Obstetrics and Gynecology: Chief Obstetrics and Genecology Resident Rotation Objectives, Core of Discipline & Transition to Practice

CanMEDS Framework: Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional.

Upon completion of training, the resident is expected to be a competent specialist capable of assuming an independent consultant's role in obstetrics and gynecology. The resident must have acquired the necessary knowledge, skills, and attitudes for appropriate and competent management of a wide range of obstetrical and gynecological conditions. They must have the ability to develop a trusting and effective partnership with female patients necessary to achieve successful outcomes in normal and complicated pregnancies.

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 training, the resident in obstetrics and gynecology must have a working understanding of the normal function and the pathological processes and diseases that affect the female external genitalia, pelvic viscera (i.e. vagina, cervix, uterus, fallopian tubes, and ovaries), lower urinary tract, and 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. Specifically, there must be a complete understanding of normal and abnormal changes in physiology and anatomy occurring in the pregnant and postpartum states.

Management of a patient with an obstetric condition will require that the resident has the ability to:

- Take a history of the patient's problem
- Conduct a complete physical examination
- Demonstrate an understanding of the value and significance of laboratory, radiological, and other diagnostic studies
- Discuss the relative merits of various treatment alternatives
- List and discuss the indications, contraindications, types, variations, complications, and risks, and benefits of surgical and non-surgical treatments
- Discuss the significance of perioperative and postoperative problems that might arise following surgery on the genitourinary tract

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 independently manage a related problem.

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.

After training, the Chief Resident in Obstetrics will have acquired the following competencies and will function effectively as a:

Medical Expert:

Obstetrician gynecologists possess a defined body of knowledge and procedural skills which are used to collect and interpret data, make appropriate clinical decisions, and perform diagnostic and therapeutic procedures within the boundaries of their discipline and expertise. Their care is characterized by up-to-date, ethical, and cost-effective clinical practice and effective communication in partnership with patients, other health care providers, and the community.

Rotation Information

Rotation Coordinator/Preceptor Contact list:

https://docs.google.com/spreadsheets/d/1kH3xO_xxd7UwJ-AKG3VbIkji5MzzAGEwwiYfF4fO6uE/edit?usp=sharing

Reading material:
See Google Drive

Vacation and time off:
as per PARA & Vacation Policy

Review of rotation objectives:
Rotation objectives should be reviewed with the resident soon after their rotation begins

EPAs

Some of the Core EPAs should be achieved on other rotations. By the end of this rotation all Core EPAs and TTP EPAs should be completed.

Core EPAs

CD 1: Complex preconception/antenatal care

CD 2: Management of complex labor

CD 3a: Complex vaginal delivery

CD 4a: Complex cesarean section

CD 5: Complex postpartum

CD 6: Obstetric and gynecologic ultrasound

CD 7: Managing gynecologic emergencies

EPAs continued on page 2

The role of Medical Expert is central to the function of the obstetrician gynecologist and draws on the competencies included in the roles of Scholar, Communicator, Health advocate, Leader, Collaborator, and Professional.

The fully-trained Chief Resident in Obstetrics is able to demonstrate:

- Diagnostic and therapeutic skills for effective and ethical patient care
- The ability to access and apply relevant information to clinical practice
- Effective consultation services concerning patient care, education, media relations,
- and legal opinions
- Recognition of personal limitations of expertise, including the need for appropriate patient referral and continuing medical education

To achieve these competencies, the Chief Obstetrics Resident must demonstrate both knowledge (cognitive skill) and technical ability in the approach to problems in the practice of obstetrics.

Cognitive Skills:

The Chief Resident will possess knowledge of the following clinical conditions or problems encountered commonly in the practice of obstetrics. This list should be considered in its totality, and not be considered as comprehensive for all disorders in the practice of this specialty.

Obstetrics

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

1. Antepartum Care
   - 1.1 Maternal and fetal physiology
   - 1.2 Fetal development
   - 1.3 Antepartum assessment of normal pregnancy
   - 1.4 Genetic screening, testing, and counseling, including the complications from invasive procedures such as chorionic villus sampling and amniocentesis, and outcomes of pregnancies complicated by a fetal anomaly (ies) or aneuploidy
   - 1.5 The effects of underlying medical, surgical, social, and psychosocial conditions on maternal and fetal health, and tailor management accordingly
   - 1.6 Antepartum fetal surveillance in the normal and high-risk pregnancy

2. Obstetric Complications

   The pathophysiology, prevention, investigation, diagnosis, and/or management of:
   - 2.1 Second-trimester pregnancy loss
   - 2.2 Preterm labor
   - 2.3 Premature rupture of membranes
   - 2.4 Antepartum hemorrhage
   - 2.5 Gestational diabetes and pregestational insulin-dependent diabetes
   - 2.6 Gestational hypertension
   - 2.7 Multiple gestations
   - 2.8 Fetal growth restriction
   - 2.9 Immune and non-immune hydrops
   - 2.10 Maternal alloimmunization
   - 2.11 Viral infections in pregnancy, including HIV
   - 2.12 Post-term pregnancy
   - 2.13 Fetal demise

CD 8: Complex gynecologic cases

CD 9: Managing reproductive challenges

CD 10: Pediatric and adolescent gynecology

CD 11: Managing pelvic floor dysfunction

CD 12: Pelvic pain and sexual health

CD 13: Managing gynecologic malignancies

CD 14a: Advanced hysteroscopy

CD 15a: Major vaginal/vulvar procedures

CD 16a: Major laparoscopic gyne procedures

CD 17a: Major open gyne procedures

CD 18: Surgical complications

CD 19: Managing birthing unit

TTP EPAs:

TP 1: Complex patients, Longitudinal care

TP 2: Discussing difficult news

TP SA1: Scholarly work

TP SA2a: Teaching

TP SA2b: Administrative responsibilities

3. Intrapartum Care
   - 3.1 Anatomy, physiology, and mechanisms of normal labour
   - 3.2 Anatomy, physiology, and mechanisms of normal vaginal delivery
   - 3.3 Indications, methods and complications of labour induction
   - 3.4 Assessment of labour progress
   - 3.5 Indications, methods and complications of augmentation of labour
   - 3.6 Intrapartum assessment of maternal health
   - 3.7 Intrapartum assessment of fetal wellbeing, including intermittent auscultation, electronic fetal monitoring, and basic ultrasound
   - 3.8 Imaging and fetal scalp pH and/or lactate determination
   - 3.9 Intrapartum infection

4. Obstetric Delivery
   - 4.1 Indications for assisted vaginal delivery and Cesarean section
   - 4.2 Maternal and neonatal benefits and risks of assisted vaginal delivery and Cesarean section
   - 4.3 Risks and benefits of vaginal delivery after a previous Cesarean section

5. Postpartum Care
   - 5.1 Etiology and management (medical and surgical) of early and delayed postpartum hemorrhage
   - 5.2 Etiology and management of sepsis
   - 5.3 Benefits of breastfeeding
   - 5.4 Family planning
   - 5.5 Recognition of risk factors for depression and support in psychosocial adjustment

6. Violence Against Women
   - 6.1 Identifying features of women who have suffered abuse
   - 6.2 Appropriate referral for legal assistance and psychological counseling for victims of abuse and rape

7. Pregnancy Loss

   The pathophysiology, investigation, diagnosis, and/or management of:
   - 7.1 Spontaneous abortion in the first trimester
   - 7.2 Intrauterine fetal demise in the second trimester, including the risks and benefits of dilation and evacuation
   - 7.3 Recurrent pregnancy loss

8. Gynecologic Infections

   The pathophysiology, investigation, diagnosis, and/or management of:
   - 8.1 Sexually transmitted infections, including the aspects of herpes, HIV, hepatitis (A, B, C), HPV, tuberculosis and syphilis and their influence in pregnancy

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

1. Obstetrics
   - 1.1 Obstetrical anesthesia, including the risks and benefits of general anesthesia, spinal anesthesia, epidural anesthesia, pudendal nerve block, and narcotics

2. Neonatal Care
   - 2.1 The principles of acute neonatal resuscitation
   - 2.2 the neonatal complications resulting from prematurity, macrosomia, birth asphyxia, assisted vaginal delivery, congenital anomaly(ies), and/or maternal medical complications, including their appropriate management and expected outcome

3. Preoperative and Postoperative Care
   - 3.1 Perioperative risk factors and their assessment
   - 3.2 The principles and appropriate use of nutritional support
   - 3.3 The principles of wound healing
   - 3.4 The principles and appropriate use of narcotics and NSAIDs for postoperative pain control

3.5 The management of postoperative medical and surgical complications, including indications for consultation with other specialties and/or the use of invasive hemodynamic monitoring and ventilatory support

4. Non-Obstetrical Conditions
   The pathophysiology, investigation, diagnosis, and/or management of:
   4.1 Colorectal disease, including diverticular disease, colon and rectal cancer, inflammatory bowel disease, and appendicitis as they pertain to pregnancy
   4.2 Breast conditions, including benign breast disease, breast cancer screening, and the effect of breast cancer and its therapies on the reproductive system and pregnancy
   4.3 Medical disorders that may have an effect on or be affected by pregnancy, including hypothalamic and pituitary disease, thyroid disease, cardiovascular disease, connective tissue disease, renal disease, and transplantation

Gynecology

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

1. Pediatric and Adolescent Gynecology
   The pathophysiology, investigation, diagnosis, management and/or possible psychosocial ramifications of:
   1.1 Developmental anomalies
   1.2 Precocious and delayed puberty
   1.3 Abnormal vaginal discharge and bleeding in the child or adolescent
   1.4 Sexual abuse
   1.5 Contraception and adolescent pregnancy
   1.6 The medico-legal aspects of consent and confidentiality specific to this age group

2. Reproduction and Endocrine Disorders
   The pathophysiology, investigation, diagnosis, and/or management of:
   2.1 Normal reproductive physiology
   2.2 Menstrual irregularity
   2.3 Amenorrhea (primary and secondary)
   2.4 Abnormal Uterine Bleeding
   2.5 Hormonal underactivity and overactivity
   2.6 Galactorrhea
   2.7 Hirsutism
   2.8 Polycystic ovarian disease
   2.9 Premenstrual syndrome
   2.10 Menopause and urogenital aging, including management, risk, and benefits of hormonal and non-hormonal treatment approaches

3. Human Sexuality
   3.1 Normal sexual function
   3.2 Etiology and management of disorders of sexual function, including dyspareunia, vaginismus, hypoactive sexual desire and anorgasmia

4. Contraception
   4.1 Methods of contraception, including their respective mechanisms of action, and the indications, contraindications, risks, and benefits for the use of each method
   4.2 Strategies to promote adherence to contraceptive methods and encourage safe sex behaviours

5. Intimate Partner Violence
   5.1 Identifying features of women who have suffered abuse
   5.2 Acute medical management of rape victims, including postcoital contraception
   5.3 Appropriate referral for legal assistance and psychological counseling for victims of abuse and rape

6. Infertility
   - 6.1 Complex etiologies of infertility
   - 6.2 Interpretation of tests and procedures, including hormonal evaluation, semen analysis, basal body temperature charting, ovulation prediction, endometrial biopsy, hysterosalpingography and hysteroscopic/laparoscopic evaluation
   - 6.3 The effectiveness and complications of standard treatments for infertility, as well as appropriate indications for subspecialty referral
   - 6.4 Etiology and management of ovulatory disorders, including the role of clomiphene citrate, letrozole, progestogens, and oral hypoglycemic agents

7. Pregnancy Loss
   The pathophysiology, investigation, diagnosis and/or management of:
   - 7.1 Spontaneous abortion in the first trimester
   - 7.2 Intrauterine fetal demise in the second trimester, including the risks and benefits of dilation and evacuation
   - 7.3 Ectopic pregnancy
   - 7.4 Recurrent pregnancy loss

8. Gynecologic Infections
   The pathophysiology, investigation, diagnosis and/or management of:
   - 8.1 Vaginal and vulvar infections
   - 8.2 Sexually transmitted infections, including acute and chronic pelvic inflammatory disease and gynecologic aspects of HIV, hepatitis, tuberculosis, and syphilis

9. Urogynaecology
   The pathophysiology, investigation, diagnosis and/or management of:
   - 9.1 Stress urinary incontinence
   - 9.2 Urge urinary incontinence and detrusor overactivity
   - 9.3 Voiding dysfunction, including postoperative and postpartum urinary retention, bladder outlet obstruction, and detrusor hypotonia
   - 9.4 Pelvic organ prolapse, including pessary care

10. Other Non-Malignant Gynecologic Conditions
    The pathophysiology, investigation, diagnosis and/or management of:
    - 10.1 Benign pelvic masses, including rupture and torsion
    - 10.2 Acute and chronic pelvic pain
    - 10.3 Endometriosis
    - 10.4 Vulvar pain
    - 10.5 Vulvar dermatoses

11. Gynecologic Oncology
    The pathophysiology, investigation, diagnosis and/or management of malignant diseases of the vulva, vagina, cervix, uterus, fallopian tube, ovary, and trophoblast including:
    - 11.1 Known risk factors for pre-malignant and malignant gynecologic conditions
    - 11.2 The current guidelines and indications for screening for cervical, endometrial and ovarian cancer, and an understanding of the reliability of these methods
    - 11.3 The classification, staging, and natural history of all genital tract cancers

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

1. Infertility
   - 1.1 Complex regimens for ovulation induction using GnRH analogues and gonadotropins
   - 1.2 Assisted reproductive technologies currently available, including IUI, IVF, and ICSI, including their comparative success and complication profiles
   - 1.3 Appropriate indications for referral for such technologies

2. Urogynaecology
   2.1 The indications and limitations of urodynamic testing
   2.2 The pathophysiology, investigation, diagnosis, and treatment of acute and recurrent urinary tract infection

3. Gynecologic Oncology
   3.1 The principles of colposcopy, including its limitations and the indications for referral for colposcopic assessment
4. Preoperative and Postoperative Care
   4.1 Perioperative risk factors and their assessment
   4.2 The principles and appropriate use of nutritional support
   4.3 The principles of wound healing
   4.4 The principles and appropriate use of narcotics and NSAIDs for postoperative pain control
   4.5 The management of postoperative medical and surgical complications, including indications for consultation with other specialties and/or the use of invasive hemodynamic monitoring and ventilatory support

5. Non-Gynecologic Conditions
   The pathophysiology, investigation, diagnosis, and/or management of:
   5.1 Colorectal disease, including diverticular disease, colon and rectal cancer, inflammatory bowel disease and appendicitis
   5.2 Bladder malignancy, including the approach to microscopic hematuria
   5.3 Breast conditions, including benign breast disease, breast cancer screening, and the effect of breast cancer and its therapies on the reproductive system
   5.4 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, renal disease, and transplantation

Technical Skills:

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

Obstetrics

Diagnostic Procedures and Techniques

The practicing Obstetrician Gynecologist will utilize several diagnostic procedures and techniques. The fully trained Chief Resident in Obstetrics will demonstrate an understanding of the indications, risks, benefits, limitations and role of the following investigative techniques specific to the practice of obstetrics and will be competent in their interpretation.

1. Serology and Microbiology
   1.1 Maternal serum screening for aneuploidy and neural tube defects
   1.2 Screening for Group B Streptococcus in pregnancy
   1.3 TORCH screening to identify possible congenital viral infections
   1.4 Culture and serology for sexually transmitted diseases
   1.5 Wet mount of vaginal discharge
   1.6 Urinalysis, urine microscopy, and urine culture

2. Imaging
   2.1 Obstetric ultrasound: screening and targeted (in each trimester), biophysical profile and Doppler flow studies
   2.2 Intravenous pyelography, Doppler studies and angiography for thromboembolic disease

3. Other Investigations
   3.1 Fetal assessment: nonstress test and contraction stress test

Surgical Skills

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

Surgical Procedures List A

Following the completion of the chief rotation, a resident must be competent to independently perform the following procedures in List A. The resident should be able to manage a patient before, during and after all of the following procedures. They 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 declining surgical treatment.

Obstetric Procedures

1. Cervical cerclage
2. Amnioinfusion
3. Spontaneous vaginal delivery, including shoulder dystocia
4. Vaginal delivery of twin gestation
5. Vacuum extraction
6. Outlet forceps delivery
7. Low forceps delivery
8. Mid forceps (non-rotational)
9. Episiotomy and repair
10. Repair of perineal and vaginal tears, including third and fourth-degree tears and cervical lacerations
11. Low transverse Cesarean section (primary and repeat)
12. Abdominal delivery of multiple gestation pregnancies
13. Classical Cesarean section
14. Breech extraction at Cesarean section
15. Manual removal of the placenta
16. Cesarean hysterectomy
17. Repair uterine rupture
18. Paracervical and pudendal blocks
19. Surgical management of postpartum hemorrhage including uterine compression sutures

Surgical Procedures List B

The following procedures in List B are those the Chief Obstetrics Resident will understand and be able to perform, though they may not have actually acquired sufficient skill in residency to independently perform them. The resident will be able to explain the indications for each of these procedures, as well as the perioperative management and complications.

Obstetric Procedures

1. Amniocentesis for fetal lung maturity
2. External cephalic version
3. Dilation and evacuation in the second trimester
4. Vaginal breech extraction

Surgical Procedures List C

The following procedures in List C are those that the Chief Obstetrics Resident will understand but not be expected to be able to perform. The resident should be able to describe the principles of these procedures, the indications for referral and the perioperative management and complications.

Obstetric Procedures

1. Chorionic villus sampling
2. Cordocentesis
3. Intrauterine transfusion

Other

1. Central line insertion for invasive monitoring or administration of intravenous nutrition

Gynecology

Diagnostic Procedures and Techniques

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

1. Serology and Microbiology
   1.1 Serial hCG assays in the diagnosis of failing or ectopic pregnancy
   1.2 Tumour markers, including Ca-125, hCG, alpha-fetoprotein and CEA
   1.3 Culture and serology for sexually transmitted diseases
   1.4 Wet mount of vaginal discharge
   1.5 Urinalysis, urine microscopy, and urine culture

2. Imaging
   2.1 Transabdominal ultrasound for gynecologic disease
   2.2 Transvaginal ultrasound for gynecologic disease
   2.3 CT and MRI scanning of the pelvis
   2.4 Hysterosalpingography or sonohysterography
   2.5 Intravenous pyelography
   2.6 Doppler studies and angiography for thromboembolic disease

3. Cytology and Histopathology
   3.1 Cervical cytology
   3.2 Vulvar and vaginal biopsy
   3.3 Colposcopy with directed cervical biopsy (including LEEP)
   3.4 Cervical polypectomy
   3.5 Endocervical curettage
   3.6 Endometrial biopsy

4. Gross and Microscopic Identification
   4.1 Vulvar dermatoses
   4.2 Genital tract neoplasias (benign, premalignant and malignant)
   4.3 Trophoblastic/placental disease

5. Other Investigations
   5.1 Multichannel urodynamic studies

Therapeutic Technologies

The fully trained gynecologist 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.

1. Electrocautery
2. Lasers
3. Endometrial ablation (thermal and microwave)
4. External beam and intracavitary radiotherapy

Surgical Skills

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

Following the completion of the chief year of training, the fully trained Chief Resident must be competent to independently perform the following procedures in List A. They should be able to manage a patient before, 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 declining surgical treatment.

1. Open Gynecologic Procedures
   - 1.1 Pfannenstiel incision
   - 1.2 Vertical midline incision
   - 1.3 Laparoscopic total hysterectomy
   - 1.4 Total abdominal hysterectomy
   - 1.5 Subtotal abdominal hysterectomy
   - 1.6 Salpingo-oophorectomy
   - 1.7 Oophorectomy
   - 1.8 Ovarian cystectomy
   - 1.9 Abdominal myomectomy
   - 1.10 Omentectomy
   - 1.11 Peritoneal biopsy
   - 1.12 Repair of wound dehiscence

2. Vaginal Gynecologic Procedures
   - 2.1 Vaginal hysterectomy
   - 2.2 Anterior colporrhaphy
   - 2.3 Posterior colporrhaphy and perineorrhaphy
   - 2.4 Vaginal enterocele repair
   - 2.5 Drainage and marsupialization of Bartholin's gland abscess
   - 2.6 Mid-urethral sling

3. Endoscopic Procedures
   - 3.1 Entry (closed, open, visually guided, and alternate entry site points such as Palmer's point/LUQ)
   - 3.2 Diagnostic laparoscopy (including assessment of tubal patency)
   - 3.3 Laparoscopic sterilization
   - 3.4 Salpingectomy and linear salpingotomy
   - 3.5 Laparoscopic lysis of adhesions
   - 3.6 Laser ablation or cautery of endometriosis (stages 1 and 2)
   - 3.7 Laparoscopic ovarian cystectomy and salpingo-oophorectomy
   - 3.8 Diagnostic hysteroscopy
   - 3.9 Operative hysteroscopy (lysis of synechiae, resection of polyps or submucousal leiomyomata, endometrial sampling)
   - 3.10 Ablative procedures of the endometrium
   - 3.11 Total laparoscopic hysterectomy +/- BSO, laparoscopic subtotal hysterectomy, laparoscopically assisted vaginal hysterectomy

4. Other Gynecologic Procedures
   - 4.1 Diagnostic dilation and curettage
   - 4.2 Evacuation of the pregnant uterus (suction evacuation in the first trimester, curettage for retained products)
   - 4.3 Abdominal paracentesis
   - 4.4 Pessary fitting and removal
   - 4.5 Insertion and removal of an intrauterine device
   - 4.6 Cystotomy repair
   - 4.7 Limited cystoscopy (after inadvertent cystotomy or to confirm ureteric patency)

Surgical Procedures List B

The following procedures in List B are those a fully trained Chief Resident will understand and be able to perform, though they may not have acquired sufficient skill in residency to independently perform them. The resident will be able to explain the indications for each of these procedures, as well as the perioperative management and complications.

1. Gynecologic Procedures
   1.1 Hypogastric artery ligation
   1.2 Simple vulvectomy

2. Other Procedures
   2.1 Enterotomy repair
   2.2 Placement of ureteric stents
   2.3 Abdominal-vaginal sling procedure
   2.4 Dilation and evacuation, greater than 14 weeks

Surgical Procedures List C

The following procedures in List C are those a fully trained Chief Resident will understand but not be expected to be able to perform. The resident should be able to describe the principles of these procedures, the indications for referral and the perioperative management and complications.

1. Gynecologic Procedures
   1.1 Tubal reanastomosis
   1.2 Radical hysterectomy (laparotomy and robotic-assisted)
   1.3 Radical vulvectomy
   1.4 Trachelectomy
   1.5 Lymph node dissection (inguinal, pelvic, para-aortic) and sentinel lymph node dissection
   1.6 Abdominal sacral colpopexy
   1.7 Laparoscopic colposuspension
   1.8 McCall culdoplasty
   1.9 Sacrospinous fixation of the vaginal vault
   1.10 Martius graft advancement
   1.11 Fistula repair
   1.12 Vaginoplasty

2. Other
   2.1 Ureteroureterostomy
   2.2 Ureteric reimplantation
   2.3 Percutaneous nephrostomy
   2.4 Small and large bowel resection, including colostomy
   2.5 Appendectomy
   2.6 Hernia repair
   2.7 Central line insertion for invasive monitoring or administration of intravenous nutrition

Communicator

To provide humane, high-quality care, the obstetrician gynecologist must establish effective relationships with patients, other physicians, and allied 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 their health.

The Chief Resident is able to:

1. Establish therapeutic relationships with patients and their families characterized by understanding, trust, empathy, and confidentiality

2. Obtain and synthesize relevant history from patients, families, and/or community
3. Discuss appropriate information with the patient, her family, and other health care providers that facilitate optimal health care. This also implies the ability to maintain clear, accurate, and timely records

To achieve these competencies as a Communicator, the Chief Resident is able to demonstrate:

4. The ability to obtain informed consent for medical and surgical therapies
5. 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
6. Evidence of good interpersonal skills when working with patients, families, and other members of the health care team, including family physicians, other specialty consultants such as Anesthesia and Obstetric Medicine, midwives, nurses and paramedics involved in maternity care, as well as junior residents and medical students
7. An awareness of the unique personal, psychosocial, cultural and ethical issues that surround individual pregnant patients
8. Effective communication as a presenter which is demonstrated through the ability to prepare and present information to colleagues and other trainees, both informally (e.g., ward rounds) and formally (e.g., Grand Rounds, scientific meetings)
9. The ability to provide information to the general public and media about areas of local concern relevant to the practice of obstetrics, when appropriate

Collaborator

The Canadian model closely integrates primary health care providers and midwives with Obstetrician Gynecologists in the provision of health care for women. This underlies the need for residents to develop excellent skills as Collaborators. They must also learn to effectively and respectfully work with specialists in other fields, including emergency room physicians, anesthesia, diagnostic radiology, pathology, pediatrics, internal medicine (e.g., endocrinology), general surgery, and urology.

The Chief Resident is able to:

1. Consult effectively with other physicians
2. Consult effectively with other health care providers, including nursing and midwifery
3. Contribute effectively to a multidisciplinary health care team

To achieve these competencies as a Collaborator, the Chief Resident is able to:

4. Function competently in the initial management of patients with conditions that fall within the realm of other medical or surgical specialties
5. 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 specialty-specific expertise
6. Identify, understand and respect the significant roles, expertise and limitations of other members of a multidisciplinary team required to provide optimal patient care, medical research, medical education and/or administration

Leader

Obstetrician Gynecologists function as Leaders when they make everyday practice decisions involving resources, coworkers, tasks, policies, and their personal lives. They do so in the settings of individual patient care, practice organizations, and in the broader context of the health care system. Thus, specialists require the ability to prioritize and effectively execute tasks through teamwork with colleagues, and make systematic decisions when allocating finite health care resources. Obstetrician gynecologists can also assume a managerial role through involvement in health care administration and in professional organizations.

The Chief Resident is able to:

1. Able to recognize personal limitations and seek assistance when necessary
2. Manage resources effectively to balance patient care, learning needs and outside activities
3. Allocate finite health care resources wisely
4. Work effectively and efficiently in a health care organization

5. Utilize information technology to optimize patient care, life-long learning and practice administration
   To achieve these competencies as a Leader, the Chief Resident is able to:

6. Effectively manage a clinical and surgical practice, including the follow up of normal and abnormal test results, maintenance of patient waiting lists, and triage of emergency problems in their role as Chief Resident in Obstetrics
7. Administrate the daily distribution of junior residents, family practice residents and medical students at the RAH or GNH
8. Demonstrate an understanding of the principles of quality assurance in the practice of obstetrics, and be able to conduct morbidity and mortality reviews and participate in the Regional Obstetrical Care Committee
9. 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 disease
10. Demonstrate an understanding of how health care governance influences patient care, research, and educational activities at the local, provincial and national level
11. Function effectively in local, regional and national specialty associations (professional or scientific) to promote better health care for women

Health Advocate

Obstetrician gynecologists 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, practice population, and broader community. Health advocacy is appropriately expressed both by the individual and collective responses of obstetrician gynecologists in influencing public health and policy.

The Chief Resident is able to:

1. Identify the important determinants of health affecting a patient's care
2. Contribute effectively to improving the health of patients and communities
3. Recognize and respond to those issues where advocacy is appropriate

To achieve these competencies as an Advocate, the Chief Resident is able to:

4. Identify the important determinants of health for an individual patient, highlight which determinants are modifiable, and adapt the treatment approach accordingly
5. Make clinical decisions for an individual patient, when necessary balancing her needs against the needs of the general population and available resources
6. Facilitate medical care for patients, including when that service is not provided personally or locally, or not readily accessible (e.g., coordinating maternal transfers)
7. Advise patients about the local and regional resources available for support, education, and rehabilitation
8. Provide direction to hospital administration regarding compliance with national clinical and surgical practice guidelines
9. Discuss the important function and role of various professional organizations for obstetrics and gynecology, including the Society of Obstetricians and Gynecologists of Canada (SOGC) in the provision and maintenance of optimal health care for Canadian women

Scholar

Obstetrician Gynecologists must engage in a lifelong pursuit of mastery of their domain of professional expertise. They recognize the need to be continually learning and model this for others. Through their scholarly activities, they contribute to the appraisal, collection, and understanding of health care knowledge for women, and facilitate the education of their students, patients, and others.

The Chief Resident is able to:

1. Develop, implement, and monitor a personal continuing medical education strategy
2. Critically appraise various sources of medical information
3. Facilitate patient and peer education
4. Strive to contribute to the development of new knowledge in the field of obstetrics and gynecology

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

5. Develop a habit of life-long learning, utilizing information technology for referencing cases, literature review and participation in basic or applied clinical research
6. Identify gaps in personal knowledge and skill, and develop strategies to correct them by self-directed reading, discussion with colleagues, and ongoing procedural experience
7. Prepare for participation in Continuing Professional Learning (RCPSC) upon graduation
8. Understand the principles of basic and applied clinical research, including biostatistics
9. Critically appraise and summarize the literature on a given subject, and judge whether a research project or publication is valid, ethical, unbiased and clinically valuable
10. Participate in Journal Club activities
11. Engage in the teaching of medical students and junior residents

Professional

Obstetrician Gynecologists 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 pursuing mastery of their discipline.

The Chief Resident is able to:

1. Endeavor to monitor learning by regularly attempting EPAs.
2. Deliver the highest quality of medical care with integrity, honesty, compassion, and respect
3. Exhibit appropriate personal and interpersonal professional behaviors
4. Practice medicine in a way that is consistent with the ethical obligations of a physician

To achieve these competencies in the role of Professional, the Chief Obstetrics Resident is able to:

5. Foster a caring, compassionate and respectful attitude towards patients, families, and other members of the health care team
6. Provide ethical medical care, and seek advice or second opinion appropriately in ethically difficult situations
7. Monitor patients appropriately and provide appropriate follow up medical care, particularly after starting a new treatment or following a surgical procedure
8. Maintain patient confidentiality at all times
9. Complete reports, letters and summaries in a timely fashion and maintain medical records that are consistently accurate, informative and legible
10. Understand medical protective procedures and the role of the Canadian Medical Protective Association in areas of patient-physician dispute
11. Effectively address professional intimidation and harassment
12. Show self-discipline, responsibility, and punctuality in attending to ward duties, in the operating room, at meetings and other activities
13. Organize call schedules in a timely fashion
14. Complete evaluations on medical students and off-service residents fully and in a timely fashion
15. Be a moral and ethical role model for others (e.g., junior residents and medical students)
16. Appropriately delegate clinical and administrative responsibilities
17. Administer the daily activities of medical students and junior residents on service
18. Balance professional and personal life

CanMEDS Framework: Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, Professional.

Revisions	Approved at RPC Meeting
CaMEDS roles updated	December 16, 2019