

Canmeds Objectives of Training and Specialty Requirements in Obstetrics and Gynaecology

General Obstetrics and Gynecology Rotation RAH –PGY2 level

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, 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.

Outline

1. Medical Expert
 - 1.1 Cognitive skills
 - 1.1.1 Extensive knowledge
 - 1.1.2 Working knowledge
 - 1.2 Interpretive skills
 - 1.3 Technical skills
 - 1.3.1 Performed independently
 - 1.3.2 Performed with supervision
2. Communicator
3. Collaborator
4. Leader
5. Health Advocate
6. Scholar
7. Professional

PGY2 General Obstetrics Objectives

This rotation is intended to provide the resident with a clinical opportunity to progress beyond a working level of knowledge to an in-depth understanding of maternal and fetal physiology, antepartum, intrapartum and postpartum care.

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

1. Medical Expert / Clinical Decision Maker:

1.1 Cognitive Skills:

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

a. Antepartum Care

- Maternal and fetal physiology
- Antepartum assessment of normal pregnancy
- Antepartum fetal surveillance in normal pregnancy

b. Obstetric Complications

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

- Preterm labour and birth
- Preterm, premature rupture of membranes
- Antepartum hemorrhage
- Post-term pregnancy
- Intrauterine fetal demise
- Gestational hypertension
- Gestational diabetes

c. Intrapartum Care

- Anatomy, physiology, and mechanisms of normal labour
- Anatomy, physiology, and mechanisms of normal vaginal delivery
- Assessment of labour progress
- Indications for, methods of and complications of augmentation of labour
- Indications for, methods of, and potential complications of labour induction
- Intrapartum assessment of maternal health
- Intrapartum assessment of fetal health including

interpretation of intermittent auscultation, electronic fetal monitoring, basic ultrasound imaging, and cord blood gas sampling

- Recognition and management of intrapartum infection
- Recognition and management of shoulder dystocia
- Recognition and management of cord prolapse

d. Obstetric Delivery:

- Indications for assisted vaginal delivery and Cesarean section
- Maternal and neonatal risks and benefits of assisted vaginal delivery and Cesarean section
- Risks and benefits of vaginal delivery after previous Cesarean section

e. Postpartum Care:

- Etiology and management of postpartum hemorrhage
- Recognition and management of shock
- Etiology and management of sepsis
- Breastfeeding benefits and complications
- Family planning
- Understanding risk factors and screening questions for postpartum depression

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

a. Antepartum Care

- Genetic screening, testing, and counselling
- Effects of underlying medical, surgical, social and psychosocial conditions on fetal and maternal health, and management of the same
- Antepartum surveillance in high risk pregnancies

b. Obstetric Complications

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

- Insulin dependent diabetes
- Multiple gestation: twins, monochorionic and dichorionic, triplets & higher order multiple gestations
- Second trimester pregnancy loss
- Fetal growth restriction
- Alloimmunization

- Viral infections in pregnancy
- c. Intrapartum Care
 - Obstetric anaesthesia
 - Apgar scoring
- d. Obstetric Delivery:
 - Recognition and management of a non-vertex presentation
 - Indications for and risks of mid-cavitary or rotational forceps
- e. Postpartum Care:
 - Diagnosis and management of a venous thrombotic event
 - Recognition and management of postpartum wound complications (ex: wound dehiscence, wound infection)

1.2. **Technical Skills:** The PGY2 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 & 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
- b. Imaging:
 - screening
 - biophysical profile & doppler flow studies
 - doppler studies and geography for thromboembolic disease
- c. Cytology, Hystopathology:
 - cervical cytology
- d. Other Assessments:
 - fetal assessment: non-stress test, contraction stress test

1.3 **Obstetric Procedures:**

- a. Following completion of PGY2 RAH rotation, The PGY2 resident must be competent to independently perform 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:
- spontaneous vaginal delivery
 - episiotomy & repair
 - artificial rupture of membranes
 - application of scalp electrode
 - insertion IUPC
 - establishment of IV access,
- b. The PGY2 resident will understand and be able to perform with supervision:
- 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 (assist with)
 - manual removal of a placenta
 - vaginal breech delivery (assist with)
 - management of shoulder dystocia, cord prolapse, and antepartum hemorrhage
- c. The PGY2 resident will understand but may not have the opportunity to see or perform:
- low vertical or classical cesarean section
 - vaginal breech extraction
 - repair of would dishesence
 - endotracheal intubation, and advanced cardiac life support skills

2. Communicator

Communication skills are essential for obtaining information from and conveying information to patients and their families. Furthermore, these abilities are critical to eliciting patients beliefs, concerns, and expectations about their illness and are also key factors impacting patients health.

Definition

To provide humane, high-quality care, obstetricians establish effective relationships with patients, other physicians, and other health professionals. Communication skills are essential for obtaining information from, and conveying information to patients and their families. Furthermore, these abilities are critical in eliciting patients' beliefs, concerns, and expectations about their illnesses, and for assessing key factors impacting on patients' health.

2.1 General Objectives

- a. The PGY2 resident in obstetrics 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 as a communicator, the resident 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
- 2.2.3 the ability to communicate (oral or written) conclusions based on these data to patients and their families, referring physicians and other involved health care personnel
- 2.2.4 evidence of good interpersonal skills when working with patients, families, and other members of the health care team an awareness of the unique personal, psychosocial, cultural and ethical issues that surround individual patients with obstetric problems
- 2.2.5 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, scientific meetings)
- 2.2.6 the ability to prepare accurate, concise and complete operative notes

3. Collaborator: PGY2 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 PGY2 resident must be able to consult effectively with other physicians and with other health care providers and contribute effectively to a multidisciplinary health care team.

3.2 **Specific Objectives:** To achieve these objectives as a collaborator, the resident 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

Definition: The PGY2 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

- manage resources effectively to balance patient care and learning needs
- work effectively and efficiently in a health care organization
- utilize information technology to optimize patient care, life-long learning.

4.2 Specific Objectives: To achieve these objectives as a manager, the resident should:

- 4.2. to effectively manage the labour and delivery unit including minimizing patient wait times and work with nursing for best patient care
- 4.2.2 triaging emergency problems in case room as they enter assessment room
- 4.2.3 Involvement in morbidity and mortality reviews.

5. Health Advocate:

Definition

Obstetricians must recognize the importance of advocacy activities in responding to the challenges represented by those social, environmental, and biological factors that determine the health of patients and society. Health advocacy is an essential and fundamental component of health promotion that occurs at the level of the individual patient, the practice population, and the broader community. Health advocacy is appropriately expressed both by the individual and collective responses of obstetricians in influencing public health and policy.

5.1 General Objectives

The PGY 2 resident:

- 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:

- 5.2.1 The PGY2 resident will identify the important determinants of health for individual patients

- 5.2.2 Make clinical decisions for an individual patient balancing her needs against the needs of the general population against the available resources.
- 5.2.3 Facilitate medical care for patients even when care is not provided personally or locally or when that care is not readily accessible, ie. therapeutic abortion.
- 5.2.4 Advise patients about local and regional resources available for support, education, and rehabilitation.
- 5.2.5 Discuss the important function and role of various professional organizations, including the Society of Obstetricians and Gynaecologists of Canada in the support of obstetricians in the provision and maintenance of optimal health for Canadian women.

6. Scholar

Definition

Obstetricians must engage in a lifelong pursuit of mastery of their domain of professional expertise. They must constantly critically evaluate and modify their clinical practice in the context of new information, usually in the form of clinically relevant research. They recognize the need to be continually learning and appropriately integrating research findings into clinical practice, while modeling these competencies for others. Through their scholarly activities, they contribute to the generation, collection, appraisal, understanding, and dissemination of accurate and relevant health care knowledge for women, and facilitate the education of their colleagues, students, patients, and others.

6.1 General Objectives:

- to be able to critically appraise sources of medical information and appropriately integrate new information into clinical practice
- facilitate patient and peer education placing new research findings in appropriate and clinically relevant context.

6.2 Specific Objectives:

- 6.2.1 identify gaps in personal knowledge and skill and develop strategies to correct them by self directed reading, discussion with colleagues, and on-going procedural experience.
- 6.2.2 to identify gaps in knowledge or skill within the field of obstetrics to generate the clinical questions that will drive research.
- 6.2.3 to understand the basic principles of basic and applied clinical research, especially epidemiology and biostatistics.
- 6.2.4 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.
- 6.2.5 use medical research appropriately in clinical care by appropriately adapting research findings to the individual patient situation.

7. Professional

Definition

Obstetricians have a unique societal role as professionals with a distinct body of knowledge, skills, and attitudes dedicated to improving the health and well-being of women. They are committed to the highest standards of excellence in clinical care and ethical conduct, and to continually perfecting mastery of their discipline.

General Objectives

The PGY2 obstetrician must:

- deliver the highest quality of medical care with integrity, honesty, compassion, and respect
- exhibit appropriate personal and interpersonal professional behaviours
- practice medicine in a way that is consistent with the ethical obligations of a physician

7.2 Specific Objectives

In order to achieve these general objectives in the role of a professional, the resident 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, and be a moral and ethical role model for others
- 7.2.9 be able to appropriately delegate clinical and administrative responsibilities
- 7.2.10 have the ability to balance professional and personal life

GENERAL OBJECTIVES

Upon completion of training, the resident is expected to be a competent specialist capable of assuming an independent consultant's role in gynecology. 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 gynecologic 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 gynecology at a PGY2 level must have a working understanding of the general physical and psychological health of women as it pertains to reproduction. This includes an 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. The resident must have an understanding of embryology and normal female development, and the unique biochemistry, physiology, anatomy, and gross and microscopic pathology of the genitourinary tract and neuroendocrine axis.

Management of a patient with a gynecologic 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

PGY2 General Gynecologic Objectives

Specific Objectives

Upon completion of the second PGY2 rotation in general gynaecology, the resident will have acquired the following competencies and will function effectively as:

1. Medical Expert / Clinical Decision-Maker

1.1 Specific Objectives

The resident must demonstrate both knowledge (cognitive skill) and technical ability in the approach to problems in the practice of general gynaecology.

1.1.1 COGNITIVE SKILLS

The PGY2 general gynaecology resident will possess knowledge of the following clinical conditions or problems encountered commonly in the practice of general 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* knowledge is required for the following:

a. Reproduction and Endocrine Disorders

Normal reproductive physiology, and;

The pathophysiology, investigation, diagnosis, and/or management

of:

- menstrual irregularity
- dysfunctional uterine bleeding

b. Human Sexuality

- normal sexual function

c. Contraception

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

d. Violence against Women

- identify features of abused women (both physical and psychological)
- Knowledge of appropriate protocols for the acute medical management of rape victims, including post-coital contraception.
- Appropriate referral for legal assistance and psychological counseling for victims of abuse and rape

e. Infertility

- multiple etiologies of infertility
- appropriate indications for subspecialty referral

f. Pregnancy Loss or Termination

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

- spontaneous abortion in the first trimester
- ectopic pregnancy
- intrauterine fetal demise in the second and third trimester
- termination of pregnancy in the first trimester
- termination of pregnancy in the second trimester

g. Gynaecologic Infections

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

- vaginal and vulvar infections
- sexually transmitted infections

- acute pelvic inflammatory disease

i. Urogynaecology

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

- acute and recurrent urinary tract infections
- postoperative voiding dysfunction

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
- surgical wound hematoma and infection (including abscess)

k. Preoperative and Postoperative Care

- perioperative risk factors and their assessment
- the principles and appropriate use of nutritional support
- the principles of normal and impaired 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 specialities.

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

a. Pediatric and Adolescent Gynaecology

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

- abnormal vaginal discharge and bleeding in children or adolescents
- the medico-legal aspects of consent and confidentiality specific to this age group
- contraception
- developmental anomalies
- delayed puberty

b. Reproduction and Endocrine Disorders

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

- amenorrhea (primary and secondary)
- galactorrhea
- hirsutism
- polycystic ovarian disease
- Menopause

c. Human Sexuality

- etiology and management dyspareunia and vaginismus

d. Infertility

- indications for and interpretation of first phase evaluations, ie. Semen analysis, HSG the effectiveness and complications of current standard treatments for infertility

e. Urogynaecology

- the indications and limitations of urodynamic testing
- the pathophysiology, investigation, diagnosis and treatment of:
 - pelvic organ prolapse, including pessary care
 - stress urinary incontinence
 - urge urinary incontinence

f. Gynaecologic Oncology

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

g. Other Non-Gynaecologic Conditions

The pathophysiology, investigation, diagnosis and management of:

- colorectal disease; including diverticular disease, colon and rectal cancer, inflammatory bowel disease and appendicitis
- breast conditions; including benign breast disease, breast cancer screening

1.2.2 TECHNICAL SKILLS

The PGY2 resident must acquire a wide variety of technical skills in the practice of general gynaecology. The following is a detailed list of required technical skills, including surgical skills. This list should be considered in its totality and not considered as exhaustive for all disorders in general gynaecology.

1.2.2.1 Diagnostic Procedures and Techniques

The PGY2 resident will demonstrate an understanding of the indications, risks and benefits, limitations and role of the following investigative techniques specific to the practice of general 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
- urinalysis, urine microscopy and urine culture

b. Imaging

- transabdominal ultrasound for gynaecologic disease
- transvaginal ultrasound for gynaecologic disease
- CT and MRI of pelvis
- Doppler studies and angiography for thromboembolic

c. Cytology and Histopathology

- cervical cytology
- cervical polypectomy
- endocervical curettage
- endometrial biopsy
- Vulvar and vaginal biopsy

1.2.2.2 Therapeutic Technologies

The PGY2 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
- Global endometrial ablation

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 general 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 upon completion of the second PGY2 rotation in gynaecology.

a. Surgical Procedures List A

Following completion of the RAH General Ob Gyn rotation, The PGY2 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.

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
- global endometrial ablation

Other Gynaecologic Procedures

- dilation and curettage for incomplete abortion and dysfunctional uterine bleeding
- fractional D&C for postmenopausal bleeding
- insertion and removal of an intrauterine contraceptive device

b. Surgical Procedures List B

The PGY2 resident in general gynaecology will understand and be able to perform with assistance the following procedures in List B. The resident will be able to explain the indications for each of these procedures, as well as the perioperative management and complications.

Open Gynaecologic Procedures

- total abdominal hysterectomy
- Salpingo-oophorectomy
- oophorectomy
- ovarian cystectomy

Vaginal Gynaecologic Procedures

- vaginal hysterectomy
- Cervical conization

Endoscopic Procedures

- salpingectomy and linear salpingotomy for management of ectopic pregnancy
- laparoscopic lysis of adhesions
- cautery of endometriosis

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.

2.1 The junior resident in gynaecology must be able to:

- develop rapport, trust, and ethical therapeutic relationships with patients and families
- accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals

- accurately convey relevant information and explanations to patients and families, colleagues, and other professionals
- develop a common understanding on issues, problems, and plans with patients and families, colleagues, and other professionals to develop a shared plan of care
- convey effective oral and written information about a medical encounter (including the ability to maintain clear, accurate, timely and appropriate records)
- prepare accurate, concise, and complete operative notes

3. **COLLABORATOR:**

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

3.1 The junior resident in gynaecology must be able to:

- participate effectively and appropriately in an interprofessional healthcare team
- effectively work with other health professionals to prevent, negotiate, and resolve interprofessional conflict

4. **MANAGER:**

Definition: As managers, gynaecologists are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the healthcare team.

4.1 The junior resident in gynaecology must be able to:

- participate in activities that contribute to the effectiveness of their healthcare organizations and systems
- manage their practice and career effectively, balancing patient care, learning needs, and outside activities
- allocate finite healthcare resources appropriately
- service in administration and leadership roles, as appropriate.

5. **HEALTH ADVOCATE:**

Definition: As health advocates, gynaecologists responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

5.1 The junior resident in gynaecology must be able to:

- respond to individual patient health needs and issues as part of patient care
- respond to health needs of the communities that they serve
- identify the determinants of health of the populations that they serve
- promote the health of individual patients, communities, and populations

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.

6.1 The PGY2 in gynaecology must be able to:

- maintain and enhance professional activities through ongoing learning
- critically evaluate information and its sources, and apply this appropriately to practice decisions
- facilitate the learning of patients, families, students, residents, and other health professionals, the public, and others, as appropriate.
- contribute to the creation, dissemination, application, and translation of new medical knowledge and practices in the field of gynaecology.

7. **PROFESIONAL:**

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.

7.1 The junior resident in gynaecology must be able to:

- demonstrate a commitment to their patients, profession, and society through ethical practice
- demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation.
- demonstrate a commitment to physician health and sustainable practice