

Rotation Specific Goals and Objectives of the Program Obstetrics & Gynaecology University of Alberta (CanMeds 2015)

Chief Gynecology Resident

Objectives of Training

DEFINITION

A specialist in Obstetrics and Gynaecology is a physician with special education and expertise in the field of women's health and reproduction. He/she has the appropriate medical, surgical and obstetrical and gynaecologic knowledge and skills for the prevention, diagnosis and management of a broad range of conditions affecting women's reproductive health. As well as providing clinical care and education in normal and complicated obstetrics and gynaecology, he/she may contribute significantly to research.

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.

GENERAL OBJECTIVES

Upon completion of training, the resident is expected to be a competent specialist capable of assuming an independent consultant's role in gynaecology. He/she must have acquired the necessary knowledge, skills and attitudes for appropriate and competent management of a wide range of gynecological conditions. The resident must have the ability to develop the trusting and effective partnership with female patients necessary to achieve successful outcomes in gynaecologic health and illness throughout a woman's life.

The resident must also demonstrate the knowledge, skills and attitudes relating to gender, culture and ethnicity pertinent to reproductive health care, and have the ability to appropriately incorporate gender, culture, and ethnic perspectives into research methodology, data presentation, and analysis. Additionally, the resident must have an understanding of the impact of various factors, including fear, anxiety, depression, socioeconomic status and domestic violence on pain, patient satisfaction and treatment outcomes.

Upon completion of his/her training, the resident in gynaecology must have a working understanding of the normal function and the pathological processes and diseases that affect the female external genitalia and the pelvic viscera (including the vagina, cervix, uterus, fallopian tubes, and ovaries), the lower urinary tract, and the bowel. This includes an understanding of embryology and normal female development, and the unique biochemistry, physiology, anatomy, and gross and microscopic pathology of the genitourinary tract. .

Management of a patient with either a gynaecologic condition will require that the resident has the ability to:

1. take a history of the patient's problem
2. conduct a complete physical examination
3. demonstrate an understanding of the value and significance of laboratory, radiological and other diagnostic studies
4. discuss the relative merits of various treatment alternatives
5. list and discuss the indications, contraindications, types, variations, complications, and risks and benefits of surgical and non-surgical treatments
6. discuss the significance of perioperative and postoperative problems that might arise following surgery on the genitourinary tract

SPECIFIC OBJECTIVES

At the completion of training, the resident will have acquired the following competencies and will function effectively as:

1. Medical Expert / Clinical Decision-

In order to achieve these competencies as medical expert, the resident demonstrates both knowledge (cognitive skill) and technical ability in the approach to problems in the practice of obstetrics and gynaecology.

1.2.1 COGNITIVE SKILLS

The fully-trained gynaecologist will possess knowledge of the following clinical conditions or problems encountered commonly in the practice of gynaecology. This list should be

considered in its totality, and not be considered as comprehensive for all disorders in the practice of this specialty.

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

a. *Pediatric and Adolescent Gynecology*

The pathophysiology, investigation, diagnosis, management and/or possible psychosocial ramifications of:

- developmental anomalies
- precocious and delayed puberty
- abnormal vaginal discharge and bleeding in the child or adolescent
- sexual abuse
- contraception and adolescent pregnancy
- the medico-legal aspects of consent and confidentiality specific to this age group

b. *Reproduction and Endocrine Disorders*

- normal reproductive physiology, and;

The pathophysiology, investigation, diagnosis, and/or management of:

- menstrual irregularity
- amenorrhea (primary and secondary)
- dysfunctional uterine bleeding
- hormonal underactivity and overactivity
- galactorrhea
- hirsutism
- polycystic ovarian disease
- premenstrual syndrome
- menopause and urogenital aging, including management, risk, and benefits of with hormonal and non-hormonal treatment approaches

c. *Human Sexuality*

- normal sexual function
- etiology and management of disorders of sexual function, including dyspareunia, vaginismus, inhibited sexual desire and anorgasmia

d. *Contraception*

- methods of contraception, including the various mechanisms of action, and the indications, contraindications, risks and benefits, and possible complications for use of each method
- strategies to promote adherence to contraceptive methods and encourage safe sex behaviours

e. *Intimate Partner Violence*

- identifying features of abused women
- acute medical management of rape victims, including postcoital contraception

- appropriate referral for legal assistance and psychological counseling for victims of abuse and rape

f. *Infertility*

- complex etiology of infertility
- interpretation of tests and procedures, including hormonal evaluation, semen analysis, basal body temperature charting, ovulation prediction, endometrial biopsy, hysterosalpingography and both hysteroscopy and laparoscopy
- the effectiveness and complications of current standard treatments for infertility, as well as appropriate indications for subspecialty referral
- etiology and management of ovulatory disorders, including the role of clomiphene citrate, progestogens and oral hypoglycemic agents

g. *Pregnancy Loss*

The pathophysiology, investigation, diagnosis, and/or management of:

- spontaneous abortion in the first trimester
- intrauterine fetal demise in the second trimester, including the risks and benefits of dilation and evacuation
- ectopic pregnancy
- recurrent pregnancy loss

h. *Gynecologic Infections*

The pathophysiology, investigation, diagnosis, and/or management of:

- vaginal and vulvar infections
- sexually transmitted infections, including acute and chronic pelvic inflammatory disease and the gynaecologic aspects of HIV, hepatitis, tuberculosis and syphilis

i. *Urogynaecology*

The pathophysiology, investigation, diagnosis, and/or management of:

- stress urinary incontinence and urodynamic stress incontinence
- urge urinary incontinence and detrusor overactivity
- voiding dysfunction, including postoperative and postpartum urinary retention, bladder outlet obstruction, and detrusor hypotonia
- pelvic organ prolapse, including pessary care

j. *Other Non-Malignant Gynaecologic Conditions*

The pathophysiology, investigation, diagnosis, and management of:

- benign pelvic masses, including rupture and torsion
- acute and chronic pelvic pain
- endometriosis
- vulvar pain
- vulvar dermatoses

k. *Gynaecologic Oncology*

The pathophysiology, investigation, diagnosis, and/or management of malignant diseases of the vulva, vagina, cervix, uterus, fallopian tube, ovary, and trophoblast, including:

- known risk factors for pre-malignant and malignant gynaecologic conditions
- the current guidelines and indications for screening for cervical, endometrial and ovarian cancer, and an understanding of the reliability of current screening methods.
- the classification, staging, and natural history of all genital tract cancer

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

a. *Infertility*

- complex regimens for ovulation induction using GnRH analogues and gonadotropins
- assisted reproductive technologies currently available, including IUI, IVF, and ICSI, including their comparative success and complication profiles
- appropriate indications for referral for such technologies

b. *Urogynaecology*

- the indications and limitations of urodynamic testing
- the pathophysiology, investigation, diagnosis, and treatment of acute and recurrent urinary tract infection

c. *Gynecologic Oncology*

- the principles of colposcopy, including its limitations and the indications for referral for colposcopic assessment.

d. *Preoperative and Postoperative Care*

- perioperative risk factors and their assessment
- the principles and appropriate use of nutritional support
- the principles of wound healing
- the principles and appropriate use of narcotics and NSAIDs for postoperative pain control
- the management of postoperative medical and surgical complications, including indications for consultation with other specialties and/or the use of invasive hemodynamic monitoring and ventilatory support

e. *Non-Gynecologic Conditions*

The pathophysiology, investigation, diagnosis, and/or management of:

- colorectal disease, including diverticular disease, colon and rectal cancer, inflammatory bowel disease, and appendicitis
- bladder malignancy, including the approach to microscopic hematuria
- breast conditions, including benign breast disease, breast cancer screening, and the effect of breast cancer and its therapies on the reproductive system

- medical disorders that may have an effect on or be affected by the female reproductive system, including hypothalamic and pituitary disease, thyroid disease, osteoporosis, diabetes, cardiovascular disease, renal disease, and transplantation.

1.2.2 TECHNICAL SKILLS

The fully-trained gynaecologist must possess a wide variety of technical skills in the practice of gynaecology. The following is a detailed list of required technical skills, including surgical skills. This list should be considered in its totality, and not be considered as exhaustive for all disorders in specialty practice.

1.2.2.1 **Diagnostic Procedures and Techniques**

The gynaecologist in practice will utilize a number of diagnostic procedures and techniques. The fully trained resident will demonstrate an understanding of the indications, risks and benefits, limitations and role of the following investigative techniques specific to the practice of gynaecology, and will be competent in their interpretation.

a. Serology and Microbiology

- serial hCG assays in the diagnosis of failing or ectopic pregnancy
- tumour markers, including Ca-125, hCG, and alpha-fetoprotein
- culture and serology for sexually transmitted diseases
- wet mount of vaginal discharge
- urinalysis, urine microscopy, and urine culture

b. Imaging

- transabdominal ultrasound for gynaecologic disease
- transvaginal ultrasound for gynaecologic disease
- CT and MRI scanning of the pelvis
- hysterosalpingography *or* sonohysterography
- intravenous pyelography
- Doppler studies and angiography for thromboembolic disease

c. Cytology and Histopathology

- cervical cytology
- vulvar and vaginal biopsy
- colposcopy with directed cervical biopsy (including LEEP)
- cervical polypectomy
- endocervical curettage
- endometrial biopsy

The resident will also be able to identify the gross and microscopic characteristics of vulvar dermatoses, genital tract neoplasias (benign, premalignant, and malignant), and trophoblastic and placental disease.

d. Other Investigations

- multichannel urodynamic studies

1.2.2.2 Therapeutic Technologies

The fully trained obstetrician and gynaecologist will have a *working* knowledge of the physics and technological application of the following therapeutic modalities, including the risks, benefits, and complications of these approaches.

- electrocautery
- lasers
- endometrial ablation (thermal and microwave)
- external beam and intracavitary radiotherapy

1.2.2.3 Surgical Skills

The list of surgical skills is divided into categories reflecting the frequency with which these procedures are encountered during residency training in obstetrics and gynaecology as well as in the general practice of the specialty. The categorized list also reflects the level of technical skill competency for each surgical procedure expected after completion of a residency training program in obstetrics and gynaecology.

a. Surgical Procedures List A

Following completion of the Chief Year, the fully trained chief gynecology resident must be competent to *independently* perform the following procedures in List A. He/she should be able to manage a patient prior to, during and after all of the following procedures. The resident must be able to discuss with the patient the risks, benefits, and complications of these surgical treatments, as well as any available non-surgical treatment alternatives and the consequences of the absence of surgical treatment.

- evacuation of the pregnant uterus (suction evacuation in the first trimester, curettage for retained products)
- manual removal of the placenta
- Cesarean hysterectomy

Open Gynaecologic Procedures

- Pfannensteil incision

- vertical midline incision
- total abdominal hysterectomy
- subtotal abdominal hysterectomy
- salpingo-oophrectomy
- oophrectomy
- ovarian cystectomy
- abdominal myomectomy
- infracolic omentectomy
- peritoneal biopsy
- repair of wound dehiscence

Vaginal Gynaecologic Procedures

- vaginal hysterectomy
- anterior colporrhaphy
- posterior colporrhaphy and perineorrhaphy
- vaginal enterocele repair
- drainage and marsupialization of Bartholin's gland abscess
- mid urethral sling

Endoscopic Procedures

- entry (closed, open, visual guided, and alternate entry site points such as Palmer's point LUQ)
- diagnostic laparoscopy (including assessment of tubal patency)
- laparoscopic sterilization
- salpingectomy and linear salpingotomy
- laparoscopic lysis of adhesions
- laser ablation or cautery of endometriosis (stages 1 and 2)
- laparoscopic ovarian cystectomy and salpingo-oophrectomy
- diagnostic hysteroscopy
- operative hysteroscopy (lysis of synechiae, resection of polyps or submucous leiomyomata, endometrial sampling)
- ablative procedures of the endometrium
- Total laparoscopic hysterectomy +/- BSO, laparoscopic subtotal hysterectomy

Other Gynaecologic Procedures

- dilation and curettage, diagnostic
- abdominal paracentesis
- pessary fitting and removal
- insertion and removal of an intrauterine device

b. Surgical Procedures List B

The following procedures in List B are those that the fully trained chief gynecology resident in Obstetrics and Gynaecology will understand and be able to perform, though he/she may not have actually acquired sufficient skill in residency to *independently* perform them. The resident will be able to explain the indications for each of these procedures, as well as the perioperative management and complications.

- dilation and evacuation in the second trimester

Gynaecologic Procedures

- laparoscopically-assisted vaginal hysterectomy
- hypogastric artery ligation
- simple vulvectomy

Other Procedures

- cystotomy repair
- enterotomy repair
- limited cystoscopy (after inadvertent cystotomy or to confirm ureteric patency)
- Placement of ureteric stents
- TVT procedure (or abdominal-vaginal sling procedure)

c. Surgical Procedures List C

The following procedures in List C are those that the fully trained resident in Obstetrics and Gynaecology will understand but *not* be expected to be able to perform. He/she should be able to describe the principles of these procedures, the indications for referral and the perioperative management and complications.

Gynaecologic Procedures

- tubal reanastomosis
- radical hysterectomy (both open laparotomy and robotic assisted)
- radical vulvectomy
- trachelectomy
- lymph node dissection (inguinal, pelvic, para-aortic) and sentinel lymph node dissection
- abdominal sacral colpopexy
- laparoscopic colposuspension
- McCall culdoplasty
- sacrospinous fixation of the vaginal vault

- Martius graft advancement
- fistula repair
- vaginoplasty

Other

- ureteroureterostomy
- ureteric reimplantation
- percutaneous nephrostomy
- small and large bowel resection, including colostomy
- appendectomy
- hernia repair
- line insertion for invasive monitoring or administration of intravenous nutrition

2. Communicator

Definition: As *Communicators* gynaecologists effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

Description: gynaecologists enable patient-centered therapeutic communication through shared decision-making and effective dynamic interactions with patients, families, caregivers, other professionals, and important other individuals. The competencies of this Role are essential for establishing rapport and trust, formulating a diagnosis, delivering information, striving for mutual understanding, and facilitating a shared plan of care. Poor communication can lead to undesired outcomes, and effective communication is critical for optimal patient outcomes.

2.1 Key Competencies:

The Fully-trained chief gynecology resident is able to:

1. Develop rapport, trust and ethical therapeutic relationships with patients and families;
2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals;
3. Accurately convey relevant information and explanations to patients and families, colleagues and other professionals;
4. Develop a common understanding on issues, problems and plans with patients and families, colleagues and other professionals to develop a shared plan of care;
5. Convey effective oral and written information about a medical encounter (including the ability to maintain clear, accurate, timely and appropriate records).

2.2 Enabling Competencies:

To achieve these competencies as a communicator, the resident is able to:

- 1. Develop rapport, trust, and ethical therapeutic relationships with patients and families**

- 1.1. Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence and improved clinical outcomes
- 1.2. Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy
- 1.3. Respect patient confidentiality, privacy and autonomy
- 1.4. Listen effectively
- 1.5. Be aware and responsive to nonverbal cues
- 1.6. Effectively facilitate a structured clinical encounter

2. Accurately elicit 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. have an awareness of the unique personal, psychosocial, cultural and ethical issues that surround individual patients with gynaecologic problems.
- 2.3. seek out and synthesize relevant information from other sources, such as a patient's family, caregivers, and other professionals.

3 Accurately convey relevant information and explanations 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

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 Effectively identify and explore problems to be addressed from a patient encounter, including the patient's context, responses, concerns, and preferences
- 4.2 Respect diversity and difference, including but not limited to the impact of gender, religion and cultural beliefs on decision-making
- 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 Effectively address challenging communication issues such as obtaining informed consent for medical and surgical therapies, delivering bad news, and addressing anger, confusion and misunderstanding

5 Convey effective oral and written information about a medical encounter

- 5.1 Maintain clear, accurate, and appropriate records (e.g., written or electronic) of clinical encounters and plans
- 5.2 Record accurately and succinctly data collected from patients, laboratory tests and radiological studies
- 5.3 Prepare accurate, concise, and complete operative notes.
- 5.4 Effectively present verbal reports of clinical encounters and plans
- 5.5 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)
- 5.6 When appropriate, effectively present medical information to the public or media about a medical issue

3. Collaborator

Definition: As *Collaborators* gynaecologists effectively work within a healthcare team to achieve optimal patient care.

Description: Gynaecologists work in partnership with others, such as family practitioners, midwives and other specialists, who are appropriately involved in the care of women or specific groups of female patients. This is increasingly important in a modern multiprofessional environment, where the goal of patient-centred care is widely shared. Modern healthcare teams not only include a group of professionals working closely together at one site, such as a ward team, but also extended teams with a variety of perspectives and skills, in multiple locations. It is therefore essential for physicians to be able to collaborate effectively with patients, families, and an interprofessional team of expert health professionals, such as emergency room physicians, anesthesia, diagnostic radiology, pathology, pediatrics, internal medicine including endocrinology and medical oncology, radiation oncology, general surgery, and urology for the provision of optimal care, education and scholarship.

3.1 Key Competencies:

Fully-trained gynaecologists are able to:

1. Participate effectively and appropriately in an interprofessional healthcare team;
2. Effectively work with other health professionals to prevent, negotiate, and resolve interprofessional conflict

3.2 Enabling Competencies:

To achieve these competencies as a collaborator, the resident is able to:

1. Participate effectively and appropriately in an interprofessional healthcare team

- 1.1. Clearly describe their roles and responsibilities to other professionals
- 1.2. Describe the roles and responsibilities of other professionals within the health care team
- 1.3. Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to their own
- 1.4. Work with others to assess, plan, provide and integrate care for individual patients (or groups of patients)
- 1.5. Where appropriate, work with others to assess, plan, provide and review other tasks, such as research problems, educational work, program review or administrative responsibilities
- 1.6. Participate effectively in interprofessional team meetings
- 1.7. Enter into interdependent relationships with other professions for the provision of quality care
- 1.8. Describe the principles of team dynamics
- 1.9. Respect team ethics, including confidentiality, resource allocation and professionalism
- 1.10. Where appropriate, demonstrate leadership in a healthcare team

2. Effectively work with other health professionals to prevent, negotiate, and resolve interprofessional conflict

- 2.1. Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team
- 2.2. Work with other professionals to prevent conflicts
- 2.3. Employ collaborative negotiation to resolve conflicts
- 2.4. Respect differences, misunderstandings and limitations in other professionals
- 2.5. Recognize one's own differences, misunderstanding and limitations that may contribute to interprofessional tension
- 2.6. Reflect on interprofessional team function

4. Leader

Definition: As *Leaders*, gynaecologists are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of a high quality health care system and take responsibility for the delivery of excellent patient care.

Description: Gynaecologists interact with their work environment as individuals, as members of teams or groups, and as participants in the health system locally, regionally or nationally with explicitly identified management responsibilities as a core requirement for the practice of the specialty. Gynecologists function as Leaders in their everyday practice activities involving co-workers, resources and organizational tasks, such as care processes, and policies as well as balancing their personal lives.

Thus, they require the ability to prioritize, effectively execute tasks collaboratively with colleagues, and make systematic choices when allocating scarce healthcare resources. The CanMEDS Leader Role describes the active engagement of all physicians as integral participants in decision-making in the operation of the healthcare system.

4.1 Key Competencies:

Fully-trained gynaecologists are able to

1. Participate in activities that contribute to the effectiveness of their healthcare organizations and systems;
2. Manage their practice and career effectively, balancing patient care, learning needs and outside activities;
3. Allocate finite healthcare resources appropriately and engage in stewardship of health care resources with their colleagues;
4. Serve in administration and leadership roles, as appropriate.

4.2 Enabling Competencies:

To achieve these competencies as a Leader, the resident is able to

1. Participate in activities that contribute to the effectiveness of their healthcare 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
 - 1.2.1. demonstrate an understanding of the principles of quality assurance in the practice of gynaecology and participate in the Gynecology Care Committee
 - 1.2.2. be involved in and understand the morbidity and mortality reviews
- 1.3. Describe the structure and function of the healthcare system as it relates to obstetrics and gynaecology, including the roles of physicians
- 1.4. Describe principles of healthcare financing, including physician remuneration, budgeting and organizational funding

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
- 2.2. Manage a practice including finances and human resources
 - 2.2.1. 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
- 2.3. Implement processes to ensure personal practice improvement
- 2.4. Employ information technology appropriately for patient care

3. Allocate finite healthcare resources appropriately

- 3.1. Recognize the importance of just allocation of healthcare resources, balancing effectiveness, efficiency and access with optimal patient care
- 3.2. Apply evidence and management processes for cost-appropriate care
 - 3.2.1. 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 gynaecologic disease

4. Serve in administration and leadership roles, as appropriate

- 4.1. Chair or participate effectively in committees and meetings ,including the Residency Education Committee and Quality Care Committees in Obstetrics and Gynecology
 - 4.1.1. be able to function effectively in local, regional and national specialty associations (professional or scientific) to promote better health care for women
- 4.2. Lead or implement a change in health care
 - 4.2.1. demonstrate an understanding of how health care governance influences patient care, research and educational activities at the local, provincial and national level
- 4.3. Plan relevant elements of health care delivery (e.g., work schedules)
 - 4.3.1. Resident call schedules, vacation schedules
 - 4.3.2. OR schedules, surgical assists
 - 4.3.3. Collaborating and communicating effectively with staff to ensure they have appropriate assists

5. Health Advocate

Definition: As *Health Advocates*, gynecologists responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

Description: Gynecologists recognize their duty and ability to improve the overall health of their patients and the society they serve. Doctors identify advocacy activities as important for the individual patient, for populations of patients and for communities. Individual patients need physicians to assist them in navigating the healthcare system and accessing the appropriate health resources in a timely manner. Communities and societies need physicians' special expertise to identify and collaboratively address broad health issues and the determinants of health. At this level, health advocacy involves efforts to change specific practices or policies on behalf of those served. Framed in this multi-level way, health advocacy is an essential and fundamental component of health promotion. Health advocacy is appropriately expressed both by individual and collective actions of physicians in influencing public health and policy.

5.1 Key Competencies:

The Fully-trained chief resident gynaecologist is able to

1. Respond to individual patient health needs and issues as part of patient care;
2. Respond to the health needs of the communities that they serve;
3. Identify the determinants of health of the populations that they serve;
4. Promote the health of individual patients, communities and populations.

5.2 Enabling Competencies:

In order to achieve these competencies as an advocate, the resident is able to:

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

- 1.1. Identify the health needs of an individual patient
 - 1.1.1. identify the important determinants of health for an individual patient, highlighting which determinants are modifiable, and adapt the treatment approach accordingly
 - 1.1.2. make clinical decisions for an individual patient, when necessary balancing her needs against the needs of the general population and against the available resources
- 1.2. Identify opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care
 - 1.2.1. advise patients about the local and regional resources available for support, education and rehabilitation

2. Respond to the health needs of the communities that they serve

- 2.1. Describe the practice communities that they serve
- 2.2. Identify opportunities for advocacy, health promotion and disease prevention in the communities that they serve, and respond appropriately
- 2.3. Appreciate the possibility of competing interests between the communities served and other populations

3. Identify the determinants of health for the populations that they serve

- 3.1. Identify the determinants of health of the populations, including barriers to access to care and resources
 - 3.1.1. 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)
- 3.2. Identify vulnerable or marginalized populations within those served and respond appropriately

4. Promote the health of individual patients, communities, and populations

- 4.1. Describe an approach to implementing a change in a determinant of health of the populations they serve
- 4.2. Describe how public policy impacts on the health of the populations served
- 4.3. Identify points of influence in the healthcare system and its structure
- 4.4. Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism
- 4.5. Appreciate the possibility of conflict inherent in their role as a health advocate for a patient or community with that of manager or gatekeeper
- 4.6. Describe the role of the medical profession in advocating collectively for health and patient safety
 - 4.6.1. provide direction to hospital administration regarding compliance with national clinical and surgical practice guidelines
 - 4.6.2. discuss the important function and role of various professional organizations, including the Society of Obstetricians and Gynaecologists of Canada (SOGC) in the support of obstetricians and gynaecologists in this country and in the provision and maintenance of optimal health care for Canadian women

6. Scholar

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

Description: Gynaecologists engage in a lifelong pursuit of mastering their domain of expertise. As learners, they recognize the need to be continually learning and model this for others. Through their scholarly activities, they contribute to the creation, dissemination, application and translation of medical knowledge. As teachers, they facilitate the education of their students, patients, colleagues, and others. Through their scholarly activities, they contribute to the appraisal, collection, and understanding of health care knowledge for women.

6.1 *Key Competencies:*

Fully-trained chief residents in gynecology are able to...

1. Maintain and enhance professional activities through ongoing learning;
2. Critically evaluate information and its sources, and apply this appropriately to practice decisions;
3. Facilitate the learning of patients, families, students, residents, other health professionals, the public, and others, as appropriate;
4. Contribute to the creation, dissemination, application, and translation of new medical knowledge and practices in the field of gynaecology

6.2 *Enabling Competencies:*

In order to achieve these general competencies as a scholar, the resident is able to...

1. Maintain and enhance professional activities through ongoing learning.

- 1.1. Describe the principles of maintenance of competence
- 1.2. Describe the principles and strategies for implementing a personal knowledge management system
 - 1.2.1. identify gaps in personal knowledge and skill, and develop strategies to correct them by self-directed reading, discussion with colleagues, and ongoing procedural experience
- 1.3. Recognize and reflect learning issues in practice
- 1.4. Conduct a personal practice audit
- 1.5. Pose an appropriate learning question
- 1.6. Access and interpret the relevant evidence
- 1.7. Integrate new learning into practice
- 1.8. Evaluate the impact of any change in practice
- 1.9. Document the learning process

2. Critically evaluate medical information and its sources, and apply this appropriately to practice decisions

- 2.1. Describe the principles of critical appraisal
 - 2.1.1. 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
- 2.2. Critically appraise retrieved evidence in order to address a clinical question
- 2.3. Integrate critical appraisal conclusions into clinical care

3. Facilitate the learning of patients, families, students, residents, other health professionals, the public and others, as appropriate

- 3.1. Describe principles of learning relevant to medical education
- 3.2. Collaboratively identify the learning needs and desired learning outcomes of others
- 3.3. Select effective teaching strategies and content to facilitate others' learning
- 3.4. Demonstrate an effective lecture or presentation
- 3.5. Assess and reflect on a teaching encounter
- 3.6. Provide effective feedback
- 3.7. Describe the principles of ethics with respect to teaching

4. Contribute to the development, dissemination, and translation of new knowledge and practices

- 4.1. Describe the principles of research and scholarly inquiry
- 4.2. Describe the principles of research ethics
- 4.3. Pose a scholarly question
- 4.4. Conduct a systematic search for evidence
 - 4.4.1. understand the principles of basic and applied clinical research, including biostatistics
 - 4.4.2. utilize information technology for referencing cases, literature review and participation in basic or applied clinical research
- 4.5. Select and apply appropriate methods to address the question
- 4.6. Appropriately disseminate the findings of a study

7. Professional

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

Description Gynaecologists have a unique societal role as professionals who are dedicated to the health and caring of women. Their work requires the mastery of a complex body of knowledge and skills, as well as the art of medicine. As such, the Professional Role is guided by codes of ethics and a commitment to clinical competence, the embracing of appropriate attitudes and behaviors, integrity, altruism, personal well-being, and to the promotion of the public good within their domain. These commitments form the basis of a social contract between gynaecologist and society. Society, in return, grants obstetrician gynaecologists the privilege of profession-led regulation with the understanding that they are accountable to those served.

7.1 Key Competencies:

The Fully-trained chief resident in Gynecology is able to...

1. Demonstrate a commitment to their patients, profession, and society through ethical practice;
2. Demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation;
3. Demonstrate a commitment to physician health and sustainable practice.

7.2 Enabling Competencies:

In order to achieve these general objectives of a professional, the resident is able to

- 1. Demonstrate a commitment to their patients, profession, and society through ethical practice**

- 1.1. Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism
 - 1.1.1. show self-discipline, responsibility and punctuality in attending to ward duties, in the operating room, and at meetings and other activities
- 1.2. Demonstrate a commitment to delivering the highest quality care and maintenance of competence
 - 1.2.1. foster a caring, compassionate and respectful attitude towards patients, families, and other members of the health care team
 - 1.2.2. be able to appropriately delegate clinical and administrative responsibilities
- 1.3. Recognize and appropriately respond to ethical issues encountered in gynaecological practice
 - 1.3.1. be a moral and ethical role model for others
- 1.4. Appropriately manage conflicts of interest
 - 1.4.1. provide medical care that is ethical, and seek advice or second opinion appropriately in ethically difficult situations
- 1.5. Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law
- 1.6. Maintain appropriate relations with patients.

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

- 2.1. Appreciate the professional, legal and ethical codes of practice
 - 2.1.1. complete reports, letters and summaries in a timely fashion and maintain medical records that are consistently accurate, informative and legible
 - 2.1.2. monitor patients appropriately and provide appropriate follow up medical care, particularly after starting a new treatment or following a surgical procedure
- 2.2. Fulfill the regulatory and legal obligations required of current practice
- 2.3. Demonstrate accountability to professional regulatory bodies
 - 2.3.1. understand medical protective procedures and the role of the Canadian Medical Protective Association in areas of patient-physician dispute
- 2.4. Recognize and respond to others' unprofessional behaviours in practice
 - 2.4.1. be able to deal with professional intimidation and harassment
- 2.5. Participate in peer review

3. Demonstrate a commitment to physician health and sustainable practice

- 3.1. Balance personal and professional priorities to ensure personal health and a sustainable practice
- 3.2. Strive to heighten personal and professional awareness and insight
- 3.3. Recognize other professionals in need and respond appropriately