Demonstrate a commitment to delivering the highest quality care and maintenance of competence

1.1.3 Recognize and appropriately respond to ethical issues encountered in practice. Promptly address professional intimidation and harassment

1.1.4 Manage conflicts of interest appropriately

1.1.5 Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law

1.1.6 Maintain appropriate relations with patients

1.2 Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation

1.2.1 Appreciate the professional, legal and ethical codes of practice. Describe medical protective procedures and the role of the Canadian Medical Protective Association in areas of patient-physician dispute. Demonstrate knowledge of the RCPSC-endorsed guidelines for ethical interactions with industry, related to research and education (or substandard care)

1.2.2 Fulfill the regulatory and legal obligations required of current practice

1.2.3 Demonstrate accountability to professional regulatory bodies

1.2.4 Recognize and respond to others' unprofessional behaviours in practice

1.2.5 Participate in peer review

1.3 Demonstrate a commitment to physician health and sustainable practice

1.3.1 Balance personal and professional priorities to ensure personal health and a sustainable practice

1.3.2 Strive to heighten personal and professional awareness and insight

1.3.3. Recognize other professionals in need and respond appropriately

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GOALS & OBJECTIVES		RCPSK Core Competencies							Method of Assessment
		Δ Primarily Demonstrates ◇ Moderately Demonstrates ≈ Indirectly Demonstrates							
MATERNAL-FETAL MEDICINE ROTATION		Medical Expert	Communicator	Collaborator	Health Advocate	Manager	Professional	Scholar	
		Residents spend 3 blocks in the 4th or 5th year of the PG program on the Maternal-Fetal Medicine Service. They are exposed to the out-patient and in-patient management of high-risk pregnancies. They are also exposed in the Fetal Developmental Clinic, to multidisciplinary meetings involving MFM, NICU, Genetics, and Radiology to deal with pregnancies complicated by congenital anomalies.							
By the end of this rotation, the resident should be able to demonstrate:									
1	Complete initial assessment of obstetrical patients, including history and physical exam	Δ	Δ				Δ		observation OSCE exam chart review case discussion
2	appropriate use of lab and radiology investigations	Δ				Δ			
3	ability to appropriately develop a problem list, differential diagnosis and management plan	Δ			Δ	Δ			
4	an understanding of common diseases affecting pregnancy (diabetes, hypertension, etc.)	Δ			Δ			Δ	
5	an understanding of common diseases developing during pregnancy (gestational diabetes, pre-eclampsia, etc.)	Δ			Δ		Δ	Δ	
6	counseling competence of patients with obstetrical complications (maternal, placental and/or fetal)	Δ	Δ		Δ	Δ	Δ	Δ	
7	counseling competence around issues prevalent at the extremes of prematurity, including the option of non-aggressive management	Δ	Δ		Δ		Δ		
8	counselling competence in the pre-conceptual period for maternal conditions and the issues raised by previous pregnancy complications	Δ	Δ					Δ	
9	understanding of the role of ultrasound in monitoring high-risk pregnancies including but not limited to:								observation OSCE exam chart review case discussion
9.1	estimated fetal weight	Δ						Δ	
9.2	Biophysical Profile								
9.3	Amniotic fluid index								
9.4	uterine artery Doppler studies								
9.5	umbilical artery Doppler studies								
9.6	ductus venosus Doppler studies								
9.7	middle cerebral artery Doppler studies								

10	recognition of, counseling of and management of common obstetrical complications including (but not limited to)								observation OSCE exam chart review case discus- sion
10.1	pre-term labour								
10.2	pre-eclampsia								
10.3	placenta praevia								
10.4	placental abruption	Δ				Δ		Δ	
10.5	intra-uterine growth restriction								
10.6	multiple gestation								
10.7	intra-uterine fetal demise								
10.7	congenital anomalies								
10.8	lethal fetal anomalies								
10.9	hypercoaguable conditions								
11	familiarity with common methods of pre-natal diagnosis, their indications, utilizations, and when they can be offered	Δ	Δ		Δ	Δ	Δ		observation OSCE exam chart review case discus- sion
12	competence in obtaining informed consent for invasive procedures (e.g., cesarean section, amniocentesis)	Δ				Δ			observation OSCE exam chart review case discus- sion
13	collegial behaviour in multi-disciplinary meetings and in counselling with other medical services (e.g., NICU, anesthesia, genetics) as well as with affiliated health services (e.g., nursing, social work, etc.)	Δ	Δ	Δ			Δ		observation OSCE exam chart review
14	appropriate and timely written and verbal reports to referring physicians/midwives		Δ	Δ			Δ		observation OSCE exam chart review
15	an understanding of the psycho-social aspects of high-risk pregnancy care including (but not limited to)								observation OSCE exam chart review
15.1	need for bed rest/hospitalization	Δ		Δ	Δ	Δ			observation OSCE exam chart review
15.2	need for work restrictions/modifications of lifestyle	Δ		Δ	Δ	Δ			observation OSCE exam chart review
15.3	timing and location for delivery issues	Δ				Δ			observation OSCE exam chart review
15.4	method of delivery issues	Δ				Δ			observation OSCE exam chart review

GOALS & OBJECTIVES MINIMALLY INVASIVE SURGERY ROTATION		RCPSC Core Competencies Δ Primarily Demonstrates ◇ Moderately Demonstrates ≈ indirectly Demonstrates						Method of Assess- ment
		Medical Expert	Communicator	Collaborator	Health Advocate	Manager	Professional	
By the end of this rotation, the resident should demonstrate:								
1	competence in diagnostic hysteroscopy	Δ						observation
2	competence in hysteroscopic endometrial ablation using the roller ball	Δ						
3	competence in the use of the laser and electro-surgical instruments to perform:							
3.1	salpingo-oophorectomy	Δ						
3.2	ovarian cystectomy	Δ						
3.3	ablation of mild to moderate endometriosis	Δ						
3.4	lysis of adhesions	Δ						
3.5	laparoscopic management of ectopic pregnancy	Δ						
4	a working knowledge of the use of thermal ablation, e.g., risks, benefits and complications	Δ			Δ		Δ	
5	competence to review and explain to patients the risks and benefits of surgical management of pelvic pain and menorrhagia	Δ	Δ		Δ		Δ	OSCE APOG CREOG
6	an understanding of and competence in avoiding injury to the ureter, blood vessels, bladder and bowel during laparoscopic surgery with and without the laser	Δ	Δ		Δ			observation
7	ability to manage effectively complications and injuries encountered during laparoscopic surgery	Δ			Δ			observation
8	provide appropriate contraception and abortion counseling.	Δ						observation

10.5	apnea of prematurity								observation
10.6	pneumonia								
10.7	neonatal sepsis (early and late onset								
11	competence to manage the following common neonatal management challenges								
11.1	fluid and electrolyte balance	Δ							
11.2	nutrition and feeding								
11.3	hypoglycemia								
11.4	hyocalcemia								
11.5	hypothermia								
12	understanding and competence in managing asphyxia/hypoxic ischemic encephalopathy	Δ							
13	understanding and competence in managing the following cardiovascular disorders	Δ							
13.1	patent ductus arteriosus								
13.2	hypotension								
14	understanding and competence in managing the following growth disorders	Δ							
14.1	growth restriction								
14.2	large for gestational age infants								
15	understanding of the common congenital abnormalities	Δ							
16	competence in the management of intraventricular/intracerebral hemorrhage	Δ							
16	competence in the management of birth trauma	Δ							
17	the following technical skills	◇							
17.1	cardiopulmonary resuscitation								
17.2	umbilical catheterization-venous and arterial								
17.3	venous access								
17.4	interpretation of blood gas data and indications for assisted ventilation								
17.5	interpretation of hemodynamic monitoring data								
17.6	endotracheal intubation								
17.7	chest tube insertion								
17.8	long-line insertion								
17.9	lumbar puncture								
17.10	supra-pubic aspiration								

GOALS & OBJECTIVES		RCPSC Core Competencies						Method of Assessment
		Δ Primarily Demonstrates ◇ Moderately Demonstrates ≈ Indirectly Demonstrates						
PATHOLOGY ROTATION		Medical Expert	Communicator	Collaborator	Health Advocate	Manager	Professional	Scholar
		Special interests of individual residents will be taken into account so that such interests can be developed within the elective if desired (e.g., research projects, in-depth study of a particular topic)						
By the end of this rotation, the resident should:								
1	demonstrate an understanding of the overall operation of a surgical pathology laboratory	Δ		Δ				
2	demonstrate an understanding of gynaecological disease and the gross morphology of the normal female genital tract	Δ						
3	be able to handle and sample gynaecological specimens for proper histopathological examination	Δ						
4	demonstrate an understanding of the microscopic morphology of the gynaecological diseases and the normal histology of the female genital tract	Δ						
5	demonstrate comfort with the use, technique and interpretation of frozen sections in Gyn Pathology	Δ		Δ				
6	know the cytopathological and normal findings of cervical-vaginal (PAP) smears	Δ						
7	Explain the use of ancillary diagnostic techniques in Gyn Pathology (e.g., immunopathology, electron microscopy, nucleic acid hybridization, flow cytometry)	Δ						
8	correlate the gross and histopathological findings of gyn diseases with clinical findings and subsequent therapeutic decisions (including follow up of cases at gyn tumour board)	Δ		Δ	Δ	Δ		
9	prepare and present clinical-path cases for teaching rounds in the Departments of Pathology and Ob/Gyn	Δ	Δ				Δ	Δ
10	critically assess clinical-path studies in the literature through participation at journal clubs within the Department of Pathology	Δ	Δ					Δ
11	prepare cases and present at Tumour Board	Δ	Δ					
observation, research projects, case presentations								

GOALS & OBJECTIVES

RCPSC OBJECTIVES FOR TRAINING IN THE SUBSPECIALTY OF REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY*

These may be found by linking to <http://www.royalcollege.ca/cs/groups/public/documents/document/y2vk/mdaw/~edisp/tztest3rcpsced000905.pdf>

*** The link above refers to objectives of the sub-specialty program. Residents should consult with the PG director to determine the modifications appropriate for residency level training.**

GOALS & OBJECTIVES

RESIDENT RESEARCH ROTATION

All residents are required to undertake a research project during their five years of training. This will involve the selection of a supervisor, the submission of a research proposal, undertaking the project, presentation of the results and final submission of a study “in manuscript” form. Resident projects may be clinical (prospective or retrospective chart review) or basic scientific studies.

The general objective is to involve the resident in a research project of scholarly value which will lead to an appreciation of the scientific process including formulation of a scientific question, a protocol to test the question, the organization and interpretation of data and formal presentation of the results.

This rotation is intended to satisfy the Royal College training objective that each resident must “actively participate in the development, execution, data analysis and presentation of at least one research project” during residency training.

Structure of Program

1. During year one of the training, residents must review the pool of approved resident research projects that are submitted each year in August by departmental faculty. The supervisor can be any faculty investigator in the department. No supervisor may accept more than one resident trainee per academic year.

The approved and submitted projects are simply a guide to indicate the possible research directions and mentors that residents may pursue for their research. It is expected that the resident will work with his/her mentor and contribute to the design and development of his/her own original research project that is compatible with the mentor's research interests and project description

2. During year two of training, all residents will attend the annual two-day course on critical appraisal of the scientific literature and research methodology presented by APOG. Residents are expected to complete a web-based, APOG sponsored educational module on research ethics

3. During year two or three of training and at least two months prior to the commencement of the research rotation, a one page written report must be submitted to the Resident Research Coordinator outlining the hypothesis to be tested, the proposed protocol to be used and all relevant background information. This report will be evaluated by the Department Research Committee, so that constructive feedback on the project purpose, design and goals can be provided before the commencement of the research rotation. The intent is to get residents involved in their research projects prior to their research rotation and it means that supervisors must be prepared to assist early on with the completion of this one page “summary of research proposal”

4. Applications for Research Involving Human Subjects must be submitted and approved by the University's REB committee well in advance of the research block. The supervisor and resident research coordinator are expected to aid the resident in the application process.

5. Residents must present an update of their active research projects at an annual research introduction teaching session normally scheduled in the fall. The session includes the resident research coordinator and the chair of the research committee. The objective of the session is to help residents focus their research interests.

6. During the research block the resident should attend area related research seminars.

7. Residents are required to present at Research Awards Day at least once during their five years of training. The presentation will be evaluated and form part of the resident's final research rotation report.
8. Residents will be encouraged to present at an annual meeting outside of Western (e.g., SOGC).
9. At the conclusion of the research project, the resident must prepare and submit a project report to the Resident Research Training director. This report should be formatted in JOGC style with abstract, introduction, methods, results, discussion, conclusions and references. It is not expected that all resident research projects will result in submission and acceptance of a peer reviewed publication, but this outcome will be encouraged by the program.
10. A final project report must be submitted by the resident upon completion of the research requirements of the program.

GOALS & OBJECTIVES		RCPSC Core Competencies						Method of Assessment
		Δ Primarily Demonstrates ◇ Moderately Demonstrates ≈ Indirectly Demonstrates						
ULTRA SOUND ROTATION		Medical Expert	Communicator	Collaborator	Health Advocate	Manager	Professional	Scholar
		<p>During this rotation the resident should achieve a basic understanding of ultrasound as a screening and diagnostic tool with respect to the pathology and pathophysiology of pregnancy complications, fetal anomalies and feto-placental dysfunction and gynaecological pelvic pathology.</p> <p>By the end of this rotation, the resident should be competent in the ultrasound evaluation of:</p>						
1	early pregnancy and be able to diagnose:							
1.1	ultrasound features of normal early pregnancy, including multiple pregnancy	Δ						
1.2	development of fetal anatomy in early pregnancy: sonography	Δ			Δ			
1.3	fetal biometry: crown rump length, nuchaltranslucency	Δ						
1.4	ultrasound features of normalearlypregnancy, including multiple pregnancy	Δ						
1.5	ultrasound investigation of ectopic pregnancy and its association with relevant biochemistry	Δ						
1.6	tumours in early pregnancy (e.g., hydatidiform mole)	Δ						
1.7	normal appearance of the cervix	Δ						
2	normal fetal anatomy at 18-20 weeks to evaluate the development of:							
2.1	shape of the skull and nuchal skin fold	Δ						
2.2	facial profile: eyes, nose (nasal bone), lips	Δ						
2.3	brain: cerebral cortex and cerebral ventricles, posterior fossa and cerebellum, cisterna magna	Δ						
2.4	spine, both longitudinally and transversely	Δ						
2.5	heart: rate and rhythm, four-chamber view, including atrioventricular valves, inlets andoutlets, aortic root and arch, pulmonary trunk and ductus venosus	Δ						
								OBSERVATION

2.6	lungs	Δ								
2.7	shape of the trunk	Δ								
2.8	abdomen: diaphragm, stomach, liver, kidneys, and urinary bladder, abdominal wall and umbilicus	Δ								
2.9	genitalia	Δ								
2.10	limbs: femur, tibia and fibula, humerus, radius and ulna, feet and toes, hands and fingers-including shape echogenicity and movement	Δ								
2.11	multiple pregnancy both monochorionic and dichorionic	Δ								
2.12	qualitative and quantitative assessment of amniotic fluid	Δ								
2.13	evaluation of the placenta and cord: placental location and morphology, number of cord vessels	Δ								CREOG, APOG, OSCE, OBSERVATION
3	fetal biometry including:									
3.1	measurement to assess fetal size (biparietal diameter, head circumference, abdominal circumference, femur length)	Δ								
3.2	measurement to aid the diagnosis of fetal anomalies: V/H ratio, cisterna magna, transcerebellar diameter, introrbital diameter, nuchal skin fold, nasal bone length, nuchal translucency	Δ								
3.3	interpretation of measurements and appreciation of the limitation of ultrasonic and other investigations for estimation of gestational age	Δ								
3.4	ultrasonic assessment of fetal growth including the interpretation and appreciation of limitations of standard measurements singly or serially	Δ								
3.5	fetal weight assessment	Δ								
4	assessment of normal fetal behaviour including:	Δ			Δ					OBSERVATION
4.1	fetal body movements	Δ								
4.2	fetal breathing movements	Δ								
4.2	fetal eye movements	Δ								
4.3	heart rate and rhythm	Δ								
4.4	biophysical scoring systems: interpretation and appreciation of limitations	Δ								

5	fetal and uteroplacental blood flow including:	Δ			Δ			Δ	OBSERVATION
5.1	methodology appropriate to obstetric investigation	Δ							
5.2	appreciation of problems in blood flow and velocity measurements and wave form analysis in normal and complicated pregnancies	Δ							
5.3	clinical applications in the prediction of intra-uterine growth restriction and pre-eclampsia	Δ							
5.4	clinical applications in monitoring the small-for-dates fetus including the differential diagnosis of IUGR	Δ							
5.5	pregnancies complicated by rhesus isoimmunization, diabetes, post-maturity and fetal cardiac arrhythmias	Δ							
5.6	multiple pregnancies and recognition and staging of twin to twin transfusion sequence	Δ							
6	the female pelvis and normal female anatomy, including:								POS COURSE CREOG, APOG, OSCE OBSERVATION
6.1	Uterus <ul style="list-style-type: none"> uterine size, position, shape length, anteroposterior and transverse cyclical morphological changes in the endometrium measurement of endometrial thickness 	Δ							
6.2	Ovaries <ul style="list-style-type: none"> size and volume cyclical morphological changes measurement of follicles and corpus lutea assessment of peritoneal fluid 	Δ							

GOALS & OBJECTIVES		RCPS Core Competencies						Method of Assessment
		Δ Primarily Demonstrates ◇ Moderately Demonstrates ≈ Indirectly Demonstrates						
URO-GYNAECOLOGY ROTATION		Medical Expert	Communicator	Collaborator	Health Advocate	Manager	Professional	Scholar
		By the end of the rotation the resident should demonstrate:						
1	knowledge of the normal anatomy of the bladder and urethra and the functional abnormalities of the genitourinary tract including:							
1.1	the innervation, blood supply and lymphatic drainage of the bladder and urethra	Δ						
1.2	the normal anatomic relationships of the bladder, urethra, vagina and urogenital diaphragm	Δ						
1.3	the retropubic space anatomy	Δ						
1.4	the normal anatomic relationships of the ureters and their alterations associated with pelvic floor relaxation	Δ						
2	competence to take a complete uro-gynaecological history showing:							
2.1	understanding of current terminology including: urinary incontinence <ul style="list-style-type: none"> • stress incontinence • urgency • frequency • nocturia • dysuria • enuresis 	Δ						CREOG, APOG, OSCE OBSERVATION
2.2	an appreciation of the extent of the disability due to symptoms	Δ						
2.3	an appreciation of the influence of other organ systems on lower urinary tract symptoms	Δ						
2.4	how psychosocial and psychosexual behaviour relates to the chief complaint	Δ						
2.5	how past medical and surgical history relates to the chief complaint	Δ						
2.6	an appreciation of the possible relationship between presenting symptoms and medication	Δ						

10.2	the accepted precautions necessary to prevent injury	Δ								CREOG, APOG, OSCE OBSER- VATION
10.2	the investigations used to recognize injury	Δ								
10.3	the techniques for immediate and delayed repair	Δ								
11	recognition and ability to manage urinary tract fistulae by describing:									
11.1	classification	Δ								
11.2	clinical presentation	Δ								
11.3	diagnostic procedures	Δ								
11.4	treatment	Δ								
12	an appreciation of the spectrum of psychosomatic/ psychosexual genitourinary syndromes by:									
12.1	describing the pathophysiology	Δ								
12.2	the typical clinical presentations of: <ul style="list-style-type: none"> • acute retention • urinary incontinence • urethral syndrome 	Δ								
12.3	describing methods of diagnosis and management	Δ								
13	knowledge of the morphologic and physiologic changes that occur in pregnancy by describing:									
13.1	changes in renal function	Δ								
13.2	ureteric changes	Δ								
13.3	postural effects	Δ								
14	an understanding of voiding difficulties associated with retention and overflow incontinence by describing:									
14.1	current terminology including: <ul style="list-style-type: none"> • overflow incontinence • slow stream • hesitancy • acute retention • chronic retention 	Δ								
14.2	the pathophysiology	Δ								

14.3	clinical presentation	Δ								CREOG, APOG, OSCE OBSER- VATION
14.4	investigation	Δ								
14.5	management	Δ								
15	an ability to understand and manage “genuine stress incontinence” (GSI) by describing:									
15.1	the term “genuine stress incontinence”	Δ								
15.2	pathophysiology	Δ								
15.3	the typical presentation and how to demonstrate incontinence and an anatomic defect	Δ								
15.4	the investigation needed to establish the diagnosis including: • urinalysis • residual urine • cystometry • profilometry • and the indications for uroflowmetry and urethroscopy	Δ								
15.5	the treatment of non-surgical and surgical causes of urinary incontinence	Δ								
16	an understanding of the etiology, diagnosis and management of detrusor instability by describing:									
16.1	the current terminology including: • stable bladder • unstable bladder • detrusor hyper-reflexia • idiopathic detrusor instability	Δ								
16.2	pathophysiology	Δ								
16.2	typical clinical presentation	Δ								
16.3	cystometry	Δ								
16.4	treatment	Δ								
17	ability to diagnose and manage urethritis, cystitis and pyelonephritis in the pregnant and non-pregnant patient by describing:									
17.1	(for Cystitis and pyelocystitis)									

17.1.1	current terminology including: <ul style="list-style-type: none"> significant bacteriuria pyuria asymptomatic bacteriuria reinfection relapse 	Δ																			CREOG, APOG, OSCE OBSER- VATION	
17.1.2	pathophysiology	Δ																				
17.1.3	clinical presentation	Δ																				
17.1.4	laboratory diagnosis	Δ																				
17.1.5	prophylaxis and treatment	Δ																				
17.2	(for Urethritis)																					
17.2.1	current terminology	Δ																				
17.2.2	pathophysiology	Δ																				
17.2.3	clinical presentation	Δ																				
17.2.4	laboratory diagnosis	Δ																				
17.2.5	prophylaxis and treatment	Δ																				
18	Ability to diagnose and manage urethra syndrome, non-infectious urethritis, atrophic urethritis, and urethral diverticula by describing:																					
18.1	current terminology (i.e., urethral syndrome)	Δ																				
18.2	pathophysiology	Δ																				
18.3	clinical presentation	Δ																				
18.4	laboratory diagnosis	Δ																				
18.5	prophylaxis and treatment	Δ																				
19	demonstrating “a working knowledge” in the following areas:																					

19.1	<p>the organogenesis of the female genitourinary system by describing:</p> <ul style="list-style-type: none"> the relationship of the urogenital ridge to the subsequent development of the successive sets of excretory organs the development and position of the mature kidney and ureter the development of structural abnormalities (e.g. pelvic kidney and ureteral duplication) the contributions of the urogenital sinus and the allantois to the normal and abnormal development of the bladder, urethra (and glands), vulva and vagina 	Δ							CREOG, APOG, OSCE OBSERVATION
19.2	<p>the functions of the bladder and urethra during filling and emptying by describing:</p> <ul style="list-style-type: none"> the basic circuits (loops) involved in central nervous system control of micturition the peripheral (autonomic and somatic) nervous control of micturition volume pressure relationships during bladder filling and emptying the sphincteric mechanism of the urethra during bladder filling and emptying 	Δ							
19.3	<p>the different radiographic techniques used for evaluation of anatomy and physiology of the female urinary tract by describing:</p> <ul style="list-style-type: none"> plain abdominal x-ray voiding cysto-urethrography (static and fluoroscopic) bead-chain cysto-urethrography video cysto-urethrography with pressure recording positive pressure urethrography intravenous pyelogram 	Δ							
19.4	<p>the significance of lower urinary tract neoplasia by describing:</p> <ul style="list-style-type: none"> classification clinical presentaion indications for biopsy and referral the criteria for management 	Δ							

GOALS & OBJECTIVES		RCPSG Core Competencies						Method of Assessment
		Δ Primarily Demonstrates ◇ Moderately Demonstrates ≈ Indirectly Demonstrates						
COLPOSCOPY ROTATION		Medical Expert	Communicator	Collaborator	Health Advocate	Manager	Professional	Scholar
		<p>Residents are required to attend clinics and maintain a learning portfolio of clinical experience and knowledge learned. Learning portfolios constitute an up-to-date log of specifically the resident's <i>clinical</i> experiences plus the identification of clinical questions which arose during the exposure to the case.</p> <p>By the end of this rotation, the resident should:</p>						
1	Understand the screening principles and techniques associated with colposcopy	Δ			Δ			
2	Identify the colposcopic features of dysplasia of the lower genital tract	Δ						
3	Understand HV biology/epidemiology/vaccination	Δ			Δ			
4	Understand the principles of cervical cancer screening	Δ			Δ			
5	Understand the role of liquid based cytology vs. traditional pap smears and endocervical curettage	Δ						
6	Demonstrate a working knowledge and understanding of the Bethesda classification system	Δ						Δ
7	Demonstrate a working knowledge of the pathology related to cytology and histology of dysplasia							
8	Demonstrate the ability to educate patients about the implications of HPV positivity and the need for ongoing screening	Δ	Δ		Δ		Δ	
9	Develop a learning portfolio with the opportunity for research in colposcopy	Δ			Δ		Δ	Δ
10	Develop individual learning objectives around patient cases.	Δ			Δ			
								Direct Observation Research Projects and Case Presentations

GOALS & OBJECTIVES		RCPSC Core Competencies						Method of Teaching Assessment
		Δ Primarily Demonstrates ◇ Moderately Demonstrates ≈ Indirectly Demonstrates						
COMMUNITY PRACTICE - WINDSOR		Medical Expert	Communicator	Collaborator	Health Advocate	Manager	Professional	Scholar
		<p>The underlying goals and objectives of any OB/Gyn community block are the same as those appropriate to the resident's current level of training (i.e., PG-1, 2, 3, 4). Additional elements include those specific to practicing in a community setting.</p> <p>By the end of this rotation, the resident should</p>						
1	Understand case management principles in the face of altered access to diagnostic resources	Δ			Δ			
2	Demonstrate interprofessional collaboration outside a teaching hospital	Δ						
3	Demonstrate a broad perspective of the complete care of patients	Δ			Δ			
4	Demonstrate safe judgment for planning surgical procedures when expert assistance is unavailable	Δ	Δ		Δ			Direct Observation
5	Demonstrate the capacity to perform appropriate surgical procedures without expert assistance (e.g., CNS, NP, Family Practitioners)	Δ			Δ			
6	Participate fully in the model of distributed medical education (as practised in Windsor).	Δ						

