## PGY1 Resident Off-Service Rotation Objectives

<table>
<thead>
<tr>
<th>ROLE</th>
<th>KEY COMPETENCIES - NICU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Expert</td>
<td>- Perform consults on case room: familiarize with preterm birth prognosis and be able to counsel pregnant patients regarding neonatal resuscitation and Betamethasone (Celestone) benefits.</td>
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<td></td>
<td>- Be able to perform newborn intubation and NRP general guidelines (useful in OBGYNE in rural setting)</td>
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<td></td>
<td>- Learn the major preterm birth complications and be able to briefly explain those when counseling a pregnant patient at risk for preterm birth:</td>
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<tr>
<td></td>
<td>- Respiratory Distress Syndrome</td>
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<td></td>
<td>- Retinopathy of Prematurity</td>
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<td></td>
<td>- Necrotizing enterocolitis</td>
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<td>- Intraventricular hemorrhage</td>
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<td></td>
<td>- Understand the complications and the effect of prematurity on the families and the newborn. We are there when they are born, but we soon forget the burden that some families have since we never see them again.</td>
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<td></td>
<td>- Become familiar with common neonatal conditions such as jaundice, hypoglycemia, anemia</td>
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<td>Communicator</td>
<td>- Establish effective professional relationships with patients, their families, and other members of the health care team</td>
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<td>- Learn to use verbal and written communication effectively and efficiently to optimize patient care These skills will be taught by:</td>
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<td>- Participation in consultation skills workshops, presentations at team rounds (psychology, social work, nursing, etc.)</td>
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<td>- The daily observation of trainee performance by clinical supervisors (mentor) with ongoing feedback</td>
</tr>
<tr>
<td>Collaborator</td>
<td>Manager</td>
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</tr>
<tr>
<td><strong>A review of the written record and consultation letters by the attending physician with ongoing feedback</strong>&lt;br&gt;<strong>Observation of staff interactions during rotations</strong>&lt;br&gt;<strong>Observation of resident patient interactions</strong></td>
<td><strong>Know when to consult other caregivers appropriately</strong>&lt;br&gt;<strong>Work and on occasion lead an interdisciplinary team to develop appropriate diagnostic and therapeutic strategies for patient care</strong>&lt;br&gt;<strong>Work with the interdisciplinary team for discharge planning</strong>&lt;br&gt;<strong>These skills will be taught by:</strong>&lt;br&gt;<strong>Observation of daily practice patterns of other consultants</strong>&lt;br&gt;<strong>Attendance at multidisciplinary hospital rounds</strong>&lt;br&gt;<strong>These skills will be evaluated by:</strong>&lt;br&gt;<strong>Daily observation of trainee performance by attending staff</strong>&lt;br&gt;<strong>Feedback through in-training evaluations</strong></td>
</tr>
<tr>
<td>Scholar</td>
<td>Professional</td>
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| These skills will be taught through the following:  
- Lectures/discussions, other rounds  
- Observation of the practices of attending physicians and other members of the interdisciplinary team  
- Contribution to community education initiatives  

These skills will be evaluated through the following:  
- Monitoring of attendance at hospital based rounds  
- Provision of feedback through ITERs  

- Develop and implement an effective self-directed life-long learning strategy  
- Develop skills in practice of evidence-based medicine and ethical practice of medicine  
- Develop effective teaching strategies to teach junior house-staff  
- Facilitate teaching of patients about their health problems directly or through the involvement of other professionals  

These skills will be taught in the following manner:  
- Provision of faculty-wide teaching courses for residents  

These skills will be evaluated through:  
- Monitoring of participation at academic rounds  
- Regular feedback from attending physicians  
- Formal feedback through ITERs  

- Establish effective professional relationships with patients, their families, colleagues, and allied health professionals.  
- Develop an ethical framework for the delivery of the highest cost-effective quality care  
- Understand professional obligations to patients and colleagues  
- Exhibit appropriate personal and interpersonal behaviors  
- Act with integrity, honesty and compassion in the delivery of the highest quality health care  

These skills will be taught in the following manner:  
- Observation of the daily practice patterns of attending physicians and other health care workers  

- |
These skills will be evaluated in the following manner:
- Daily observation of trainees by attending physicians
- Formal evaluations through ITERs

<table>
<thead>
<tr>
<th>ROLE</th>
<th>KEY COMPETENCIES - Emergency</th>
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</table>
| Medical Expert  | • Perform appropriate history and physician exams for a variety of clinical presentations including; acute abdomen, chest pain, SOB, sepsis etc.  
                 | • Learn to order appropriate investigations ie. Blood work and diagnostic imaging  
                 | • Triaging patients  
                 | • Evaluating and managing ABCs ie. ATLS/ACLS protocols  |
| Communicator    | • Establish effective professional relationships with patients, their families, and other members of the health care team  
                 | • Interact with community care-givers and other health resources to obtain and synthesize relevant information about the patient  
                 | • Learn to use verbal and written communication effectively and efficiently to optimize patient care  
                 | These skills will be taught by:  
                 | • Direct communication with referring physicians and caregivers  |
|                 | These skills will be evaluated by:  
                 | • The daily observation of trainee performance by clinical supervisors (mentor) with ongoing feedback  
                 | • A review of the written record and consultation letters by the attending physician with ongoing feedback  
                 | • Observation of staff interactions during rotations  
                 | • Observation of resident patient interactions  |
| Collaborator    | • Know when to consult other caregivers appropriately  
<pre><code>             | • Work and on occasion lead an interdisciplinary team to develop appropriate diagnostic and therapeutic strategies for patient care  |
</code></pre>
<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
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<tbody>
<tr>
<td>Manager</td>
<td>• Utilize economic resources to effectively balance patient care and health care</td>
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<td>• Work to develop effective and efficient patient management strategies by:</td>
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<td></td>
<td>• Avoiding duplication of services</td>
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<td></td>
<td>• Involving other caregivers when appropriate, utilizing safe alternatives to</td>
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<td></td>
<td>in-hospital care</td>
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<td></td>
<td>• Appropriate use of information technology</td>
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<td></td>
<td>• Learning to effectively delegate responsibility to junior staff and others</td>
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<td>Health Advocate</td>
<td>• Work to develop effective health promotion strategies for patients and their</td>
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<tr>
<td></td>
<td>families</td>
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<td></td>
<td>• Intercede on behalf of their patients as the patient weaves her way through</td>
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<td></td>
<td>complex health care institutions, services and multiple physicians</td>
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<td>• Recognize and respond to those issues where advocacy is important</td>
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These skills will be taught through the following:
- Lectures/discussions, other rounds
- Observation of the practices of attending physicians and other members of the interdisciplinary team
- Contribution to community education initiatives

These skills will be evaluated through the following:
- Monitoring of attendance at hospital based rounds
- Provision of feedback through ITERs

**Scholar**
- Develop and implement an effective self-directed life-long learning strategy
- Develop skills in practice of evidence-based medicine and ethical practice of medicine
- Develop effective teaching strategies to teach junior house-staff
- Facilitate teaching of patients about their health problems directly or through the involvement of other professionals

These skills will be taught in the following manner:
- Provision of faculty-wide teaching courses for residents

These skills will be evaluated through:
- Monitoring of participation at academic rounds
- Regular feedback from attending physicians
- Formal feedback through ITERs

**Professional**
- Establish effective professional relationships with patients, their families, colleagues, and allied health professionals.
- Develop an ethical framework for the delivery of the highest cost-effective quality care
- Understand professional obligations to patients and colleagues
- Exhibit appropriate personal and interpersonal behaviors
- Act with integrity, honesty and compassion in the delivery of the highest quality health care

These skills will be taught in the following manner:
- Observation of the daily practice patterns of attending physicians and other health care workers (mentoring)

These skills will be evaluated in the following manner:
- Daily observation of trainees by attending physicians
- Formal evaluations through ITERs

<table>
<thead>
<tr>
<th>ROLE</th>
<th>KEY COMPETENCIES - ICU</th>
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</thead>
<tbody>
<tr>
<td>Medical Expert</td>
<td>• Rapid assessment of unstable patients including managing ABCs</td>
</tr>
<tr>
<td>Managing acute medical emergencies including Shock, Hemorrhage, Respiratory distress, Chest pain, Seizure, arrhythmias</td>
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<tr>
<td>Understand how to intubate a pregnant patient (increased risk of aspiration, effects of drugs on fetus…)</td>
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<td>Vascular access including peripheral, arterial lines etc</td>
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<tr>
<td>Insertion of Chest tubes</td>
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<tr>
<td>Developing an overall approach to the care of critically ill patients and their unique issues</td>
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</tr>
</tbody>
</table>

| Communicator |
| Establish effective professional relationships with patients, their families, and other members of the health care team |
| Interact with community care-givers and other health resources to obtain and synthesize relevant information about the patient |
| Develop a management and discharge plan for hospitalized patients involving the family physician, home care and other care-givers in the development of long-term community health planning |
| Learn to use verbal and written communication effectively and efficiently to optimize patient care |

These skills will be taught by:  
- Participation in consultation skills workshops, presentations at team rounds (psychology, social work, nursing, etc.)  
- Direct communication with referring physicians and caregivers

These skills will be evaluated by:  
- The daily observation of trainee performance by clinical supervisors (mentor) with ongoing feedback  
- A review of the written record and consultation letters by the attending physician with ongoing feedback  
- Observation of staff interactions during rotations
<table>
<thead>
<tr>
<th>Collaborator</th>
<th>• Observation of resident patient interactions</th>
</tr>
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<tbody>
<tr>
<td>• Know when to consult other caregivers appropriately</td>
<td></td>
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<tr>
<td>• Work and on occasion lead an interdisciplinary team to develop appropriate</td>
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<td>diagnostic and therapeutic strategies for patient care</td>
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<tr>
<td>• Work with the interdisciplinary team for discharge planning</td>
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<td>• Observation of daily practice patterns of other consultants</td>
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<tr>
<td>• Attendance at multidisciplinary hospital rounds</td>
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<tr>
<td>These skills will be evaluated by:</td>
<td></td>
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<tr>
<td>• Daily observation of trainee performance by attending staff</td>
<td></td>
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<tr>
<td>• Feedback through in-training evaluations</td>
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</tbody>
</table>

| Manager                                                                  | • Utilize economic resources to effectively balance patient care and health care |
|                                                                        | • Work to develop effective and efficient patient management strategies by: |
|                                                                        |   • Avoiding duplication of services                                          |
|                                                                        |   • Involving other caregivers when appropriate, utilizing safe alternatives  |
|                                                                        |   • Appropriate use of information technology                                |
|                                                                        |   • Learning to effectively delegate responsibility to junior staff and others|
| These skills will be evaluated by:                                       |                                               |
| • Observation of trainees by rotation supervisors/attending physicians     |                                               |
| • Feedback through ITERs                                                  |                                               |

<p>| Health Advocate                                                          | • Work to develop effective health promotion strategies for patients and their families |
|                                                                        | • Intercede on behalf of their patients as the patient weaves her way through    |
|                                                                        |   complex health care institutions, services and multiple physicians            |
|                                                                        | • Recognize and respond to those issues where advocacy is important             |
| These skills will be taught through the following:                        |                                               |
| • Lectures/discussions, other rounds                                      |                                               |</p>
<table>
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<th>Professional</th>
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<td>• Observation of the practices of attending</td>
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<td>physicians and other members of the</td>
<td>families, colleagues, and allied health professionals.</td>
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<tr>
<td>interdisciplinary team</td>
<td>• Develop an ethical framework for the delivery of the highest cost-effective</td>
</tr>
<tr>
<td>• Contribution to community education</td>
<td>quality care.</td>
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<tr>
<td>initiatives</td>
<td>• Understand professional obligations to patients and colleagues.</td>
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<td>These skills will be evaluated through the</td>
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<td>• Monitoring of attendance at hospital based</td>
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<td>other health care workers (mentoring)</td>
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<tr>
<td>ROLE</td>
<td>KEY COMPETENCIES – General Surgery</td>
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</tbody>
</table>
| Medical Expert  | • Understand, diagnose & treat acute appendicitis, common acute general surgical conditions including biliary appendicitis disease  
• Overall appreciation of surgical and non-surgical abdomens |
| Communicator    | • Establish effective professional relationships with patients, their families, and other members of the health care team  
• Interact with community care-givers and other health resources to obtain and synthesize relevant information about the patient  
• Learn to use verbal and written communication effectively and efficiently to optimize patient care  
  These skills will be taught by:  
  • Direct communication with referring physicians and caregivers  
  These skills will be evaluated by:  
  • The daily observation of trainee performance by clinical supervisors (mentor) with ongoing feedback  
  • A review of the written record and consultation letters by the attending physician with ongoing feedback  
  • Observation of staff interactions during rotations  
  • Observation of resident patient interactions |
| Collaborator    | • Know when to consult other caregivers appropriately  
• Work and on occasion lead an interdisciplinary team to develop appropriate diagnostic and therapeutic strategies for patient care  
• Work with the interdisciplinary team for discharge planning  
  These skills will be taught by:  
  • Observation of daily practice patterns of other consultants  
  • Attendance at multidisciplinary hospital rounds  
  These skills will be evaluated by: |
| Manager | • Utilize economic resources to effectively balance patient care and health care  
• Work to develop effective and efficient patient management strategies by:  
  • Avoiding duplication of services  
  • Involving other caregivers when appropriate, utilizing safe alternatives to in-hospital care  
  • Appropriate use of information technology  
  • Learning to effectively delegate responsibility to junior staff and others  
These skills will be evaluated by:  
• Observation of trainees by rotation supervisors/attending physicians with feedback on an ongoing basis and through ITERs |
| Health Advocate | • Work to develop effective health promotion strategies for patients and their families  
• Intercede on behalf of their patients as the patient weaves her way through complex health care institutions, services and multiple physicians  
• Recognize and respond to those issues where advocacy is important  
These skills will be taught through the following:  
• Lectures/discussions, other rounds  
• Observation of the practices of attending physicians and other members of the interdisciplinary team  
• Contribution to community education initiatives  
These skills will be evaluated through the following:  
• Monitoring of attendance at hospital based rounds  
• Provision of feedback through ITERs |
| Scholar | • Develop and implement an effective self-directed life-long learning strategy  
• Develop skills in practice of evidence-based medicine and ethical practice of medicine  
• Develop effective teaching strategies to teach junior house-staff  
• Facilitate teaching of patients about their health problems directly or through the involvement of other professionals |
These skills will be taught in the following manner:

- Provision of faculty-wide teaching courses for residents

These skills will be evaluated through:

- Monitoring of participation at academic rounds
- Regular feedback from attending physicians
- Formal feedback through ITERs

### Professional

- Establish effective professional relationships with patients, their families, colleagues, and allied health professionals.
- Develop an ethical framework for the delivery of the highest cost-effective quality care
- Understand professional obligations to patients and colleagues
- Exhibit appropriate personal and interpersonal behaviors
- Act with integrity, honesty and compassion in the delivery of the highest quality health care

These skills will be taught in the following manner:

- Observation of the daily practice patterns of attending physicians and other health care workers (mentoring)

These skills will be evaluated in the following manner:

- Daily observation of trainees by attending physicians
- Formal evaluations through ITERs

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<tr>
<th>ROLE</th>
<th>KEY COMPETENCIES – Internal Medicine</th>
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| Medical Expert | • Learn effective history and physician exam techniques for patients with acute and chronic illness  
• Become familiar with the diagnosis and management of common medical conditions including: COPD, diabetes, coronary artery disease, renal failure, peripheral vascular disease, asthma, and arrhythmias.  
• Become knowledgeable about the long-term management of these conditions  
• Become competent arranging discharge planning within a multidisciplinary setting (i.e. coordinate with social work, CCAC, OT/PT and other community resources) |
| Communicator | • Establish effective professional relationships with patients, their families, and other members of the health care team |
- Interact with community care-givers and other health resources to obtain and synthesize relevant information about the patient
- Develop a management and discharge plan for hospitalized patients involving the family physician, home care and other care-givers in the development of long-term community health planning
- Learn to use verbal and written communication effectively and efficiently to optimize patient care

These skills will be taught by:
- Participation in consultation skills workshops, presentations at team rounds (psychology, social work, nursing, etc.)
- Direct communication with referring physicians and caregivers

These skills will be evaluated by:
- The daily observation of trainee performance by clinical supervisors (mentor) with ongoing feedback
- A review of the written record and consultation letters by the attending physician with ongoing feedback
- Observation of staff interactions during rotations
- Observation of resident patient interactions

### Collaborator

- Know when to consult other caregivers appropriately
- Work and on occasion lead an interdisciplinary team to develop appropriate diagnostic and therapeutic strategies for patient care
- Work with the interdisciplinary team for discharge planning

These skills will be taught by:
- Observation of daily practice patterns of other consultants
- Attendance at multidisciplinary hospital rounds

These skills will be evaluated by:
- Daily observation of trainee performance by attending staff
- Feedback through in-training evaluations

### Manager
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<td>• Contribution to community education initiatives</td>
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<td>• Provision of feedback through ITERs</td>
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<td>Scholar</td>
<td>• Develop and implement an effective self-directed life-long learning strategy</td>
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- Provision of faculty-wide teaching courses for residents

  These skills will be evaluated through:
  - Monitoring of participation at academic rounds
  - Regular feedback from attending physicians
  - Formal feedback through ITERs

### Professional

- Establish effective professional relationships with patients, their families, colleagues, and allied health professionals.
- Develop an ethical framework for the delivery of the highest cost-effective quality care
- Understand professional obligations to patients and colleagues
- Exhibit appropriate personal and interpersonal behaviors
- Act with integrity, honesty and compassion in the delivery of the highest quality health care

  These skills will be taught in the following manner:
  - Observation of the daily practice patterns of attending physicians and other health care workers (mentoring)

  These skills will be evaluated in the following manner:
  - Daily observation of trainees by attending physicians
  - Formal evaluations through ITERs

### ROLE KEY COMPETENCIES – Female Urology

**Medical Expert**

To develop an approach to the diagnosis and management of a variety of clinical problems as follows:

- Voiding dysfunction
  - Understanding urodynamics/videourodynamics
  - Overactive bladder diagnosis and management
  - Female bladder outlet obstruction
  - Neurogenic lower urinary tract dysfunction

- Urinary tract infection:
  - Types: bacteriuria, urethritis, cystitis and pyelonephritis
  - Pathophysiology
  - Common organisms in lower and upper UTIs
- Host risk factors such as urinary retention, age, pelvic organ prolapse and pregnancy
  - Clinical presentation
  - Diagnosis
  - Treatment for acute, chronic, complicated, and recurrent UTIs

- Nephrolithiasis
  - Pathophysiology of the common forms
  - Patient risk factors
  - Clinical presentation
  - Diagnosis
  - Management and strategies to prevent recurrence

- Urinary tract injury
  - Describe the types of injuries (i.e., renal, ureter, bladder, urethra) and the principles of management
  - Understand the various methods of repairing bladder and ureteric injuries

- Urologic skill development
  - Foley catheter insertion
  - Understand indications for suprapubic catheter
  - Understand indications and procedure for rigid and flexible cystoscopy

**Communicator**
- To obtain a history from patients and family members
- To effectively convey a management plan to patients and family members
- To be able to communicate efficiently with consulting services
- To maintain meaningful and accurate clinical records, including timely completion of discharge summaries

**Collaborator**
- To collaborate with nursing, pharmacy, social work and other allied health disciplines as part of a multidisciplinary team
- Learn the appropriate use of pre-operative or ward consults of other services

**Manager**
- To efficiently assess patients, and initiate management of patients in the emergency room setting
- To manage time effectively, including appropriate triage of very ill patients
- To develop time management skills to reflect and balance priorities for patient care, learning and personal life

**Health Advocate**
- To identify opportunities for patient counseling and education regarding their medical conditions
- To educate patients regarding lifestyle modifications that may prevent disease including modification of risk factors for urologic disease.

**Scholar**
- To be able to critically appraise the literature regarding the diagnosis and treatment of urologic issues
- To develop a personal learning strategy for acquiring knowledge in the management of common urological conditions

**Professional**
- To consistently deliver high quality care with integrity, honesty and compassion
- To develop skill in comforting the patient and relieving anxiety
- To demonstrate professional attitudes in interactions with patients and other healthcare personnel

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### Objectives for Gynecology Oncology - (Pgy1)

<table>
<thead>
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<th>ROLE</th>
<th>KEY COMPETENCIES – <strong>Gynecology Oncology</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Expert</td>
<td>Demonstrate ability to perform focused history, physical exam, initial investigation (labs and imaging) pertinent to patient present with gyne oncology complaints</td>
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<td></td>
<td>Demonstrate basic ability to diagnosis and management of patients with gynecologic cancers.</td>
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<td></td>
<td>Develop an understanding of natural progression/ history of disease and end of life care and involvement of palliative care team when appropriate</td>
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<td></td>
<td>Demonstrate ability in management of complex cancer pain (through working with different teams i.e. complex pain team, palliative care team, acute / chronic pain services) and the different modalities available</td>
</tr>
<tr>
<td>Communicator</td>
<td>Surgical Foundations course exposes trainee to key principles of surgery (See Surgical Foundations Objectives document)</td>
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</tr>
<tr>
<td><strong>Communicator</strong></td>
<td>Develop rapport through ongoing communication/update of patient's condition with patient and family</td>
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<tr>
<td></td>
<td>Effectively communicate with different members of multidisciplinary team</td>
</tr>
<tr>
<td></td>
<td>Clearly document and communicate patient's condition, follow up and management plan in patient's chart and with relevant health care provide – through prompt and concise dictation of consultation/ clinic note and discharge summary.</td>
</tr>
<tr>
<td></td>
<td>Learn effective communication skills for breaking bad news and discussing goals of care</td>
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<tr>
<td>Collaborator</td>
<td>Understand the role of different members of health care team and utilize as appropriate to aid in care as inpatient and discharge planning</td>
</tr>
<tr>
<td></td>
<td>Participate in multidisciplinary rounds – attend daily bullet rounds on the ward, tumor board rounds</td>
</tr>
<tr>
<td></td>
<td>Keep patient and family up to date while patient is in hospital, participate in family</td>
</tr>
<tr>
<td>Role</td>
<td>Responsibilities</td>
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<tr>
<td>--------------</td>
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<tr>
<td>Meetings</td>
<td>meetings as appropriate</td>
</tr>
<tr>
<td></td>
<td>Ensuring continuity of care upon discharge by liaising with primary care physicians – keeping discharge summary up to date and maintenance of e-med reconciliation</td>
</tr>
<tr>
<td>Leader</td>
<td>Utilize economic resources to effectively balance patient care and health care</td>
</tr>
<tr>
<td></td>
<td>As oncology patients often have complex health needs, be familiar with and in managing community and outpatient resource available – i.e. home care/ CCAC, chemotherapy courses, rehab, end of life care</td>
</tr>
<tr>
<td></td>
<td>Learning to appropriate manage floor through delegation of tasks to other team members/ medical students</td>
</tr>
<tr>
<td></td>
<td>Being aware of when it is appropriate to consult other services</td>
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<tr>
<td></td>
<td>Leading rounds on the weekend</td>
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<tr>
<td></td>
<td>Making sure gyne oncology spread sheet kept up to date</td>
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<tr>
<td></td>
<td>Keeping track of patient discharge planning and organize as appropriate</td>
</tr>
<tr>
<td>Health Advocate</td>
<td>Work to develop effective health promotion strategies for patients and their families</td>
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<tr>
<td></td>
<td>Intercede on behalf of their patients as the patient weaves her way through complex health care institutions, services and multiple physicians</td>
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<tr>
<td></td>
<td>Recognize and respond to those issues where advocacy is important</td>
</tr>
<tr>
<td>Scholar</td>
<td>Develop and implement an effective self-directed life-long learning strategy</td>
</tr>
<tr>
<td></td>
<td>Seek ongoing feedback from teachers and modify learning objectives as necessary</td>
</tr>
<tr>
<td></td>
<td>Develop skills in practice of evidence-based medicine and ethical practice of medicine</td>
</tr>
</tbody>
</table>

Develop effective teaching strategies to teach medical students

Facilitate teaching of patients about their health problems directly or through the involvement of other professionals

These skills will be taught in the following manner:

1. Cooperative leadership of weekly teaching rounds with the staff
2. Review basic gyne oncology topics with medical students

<table>
<thead>
<tr>
<th>Professional</th>
<th>Establish effective professional relationships with patients, their families, colleagues, and allied health professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Develop an ethical framework for the delivery of the highest cost-effective quality care</td>
</tr>
<tr>
<td></td>
<td>Understand professional obligations to patients and colleagues</td>
</tr>
<tr>
<td></td>
<td>Exhibit appropriate personal and interpersonal behaviors</td>
</tr>
<tr>
<td></td>
<td>Act with integrity, honesty and compassion in the delivery of the highest quality health care</td>
</tr>
</tbody>
</table>
PGY1 Administrative Requirements for Gynecological Oncology

Ward

Service rounds should be done at 07:00 hours each morning during the week so that the main problems for the day can be planned and appropriate arrangements can be made. A second ward round should be done in the evening and appropriate sign over of critically ill patients to the oncall residents and attending physicians. This should include follow up of all imaging studies done during the day and ensuring that all appropriate interventions had been performed. The resident together with the Gyn Oncology fellow are responsible for timely completion of all discharge summaries and proper progress note being recorded on each in patient daily.

NOTE: PGY1 Residents rotating through the Gynecology Oncology service will be responsible for Ward duty while senior resident/fellow(s) are in the O.R. The expectations of the Gynecology Oncology rotation are to understand the management of patient care and follow-up. This is not a surgical exposure rotation.

Clinics

- Clinic schedules will be given to the resident at the start of rotation
- Clinics at the General Campus are held at the Ottawa Regional Cancer Centre on Tuesdays
- Residents have the opportunity to see new patients and follow-ups and are an integral part of the Gynecologic Oncology team

Rounds

- Residents are expected to do patient rounds at 07:00 hours Monday to Friday. In addition, business rounds should be conducted in the evening Monday to Friday
- Residents are responsible for timely discharge summary as indicated (within 24 hours of discharge)
- Residents are expected to be present at Gynecology/Pathology and quarterly divisional journal club (if time coincides with the rotation) rounds at the General Campus
- Residents are responsible for documenting all results, i.e. Chest x-ray, labs within 12 hours of the test being performed
- Residents are expected to participate in weekend patient rounds in collaboration with the attending on call physician
- PGY1 Residents have the responsibility to maintain the daily patient list
- Types of Rds
- Tumor Board - Wed. at 9:15 am on 4th floor of eye institute building in CAPE conference room. Residents don't present patients
- M&M rounds – quarterly – you may be asked to present

**Miscellaneous Information**

- **Research**
  - Please speak to your Gynecology Oncology Rotation Supervisor

- **Wound Dressings**
  - Wound dressings are not to be removed until 72h post-op as some evidence has shown that keeping the dressing on decreases post-op infections.
  - Dressing should be removed only if >50% saturated, and replaced with a fresh dressing (please write order on the chart for the nurse to do this)

- **Care of the Diabetic Patient**
  - Evidence has shown that diabetic patients who have elevated intra-operative glucose values have worse post-operative outcomes, mainly infectious in nature.
  - A standardized process of determining who will be getting intra-operative glucose measurements has been developed and published by the Gyn Oncology Ottawa team. What you need to know is the following:
  - Any diabetic who has a capillary BG>15 intra-operatively will need a referral to internal medicine while in hospital. There is a dedicated medicine service who deals with this, called SURG. You need to ask for medicine consults when you call locating.

Last Revised: April 2019
Performing the preoperative preparation of patients for basic surgical procedures

Key Features:
- This EPA includes verifying pertinent clinical findings and completing relevant clinical documentation, including orders

Assessment plan:

Supervisor does assessment based on indirect observation

Use Form 1.
Collect 1 observation of achievement

Relevant milestones

1. TD ME 1.6.1 Identify clinical situations in which complexity, uncertainty, and ambiguity may play a role in decision-making
2. TD ME 2.1.1 Identify the concerns and goals of the patient and family for the encounter
3. TD ME 2.2.1 Elicit a history and perform a physical exam that informs the diagnosis
4. TD ME 2.4.1 Develop an initial management plan for common patient presentations in surgical practice
5. TD ME 3.2.1 Describe the ethical principles and legal process of obtaining and documenting informed consent
6. TD ME 3.3.1 Recognize and discuss the importance of the triaging and timing of a procedure or therapy
7. TD COM 1.1.1 Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion
8. TD COM 1.2.1 Mitigate physical barriers to communication to optimize patient comfort, privacy, engagement, and safety
9. TD COM 2.1.1 Conduct a patient-centred interview, gathering all relevant biomedical and psychosocial information for any clinical presentation
10. TD COM 2.1.2 Integrate and synthesize information about the patient’s beliefs, values, preferences, context and expectations with biomedical and psychosocial information
11. TD COM 2.1.3 Identify and explore issues to be addressed in a surgical patient encounter effectively, including but not limited to the patient’s context and preferences which include items to be addressed such as age, ethnicity, gender, family, and religious beliefs
12. TD COM 2.2.1 Conduct a focused and efficient patient interview, managing the flow of the encounter while being attentive to the patient’s cues and responses
13. TD COM 2.3.1 Seek and synthesize relevant information from other sources, including the patient’s family, hospital records and other health care professionals, with the patient’s consent
14. TD COM 5.1.1 Organize information in appropriate sections within an electronic or written medical record
15 TD COM 5.1.2 Maintain accurate and up-to-date problem lists and medication lists
16 TD COM 5.2.1 Demonstrate reflective listening, open-ended inquiry, empathy, and effective eye contact while using a written or electronic medical record
17 TD COL 1.3.1 Discuss with the patient and family any plan for involving other health care professionals, including other physicians, in the patient’s care
18 TD COL 1.3.2 Describe the elements of a good consultation
19 TD HA 1.2.1 Identify resources or agencies that address the health needs of patients
## Surgical Foundations: Transition to Discipline EPA #2

### Recognizing and initiating early management for critically ill surgical patients

**Key Features:**
- This EPA focuses on the initial approach to a critically ill patient; at this early stage of training, an important feature of this task is recognizing one’s own limits and seeking assistance and/or handing over care to ensure safe patient management
- This EPA may be observed in simulation (e.g. OSCE)

**Assessment plan:**

Supervisor does assessment based on direct observation with review of clinic note

Use Form 1. Form collects information on:
- Type of scenario: clinical; simulated

Collect 2 observations of achievement

**Relevant milestones**

<table>
<thead>
<tr>
<th></th>
<th>milestone</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>TD ME 1.6.2 Recognize own limits and seek assistance when necessary</td>
</tr>
<tr>
<td>2</td>
<td>TD ME 2.1.4 Perform initial resuscitation according to ACLS guidelines</td>
</tr>
<tr>
<td>3</td>
<td>TD ME 2.2.1 Elicit a history and perform a physical exam that informs the diagnosis</td>
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<tr>
<td>4</td>
<td>TD ME 2.2.2 Develop a differential diagnosis and adjust as new information is obtained</td>
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<tr>
<td>5</td>
<td>TD ME 2.2.3 Order necessary initial investigations to assist in diagnosis and management</td>
</tr>
<tr>
<td>6</td>
<td>TD ME 4.1.1 Identify the potential need for consultation</td>
</tr>
<tr>
<td>7</td>
<td>TD COM 1.2.1 Mitigate physical barriers to communication to optimize patient comfort, privacy, engagement, and safety</td>
</tr>
<tr>
<td>8</td>
<td>TD COM 2.3.1 Seek and synthesize relevant information from other sources, including the patient’s family, hospital records and other health care professionals, with the patient’s consent</td>
</tr>
<tr>
<td>9</td>
<td>TD COL 1.1.1 Receive and appropriately respond to input from other health care professionals</td>
</tr>
<tr>
<td>10</td>
<td>TD COL 2.2.1 Communicate effectively with other physicians and health care professionals</td>
</tr>
<tr>
<td>11</td>
<td>TD COL 3.2.4 Perform safe and effective handover during transitions in care</td>
</tr>
<tr>
<td>12</td>
<td>TD S 1.1.2 Recognize the duality of being a learner as well as a practitioner</td>
</tr>
<tr>
<td>13</td>
<td>TS P 1.1.1 Consistently prioritize the needs of patients and others to ensure a patient’s legitimate needs are met</td>
</tr>
</tbody>
</table>
Surgical Foundations: Transition to Discipline EPA #3

Documenting clinical encounters

Key Features:
- This EPA focuses on the synthesis and documentation of relevant medical and surgical information while ensuring professional behaviour in the use of electronic medical records and/or other technologies.

Assessment plan:

Supervisor does assessment based on direct or indirect observation with review of clinical documentation.

Use Form 1. Form collects information on:
- Type of setting: inpatient; outpatient.

Collect 2 observations of achievement:
- At least 1 inpatient.
- At least 1 outpatient.

Relevant milestones:

1. TD COM 2.3.1 Seek and synthesize relevant information from other sources, including the patient’s family, hospital records and other health care professionals, with the patient’s consent.
2. TD COM 5.1.1 Organize information in appropriate sections within an electronic or written medical record.
3. TD COM 5.1.2 Maintain accurate and up-to-date problem lists and medication lists.
4. TD COM 5.1.3 Document an initial management plan for common patient presentations in surgical practice.
5. TD COM 5.2.2 Demonstrate an understanding of the risk of breaching patient confidentiality as a result of new technologies such as telehealth, internet or digital storage and transmission devices.
6. TD COL 3.2.3 Communicate with the receiving physicians or health care professionals during transitions in care.
7. TD L 1.4.1 Utilize the data available in health information systems in their discipline to optimize patient care.
8. TD P 1.1.3 Complete assigned responsibilities.
9. TD P 1.5.1 Describe the risks of technology enabled communication in surgical practice including but not limited to social media.
Surgical Foundations: Transition to Discipline EPA #4

Demonstrating handover technique

Key Features:
- This EPA focuses on the transitions of care that occur between residents and/or at times of patient transfer to another health care setting or location.
- Key aspects of this task include accurate and effective communication as well as professionalism in the use of medical information technology and/or social media

Assessment plan:

Supervisor does assessment based on direct observation

Use Form 1.
Collect 2 observations of achievement

Relevant milestones

1. TD ME 2.1.2 Identify patients at risk for sudden deterioration in clinical status requiring closer follow-up
2. TD COL 1.3.1 Discuss with the patient and family any plan for involving other health care professionals, including other physicians, in the patient’s care
3. TD COL 3.2.1 Describe specific information required for safe handover during transitions in care
4. TD COL 3.2.2 Acknowledge that incomplete or inaccurate handover can result in suboptimal patient care, if not harm
5. TD COL 3.2.3 Communicate with the receiving physicians or health care professionals during transitions in care
6. TD COL 3.2.4 Perform safe and effective handover during transitions in care
7. TD L 4.3.2 Demonstrate an understanding of the appropriate use of information technology to enhance surgical practice
8. TD P 1.5.1 Describe the risks of technology enabled communication in surgical practice including but not limited to social media
**Surgical Foundations: Transition to Discipline EPA #5**

**Demonstrating ability to function in the operating room**

**Key Features:**
- This EPA focuses on the safe and timely preparation for a surgical procedure including maintenance of sterility, universal precautions, handling of sharps and understanding occupational risks and hazards
- This EPA may be observed in simulation

**Assessment plan:**

Supervisor or delegate does assessment based on direct observation

Use Form 1. Form collects information on:
- Type of scenario: clinical; simulation

Collect 1 observation of achievement

**Relevant milestones**

1. TD ME 3.4.1 Demonstrate effective procedure preparation, including the use of a pre-procedure time-out or safety checklist as appropriate
2. TD ME 3.4.3 Perform pre-procedural tasks in a timely, skillful, and safe manner
   - Ensure maintenance of sterility
   - Maintain universal precautions
   - Ensure safe handling of sharps
   - Hand-cleanse, gown and glove
3. TD COL 1.2.2 Discuss the roles and responsibilities of all participants in the operating room
4. TD P 4.1.4 Demonstrate an understanding of occupational risks and their management
Surgical Foundations: Transition to Discipline EPA #6

Repairing simple skin incisions/lacerations

Key Features:
- This EPA may be observed in simulation

Assessment plan:
Supervisor does assessment based on direct observation

Use Form 1. Form collects information on:
- Type of scenario: clinical; simulation
- Wound size: < 2 cm, 2-5 cm, >5 cm

Collect 1 observation of achievement
- Wound must be at least 5 cm long

Relevant milestones
1 TD ME 2.4.2 Apply appropriate prophylaxis
2 TD ME 3.2.2 Obtain and document informed consent for simple wound closure
3 TD ME 3.4.4 Perform pre-procedural tasks for a simple wound closure
   • Apply the aseptic technique
   • Gather and manage the availability of appropriate instruments and materials for minor procedures
   • Obtain appropriate assistance
   • Position the patient appropriately
   • Prepare the operative site
   • Hand-cleanse, gown and glove
   • Demonstrate appropriate draping of the patient
   • Deliver pre-procedural anesthesia if appropriate
4 TD ME 3.4.5 Perform procedural tasks in a timely, skillful and safe manner
   • Use common surgical instruments, including but not limited to needle drivers, retractors, forceps, clamps, and scissors
   • Select and use suture materials
   • Assess the quality of the closure
5 TD COM 3.1.4 Plan and discuss appropriate postoperative care and issues with patients and families
Surgical Foundations: Transition to Discipline EPA #7
Managing tubes, drains and central lines

Key Features:
- This EPA may be observed in a clinical or simulated scenario related to tubes and drains (nasogastric, Jackson-Pratt or similar, chest tubes, feeding tubes, foley catheter, central venous catheter) (e.g. blocked, accidentally removed etc.)

Assessment plan:
Supervisor does assessment based on indirect observation
Use Form 1.
Collect 1 observation of achievement

Relevant milestones
1. TD ME 1.3.1 Apply knowledge of the different tubes, drains and lines used in the care of the surgical patient, the indications for their use and the risks associated with them
2. TD ME 2.4.3 Develop a management plan for common presentations related to tubes, drains and lines
3. TD ME 3.3.2 Determine the priority with which various problems with in-situ tubes, drains and lines require intervention
4. TD ME 3.4.6 Perform common procedures in a skillful, fluid and safe manner
   - unblock tubes and/or drains
5. TD COM 3.1.2 Communicate the plan of care in a clear, compassionate, respectful, and accurate manner to the patient and family
6. TD COL 2.1.2 Respond to nursing requests and concerns in a respectful and timely manner
7. TD P 1.1.1 Consistently prioritize the needs of patients and others to ensure a patient’s legitimate needs are met
Surgical Foundations: Foundations EPA #1
Providing initial management for critically ill surgical patients

Key Features:
- The observation of this EPA is divided into two parts: patient assessment and performing procedures (needle thoracostomy; tube thoracostomy; central line insertion; surgical airway)
- This EPA may be observed on the ward, in the emergency room or in the intensive care unit or in a simulation facility

Assessment plan:
Part A: Patient Assessment
Supervisor does assessment based on direct or indirect observation
Use Form 1. Form collects information on:
- Type of presentation: hemodynamic; airway/respiratory; deceased level of consciousness/acute change in mental status; sepsis
- Case complexity (as a marker of co-morbidities)

Collect 3 observations of achievement
- At least 2 different presentations

Part B: Procedure
Supervisor does assessment based on direct observation, may be clinical or simulation setting
Use Form 2. Form collects information on:
- Type of procedure: needle thoracostomy; tube thoracostomy; central line insertion; surgical airway
- Setting: clinical; simulation

Collect 4 observations of achievement
- At least one needle thoracostomy
- At least one tube thoracostomy
- At least one surgical airway
- At least one central venous line insertion

Relevant milestones (Part A)
1  F ME 1.3.1 Apply clinical and biomedical sciences to manage core patient presentations in surgical practice
2  F ME 1.4.2 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance immediately
3  F ME 1.5.1 On the basis of patient-centered priorities, seek assistance to prioritize multiple competing tasks that need to be addressed
4 F ME 2.2.1 Develop a specific differential diagnosis relevant to the patient’s presentation
5 F ME 2.2.2 Order and/or interpret appropriate investigations and/or imaging with sufficient attention to clinical details
6 F ME 2.2.3 Interpret common and simple imaging modalities
7 F ME 2.4.1 Develop and implement initial management plans for common problems in surgical practice
8 F ME 2.4.5 Manage unexpected perioperative bleeding (both surgical and nonsurgical)
9 F ME 3.3.1 Consider urgency, and potential for deterioration, in advocating for the timely execution of a procedure or therapy
10 F ME 4.1.1 Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved
11 F COM 5.1.3 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
12 F COL 3.1.3 Identify patients requiring handover to other physicians or health care professionals
13 F COL 3.2.1 Communicate with the receiving physicians or health care professionals during transitions in care, clarifying issues after transfer as needed
14 F L 2.2.1 Apply evidence and guidelines with respect to resource utilization in common clinical scenarios including but not limited to use of blood products, investigations, inpatient versus outpatient treatment and appropriate utilization of critical care unit resources
15 F P 1.3.1 Provide care to the critically ill patient commensurate to expressed advanced directives
16 F P 4.1.2 Manage the mental, physical and environmental challenges that impact behaviour and/or performance in the clinical setting

Relevant milestones (Part B)
1 F ME 3.1.4 Gather and/or assess required information to determine the procedure required
2 TD ME 3.4.2 Set up and position the patient for a procedure
3 F ME 3.4.4 Perform common procedures in a skillful, fluid and safe manner
4 F ME 3.4.7 Establish and implement a plan for post-procedure care
5 F COL 1.2.1 Work effectively with other health care professionals
Surgical Foundations: Foundations EPA #2

Providing initial management for trauma patients

Key Features:
- The observation of this EPA is divided into two parts: achievement of ATLS certification and participation as a member of the trauma team caring for a patient with multisystem trauma
- This EPA may include vascular control, application of a splint for bony injury or soft tissue injury, and securing of arterial and venous vascular access in critical and non-critical situations

Assessment plan:

Part A: ATLS Certification

Supervisor does assessment based on review of resident’s submission of certificate of course completion upon successful completion of ATLS course

Part B: Patient assessment

Trauma team leader does assessment based on direct observation

Use Form 1. Form collects information on:
- Role of resident: primary; secondary survey

Collect 2 observations of achievement
- At least one each primary and secondary survey

Relevant milestones (Part B)

1. F ME 1.4.1 Perform focused clinical assessments with recommendations that are well-documented
2. F ME 1.4.2 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance immediately
3. F ME 2.1.1 Iteratively establish priorities as the patient’s situation evolves
4. F ME 2.2.1 Develop a specific differential diagnosis relevant to the patient’s presentation
5. F ME 3.3.1 Consider urgency, and potential for deterioration, in advocating for the timely execution of a procedure or therapy
6 F ME 3.4.1 Perform pre-procedural tasks in a timely, skillful, and safe manner
7 F ME 3.4.3 Perform surgical techniques in a timely, skillful, and safe manner
   • Vascular control in elective and critical situations
   • Application of splint for bony injury or soft tissue injury
   • Securing of arterial and venous vascular access in critical and non-critical situations
8 F ME 4.1.6 Establish plans for ongoing care, taking into account the patient’s clinical state as well as available resources
9 F ME 4.1.7 Implement management to stabilize the patient prior to additional testing or transfer
10 F COM 1.2.1 Optimize the physical environment for patient comfort, privacy, engagement, and safety
11 TD COL 1.1.1 Receive and appropriately respond to input from other health care professionals
12 F COL 2.2.2 Communicate clearly and directly to promote understanding, manage differences, and resolve conflicts
13 F COL 3.1.1 Determine when care should be transferred to another physician or health professional
14 F COL 3.2.1 Communicate with the receiving physicians or health care professionals during transitions in care, clarifying issues after transfer as needed
15 F P 4.1.2 Manage the mental, physical and environmental challenges that impact behaviour and/or performance in the clinical setting
Surgical Foundations: Foundations EPA #3
Assessing and performing risk optimization for preoperative patients in preparation for surgery

Key Features:
- This EPA includes ordering/reviewing relevant investigations, optimizing any pre-operative risk factors and preparing patient for surgery

Assessment plan:
Supervisor does assessment based on direct or indirect observation
Use Form 1. Form collects information on:
- Surgical priority: elective; emergent
- Patient risk category: low; moderate; high; critically ill

Collect 4 observations of achievement
- At least one elective, one emergent
- At least one high risk
- At least one critically ill
- At least 2 assessors

Relevant milestones

1. F ME 1.3.1 Apply clinical and biomedical sciences to manage core patient presentations in surgical practice
2. F ME 1.4.1 Perform focused clinical assessments with recommendations that are well-documented
3. F ME 2.2.1 Develop a specific differential diagnosis relevant to the patient’s presentation
4. F ME 2.2.2 Order and/or interpret appropriate investigations and/or imaging with sufficient attention to clinical details
5. F ME 2.4.4 Develop and implement plans for preoperative optimization of patients
6. F ME 2.4.6 Apply appropriate prophylaxis
7. F ME 3.1.1 Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy
8. F ME 3.2.1 Obtain informed consent for commonly performed procedures and therapies, under supervision
9. F ME 3.2.2 Assess patients’ decision-making capacity
10. F ME 3.3.1 Consider urgency and potential for deterioration, in advocating for the timely execution of a procedure or therapy
11. F ME 4.1.1 Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved
12. F ME 5.2.1 Use cognitive aids such as procedural checklists, structured communication tools, or care paths, to enhance patient safety
13. F COM 1.6.1 Encourage discussion, questions, and interaction to validate understanding during the encounter
14  F COM 3.1.1 Use strategies to verify and validate the understanding of the patient and family with regard to the diagnosis, prognosis, management plan and/or discharge plan
15  F COM 5.1.3 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
16  F COL 1.2.2 Collaborate with other health care providers and all involved parties in booking the case including but not limited to ICU, Step down unit, or OR
17  F COL 1.3.1 Integrate the patient’s perspective and context into the collaborative care plan
18  F HA 1.3.2 Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients
   • Counsel regarding smoking cessation
   • Counsel regarding opportunities for health and wellness
   • Advocate for vulnerable and marginalized patients
   • Advocate for appropriate screening and facilitate process
19  F P 1.1.2 Demonstrate the ability to be objective in treating patients regardless of their socioeconomic status or other factors
20  F P 2.1.2 Describe the tension between the physician’s role as advocate for individual patients and the need to manage scarce resources
Surgical Foundations: Foundations EPA #4

Providing patient education and informed consent in preparation for surgical care

Key Features:
- This EPA focuses on the communication that occurs with patients and families to inform and discuss plans for surgical care

Assessment plan:

Supervisor does assessment based on direct observation

Use Form 1. Form collects information on:
- Type of procedure: emergency; elective
- Setting: clinical; simulation

Collect 3 observations of achievement
- At least 2 different assessors
- At least one emergency procedure
- At least one elective procedure
- At least two in clinical setting

Relevant milestones

1. F ME 2.3.1 Work with patients and their families to understand relevant options for care
2. F ME 2.4.2 Ensure that the patient and family are informed about the risks and benefits of each treatment option in the context of best evidence and guidelines, addressing fears and concerns
3. F ME 2.4.3 Discuss clinical uncertainty with the patient and family
4. F ME 3.2.1 Obtain informed consent for commonly performed procedures and therapies, under supervision
5. F ME 3.2.2 Assess patients’ decision-making capacity
6. F ME 4.1.3 Apply standardized care paths, including patient education components
7. F COM 1.2.1 Optimize the physical environment for patient comfort, privacy, engagement, and safety
8. F COM 1.5.2 Manage challenging conversations
9. F COM 1.6.1 Encourage discussion, questions, and interaction to validate understanding during the encounter
10. F COM 3.1.2 Plan and discuss appropriate postoperative, immediate and/or long-term care and issues with patients and families as appropriate
11 F COM 4.1.2 Communicate with cultural awareness and sensitivity
12 F COM 5.1.1 Document information about patients and their medical conditions in a manner that enhances intra- and interprofessional care
13 F HA 1.2.1 Select patient education resources related to surgical practice
14 F P 1.3.2 Recognize and respond appropriately in situations where consent is obtained under constraints of emergency circumstances
15 F P 1.4.3 Manage conflicts of interest related to surgical care, including consent issues related to the duality of the learner as surgeon
Surgical Foundations: Foundations EPA #5
Demonstrating the fundamental aspects of surgical procedures

Key Features:
- The observations of this EPA are separated into two parts: observations of the resident’s performance in the foundational aspects of surgical procedures and observations of the resident’s participation as a member of the surgical team.
- This EPA may be observed in any clinical setting (e.g. ER, OR, minor setting)

Assessment plan:
Part A: Foundational aspects of procedures
Supervisor does assessment based on direct observation
Use Form 1.
Collect 4 observations of achievement
- At least 2 by faculty
- At least 2 different types of procedures
- At least 2 different assessors

Part B: Participating in a team
Multiple observers provide feedback individually, which is then collated to one report
Use Form 3. Form collects information on:
- Role: surgeon; nurse; anesthetist; other

Collect feedback from at least 6 observers on one occasion
- At least one each of surgeon, nurse, and anesthetist

Relevant milestones (Part A)
1 F ME 2.4.6 Apply appropriate prophylaxis
2 F ME 3.4.1 Perform pre-procedural tasks in a timely, skillful, and safe manner
   • Apply the aseptic technique as it is used for all procedures
   • Maintain universal precautions
   • Position the patient appropriately
   • Mark appropriate side/site
   • Prepare the operative site
   • Cleanse the operative site
   • Hand-cleanse, gown and glove
   • Demonstrate appropriate draping of the patient
   • Deliver pre-procedural anesthesia if appropriate
F ME 3.4.2 Perform procedural tasks in a timely, skillful, and safe manner
• Use common surgical instruments, including but not limited to needle drivers, retractors, forceps, clamps, electrocautery, scalpel, and scissors

F ME 3.4.5 Perform post-procedural tasks in a timely, skillful, and safe manner
• Prepare and handle specimens for pathological assessment
• Perform appropriate wound closure and dressing care

F ME 5.1.3 Demonstrate an understanding of the steps to take when there has been a break in universal precautions or sterility contamination

F ME 5.1.4 Prevent complications that stem from operative positioning

F ME 5.2.1 Use cognitive aids such as procedural checklists, structured communication tools, or care paths, to enhance patient safety

F COM 5.1.1 Document information about patients and their medical conditions in a manner that enhances intra- and interprofessional care

F COM 5.1.4 Document operative procedures to adequately convey clinical findings, reasoning and the rationale for decisions

F COL 1.1.2 Respect established protocols of the operating room and team

F COL 2.1.1 Actively listen to and engage in interactions with collaborators

F S 2.3.2 Demonstrate an understanding of the role of appropriate supervision

F P 3.1.1 Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice

F P 4.1.2 Manage the mental, physical and environmental challenges that impact behaviour and/or performance in the clinical setting

Relevant milestones (Part B)

1 F COL 1.1.2 Respect established protocols of the operating room and team
2 TD COL 1.1.1 Receive and appropriately respond to input from other health care professionals
3 F COL 2.1.1 Actively listen to and engage in interactions with collaborators
4 F COL 2.2.2 Communicate clearly and directly to promote understanding, manage differences, and resolve conflicts
5 F P 3.1.1 Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice
6 F P 4.1.2 Manage the mental, physical and environmental challenges that impact behaviour and/or performance in the clinical setting
Surgical Foundations: Foundations EPA #6
Participating in surgical procedures

Key Features:
- This EPA may be observed in a range of procedures, including those specific to the primary entry surgical specialty as well as others

Assessment plan:
Supervisor does assessment based on direct observation in OR (minor surgery or emergency)
Use Form 2. Form collects information on:
- Role of resident: primary assistant to the operator; secondary assistant to the operator
- Role of observer: faculty; fellow; senior resident; other
- Type of procedure (or parts thereof):

Collect 4 observations of achievement
- At least 2 by faculty
- At least 2 different types of procedures
- At least 2 different assessors

Relevant milestones
1  F ME 1.3.1 Apply clinical and biomedical sciences to manage core patient presentations in surgical practice
2  F ME 1.3.2 Apply knowledge of anatomy relevant to the surgical site
3  F ME 1.4.2 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance immediately
4  F ME 3.4.2 Perform procedural tasks in a timely, skillful, and safe manner
   • Use common surgical instruments, including but not limited to needle drivers, retractors, forceps, clamps, electrocautery, scalpel, and scissors
   • Provide operative assistance
     o Demonstrate how to provide operative assistance as necessary for the safe and effective performance of operative procedures
     o Take direction from a lead surgeon
   • Use operative assistance appropriately
     o Recognize when to use operative assistance as necessary for the safe and effective performance of operative procedures
     o Demonstrate an understanding of personal technical limitations
     o Direct assistants
   • Select and use suture materials
• Select and use drains and tubes, as appropriate

5  F ME 3.4.3 Perform surgical techniques in a timely, skillful, and safe manner
• Hemorrhage control – pack, apply pressure (simple bleeding)
• Closure of layered incision
• Insertion and removal of drains
• Appropriate application of wound dressing
• Blunt and sharp dissection without injury to adjacent structures
• Incision using sharp and energy-based instruments
• Knot tying
• Suturing
• Tissue handling with attention to the preservation of tissue vitality

6  F COL 1.1.2 Respect established protocols of the operating room and team
7  TD COL 1.1.1 Receive and appropriately respond to input from other health care professionals
8  F COL 2.1.1 Actively listen to and engage in interactions with collaborators
9  F COL 2.2.2 Communicate clearly and directly to promote understanding, manage differences, and resolve conflicts
10  F L 1.2.1 Adhere to institutional safety procedures
11  F S 1.2.2 Use surgical encounters to guide learning and skill refinement
12  F S 2.3.2 Demonstrate an understanding of the role of appropriate supervision
13  F P 1.1.3 Exhibit appropriate professional behaviours
14  F P 2.2.1 Demonstrate a commitment to patient safety and quality improvement through adherence to institutional policies and procedures, and clinical practice guidelines
15  F P 4.1.3 Demonstrate an ability to regulate attention, emotions, thoughts, and behaviours while maintaining capacity to perform professional tasks
Surgical Foundations: Foundations EPA #7  
Managing uncomplicated postoperative surgical patients

Key Features:
- The observation of this EPA is divided into two parts: postoperative patient management and participation as a member of the discharge planning team.
- The postoperative patient management includes all aspects of writing postoperative orders, providing ongoing clinical care; documenting the postoperative course and planning for discharge.

Assessment plan:
Part A: Postoperative Management  
Supervisor does assessment based on direct or indirect observation. Use Form 1. Form collects information on:
- Stage of management: post-op orders; clinical management; documentation of post-op course; discharge planning.
- Hospital stay: day surgery; same day admit; inpatients.
- Surgical complexity: major procedure; minor procedure.
- Patient complexity: low; medium; high.

Collect 8 observations of achievement:
- At least 2 from each stage of management.
- A range of hospital stays.
- A range of patient complexity.
- At least 4 different assessors.

Part B: Collaborative Care  
Multiple observers from discharge planning team provide feedback individually, which is then collated to one report. Use Form 3. Form collects information on:
- Role: resident; faculty; nurse; other health professional.

Collect feedback from at least 6 observers on one occasion:
- At least 2 different roles.

Relevant milestones (Part A):
1. F ME 1.3.1 Apply clinical and biomedical sciences to manage core patient presentations in surgical practice.
2. F ME 1.4.1 Perform focused clinical assessments with recommendations that are well-documented.
3. F ME 3.4.5 Perform post-procedural tasks in a timely, skillful, and safe manner.
   • Perform appropriate wound closure and dressing care.
4. F ME 4.1.1 Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare...
professionals are involved

5 F ME 4.1.2 Ensure follow-up on results of investigation and response to treatment
6 F ME 4.1.4 Implement a post-operative care plan for patients with an uneventful postoperative course
7 F ME 5.2.1 Use cognitive aids such as procedural checklists, structured communication tools, or care paths, to enhance patient safety
8 F COM 3.1.1 Use strategies to verify and validate the understanding of the patient and family with regard to the diagnosis, prognosis, management plan and or discharge plan
9 F COM 3.1.2 Plan and discuss appropriate postoperative, immediate and or long-term care and issues with patients and families as appropriate
10 F COM 3.1.3 Discuss immediate and long-term follow-up issues with family members or substitute decision makers as appropriate
11 F COM 4.3.1 Answer questions from the patient and family about next steps
12 F COM 5.1.1 Document information about patients and their medical conditions in a manner that enhances intra- and interprofessional care
13 F COL 1.2.1 Describe the roles and scopes of practice of other health care providers related to surgical practice
14 F COL 1.3.1 Integrate the patient’s perspective and context into the collaborative care plan
15 F COL 3.2.2 Communicate with the patient’s primary health care professional about the patient’s care
16 F COL 3.2.3 Summarize the patient’s issues in the transfer summary, including plans to deal with the ongoing issues
17 F COL 3.2.4 Arrange for the appropriate resources and allied health care assistance to be available for the surgical patient
18 F L 1.4.1 Access supports and notification processes to enhance patient safety in their institution
19 F HA 1.2.1 Select patient education resources related to surgical practice
20 F HA 1.3.2 Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients
  • Perform screening for
    o Child abuse
    o Elder abuse
    o Domestic violence
21 F P 2.2.1 Demonstrate a commitment to patient safety and quality improvement through adherence to institutional policies and procedures, and clinical practice guidelines

Relevant milestones (Part B)
1 F COL 1.2.1 Describe the roles and scopes of practice of other health care providers related to surgical practice
2 F COL 1.3.1 Integrate the patient’s perspective and context into the collaborative care plan
3 F COL 2.1 Actively listen to and engage in interactions with collaborators
4 F COL 3.2.4 Arrange for the appropriate resources and allied health care assistance to be available for the surgical
Demonstrate an approach to working with patients to advocate for health services or resources to address

Demonstrate an ability to regulate attention, emotions, thoughts, and behaviours while maintaining capacity to perform professional tasks
Surgical Foundations: Foundations EPA #8
Managing postoperative patients with complications

Key Features:
- This EPA may include any of the following complications: post-op fever; low urine output; hypotension; chest pain; shortness of breath; bleeding; delirium; ileus

Assessment plan:
Supervisor does assessment based on indirect observation with review of clinic note
Use Form 1. Form collects information on:
- Type of complication: post-op fever; low urine output; hypotension; chest pain; shortness of breath; bleeding; delirium; ileus
- Hemodynamic status: stable; unstable

Collect 8 observations of achievement
- At least 4 different complications
- At least 3 assessors

Relevant milestones
1. F ME 1.3.1 Apply clinical and biomedical sciences to manage core patient presentations in surgical practice
2. F ME 1.4.1 Perform focused clinical assessments with recommendations that are well-documented
3. F ME 1.4.2 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance immediately
4. F ME 2.2.1 Develop a specific differential diagnosis relevant to the patient’s presentation
5. F ME 2.2.2 Order and/or interpret appropriate investigations and/or imaging with sufficient attention to clinical details
6. F ME 3.3.1 Consider urgency and potential for deterioration, in advocating for the timely execution of a procedure or therapy
7. F ME 4.1.1 Coordinate investigation, treatment, and follow-up plans when multiple physicians and healthcare professionals are involved
8. F ME 4.1.2 Ensure follow-up on results of investigation and response to treatment
9. F ME 4.1.5 Implement a post-operative care plan for patients with a complicated postoperative course
10. F ME 4.1.8 Identify the needs of the patient and appropriately consult other health professionals as indicated
11. F ME 5.1.5 Recognize the occurrence of a patient safety incident
12. F COM 3.1.1 Use strategies to verify and validate the understanding of the patient and family with regard to the diagnosis, prognosis, management plan and/or discharge plan
13. F COM 3.1.2 Plan and discuss appropriate postoperative, immediate and/or long-term care and issues with patients and
families as appropriate

14 F COM 3.2 Describe the steps in providing disclosure after a patient safety incident
15 F COM 5.1.3 Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions
16 TD COL 1.1.1 Receive and appropriately respond to input from other health care professionals
17 F P 2.2 Demonstrate a commitment to patient safety and quality improvement through adherence to institutional policies and procedures, and clinical practice guidelines
Surgical Foundations: Foundations EPA #9

Critically appraising surgical literature

Key Features:
- This EPA is most likely to be observed at journal club, but other formal teaching events such as clinical presentations, rounds or academic half-day, are also possible

Assessment plan:

Supervisor does assessment based on direct or indirect observation

Use Form 1. Form collects information on:
- Forum: journal club, clinical presentation, rounds; academic halfday

Collect 1 observation of achievement

Relevant milestones

1. F ME 1.3.1 Apply clinical and biomedical sciences to manage core patient presentations in surgical practice
2. F L 1.1.3 Seek data to inform practice and engage in an iterative process of improvement
3. F S 3.1 Recognize uncertainty and knowledge gaps in clinical and other professional encounters relevant to surgical practice
4. F S 3.2 Contrast the various study designs used in medicine and the quality of various pre-appraised resources
5. F S 3.3.1 Interpret study findings, including a critique of their relevance to surgical practice
6. F S 3.3.2 Determine the validity and risk of bias in a source of evidence
7. F S 3.4.1 Discuss the barriers to and facilitators of applying evidence into practice
8. F S 3.4.2 Describe how various sources of information, including studies, expert opinion, and practice audits, contribute to the evidence base of medical practice
9. F S 4.5 Summarize and communicate to peers the findings of applicable research and scholarship
Surgical Foundations: Foundations EPA #10
Supervising junior learners in the clinical setting

Key Features:
This EPA focuses on the clinical supervision of junior learners, and includes ensuring safe patient care, teaching and providing feedback

Assessment plan:
Supervisor and junior learners does assessment based on direct observation
Use Form 1. Form collects information on:
- Assessor’s role: junior learner, senior resident, faculty

Collect 6 observations of achievement
- At least 3 different junior learners
- At least 3 different senior residents or faculty

Relevant milestones
1  F ME 1.3.1 Apply clinical and biomedical sciences to manage core patient presentations in surgical practice
2  F S 1.3.1 Identify the learning needs of a junior learner
3  F S 2.1.1 Identify behaviours associated with positive and negative role-modelling
4  F S 2.2.2 Create a positive learning environment
5  F S 2.3.1 Identify unsafe clinical situations involving learners and manage them appropriately
6  F S 2.3.2 Demonstrate an understanding of the role of appropriate supervision
7  F S 2.4.1 Demonstrate basic skills in teaching others, including peers
8  F S 2.4.2 Plan learning activities appropriate to the level of the learner
9  F S 2.5.1 Provide written or verbal feedback to other learners, faculty and other members of the team
10 F P 3.3.1 Contribute to the assessments for other learners on their clinical rotation
Objectives for PGY1 Core Gynecology Rotation

A specialist Obstetrics and Gynaecology is a physician with special education and expertise in the field of women’s health and reproduction. He/she has the appropriate medical, surgical and obstetrical and gynaecologic knowledge and skills for the prevention, diagnosis and management of a broad range of conditions affecting women’s general and reproductive health. As well as providing clinical care and education in normal and complicated obstetrics and gynaecology, he/she may contribute significantly to research.

GENERAL OBJECTIVES

Upon completion of the rotation the PGY1 resident in Gynaecology is expected to have acquired the necessary knowledge, skills and attitudes for appropriate and competent management of a wide range of gynaecological conditions. The resident must have the ability to develop the trusting and effective partnership with female patients necessary to achieve successful outcomes in gynaecologic health and illness throughout a woman’s life.

The resident must also demonstrate the knowledge, skills and attitudes relating to gender, culture and ethnicity pertinent to reproductive health care, and have the ability to appropriately incorporate gender, culture, and ethnic perspectives into daily practice. Additionally, the resident must have an understanding of the impact of various factors; including fear, anxiety, depression, socioeconomic status and domestic violence on pain, patient satisfaction and treatment outcomes.

Upon completion of his/her rotation, the resident in gynaecology at a PGY1 level must have a understanding of the general physical and psychological health of women as it pertains to reproduction. This includes an understanding of the normal function and the pathological processes and diseases that affect the female external genitalia and the pelvic viscera (including the vagina, cervix, uterus, fallopian tubes, and ovaries) the lower urinary tract, and the bowel. This includes an understanding of embryology and normal female development.

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

1. take a history of the patient’s problem
2. conduct a complete physical examination including a pelvic examination
3. demonstrate an understanding of the value and significance of laboratory, radiological and other diagnostic studies
4. develop an inclusive differential diagnosis and formulate a management strategy
5. understand the indications, contraindications, types, variations, complications, and risks and benefits of surgical and non surgical treatments
6. understand the significance of perioperative and postoperative problems that might arise following surgery on the genitourinary tract

PGY1 General Gynaecologic Objectives
Upon completion of the PGY1 rotation in general gynaecology, the resident will have acquired the following competencies and will function effectively as:

1. **MEDICAL EXPERT/CLINICAL DECISION-MAKER**

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

**COGNITIVE SKILLS**

The PGY1 general gynaecology resident will possess knowledge of the following clinical conditions or problems encountered commonly in the practice of general gynaecology.

**Extensive knowledge is required for the following:**

a. **Pediatric and Adolescent Gynaecology**  
   - medico-legal aspects of consent and confidentiality specific to this age group  
   - contraception

b. **Reproduction and Endocrine Disorder**  
   Normal reproductive physiology and pathophysiology, investigation, diagnosis, and/or management of:  
   - menstrual irregularity  
   - dysfunctional uterine bleeding

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

d. **Pregnancy Loss or Termination**  
   Pathophysiology, investigation, diagnosis, and/or management (including counselling and/or referral for grief support) of:  
   - spontaneous abortion in the first trimester  
   - ectopic pregnancy

e. **Gynaecologic Infections**  
   Epidemiology, pathophysiology, investigation, diagnosis, and/or management of:  
   - vaginal and vulvar infections  
   - sexually transmitted infections  
   - acute pelvic inflammatory disease

f. **Other Non-Malignant Gynaecologic Conditions**  
   Pathophysiology, investigation, diagnosis and management of:  
   - benign pelvic masses, including rupture and torsion  
   - acute and chronic pelvic pain  
   - surgical wound hematoma and infection (including abscess)
An understanding is required for the following:

a. **Pediatric and Adolescent Gynaecology**
   Pathophysiology, investigation, diagnosis, management and/or possible psychosocial ramifications of:
   - developmental anomalies
   - Vaginal bleeding
   - vulvovaginitis
   - delayed puberty

b. **Reproduction and Endocrine Disorders**
   Pathophysiology, investigation, diagnosis and/or management of:
   - amenorrhea (primary and secondary)
   - polycystic ovarian disease
   - menopause

c. **Pregnancy Loss or Termination**
   Pathophysiology, investigation, diagnosis and/or management (including counselling and/or referral for grief support) of:
   - termination of pregnancy in the first trimester

d. **Gynaecologic Oncology**
   - principles of colposcopy, including its limitations and the indications for referral for colposcopic assessment

e. **Preoperative and Postoperative Care**
   - perioperative risk factors and their assessment
   - principles and appropriate use of nutritional support
   - principles of normal and impaired wound healing
   - principles and appropriate use of narcotics and NSAIDs for postoperative pain control
   - management of postoperative medical and surgical complications, including indications for consultation with other specialities.

f. **Other Non-Malignant Gynaecologic Conditions**
   Pathophysiology, investigation, diagnosis and management of:
   - colorectal disease; including diverticular disease, colon and rectal cancer, inflammatory bowel disease and appendicitis
   - breast conditions; including benign breast disease, breast cancer screening

**TECHNICAL SKILLS**

The PGY1 resident must acquire a wide variety of technical skills in the practice of general gynaecology. The following is a detailed list of required technical skills, including surgical skills that should be mastered at the PGY1 level of training.

**DIAGNOSTIC PROCEDURES AND TECHNIQUES**
The PGY1 resident will demonstrate an understanding of the indications, risks and benefits, limitations and role of the following investigative techniques specific to the practice of general gynaecology and will be competent in their interpretation.

a. **Serology and Microbiology**
   - serial HCG assays in the diagnosis of failing or ectopic pregnancy
   - culture and serology for sexually transmitted diseases
   - wet mount of vaginal discharge
   - urinalysis, urine microscopy and urine culture

b. **Imaging**
   - transabdominal ultrasound for gynaecologic disease
   - transvaginal ultrasound for gynaecologic disease
   - CT and MRI of pelvis
   - IVP
   - Doppler studies and angiography for thromboembolic disease

c. **Cytology and Histopathology**
   - cervical cytology

**Therapeutic Technologies**
The PGY1 resident will have a working knowledge of the physics and technological application of the following therapeutic modalities; including the risks, benefits and complications of these approaches.
   - electrocautery

**Surgical Skills**
The list of surgical skills is divided into categories reflecting the frequency with which these procedures are encountered during residency training in general gynaecology, as well as in the general practice of the specialty. The categorized list also reflects the level of technical skill competency for each surgical procedure expected upon completion of the PGY1 rotation in gynaecology.

**SURGICAL PROCEDURES**
The PGY1 resident will strive to become an excellent intraoperative assistant.

The PGY1 resident must be competent to perform with assistance the following procedures. He/she should be able to manage a patient prior to, during and after all of the following procedures. The resident must be able to discuss with the patient the risks, benefits and complications of these surgical treatments, as well as any available non-surgical treatment alternatives and the consequences of the absence of surgical treatment.

**Open Gynaecologic Procedures**
   - pfannensteil incision
   - vertical midline incision

**Vaginal Gynaecologic Procedures**
   - drainage of a Bartholin’s gland abscess
Other Gynaecologic Procedures

- endometrial biopsy
- endocervical curettage
- insertion and removal of an intrauterine contraceptive device
- fitting of a diaphragm
Surgical Procedures List B

The PGY1 resident in general gynaecology will understand and assist well at the following procedures in List B. The resident will be able to explain the indications for each of these procedures, as well as the perioperative management and complications.

Open Gynaecologic Procedures
- total abdominal hysterectomy
- salpingo-oophorectomy
- oophorectomy
- ovarian cystectomy

Vaginal Gynaecologic Procedures
- vaginal hysterectomy
- cervical conization

Endoscopic Procedures
- diagnostic laparoscopy

2. COMMUNICATOR

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

The PGY1 resident in gynaecology must be able to:

- develop rapport, trust, and ethical therapeutic relationships with patients and families
- accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals
- accurately convey relevant information and explanations to patients and families, colleagues, and other professionals
- develop a common understanding on issues, problems, and plans with patients and families, colleagues, and other professionals to develop a shared plan of care
- convey effective oral and written information about a medical encounter (including the ability to maintain clear, accurate, timely and appropriate records)

3. COLLABORATOR

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

The PGY1 resident in gynaecology must be able to:

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

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

The PGY1 resident in gynaecology must be able to:

- manage their practice and career effectively, balancing patient care, learning needs, and outside activities
- triage emergency problems with assistance

5. HEALTH ADVOCATE

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

The PGY1 resident in gynaecology must be able to:

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

6. SCHOLAR

As scholars, gynaecologists demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

The PGY1 resident in gynaecology must be able to:

- maintain an ongoing personal learning and reading program
- critically evaluate information and its sources, and apply this appropriately to practice decisions
- facilitate the learning of patients, families, students, residents, and other health professionals, the public, and others, as appropriate.

7. PROFESSIONAL

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

The PGY1 resident in gynaecology must be able to:

- demonstrate a commitment to their patients, profession, and society through ethical practice
- maintain patient confidentiality
- show self-discipline, responsibility and punctuality in attending to clinical duties
- complete accurate and informative chart notes and summaries in a timely and legible fashion
- monitor patients appropriately
Objectives for PGY1 Core Obstetrics Rotation

A specialist in Obstetrics and Gynaecology is a physician with special education and expertise in the field of women’s health and reproduction. He/she has the appropriate medical, surgical and obstetrical and gynaecologic knowledge and skills for the prevention, diagnosis and management of a broad range of conditions affecting women’s general and reproductive health. As well as providing clinical care and education in normal and complicated obstetrics and gynaecology, he/she may contribute significantly to research.

GENERAL OBJECTIVES

Upon completion of this rotation, the PGY1 resident in Obstetrics is expected to have acquired the knowledge, skills and attitudes for the appropriate and competent management, with assistance of a wide range of obstetrical conditions. The resident must have the ability to develop the 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 obstetric care, and have the ability to appropriately incorporate gender, culture, and ethnic perspectives into daily practice. Additionally, the resident must have an understanding of the impact of various factors; including fear, anxiety, depression, socioeconomic status and domestic violence on patient compliance, patient satisfaction and obstetrical outcomes.

Upon completion of his/her rotation, the resident in obstetrics at a PGY1 level must have an understanding of the general physical and psychological health of women as it pertains to obstetrics. This includes an understanding of embryology and of the anatomy of the genitourinary tract. The resident will acquire 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:

1. take a history of the patient’s problem
2. conduct a complete physical examination including an appropriate obstetrical examination
3. demonstrate an understanding of the value and significance of laboratory, radiological and diagnostic studies
4. develop an inclusive differential diagnosis and formulate a management strategy
5. understand the indications, contraindications, types, variations, complications, and risks and benefits of surgical and non surgical treatments
6. understand the significance of perioperative and postoperative problems that might arise following delivery (vaginal, assisted, or C/S)
PGY1 GENERAL OBSTETRICS OBJECTIVES

This rotation is intended to provide the resident with a clinical opportunity to acquire a working level of knowledge of maternal and fetal physiology, antepartum, intrapartum and postpartum care. Technical skill acquisition will be an integral part of the rotation experience.

1. MEDICAL EXPERT/CLINICAL DECISION MAKER

The PGY 1 resident will acquire a defined body of knowledge and acquire competence in some procedural skills which will allow for the delivery of safe clinical care with assistance.

Working knowledge is required of the following:

a. Antepartum Care
   • maternal and fetal physiology
   • fetal development
   • antepartum assessment of normal pregnancy
   • antepartum fetal surveillance in normal pregnancy
   • effects of psychosocial conditions on maternal and fetal health

b. Obstetric Complications

   The pathophysiology, prevention, investigation, diagnosis, prognosis and/or management of:
   • preterm labour
   • term and preterm premature rupture of membranes
   • antepartum hemorrhage
   • post dates pregnancy
   • gestational hypertension

c. Intrapartum Care:
   • anatomy, physiology, and mechanisms of normal labour
   • anatomy, physiology, and mechanisms of normal vaginal delivery
   • assessment of labour progress
   • indications for methods of and complications of augmentation of labour
   • intrapartum assessment of maternal health
   • intrapartum assessment of fetal health

d. Postpartum Care:
   • etiology and management of postpartum hemorrhage: early and delayed
   • etiology and management of sepsis
   • breastfeeding, benefits and complications
   • family planning
   • understanding of the risk factors for postpartum depression

An understanding is required of the following:

a. Antepartum Care
• genetic screening, testing, and counselling
• effects of underlying medical and surgical conditions on fetal and maternal health
• antepartum surveillance in high risk pregnancies

b. Obstetric Complications
   The pathophysiology, diagnosis, prognosis and/or management of:
   • multiple gestation: twins, monochorionic and dichorionic
   • fetal growth restriction
   • viral infections in pregnancy

c. Intrapartum Care:
   • management of shoulder dystocia
   • management of cord prolapse
   • Apgar scoring
   • intrapartum infection

d. Obstetric Delivery:
   • indications and management of a non-vertex presentation
   • assisted vaginal delivery

e. Postpartum Care:
   • venous thrombolic event, diagnosis and management
   • postpartum wound complications, ie. wound dehiscence

Technical Skills:

The PGY1 resident will demonstrate an understanding of the indications, risks and benefits, limitations, and role of the following techniques specific to the practice of Obstetrics & Gynaecology, and will be competent in their interpretation:

a. Serology and Microbiology:
   • screening for Group B streptococcus in pregnancy
   • culture and serology for sexually transmitted diseases
   • urinalysis, urine microscopy, and urine culture

b. Imaging:
   • screening obstetrical ultrasound
   • biophysical profile
   • allo-immunization

c. Cytology, Hystopathology:
   • cervical cytology – PAP Smear

d. Other Assessments:
   • fetal assessment: non-stress test, contraction stress test
   • Leopold’s Assessment
• Bishop’s Score
• cervical ripening / induction options with skills in Prostin, cervidil and Foley catheter placement

**Obstetric Procedures:**

a. Resident must be competent in:

• spontaneous vaginal delivery
• episiotomy & repair
• artificial rupture of membranes
• application of scalp electrode
• position / cervical exam
• placental removal at C/S
• C/S – open and close skin/fascia
• Postpartum removal of clots and uterine massage
• sterile speculum examination

The PGY1 resident must be competent to assist with the following procedures and discuss with the staff the risks benefits and complications of these interventions:

• repair of perineal and vaginal tears including 3rd & 4th degree tears and cervical lacerations
• low forceps delivery
• low transverse caesarean section, primary and repeat
• abdominal delivery of multiple gestation
• scalp pH’s
• IUPC placement

b. The PGY1 resident will understand but may not have the opportunity to see:

• Manual removal of placenta
• Vaginal breech delivery
• Management of shoulder dystocia
• Management of cord prolapse
• Management of an antepartum hemorrhage
• Management of a postpartum hemorrhage
• low vertical or classical caesarean section
• repair of wound dehiscence

2. **COMMUNICATOR**

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

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

The PGY1 resident in obstetrics must be able to:

- establish therapeutic relationships with patients and their families characterized by understanding, trust, empathy, and confidentiality
- obtain and synthesize relevant history from patients, families, and/or community
- discuss appropriate information with the patient, her family, and other health care providers that facilitates optimal health care. This also implies the ability to maintain clear, accurate, timely and appropriate records

To achieve these objectives as a communicator, the OB PGY1 resident must demonstrate:

1. an understanding of the elements of informed consent for medical and surgical therapies
2. the ability to record accurately and succinctly data collected from patients, laboratory tests and radiological studies
3. the ability to communicate (oral or written) conclusions based on these data to patients and their families, referring physicians and other involved health care personnel
4. evidence of good interpersonal skills when working with patients, families, and other members of the health care team an awareness of the unique personal, psychosocial, cultural and ethical issues that surround individual patients with obstetric problems
5. the ability to prepare and present information to colleagues and other trainees (if applicable) both informally (e.g., ward rounds) and formally (e.g., Grand Rounds, scientific meetings)
3. **COLLABORATOR:**

PGY1 residents must learn to effectively and respectfully work with allied health professionals, medical students, senior residents, consultant Obstetricians, family doctors, midwives and specialists in other fields.

The PGY1 resident must be able to consult effectively with other physicians and with other health care providers and contribute actively and effectively to a multidisciplinary health care team.

To achieve these objectives as a collaborator, the resident must be able to:

1. assist competently in the initial management of patients

2. demonstrate the ability to function effectively and, where appropriate, provide leadership, in a multidisciplinary health care team, showing respect, consideration and acceptance of other team members and their opinions while contributing personal specialty-specific expertise

3. identify, understand and respect the significant roles, expertise, and limitations of other members of a multidisciplinary team required to optimally achieve a goal to patient care.

4. **LEADER**

The PGY1 resident must acquire the abilities to prioritize and effectively execute tasks through teamwork with colleagues and must also:

- effectively balance patient care, learning needs and outside activities
- utilize information technology to optimize patient care, life-long learning.

To achieve these objectives as a leader, the resident should:

1. effectively assist in the management of the birth unit

2. triage emergency problems with assistance

3. be involved in morbidity and mortality reviews through committee attendance and/or case presentations.
5. HEALTH ADVOCATE:

PGY1 residents must recognize the importance of advocacy as an essential and fundamental component of health promotion that occurs at the level of the individual patient, the practice population, and the broader community.

The PGY1 resident in obstetrics will be able to:

- identify the important determinants of health affecting individual patients
- make clinical decisions for an individual patient balancing her needs against the needs of the general population and considering the available resources.
- recognize those issues where advocacy is appropriate
- advise patients about local and regional resources available for support, education, and rehabilitation

6. PROFESSIONAL

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

General Objectives:
The PGY1 resident must:

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

Specific Objectives:
In order to achieve these general objectives in the role of a professional, the PGY1 resident must:

- foster a caring, compassionate and respectful attitude towards patients, families, and other members of the health care team
- provide medical care that is ethical, and seek advice or second opinion appropriately in ethically difficult situations
- monitor patients and provide appropriate follow up medical care, particularly after starting a new treatment or following a surgical procedure
• maintain patient confidentiality at all times

• complete chart notes and summaries in a timely fashion and maintain medical records that are consistently accurate, informative and legible

• be able to deal with professional intimidation and harassment

• show self-discipline, responsibility and punctuality in attending to ward duties, in the operating room, and at meetings and other activities, and be a moral and ethical role model for others

• have the ability to balance professional and personal life