Performing major open abdominal gynecologic procedures

Key Features:
- This EPA focuses on performing open major gynecologic surgeries, including surgical checklist, patient positioning, selection and appropriate use of instruments, risk reduction, and injury recognition.
- This EPA includes total abdominal hysterectomy, subtotal abdominal hysterectomy, salpingo-oophorectomy/oophorectomy, ovarian cystectomy, abdominal myomectomy, omentectomy, peritoneal biopsy, conversion from planned laparoscopy, repair of incisional dehiscence, adhesiolysis.
- The observation of this EPA is divided into two parts: direct observation of surgical skills; a log of procedures to demonstrate the breadth of experience.

Assessment Plan:
Part A: Procedural skill
Direct observation by OBGYN faculty, or subspecialty trainee, may include feedback from OR nurse and anesthesiologist.

Use Form 2. Form collects information on:
- Procedure: total abdominal hysterectomy; subtotal abdominal hysterectomy; salpingo-oophorectomy/oophorectomy; ovarian cystectomy; abdominal myomectomy; omentectomy; peritoneal biopsy; conversion from planned laparoscopy; repair of incisional dehiscence; adhesiolysis.

Collect 10 observations of achievement:
- At least 3 total abdominal hysterectomies
- At least 1 myomectomy
- At least 2 different observers

Part B: Logbook
Submit logbook of procedures

Logbook tracks:
- Procedure: total abdominal hysterectomy; subtotal abdominal hysterectomy; salpingo-oophorectomy/oophorectomy; ovarian cystectomy; abdominal myomectomy; omentectomy; peritoneal biopsy; conversion from planned laparoscopy; repair of incisional dehiscence; adhesiolysis

Relevant Milestones:
Part A: Procedural skill
1. **ME 1.4** Apply knowledge of surgical anatomy, steps of the procedure, potential intraoperative risks and means to avoid/overcome them
2. **ME 3.1** Describe the indications, risks and complications of laparotomy and open gynecologic surgery
3 ME 3.2 Obtain and document informed consent, explaining to the patient the risks, benefits, alternatives and the rationale for the proposed treatment options
4 ME 3.4 Demonstrate effective procedure preparation, including the use of a pre-procedure time-out or safe surgical checklist as appropriate
5 ME 3.4 Assemble required equipment
6 ME 3.4 Interpret findings of examination under anesthesia
7 ME 3.4 Orient spatially without hesitation and position instruments where intended
8 ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
9 ME 3.4 Demonstrate intraoperative judgment, fluidity of movement, and forward progression
10 ME 5.2 Apply the principles of situational awareness to clinical practice
11 ME 3.4 Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered
12 COL 1.2 Communicate effectively and professionally with the OR team
13 ME 3.4 Establish and implement a plan for post-procedure care, including post-operative orders
14 COM 5.1 Document the surgical encounter to adequately convey the procedure and outcome
15 COM 3.1 Convey information related to the patient’s health status, care, and needs in a timely, honest, and transparent manner
16 P 4.1 Demonstrate an ability to regulate attention, emotions, thoughts, and behaviours while maintaining capacity to perform professional tasks