

This document applies to those who began training on or after July 1st, 2016.

NOTE:

Throughout this document, the word “family” will include caregivers, legal guardians, and substitute decision-makers.

DEFINITION

Obstetrics and Gynecology is that branch of medicine and surgery concerned with the study of women’s health and reproduction. The specialty encompasses medical, surgical and obstetrical and gynecologic knowledge and skills for the prevention, diagnosis and management of a broad range of conditions affecting women’s general and reproductive health. Specialists in Obstetrics and Gynecology provide clinical care and education in normal and complicated Obstetrics and Gynecology. They provide patient and family-centred care in a compassionate and respectful fashion. They are committed to advancing the field through education at all levels: undergraduate, postgraduate, and continuing education. Specialists in Obstetrics and Gynecology are dedicated to advancing the science of the field through research.

GOALS

Upon completion of training, a resident is expected to be a competent specialist in Obstetrics and Gynecology, capable of assuming a consultant’s role in the specialty. The resident must acquire a working knowledge of the theoretical basis of the specialty, including its foundations in the basic medical sciences and research.

Residents must demonstrate the requisite knowledge, skills, and attitudes for effective patient-centred care and service to a diverse population. In all aspects of specialist practice, the graduate must be able to address ethical issues and issues of gender, sexual orientation, age, culture, beliefs, and ethnicity in a professional manner.

OBSTETRICS AND GYNECOLOGY COMPETENCIES

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

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.

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.

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

Medical Expert

Definition:

As *Medical Experts*, Obstetricians and Gynecologists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centred care. *Medical Expert* is the central physician Role in the CanMEDS framework.

Key and Enabling Competencies: Obstetricians and Gynecologists are able to...

1. Function effectively as a specialist, integrating all of the CanMEDS Roles to provide optimal, ethical, and patient-centred medical care

- 1.1. Demonstrate foundational surgical competencies as described in the *Objectives of Surgical Foundations Training*
- 1.2. Perform a consultation appropriately, including the presentation of well-documented assessments and recommendations in written and/or oral form, in response to a request from another health care professional
- 1.3. Demonstrate use of all CanMEDS competencies relevant to Obstetrics and Gynecology
- 1.4. Identify and appropriately respond to relevant ethical issues arising in patient care
 - 1.4.1. Demonstrate knowledge of the basic legal and ethical issues encountered in Obstetrics and Gynecology practice, including but not limited to consent, maternal-fetal dilemmas, termination of pregnancy, disclosure, reproductive technology, substitute decision-making, sterilization, confidentiality of minors, professional ethics–boundary issues, resource allocation and research ethics
- 1.5. Demonstrate the ability to prioritize professional duties effectively when faced with multiple patients and problems
- 1.6. Demonstrate compassionate and patient-centred care
- 1.7. Recognize and respond to the ethical dimensions in medical decision-making
- 1.8. Demonstrate medical expertise in situations other than patient care, such as providing expert legal testimony or advising governments, as needed

2. Establish and maintain clinical knowledge, skills, and behaviours appropriate to Obstetrics and Gynecology

2.1. Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to Obstetrics and Gynecology

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

2.1.1. Antepartum care

2.1.1.1. Maternal and fetal physiology

2.1.1.2. Fetal development

2.1.1.3. Antepartum assessment of normal pregnancy and identification of high-risk features

2.1.1.4. Genetic screening, testing and counselling, including but not limited to:

2.1.1.4.1. Complications from invasive procedures, including but not limited to chorionic villus sampling and amniocentesis

2.1.1.4.2. Outcomes of pregnancies complicated by fetal anomaly(ies) or aneuploidy

2.1.1.5. The effects of underlying medical, surgical, social, and psychosocial conditions on maternal and fetal health, and appropriate management of any complications for maternal or fetal health imposed by such conditions

2.1.1.6. Antepartum fetal surveillance in the normal and high-risk pregnancy including appropriate use of obstetrical ultrasound

2.1.1.7. Safety of pharmacotherapy in pregnancy, including but not limited to knowledge of appropriate resources to obtain detailed information

2.1.1.8. Health optimization for pregnant women and those planning pregnancy, including but not limited to avoidance of substance use, appropriate diet and supplements, immunizations, and exercise

2.1.1.9. Consultation and safe transfer to appropriate facilities for obstetrics patients requiring a higher level maternal/neonatal care

2.1.2. Obstetric care

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

2.1.2.1. Preterm labour and birth

2.1.2.2. Premature rupture of membranes

2.1.2.3. Antepartum hemorrhage

2.1.2.4. Post-term pregnancy

2.1.2.5. Twin pregnancy

2.1.2.6. Fetal growth restriction

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- 2.1.2.7. Immune and non-immune hydrops fetalis
- 2.1.2.8. Maternal alloimmunization
- 2.1.2.9. Gestational diabetes mellitus and diabetes preceding pregnancy
- 2.1.2.10. Gestational hypertension
- 2.1.2.11. Infections in pregnancy, including but not limited to viral, bacterial, and parasitic

2.1.3. Pregnancy loss

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

- 2.1.3.1. Spontaneous abortion, early and late
- 2.1.3.2. Intrauterine fetal demise in the second and third trimesters, including but not limited to the risks and benefits of medical and surgical management
- 2.1.3.3. Ectopic pregnancy
- 2.1.3.4. Recurrent pregnancy loss

2.1.4. Pregnancy termination

Investigation, diagnosis, and management, including counselling and/or referral for grief support, of:

- 2.1.4.1. Termination of pregnancy in the first trimester and its complications
- 2.1.4.2. Termination of pregnancy in the second trimester and its complications

2.1.5. Intrapartum care

- 2.1.5.1. Anatomy, physiology, mechanisms and complications of labour
- 2.1.5.2. Anatomy, physiology, mechanisms and complications of vaginal delivery
- 2.1.5.3. Indications, methods and complications of labour induction
- 2.1.5.4. Assessment of labour progress
- 2.1.5.5. Indications, methods and complications of augmentation of labour
- 2.1.5.6. Intrapartum assessment of maternal health
- 2.1.5.7. Intrapartum assessment of fetal health, including but not limited to interpretation of:
 - 2.1.5.7.1. Intermittent auscultation
 - 2.1.5.7.2. Electronic fetal monitoring
 - 2.1.5.7.3. Fetal scalp pH and/or scalp lactate

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- 2.1.5.7.4. Cord blood gases
- 2.1.5.8. Intrapartum infection
- 2.1.6. Obstetric delivery
 - 2.1.6.1. Indications for assisted vaginal delivery and cesarean section
 - 2.1.6.2. Maternal and neonatal risks and benefits of assisted vaginal delivery and cesarean section
 - 2.1.6.3. Risks and benefits of vaginal delivery after a previous cesarean section
- 2.1.7. Postpartum care
 - 2.1.7.1. Physiology of the puerperium
 - 2.1.7.2. Complications during the puerperium
 - 2.1.7.2.1. Etiology and management, medical and surgical, of early and delayed postpartum hemorrhage
 - 2.1.7.2.2. Etiology and management of puerperal infection
 - 2.1.7.3. Breastfeeding: benefits of and complications related to, including but not limited to mastitis and abscess
 - 2.1.7.4. Contraception
 - 2.1.7.5. Recognition of risk factors for depression and identification of psychosocial support
- 2.1.8. Pediatric and adolescent gynecology
 - The pathophysiology, investigation, diagnosis, management and/or possible psychosocial ramifications of:
 - 2.1.8.1. Developmental anomalies
 - 2.1.8.2. Precocious and delayed puberty
 - 2.1.8.3. Abnormal vaginal discharge and bleeding in the child or adolescent
 - 2.1.8.4. Sexual abuse
 - 2.1.8.5. Contraception
 - 2.1.8.6. Adolescent pregnancy
- 2.1.9. Reproduction and endocrine disorders
 - 2.1.9.1. Normal reproductive physiology

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

- 2.1.9.2. Hirsutism
 - 2.1.9.3. Menstrual irregularity
 - 2.1.9.4. Amenorrhea, primary and secondary
 - 2.1.9.5. Dysfunctional uterine bleeding
 - 2.1.9.6. Galactorrhea
 - 2.1.9.7. Polycystic ovarian syndrome
 - 2.1.9.8. Premenstrual syndrome
 - 2.1.9.9. Menopause and urogenital aging, including but not limited to risks and benefits of hormonal and non-hormonal treatment approaches
- 2.1.10. Human sexuality and contraception
- 2.1.10.1. Normal sexual function
 - 2.1.10.2. Etiology and management of disorders of sexual function, including but not limited to dyspareunia, vaginismus, inhibited sexual desire and anorgasmia
 - 2.1.10.3. Methods of contraception: mechanisms of action, indications, contraindications, risks and benefits, and complications of each method
 - 2.1.10.4. Strategies to promote adherence to contraceptive methods and encourage safe sex behaviours
- 2.1.11. Violence against women
- 2.1.11.1. Identifying features of abused women, both physical and psychological
 - 2.1.11.2. Appropriate protocols for the acute medical management of sexual assault victims, including but not limited to postcoital contraception and sexually transmitted infection (STI) prevention
 - 2.1.11.3. Appropriate referral for legal assistance and psychological counselling for victims of abuse and sexual assault
- 2.1.12. Infertility
- 2.1.12.1. Etiologies of infertility
 - 2.1.12.2. Indications for and interpretation of tests and procedures, including but not limited to: hormonal evaluation, semen analysis, basal body temperature charting, ovulation prediction, endometrial biopsy, hysterosalpingography, sonohysterography, and both hysteroscopy and laparoscopy
 - 2.1.12.3. Effectiveness and complications of current standard treatments for infertility, and appropriate indications for subspecialty referral

2.1.13. Gynecologic infections

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

- 2.1.13.1. Vaginal and vulvar infections
- 2.1.13.2. Sexually transmitted infections
- 2.1.13.3. Acute and chronic pelvic inflammatory disease
- 2.1.13.4. Gynecologic aspects of human immunodeficiency virus (HIV), hepatitis B and C, tuberculosis
- 2.1.13.5. Human papillomaviruses (HPV) infection

2.1.14. Urogynecology

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

- 2.1.14.1. Stress urinary incontinence
- 2.1.14.2. Urge incontinence and detrusor overactivity
- 2.1.14.3. Voiding dysfunction, including but not limited to postoperative and postpartum urinary retention and bladder outlet obstruction
- 2.1.14.4. Pelvic organ prolapse
 - 2.1.14.4.1. Pessary care
- 2.1.14.5. Acute and recurrent urinary tract infection
- 2.1.14.6. Interstitial cystitis

2.1.15. Other non-malignant gynecologic conditions

The pathophysiology, pathology, investigation, diagnosis, and management of:

- 2.1.15.1. Benign pelvic masses, including complications of rupture and torsion
- 2.1.15.2. Acute and chronic pelvic pain
- 2.1.15.3. Endometriosis
- 2.1.15.4. Vulvar pain
- 2.1.15.5. Vulvar dermatoses

2.1.16. Gynecologic oncology

2.1.16.1. Epidemiology, pathophysiology, pathology, investigation, diagnosis, and/or management of malignant diseases of the vulva, vagina, cervix, uterus, fallopian tube, ovary, and trophoblast

2.1.16.2. Risk factors for premalignant and malignant gynecologic conditions

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- 2.1.16.3. Current guidelines and indications for screening for cervical, endometrial and ovarian cancer, and an understanding of the performance of current screening methods
- 2.1.16.4. Classification, staging, and prognosis of all genital tract cancers
- 2.1.16.5. Appropriate use of simple and radical surgery, including but not limited to node sampling, and debulking surgery
- 2.1.16.6. Indications for appropriate referral for more extensive surgery, radiation, and systemic therapy

Surgical principles specific to Obstetrics and Gynecology (in addition to the competencies outlined in the *Objectives of Surgical Foundations Training*):

2.1.17. Anatomy

- 2.1.17.1. Embryology of the pelvic and abdominal viscera
- 2.1.17.2. Anatomy and physiology of the pelvis and abdomen: anterior abdominal wall, viscera, bony structures, muscles, blood vessels, lymphatics, nerves, cervix, uterus, fallopian tubes, and ovaries
- 2.1.17.3. Anatomy of the retroperitoneum: prevesical space of Retzius, paravesical, vesicovaginal, rectovaginal, pararectal, and presacral spaces
 - 2.1.17.3.1. Course of the ureter and the major vessels through the lower abdomen and pelvis
- 2.1.17.4. Structures of the pelvic floor and their relationship to other pelvic structures

2.1.18. Preoperative planning

- 2.1.18.1. Medical and surgical treatment options for gynecologic conditions
- 2.1.18.2. Practice guidelines for perioperative prophylaxis: antibiotics and anti-coagulants specific to Obstetrics and Gynecology

2.1.19. Operating room set-up

- 2.1.19.1. Patient positioning for safe and optimal surgical access and exposure
- 2.1.19.2. Patient positioning to reduce risk of unintended injury, including but not limited to nerve, crush, burn, and pressure trauma
- 2.1.19.3. Positioning of equipment, monitors, and ancillary apparatus
- 2.1.19.4. Positioning of surgeon, assistant, and others for optimal surgical performance

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

2.1.20. Obstetrics

- 2.1.20.1. Obstetric anesthesia, including the risks and benefits of general anesthesia, spinal anesthesia, epidural anesthesia and narcotics
- 2.1.20.2. Medical diseases in pregnancy
- 2.1.20.3. Triplets and higher order multiple gestations

2.1.21. Neonatal care

- 2.1.21.1. Principles of neonatal resuscitation
- 2.1.21.2. Neonatal morbidities resulting from prematurity, macrosomia, birth asphyxia, fetal growth restriction, assisted vaginal delivery, congenital anomalies, and/or maternal disease, including their appropriate management

2.1.22. Infertility

- 2.1.22.1. Regimens for advanced ovulation induction
- 2.1.22.2. Assisted reproductive technologies currently available, including but not limited to their comparative success and complication profiles

2.1.23. Urogynecology

- 2.1.23.1. Indications and limitations of urodynamic testing

2.1.24. Gynecologic oncology

- 2.1.24.1. Principles of colposcopy, including its limitations and the indications for referral for colposcopic assessment
- 2.1.24.2. Principles and complications of chemotherapy and radiotherapy for gynecologic malignancies, including an understanding of the indications for consultation with appropriate specialists
- 2.1.24.3. Principles of palliative medicine for incurable gynecologic disease, including the social, ethical and legal implications of the various options

2.1.25. Non-gynecologic conditions

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

- 2.1.25.1. Colorectal disease, including diverticular disease, colon and rectal cancer, inflammatory bowel disease, and appendicitis
- 2.1.25.2. Bladder cancer, including the approach to microscopic hematuria

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- 2.1.25.3. Breast conditions, including benign breast disease, breast cancer screening, and the effect of breast cancer and its therapies on the reproductive system
- 2.1.25.4. 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, respiratory disease, renal disease, and transplantation
- 2.2. Describe the CanMEDS framework of competencies relevant to Obstetrics and Gynecology
- 2.3. Develop lifelong learning skills of the Scholar Role to implement a personal program to keep up-to-date, and enhance areas of professional competence
- 2.4. Integrate the available best evidence and best practices to enhance the quality of care and patient safety in Obstetrics and Gynecology

3. Perform a complete and appropriate assessment of a patient

- 3.1. Identify and effectively explore issues to be addressed in a patient encounter, including the patient's context and preferences
- 3.2. Elicit a history that is relevant, concise, and accurate to context and preferences for the purposes of diagnosis, management, health promotion, and disease prevention
- 3.3. Perform a focused physical examination that is relevant and accurate for the purposes of diagnosis, management, health promotion, and disease prevention
 - 3.3.1. Identify potential perioperative risk factors
- 3.4. Select medically appropriate investigative methods in a resource-effective and ethical manner including imaging techniques and laboratory investigations
- 3.5. Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnoses and management plans
 - 3.5.1. Demonstrate the ability to perform a rapid and appropriate assessment of a hemodynamically unstable patient

4. Use preventive and therapeutic interventions effectively

- 4.1. Implement a management plan in collaboration with a patient and her family
- 4.2. Demonstrate appropriate and timely application of preventive and therapeutic interventions relevant to Obstetrics and Gynecology
- 4.3. Obtain appropriate informed consent for therapies
- 4.4. Ensure patients receive appropriate end-of-life care

5. Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic

5.1. Demonstrate effective, appropriate and timely utilization of diagnostic procedures relevant to Obstetrics and Gynecology

5.1.1. Demonstrate an understanding of the indications, risks and benefits, limitations and role of the following investigative techniques specific to the practice of Obstetrics and Gynecology. Demonstrate appropriate effective and timely performance of the following diagnostic/investigative procedures:

Diagnostic procedural skills

- 5.1.1.1. Wet mount of vaginal discharge
- 5.1.1.2. Basic ultrasound imaging for determination of presentation, placentation, fetal heart rate, number of fetuses, and biophysical profile
- 5.1.1.3. Hysterosalpingography
- 5.1.1.4. Pap smear
- 5.1.1.5. Testing for STIs
- 5.1.1.6. Vulvar and vaginal biopsy
- 5.1.1.7. Cervical biopsy and polypectomy
- 5.1.1.8. Endocervical curettage
- 5.1.1.9. Endometrial biopsy
- 5.1.1.10. Assessment of ruptured membranes/ferning
- 5.1.1.11. Non-stress test, contraction stress test
- 5.1.1.12. Fetal scalp pH determination

5.2. Demonstrate effective, appropriate, and timely performance of therapeutic procedures relevant to Obstetrics and Gynecology

5.2.1. Demonstrates a **working** knowledge of the physics and technological application of the following therapeutic modalities, including indications, risks, benefits, and complications of these approaches

- 5.2.1.1. Electrosurgery
- 5.2.1.2. Lasers
- 5.2.1.3. Hysteroscopic endometrial ablation
- 5.2.1.4. External beam and intracavitary radiotherapy

Surgical skills

The categorized list reflects the level of technical skill competency for each surgical procedure expected after completion of a residency program in Obstetrics and Gynecology.

5.2.2. Surgical procedures list A

The following procedures in List A are those that the fully trained resident in Obstetrics and Gynecology must be competent to perform independently:

Obstetric procedures

- 5.2.2.1. Spontaneous vaginal delivery, including but not limited to vaginal delivery of the non-vertex presentation and the acute management of shoulder dystocia
- 5.2.2.2. Vaginal delivery of twin gestation
- 5.2.2.3. Vaginal breech extraction of second twin
- 5.2.2.4. Vacuum extraction
- 5.2.2.5. Forceps delivery: non rotational, outlet, and low forceps
- 5.2.2.6. Episiotomy and repair
- 5.2.2.7. Repair of perineal and vaginal tears, including third and fourth degree tears and cervical lacerations
- 5.2.2.8. Low transverse cesarean section, primary and repeat, including low transverse, low vertical or classical cesarean section
- 5.2.2.9. Evacuation of the pregnant uterus: dilation and curettage by suction or sharp curette, dilation and extraction in the early second trimester, curettage following vaginal delivery for retained products
- 5.2.2.10. Manual removal of the placenta
- 5.2.2.11. Cesarean hysterectomy
- 5.2.2.12. Repair of uterine rupture
- 5.2.2.13. Paracervical block and pudendal block
- 5.2.2.14. Non-surgical and surgical management of moderate and severe post-partum hemorrhage, including the use of uterine compression sutures

Neonatal care

- 5.2.2.15. Basic neonatal resuscitation

Open gynecologic procedures

- 5.2.2.16. Total abdominal hysterectomy
- 5.2.2.17. Subtotal abdominal hysterectomy
- 5.2.2.18. Salpingo-oophorectomy
- 5.2.2.19. Oophorectomy
- 5.2.2.20. Ovarian cystectomy
- 5.2.2.21. Abdominal myomectomy
- 5.2.2.22. Omentectomy

- 5.2.2.23. Peritoneal biopsy
- 5.2.2.24. Repair of wound dehiscence

Vaginal gynecologic procedures

- 5.2.2.25. Vaginal hysterectomy
- 5.2.2.26. Anterior colporrhaphy
- 5.2.2.27. Posterior colporrhaphy and perineorrhaphy
- 5.2.2.28. Vaginal enterocele repair
- 5.2.2.29. Drainage and marsupialization of Bartholin's gland abscess
- 5.2.2.30. Mid-urethral sling

Endoscopic procedures

- 5.2.2.31. Appropriate laparoscopic entry, including
 - 5.2.2.31.1. Closed, open, and visual entry
 - 5.2.2.31.2. Selection of alternate entry sites
- 5.2.2.32. Diagnostic laparoscopy
 - 5.2.2.32.1. Assessment of tubal patency
- 5.2.2.33. Laparoscopic sterilization
- 5.2.2.34. Salpingectomy and linear salpingostomy for the management of ectopic pregnancy
- 5.2.2.35. Laparoscopic lysis of adhesions
- 5.2.2.36. Laser ablation or cautery of endometriosis, stages 1 and 2
- 5.2.2.37. Laparoscopic ovarian cystectomy and salpingo-oophorectomy
- 5.2.2.38. Diagnostic hysteroscopy
- 5.2.2.39. Hysteroscopic endometrial sampling and polyp removal
- 5.2.2.40. Ablative procedures of the endometrium
- 5.2.2.41. Limited cystoscopy

Other gynecologic procedures

- 5.2.2.42. Dilatation and curettage
- 5.2.2.43. Abdominal paracentesis
- 5.2.2.44. Pessary fitting and removal
- 5.2.2.45. Insertion and removal of an intrauterine contraceptive device
- 5.2.2.46. Cystotomy repair

- 5.2.2.47. Laparoscopic hysterectomy: laparoscopically assisted vaginal hysterectomy (LAVH), total laparoscopic hysterectomy, or subtotal laparoscopic hysterectomy

5.2.3. **Surgical procedures list B**

The following procedures in List B are those that the fully trained resident in Obstetrics and Gynecology will understand and be able to perform with supervision:

Obstetric procedures

- 5.2.3.1. Amniocentesis
- 5.2.3.2. Amnioinfusion
- 5.2.3.3. Dilatation and evacuation, greater than 14 weeks
- 5.2.3.4. Cervical cerclage, elective and emergent
- 5.2.3.5. Mid-cavity rotation forceps delivery
- 5.2.3.6. External cephalic version

Gynecologic procedures

- 5.2.3.7. Simple vulvectomy
- 5.2.3.8. Operative hysteroscopy: lysis of synechiae, resection of submucous leiomyomata, resection of uterine septum
- 5.2.3.9. Operative laparoscopy for tubo-ovarian abscess or stage 3 endometriosis
- 5.2.3.10. Colposcopy with directed cervical biopsy, including loop electrosurgical excision procedure (LEEP), cervical conization

Other procedures

- 5.2.3.11. Enterotomy repair

5.2.4. **Surgical procedures list C**

The fully trained resident in Obstetrics and Gynecology will be able to describe the principles of the following procedures, the indications for referral, and the perioperative management and complications. He/she will not be expected to be able to perform these procedures.

Obstetric procedures

- 5.2.4.1. Chorionic villus sampling
- 5.2.4.2. Cordocentesis
- 5.2.4.3. Intrauterine transfusion

Gynecologic procedures

- 5.2.4.4. Tubal reanastomosis

- 5.2.4.5. Presacral neurectomy
- 5.2.4.6. Radical hysterectomy
- 5.2.4.7. Radical vulvectomy
- 5.2.4.8. Trachelectomy
- 5.2.4.9. Lymph node dissection: inguinal, pelvic, para-aortic
- 5.2.4.10. Abdominal sacral colpopexy
- 5.2.4.11. Laparoscopic colposuspension
- 5.2.4.12. McCall's culdoplasty
- 5.2.4.13. Sacrospinous fixation of the vaginal vault
- 5.2.4.14. Vesico-vaginal and recto-vaginal fistula repair
- 5.2.4.15. Vaginoplasty
- 5.2.4.16. Specific pediatric adolescent gynecology procedures
- 5.2.4.17. Retropubic bladder neck suspension (colposuspension)

Other procedures

- 5.2.4.18. Ureteroureterostomy
- 5.2.4.19. Ureteric reimplantation
- 5.2.4.20. Percutaneous nephrostomy
- 5.2.4.21. Small and large bowel resection, including colostomy
- 5.2.4.22. Appendectomy
- 5.2.4.23. Incisional and inguinal hernia repair
- 5.2.4.24. Central line insertion

- 5.3. Obtain informed consent for procedures
- 5.4. Document and disseminate information related to procedures performed and their outcomes
- 5.5. Arrange adequate followup for procedures performed

6. Seek appropriate consultation from other health professionals, recognizing the limits of their own expertise

- 6.1. Demonstrate insight into their own limitations of expertise
- 6.2. Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care
- 6.3. Arrange appropriate followup care services for a patient and her family

Communicator

Definition:

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

Key and Enabling Competencies: Obstetricians and Gynecologists are 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, patient adherence, improved clinical outcomes, and physician satisfaction
- 1.2. Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty, and empathy
 - 1.2.1. Provide support and counselling to patients and their families, as appropriate
- 1.3. Respect patient confidentiality, privacy and autonomy
- 1.4. Listen effectively
- 1.5. Be aware of and responsive to nonverbal cues
- 1.6. Facilitate a structured clinical encounter effectively

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

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

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

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

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

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

5. Convey oral, written, and/or electronic information effectively about a medical encounter

- 5.1. Maintain clear, concise, accurate, and appropriate records of clinical encounters and plans
 - 5.1.1. Record information collected from patients, families, laboratory tests and imaging studies and communicate (oral and written) conclusions based on these data to patients and their families, referring physicians and other involved health care personnel
 - 5.1.2. Convey written conclusions/interpretations of investigations accurately and succinctly to patients, families and other involved health professionals, as appropriate
- 5.2. Present oral reports of clinical encounters and plans
- 5.3. Convey medical information appropriately to ensure safe transfer of care

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

Collaborator

Definition:

As *Collaborators*, Obstetricians and Gynecologists work effectively within a health care team to achieve optimal patient care.

Key and Enabling Competencies: Obstetricians and Gynecologists are able to...

1. Participate effectively and appropriately in an interprofessional health care team

- 1.1. Describe the Obstetricians' and Gynecologists' 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 diverse roles, responsibilities, and competencies of other professionals in relation to their own
- 1.4. Work with others to assess, plan, provide and integrate care for individuals and groups of patients
- 1.5. Work with others to assess, plan, provide and review other tasks, such as research problems, educational work, program review or administrative responsibilities
- 1.6. Participate 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. Demonstrate leadership in a health care team

2. Work with other health professionals effectively 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. Respect differences and the scopes of practice of other professions
- 2.4. Reflect on their own differences, misunderstandings, and limitations that may contribute to interprofessional tension
- 2.5. Reflect on interprofessional team function
- 2.6. Employ collaborative negotiation to resolve conflicts and address misunderstandings

Manager

Definition:

As *Managers*, Obstetricians and Gynecologists are integral participants in health care organizations, organizing sustainable practices, making decisions concerning the allocation of resources, and contributing to the effectiveness of the health care system.

Key and Enabling Competencies: Obstetricians and Gynecologists are able to...

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

- 1.1. Work collaboratively with others in their organizations
- 1.2. Participate in systemic quality process evaluation and improvement, including patient safety initiatives
 - 1.2.1. Contribute to morbidity and mortality reviews
- 1.3. Describe the structure and function of the health care system as it relates to Obstetrics and Gynecology, including the roles of physicians
 - 1.3.1. Indicate how health care governance influences patient care, research and educational activities at the local, provincial and national levels
 - 1.3.2. Describe the role of academic institutions and licensing bodies and their interactions with Obstetricians and Gynecologists
 - 1.3.3. Describe the role of regionalized obstetric and perinatal care in health outcomes
- 1.4. Describe principles of health care 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:
 - 2.2.1. Manage finances and human resources
 - 2.2.2. Ensure followup of normal and abnormal test results
 - 2.2.3. Maintain patient waiting lists
 - 2.2.4. Triage emergency problems
- 2.3. Implement processes to ensure personal practice improvement
- 2.4. Employ information technology appropriately for patient care

3. Allocate finite health care resources appropriately

- 3.1. Demonstrate an understanding of the importance of just allocation of health care 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 obstetric diagnosis and gynecologic disease

4. Serve in administration and leadership roles

- 4.1. Participate effectively in committees and meetings
- 4.2. Lead or implement change in health care
- 4.3. Plan relevant elements of health care delivery, such as work schedules

Health Advocate

Definition:

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

Key and Enabling Competencies: Obstetricians and Gynecologists are 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 and highlight which determinants are modifiable, so as to adapt the treatment approach accordingly
 - 1.1.1. 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)
 - 1.1.2. Make clinical decisions for an individual patient, when necessary balancing the needs against the needs of the general population and against the available resources
- 1.2. Identify opportunities for advocacy, health promotion, and disease prevention with individuals to whom they provide care
 - 1.2.1. Advise patients about the local and regional resources available for support, education and rehabilitation
- 1.3. Demonstrate an appreciation of the possibility of competing interests between individual advocacy issues and the community at large

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. Demonstrate an appreciation of 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 population, including barriers to access to care and resources

- 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 health care system and its structure
 - 4.3.1. Describe the important function and role of various professional organizations, including the Society of Obstetricians and Gynecologists of Canada (SOGC), in the support of Obstetricians and Gynecologists in this country and in the provision and maintenance of optimal health care for Canadian women
 - 4.3.2. Participate in local, regional and national specialty associations, professional or scientific, to promote better health care for women
 - 4.3.3. Provide direction to hospital administration regarding compliance with national clinical and surgical practice guidelines
- 4.4. Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity, and idealism
- 4.5. Demonstrate an appreciation of 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

Scholar

Definition:

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

Key and Enabling Competencies: Obstetricians and Gynecologists are 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. Develop a lifelong learning strategy, utilizing information technology for managing cases, literature review, and participation in basic or applied clinical research
 - 1.2.2. Develop proficiency at self-assessment in order to identify learning opportunities based on gaps in skills, knowledge, or attitude

- 1.3. Recognize and reflect on learning issues in practice
 - 1.4. Conduct personal practice audits
 - 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, especially epidemiology and biostatistics
 - 2.2. Critically appraise retrieved evidence in order to address a clinical question
 - 2.3. Integrate critical appraisal conclusions into clinical care
 - 2.3.1. Adapt research findings appropriately to the individual patient situation or relevant patient population
- 3. Facilitate the learning of patients, families, students, residents, other health professionals, the public, and others**
- 3.1. Describe principles of learning relevant to medical education
 - 3.2. Identify collaboratively the learning needs and desired learning outcomes of others
 - 3.3. Select effective teaching strategies and content to facilitate others' learning
 - 3.4. Deliver effective lectures or presentations
 - 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
 - 4.3.1. Identify gaps in knowledge or skill within the field of Obstetrics and Gynecology to generate the clinical questions that will drive the research agenda in the specialty

- 4.4. Conduct a systematic search for evidence
- 4.5. Select and apply appropriate methods to address the question
- 4.6. Disseminate the findings of a study
- 4.7. Participate in a scholarly research, quality assurance, or educational project relevant to Obstetrics and Gynecology, demonstrating primary responsibility for at least two of the following elements of the project:
 - 4.7.1. Development of the hypothesis, which must include a comprehensive literature review
 - 4.7.2. Development of the protocol for the scholarly project
 - 4.7.3. Preparation of a grant application
 - 4.7.4. Development of the research ethics proposal
 - 4.7.5. Interpretation and synthesis of the results

Professional

Definition:

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

Key and Enabling Competencies: Obstetricians and Gynecologists are able to...

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

- 1.1. Exhibit appropriate professional behaviours in practice, including honesty, integrity, commitment, compassion, respect, and altruism
 - 1.1.1. Demonstrate self-discipline, responsibility and punctuality in attending to ward duties, in the operating room, and at meetings and other activities, and be a moral and ethical role model for others
- 1.2. Demonstrate a commitment to delivering the highest quality care and maintenance of competence
- 1.3. Recognize and appropriately respond to ethical issues encountered in practice
 - 1.3.1. Promptly address professional intimidation and harassment
- 1.4. Identify, declare, and manage perceived, potential, and actual conflicts of interest
- 1.5. Recognize the principles and limits of patient privacy and confidentiality, as defined by the law and professional practice standards
 - 1.5.1. Demonstrate understanding of the medico-legal aspects of consent and confidentiality specific to pediatric and adolescent gynecology

- 1.6. Maintain appropriate boundaries with patients

- 2. Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation**
 - 2.1. Demonstrate knowledge and understanding of professional, legal, and ethical codes of practice
 - 2.1.1. Describe medical protective procedures and the role of the Canadian Medical Protective Association in areas of patient-physician dispute
 - 2.1.2. Demonstrate knowledge of accepted guidelines for ethical interactions with industry, related to research, education, or substandard care
 - 2.2. Fulfil the regulatory and legal obligations required of current practice
 - 2.3. Demonstrate accountability to professional regulatory bodies
 - 2.4. Recognize and respond to others' unprofessional behaviours in practice
 - 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

This document is to be reviewed by the Specialty Committee in Obstetrics and Gynecology by December 30, 2017.

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