

Canmeds Objectives of Training and Specialty Requirements in an Obstetrics and Gynaecology Community Rotation 2017

DEFINITION

A specialist 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 general and 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.

The junior resident rotation in community Obstetrics and Gynecology occurs in PGY2 and PGY3 year. It is recognized that the PGY2 rotation is focussed primarily on Obstetrics and the PGY3 rotation on Gynaecology

Upon completion of his/her training, the resident in Ob Gyn at a PGY 2 level 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 an obstetric or a gynaecologic condition will require that the PGY2 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

7. **recognise personal limitations of expertise**, including the need for appropriate patient referral and continuing medical education

Objective

At the completion of training in a community/rural rotation, the resident will have acquired the following competencies and will function effectively as:

1. **Medical Expert / Clinical Decision-Maker**

1.1 *General Objectives*

The PGY-2/3 resident will acquire a defined body of knowledge and procedural skills which are used to collect and interpret data, make appropriate clinical and carry out diagnostic and therapeutic procedures within the boundaries of their level of training

1.2 *Specific Objectives*

1.2.1 **COGNITIVE SKILLS**

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

a. Antepartum care

- maternal and fetal physiology
- fetal development
- antepartum assessment of normal pregnancy
- the effects of underlying psychosocial conditions on maternal and fetal health, and appropriate management of such
- antepartum fetal surveillance in the normal pregnancy

b. Obstetric Complications

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

- preterm labour
- premature rupture of membranes
- antepartum haemorrhage
- gestational diabetes
- gestational hypertension
- post-term pregnancy
- fetal demise

c. Intrapartum Care

- anatomy, physiology, and mechanisms of normal labour
- anatomy, physiology, and mechanisms of normal vaginal delivery
- indications for, methods and complications of labour induction
- assessment of labour progress
- indications for, methods and complications of augmentation of labour
- intrapartum assessment of maternal health
- intrapartum assessment of fetal health, including intermittent auscultation, electronic fetal monitoring, basic ultrasound imaging and fetal scalp pH determination

d. *Obstetric Delivery*

- indications for assisted vaginal delivery and Cesarean section
- maternal and neonatal benefits and risks of assisted vaginal delivery and Cesarean section
- risks and benefits of vaginal delivery after a previous Cesarean section

e. *Postpartum Care*

- etiology and management (medical and surgical) of early and delayed postpartum hemorrhage
- management of shock
- etiology and management of sepsis
- benefits of breastfeeding
- family planning
- recognition of risk factors for depression and support in psychosocial adjustment

f. *Human Sexuality*

- normal sexual function

g. *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

h. *Intimate Partner Violence*

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

i. *Pregnancy Loss*

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

- spontaneous abortion in the first trimester
- ectopic pregnancy

j. *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

k. *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
- surgical wound hematoma and infection (including abscess)

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

a. *Antepartum care*

- genetic screening, testing, and counselling
- effects of underlying medical and surgical conditions on fetal and maternal health and management of the same
- antepartum surveillance in high risk pregnancies

b. *Obstetrical complications*

the pathophysiology, prevention, investigation, diagnosis, prognosis, and/or management of:

- insulin dependant diabetes; antepartum management
- multiple gestation: twins, monochorionic and dichorionic, triplets & higher order multiple gestations
- fetal growth restriction

c. *Intrapartum care*

- management of shoulder dystocia
- management of cord prolapse
- management of anaesthesia in labour
- apgar scoring
- intrapartum infection

d. *Obstetrical delivery*

- indications and management of a non-vertex presentation
- management of the entrapped head at caesarean section

e. *Post partum care*

- venous thrombotic event, diagnosis and management
- postpartum wound complications, ie. wound dehiscence

f. *Pregnancy Loss and Termination*

The pathophysiology, investigation, diagnosis and/or management (including counseling and/or referral for grief support) of

- interuterine fetal demise in the second trimester

g. *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

h. *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

1.2.2 TECHNICAL SKILLS

1.2.2.1 Diagnostic Procedures and Techniques

The PGY-2/3 resident will demonstrate an understanding of the indications, risks and benefits, limitations and role of the following investigative techniques specific to the practice of obstetrics and gynaecology, and will be competent in their interpretation.

a. *Serology and Microbiology*

- maternal serum screening for aneuploidy and neural tube defects
- screening for Group B Streptococcus in pregnancy
- culture and serology for sexually transmitted diseases
- wet mount of vaginal discharge
- urinalysis, urine microscopy, and urine culture
- Serial hCG assays in the diagnosis of failing or ectopic pregnancy

b. *Imaging*

- obstetric ultrasound: screening and targeted (in each trimester) and biophysical profile and Doppler flow studies
- transabdominal ultrasound for gynaecologic disease

- transvaginal ultrasound for gynaecologic disease
- hysterosalpingography *or* sonohysterography
- Doppler studies and angiography for thromboembolic disease

c. Cytology and Histopathology

- cervical cytology
- vulvar and vaginal biopsy
- 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

- fetal assessment: nonstress test, contraction stress test

1.2.2.2 Therapeutic Technologies

The PGY-2/3 resident 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
- endometrial ablation (thermal and microwave)

1.2.2.3 Surgical Skills

At the completion of the rotation The **PGY2/3 resident in a community general Ob Gyn rotation** must have a working knowledge of the following procedures in List A , and continue to develop technical competence in order to independently perform the procedures in List A at the completion of the PGY2 year. 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.

Following the completion of the PGY3 year, the PGY3 resident must be able to independently perform the following procedures:

A Surgical Procedures List A

Obstetric Procedures

- spontaneous vaginal delivery
- episiotomy and repair
- artificial rupture of membranes
- application of scalp electrode
- insertion of IUPC

Open Gynaecologic Procedures

- Pfannensteil incision
- vertical midline incision

Vaginal Gynaecologic Procedures

- drainage and marsupialization of Bartholin's gland abscess

Endoscopic Procedures

- diagnostic laparoscopy (including assessment of tubal patency)
- laparoscopic sterilization
- laparoscopic salpingoophorectomy, or cystectomy

Other Gynaecologic Procedures

- dilation and curettage, diagnostic, incomplete abortion, therapeutic abortion and dysfunctional uterine bleeding
- insertion and removal of an intrauterine device

B Surgical Procedures List B

The PGY2/3 resident will understand and be able to perform with supervision the following procedures and discuss with the patient the risks benefits and complications of these interventions as well as any available non-surgical treatment alternatives and the consequences of the absences of the procedure:

Obstetric Procedures

- repair of perineal and vaginal tears including 3rd & 4th degree tears and cervical lacerations

- low forceps delivery
- vacuum extraction
- low transverse cesarean section, primary and repeat
- abdominal delivery of multiple gestation
- manual removal of placenta
- management of shoulder dystocia, cord prolapse, and antepartum hemorrhage
- vaginal breech extraction

Gynaecologic Procedures

- total abdominal hysterectomy
- salpingo-oophorectomy
- oophorectomy
- ovarian cystectomy

Vaginal Gynecologic Procedures

- vaginal hysterectomy

Endoscopic Procedures

- salpingectomy and linear salpingotomy for management of ectopic pregnancy
- laparoscopic lysis of adhesions
- laparoscopic total hysterectomy
- cautery of endometriosis
- global endometrial ablation

2. Communicator

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

2.1 General Objectives

The PGY2/3 resident must be able to:

- establish therapeutic relationships with patients and their families characterized by understanding, trust, empathy, and confidentiality
- obtain and synthesize relevant history from patients, families, and/or community
- discuss appropriate information with the patient, her family, and other health care providers that facilitates optimal health care. This also implies the ability to maintain clear, accurate, timely and appropriate records

2.2 *Specific Objectives*

To achieve these objectives the resident in a community/rural setting must demonstrate:

- 2.2.1 the ability to obtain informed consent for medical and surgical therapies
- 2.2.2 the ability to record accurately and succinctly data collected from patients, laboratory 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
- 2.2.3 evidence of good interpersonal skills when working with patients, families, and other members of the health care team
 - the ability to maintain good communication skills and collegiality with nursing, family doctors, a limited number of other specialists and other technologists all practicing in a small community hospital setting
- 2.2.4 an awareness of the unique personal, psychosocial, cultural and ethical issues that surround individual patients with obstetric or gynaecologic problems in a rural setting
 - including the importance of confidentiality when hospital staff are neighbours and friends
- 2.2.5 the ability to prepare and present information to colleagues and other trainees and other members of the health care team, both informally (e.g., ward rounds) and formally (e.g., Grand Rounds)

3. Collaborator

PGY-2/3 residents must learn to effectively and respectfully work with senior residents, consultant Obstetricians, family doctors, and specialists in other fields; anaesthesia and diagnostic imaging.

3.1 *General Objectives*

The PGY-2 resident must be able to:

- consult effectively with other physicians and health care providers
- contribute effectively to a multidisciplinary health care team

3.2 *Specific Objectives*

To achieve these objectives the resident in a community/rural setting must be able to:

- 3.2.1 function competently in the initial management of patients with conditions that fall within the realm of other medical or surgical specialties

- 3.2.2 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
- 3.2.3 identify and understand and respect the significant roles, expertise, and limitations of other members of a multidisciplinary team required to optimally achieve a goal related to patient care, medical research, medical education or administration

4. Leader

The PGY-2/3 resident must acquire the abilities to prioritize and effectively execute tasks through teamwork with colleagues and make appropriate decisions when allocating resources.

4.1 *General Objectives*

The PGY-2/3 should be able to:

- manage resources effectively to balance patient care, learning needs and outside activities
- allocate finite health care resources wisely
 - understand the differences and challenges of managing a patient in a community or rural setting where resources and patient populations differ from that in a tertiary centre
- work effectively and efficiently in a health care organization
- utilize information technology to optimize patient care, life-long learning and practice administration

4.2 *Specific Objectives*

To achieve these objectives the resident in a community / rural setting should:

- 4.2.1 to effectively triage the labour and delivery unit including minimizing patient wait time
- 4.2.2 triage emergency problems
- 4.2.3 involvement in morbidity and mortality reviews

5. Health Advocate

As health advocates, PGY-2/3 must acquire the ability to responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

5.1 *General Objectives*

The PGY-2/3 will:

- identify the important determinants of health affecting patients
- contribute effectively to improved health of patients and communities
- recognize and respond to those issues where advocacy is appropriate

5.2 *Specific Objectives*

In order to achieve these objectives the resident in the community / rural setting should be able to:

- 5.2.1 identify the important determinants of health for an individual patient, highlight which determinants are modifiable, and adapt the treatment approach accordingly
- 5.2.2 make clinical decisions for an individual patient, when necessary balancing her needs against the needs of the general population and against the available resources
 - recognize which patients can be appropriately managed in the community or rural setting and which need transferred to a larger centre
 - make clinical management decisions with limited resources or investigations
- 5.2.3 facilitate medical care for patients even when that care is not provided personally or locally or when that care is not readily accessible
 - maternal transfers
 - therapeutic abortion
- 5.2.4 advise patients about the local and regional resources available for support, education and rehabilitation

6. Scholar

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

6.1 *General Objectives*

The PGY-2/3 must:

- be able to critically appraise sources of medical information
- facilitate patient and peer education
- try to contribute to the development of new knowledge in the field of obstetrics and gynaecology

6.2 *Specific Objectives*

In order to achieve these general objectives the resident in a community / rural setting must:

- 6.2.1 identify gaps in personal knowledge and skill, and develop strategies to correct them by self-directed reading, discussion with colleagues, and ongoing procedural experience
- 6.2.2 understand the principles of basic and applied clinical research, including biostatistics
- 6.2.3 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. Professional

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.

7.1 *General Objectives*

The PGY-2 must:

- exhibit appropriate personal and interpersonal professional behaviours
- practice medicine in a way that is consistent with the ethical obligations of a physician
- demonstrate a commitment to their patients, profession, and society through ethical practice

7.2 *Specific Objectives*

In order to achieve these general objectives the resident in a community / rural setting must:

- 7.2.1 foster a caring, compassionate and respectful attitude towards patients, families, and other members of the health care team
- 7.2.2 provide medical care that is ethical, and seek advice or second opinion appropriately in ethically difficult situations
- 7.2.3 monitor patients appropriately and provide appropriate follow up medical care, particularly after starting a new treatment or following a surgical procedure
- 7.2.4 maintain patient confidentiality at all times
- 7.2.5 complete reports, letters and summaries in a timely fashion and maintain medical records that are consistently accurate, informative and legible.

- 7.2.6 understand medical protective procedures and the role of the Canadian Medical Protective Association in areas of patient-physician dispute
- 7.2.7 be able to deal with professional intimidation and harassment
- 7.2.8 show self-discipline, responsibility and punctuality in attending to ward duties, in the operating room, and at meetings and other activities
- 7.2.9 be a moral and ethical role model for others
- 7.2.10 be able to appropriately delegate clinical and administrative responsibilities where possible
- 7.2.8 have the ability to balance professional and personal life