

CTU Clinic Overview and Objectives for Junior and Senior Residents

Gynecology Clinical Teaching Unit - Overview

The Gynecology Clinical Teaching Unit (Gyne CTU) is a service providing a unique unmet need for patients with urgent gynaecological problems. The program is designed for those patients who may have a real or perceived difficulty in accessing an outpatient community gynaecology consultation. As a clinical teaching ambulatory unit, residents are expected to be the primary physician assessing and managing patients seen in the Gyne CTU clinic with a designated supervising staff Gynecologist as the MRP.

Who can refer?

Referrals are primarily meant for in-hospital encounters. This includes consults on patients attending the Emergency Department & in-hospital urgent cases. Elective referrals for non-urgent cases should be directed to community gynaecologists or the appropriate sub-specialty gynecology services where possible (ex. oncology, infertility, minimally invasive gynecology, urogynecology)

Ectopic management program:

A unique benefit of the Gynecology CTU clinic is the management & follow up of ectopic pregnancies seen through our urgent services at TOH. This is a nurse led service which consults with the resident and staff leading the CTU clinic at the time of consultation or review of blood work.

General Principle: When possible the on-call gynecologist OR the patient's community gynaecologist should manage the care of patients seen in urgent consultation to **maintain continuity of care** and limit the burden on our ambulatory services at TOH.

CTU Clinic coverage:

Staff : Effective , September 14, 2020, the CTU Clinic will be managed by a team approach with Drs Dy and Lortie. (schedule TBA) . Overseeing staff should not have concurrent/competing clinic activity that will prevent them from potentially seeing patients with residents if needed and supervising junior learner. As there is a directly supervising staff, any income generated will be the responsibility of the most responsible physician (MRP) as per usual practice for our institution.

The MRP for each patient encounter will be the staff assigned to the consultation on the initial visit. All tests, pathology results and future communications will be through the initial MRP unless directed otherwise.

The ectopic pregnancy program will also be the responsibility of the CTU gynecology staff as the MRP.

The staff physician is responsible for triaging all referrals to the CTU clinic and in maintaining *a timely flow of patients through the clinic and monitoring all evaluations, diagnostic testing requests and procedures.*

Residents: There will be a resident (junior or senior) assigned to CTU clinic every Monday (usually the Resident on Ambulatory or Flex core)

The resident will be responsible for documenting the visit and finalizing any notes and orders. All cases should be managed based on the residents knowledge and skills based on their status at the time of the rotation. Depending on level of training, cases should be reviewed with the supervising staff and assistance should be provided as required.

Gynecology CTU Gyne Referral Criteria:

CTU referrals are primarily for emergency and urgent gynecology assessment and management only. As noted above (Who can refer?), consultations that are elective/non-urgent or require subspecialty services will be redirected.

Gynecology CTU currently accepts referrals for:

1. Abnormal uterine bleeding with one or more of the following

- a. Anaemia
 - b. Requiring blood transfusion
 - c. Failed medical management with acute hospital presentation
 - d. Concerning findings on imaging (ex. intra-cavitary masses or suspicion of malignancy)
2. Investigations of pelvic masses:
- a. Imaging suspicious for a malignancy
 - b. Symptomatic adnexal/ovarian masses presenting for urgent evaluation in hospital
3. Investigations of or follow up of postmenopausal bleeding after an in-hospital consultation (if referral to community physician cannot be arranged).
4. Emergency procedures requiring follow-up:
- a. Removal of Word catheter
 - b. Endometrial biopsy for suspected malignancy
 - c. Post operative patients for ectopic pregnancy or Gynecology CTU patient (NOT to be used for post operative follow up of cases that were performed by non CTU gynecology staff or cases)
5. Insertion of copper IUD for emergency contraception (for sexual assault victims — time sensitive, they have up to 7 days.) or for those who do not have a family physician.

CTU Gynecology currently does not accept referrals for:

- 1. Post operative care when surgery is performed by a gynaecologist on call (exception is ectopic pregnancy , Bartholins , or a patient who is already a CTU Gynecology patient)
(The gynecologist who performs the surgery should follow up on their own cases to maintain continuity.)
- 2. Pregnancy and antenatal care
- 3. Chronic pelvic pain or chronic gynecological issues, e.g. endometriosis, dyspareunia
- 4. Missed abortion or rule out RPOC (retained products of conception) requiring specifically gynaecology follow-up should be followed up by the on-call Gynecologist or referred to the EARLY pregnancy assessment units in Ottawa if the patient does not have a regular gynecologist

If any of the above mentioned need clarification, please page the Chief Resident or Gynecology Resident on call (overnight) for further direction. Please note that the inclusion list is not all encompassing.

Learning Objectives for Gyne CTU Clinic

1. Identify and triage appropriate consultations for review in an urgent gynecology clinic setting
2. Demonstrate appropriate evaluation (history, physical and testing) of urgent gynecology consultation
3. Describe the management of urgent gynecologic consultations including: ectopic pregnancy, abnormal uterine bleeding, pelvic masses, acute pelvic pain
4. Understand principles of billing in an ambulatory setting.
5. Document clinical encounters to adequately convey findings, clinical reasoning and the rationale for decisions and consult letter, and communication with the referring health care provider

CanMeds Key Competencies

- achieved through direct/virtual contact with pts in the ambulatory setting
- daily teaching in clinic
- direct observation by faculty as needed
- review of cases
- daily discussion of cases

1 ME 1.4 Apply clinical and biomedical sciences to manage presentations in gynecologic care

2 ME 1.5 Recognize urgent or difficult problems that may need the involvement of more experienced colleagues and seek their assistance

3 ME 1.6 Maintain a duty of care and patient safety while balancing multiple responsibilities

- 4 **ME 1.7** Identify clinical situations in which complexity, uncertainty, and ambiguity play a role in decision-making
- 5 **ME 2.2** Perform a patient assessment including history and physical exam
- 6 **ME 2.2** Select appropriate investigations and interpret the results
- 7 **ME 2.2** Synthesize patient information to determine diagnosis
- 8 **ME 2.4** Develop and implement initial management plans for urgent and emergent gynecologic presentations
- 9 **ME 3.1** Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy
- 10 **COM 1.6** Assess a patient's decision-making capacity
- 11 **ME 3.2** Obtain and document informed consent, explaining the risks, benefits, alternatives and the rationale for the proposed treatment options
- 12 **ME 4.1** Ensure follow-up on results of investigation
- 13 **COM 2.3** Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent
- 14 **COM 3.1** Use strategies to verify and validate the patient's understanding
- 15 **COM 4.1** Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe

16 COM 5.1 Document clinical encounters to adequately convey findings, clinical reasoning and the rationale for decisions

- . **17 COL 1.3** Engage in respectful shared decision-making with physicians and other colleagues in the health care professions

- . **18 HA 2.2** Identify patients or populations that are not being served optimally in their clinical practice

- . **19 HA 1.3** Incorporate disease prevention, health promotion, and health surveillance activities into interactions with individual patients

- . **20. S 3.3** Evaluate the applicability (external validity or generalizability) of evidence from resources

Applicable EPA's : TTD EPA #2 , Foundations EPA #7, 8, 9, Core EPA #8 (see below for details , FYI)

Obstetrics & Gynecology:

Transition to Discipline EPA #2 —Performing an initial assessment of uncomplicated gynecologic patients

This EPA includes assessment, documentation in medical record, and case presentation to supervisor , including a differential diagnosis and initial investigation of uncomplicated gynecologic patients.

Develop an initial management plan for common gynecologic presentations

Common gynecologic presentations: abnormal uterine bleeding; vulvovaginitis; pelvic pain; ovarian cysts, fibroids

******This EPA does not include interpreting the findings of a bimanual or speculum exam.**

Obstetrics & Gynecology: Foundations EPA #7 - Providing consultation and initial management for patients with urgent and emergent gynecologic presentations

Acute abdominal/pelvic pain (including ovarian cyst/torsion, pelvic inflammatory disease, or tubo-ovarian abscess)

Vulvar abscesses/Bartholin's cyst/abscess (including catheter placement or marsupialization)

Wound infections

Septic abortion

First trimester pregnancy complications (including pregnancy of unknown location, ectopic pregnancy, first trimester loss, or hyperemesis gravidarum) - This includes obtaining consent for an operative procedure such as laparoscopy, D and C, wound debridement or marsupialization in the OR.

Obstetrics & Gynecology: Foundations EPA #8 —Counselling and management for patients requiring family planning

This EPA includes assessment and comprehensive management, including counselling, for patients regarding contraceptive options and/or medical and surgical termination of pregnancy.

Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy

This includes being aware of professional obligations to patient care and advocating on behalf of patients to remove barriers to contraception.

This EPA includes obtaining informed consent for placement of intrauterine contraceptives, tubal ligation/salpingectomy, and pregnancy termination.

This EPA does not include contraceptive management of patients with significant comorbidities.

Perform IUD insertion/removal in a skillful, fluid and safe manner

Obstetrics & Gynecology: Foundations EPA #9 —Providing consultation for patients with gynecologic conditions

Presentations: menopausal disorders including postmenopausal bleeding; menstrual disorders; vulvovaginal complaints; adnexal masses; sexually transmitted infections including PID ; fibroids primary dysmenorrhea; gynecologic preventative care (Pap smears, HPV vaccination).

Procedure: perform common procedures in a skillful, fluid and safe manner, including endometrial biopsy; cervical biopsy; vulvar biopsy; IUD insertion; Pap smear

Obstetrics & Gynecology: Core EPA #8 —Providing care for patients with complex gynecologic conditions and/or medical comorbidities

This EPA includes providing medical care and surgical counselling to patients presenting with gynecologic problems from initial presentation through and including appropriate follow-up. At this stage, the trainee is entrusted with complex clinical presentations with uncertainty in diagnosis and/or management. The trainee is also entrusted to recognize when patients require subspecialty care.

This EPA includes patients with high complexity, defined as: those with multiple conditions that co-exist and/or interact; an atypical or refractory presentation of a common condition; contraception in patients with comorbidities; or management challenges including those due to social determinants of health and/or cultural complexities.

Complex gynecologic condition: menstrual disorder; complex menopausal complaint; pre-invasive gynecologic condition; complex gynecologic infection; pelvic mass; vulvar dystrophy; other

Procedure: endometrial biopsy; cervical biopsy; vulvar biopsy; loop electrosurgical excision procedure (LEEP)

Revised: August 2020