

Objectives of Ambulatory clinics for Junior and Senior Residents

Align with the CBD EPAs as summarized below (depending on preceptor clinic and patient population) :

can see link for OBGYNE EPAS for details and CBD Curriculum Map

<https://med.uottawa.ca/obs-gyne/postgraduate-education/residency-training-program/competency-based-medical-education>

Office Experience

The resident will be exposed to:

- office booking practice
- how to hire office staff
- number and type of staff needed to work in an office
- billing practice (e.g. software)
- financial implications of running an office

The resident should participate and be actively involved in:

- the management of a wide variety of office Gynecology and Obstetrics (see antenatal objectives)
- to perform office procedures such as endometrial biopsy and insertion of intrauterine contraceptive device

- the management of contraception in teenagers and women over 35 years of age

Community Experience

The resident will be able to understand and appreciate:

- the difficulties encountered by the community Obstetrician Gynecologist (e.g. lack of back-up, diminished testing resources)
- the role of the Community Health Services (i.e. VON, Public Health Nurse)

The resident will be able to:

- manage a busy consulting practice
- perform office Gynecology procedures including endometrial biopsy, vulvar biopsy and insertion of intrauterine contraceptive device
- discuss and manage contraceptive options in women of reproductive age
- discuss and manage pregnancy termination, STD treatment and antenatal care

Obstetrics & Gynecology: Transition to Discipline EPA #1 Performing initial assessments for uncomplicated obstetric patients

Key Features:

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

Obstetrics & Gynecology: Transition to Discipline EPA #2 Performing an initial assessment of uncomplicated gynecologic patients

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

Develop an initial management plan for common gynecologic presentations

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

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

Obstetrics & Gynecology: Foundations EPA #1 Providing routine prenatal care to a low-risk, healthy population

Key Features:

- This EPA includes assessing and counselling women experiencing a low-risk pregnancy and managing routine prenatal care. , including Hx,

Physical exam , investigations

- Patient: pre-conception; initial prenatal visit , second trimester; third trimester; term; postdate
- At common prenatal issues (e.g., postdate, vaginal birth after cesarean section [VBAC], or breech presentation) –

Obstetrics & Gynecology: Foundations EPA #7

Providing consultation and initial management for patients with urgent and emergent gynecologic presentations

Key Features:

– includes assessment, counselling, and timely initial management for patients with urgent and emergent gynecologic conditions including:

- Acute abdominal/pelvic pain (including ovarian cyst/torsion, pelvic

inflammatory disease, or tubo-ovarian abscess)

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

- Wound infections

- Septic abortion

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

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

Key Features:

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

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

- This includes being aware of professional obligations to patient care, and advocating on behalf of patients to remove barriers to contraception.
- This EPA includes obtaining informed consent for placement of intrauterine contraceptives, tubal ligation/salpingectomy, and pregnancy termination.
- This EPA does not include contraceptive management of patients with significant co- morbidities.
- The technical skills in this EPA include intrauterine device (IUD) insertion and removal.
- The observation of this EPA is divided into two parts: assessment and management; and IUD insertion.
Assessment Plan:
Part A: Assessment and management
Direct observation by OBGYN faculty, other specialized health professional or TTP trainee
Use Form 1. Form collects information on:
 - Patient issue (select all that apply): reversible contraception; permanent

contraception; emergency contraception; medical pregnancy termination; surgical pregnancy termination

- Co-morbidity: yes; no
- Collect 5 observations of achievement
- At least 3 different patient issues
- At least 3 observers must be attending physician
- At least 2 different observers

Part B: IUD insertion

Direct observation by OBGYN faculty, other specialized health professional or TTP trainee

Use Form 1.

Collect 2 observations of achievement

Part B: IUD insertion

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

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

- Presentations: menopausal disorders including postmenopausal bleeding; menstrual disorders; vulvovaginal complaints; adnexal masses; sexually transmitted infections including PID ; fibroids primary dysmenorrhea; gynecologic preventative care (Pap smears, HPV vaccination).
- Procedure: endometrial biopsy; cervical biopsy; vulvar biopsy; IUD insertion; Pap smear

. Perform a patient assessment including history and physical exam , Select appropriate investigations and interpret the

results , Develop and implement initial management plans for common gynecologic conditions

- . Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy
- . **Obtain and document informed consent, explaining the risks, benefits, alternatives and the rationale for the proposed treatment options**
- . **Perform common procedures in a skilful, fluid, and safe manner, including endometrial or vulvar biopsy, IUD/IUS insertion or Pap smear**
- . **Answer questions from patients and their families about next steps**

—Document clinical encounters to adequately convey findings, clinical reasoning and the rationale for decisions and consult letter, and communication with the referring health care provider

Obstetrics & Gynecology: Core EPA #5 Diagnosing and managing postpartum complications

Key Features:

- This EPA includes recognition, prevention, and management of postpartum complications.

delayed postpartum hemorrhage;

infection;

perineal complications,

vaginal hematoma;

mastitis;

endometritis;

venous thromboembolism/pulmonary embolus;

septic thrombophlebitis;

psychosocial comorbidities; postpartum psychiatric disorders (e.g., psychosis, depression)

- . **1 ME 1.4** Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology

- . **2 ME 1.7** Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves

- . **3 ME 1.5 Perform clinical assessments that address all relevant issues**

- . **4 ME 2.4 Develop and implement patient-centred management plans that consider all of the patient's health problems and context**

- . **5 COM 1.5** Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately

- . **6 COM 3.1 Convey information about diagnosis and prognosis clearly and compassionately**

- . **7 COM 5.1 Document clinical encounters to adequately convey findings, clinical reasoning and the rationale for decisions**

- . **8 COL 1.3** Communicate effectively with physicians and other colleagues in the health care professions
 - . 9 ME 4.1 Determine the need and timing of referral to another physician or health care professional
- . **10 HA 1.1** Facilitate timely patient access to services and resources

Obstetrics & Gynecology: Core EPA #8

Providing care for patients with complex gynecologic conditions and/or medical comorbidities

Key Features:

- This EPA includes providing medical care and surgical counselling to patients presenting with gynecologic problems from initial presentation through and including appropriate follow-up. At this stage, the trainee is entrusted with complex clinical presentations with uncertainty in diagnosis and/or management. The trainee is also entrusted to recognize when patients require subspecialty care.
- This EPA includes patients with high complexity, defined as: those with multiple conditions that co-exist and/or interact; an atypical or refractory presentation of a common condition; contraception in patients with comorbidities; or management challenges including those due to social determinants of health and/or cultural complexities.
 - Complex gynecologic condition: menstrual disorder; complex menopausal complaint; pre-invasive gynecologic condition; complex gynecologic infection; pelvic mass; vulvar dystrophy; other

- Procedure: endometrial biopsy; cervical biopsy; vulvar biopsy; loop electrosurgical excision procedure (LEEP); not applicable

. **1 ME 1.4** Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology

. **2 ME 1.5** Perform clinical assessments that address all relevant issues

. **3 ME 1.7** Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves

. **4 ME 2.1** Consider clinical urgency, feasibility, availability of resources, and comorbidities in determining priorities to be addressed during the current encounter or during future visits or with other health care practitioners

. **5 ME 2.4** Develop and implement patient-centred management plans that consider all of the patient's health problems and context

. **6 ME 3.1** Determine the most appropriate procedures or therapies for the purpose of assessment and/or management

. **7 ME 3.1** Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy

. **8 ME 3.4** Perform common procedures in a skilful, fluid, and safe manner with minimal assistance

- . **9 COM 4.1 Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe**
- . **10 COM 5.1 Document clinical encounters to adequately convey findings, clinical reasoning and the rationale for decisions**
- . **11 COL 1.2 Consult as needed with other health care professionals, including other physicians**
- . **12 L 2.1 Use clinical judgment to minimize wasteful practices**
- . **13 L 2.2** Apply evidence and guidelines with respect to resource utilization in common clinical scenarios
- . **14 HA 1.3 Incorporate disease prevention, health promotion, and health surveillance activities into interactions with individual patients**
- . **15 S 3.3** Evaluate the applicability (external validity or generalizability) of evidence from resources

Obstetrics & Gynecology: Core EPA #11 Providing care for patients with pelvic floor dysfunction (will overlap with Urogyne rotation objectives)

Key Features:

- This EPA focuses on providing counselling on lifestyle changes , medical and surgical options to patients presenting with pelvic floor dysfunction from initial presentation through

and including appropriate follow-up.

- Patient presentation: pelvic organ prolapse (POP); urinary incontinence (UI)- stress; urinary incontinence (UI)- urge; lower urinary tract symptoms (LUTS); anal incontinence and defecatory dysfunction; fistulas

- Management: pessary fitting; cystoscopy; urodynamic interpretation; primary surgical correction of stress incontinence; other

Develop and implement patient-centred management plans that consider all of the patient's health problems and context patients are informed about the risks and benefits of each treatment option in the context of best evidence and guidelines

-Perform cystoscopy in a skilful, fluid, and safe manner with minimal assistance

- **Perform pessary fitting in a skilful, fluid, and safe manner with minimal assistance**
- Document clinical encounters to adequately convey findings, clinical reasoning and the rationale for decisions

Obstetrics & Gynecology: Core EPA #12

Assessing, diagnosing and managing patients with chronic pelvic pain and sexual health concerns (will overlap with WH /MIS rotation)

Key Features:

- This EPA includes counselling and consideration of multi-disciplinary options of management (physiotherapy, etc.) as well as medical and surgical options.

- Patient presentation: chronic pelvic pain; sexual health concern

- Diagnosis: vulvodynia; levator hypertonicity; myofascial pain; female sexual dysfunction; other

• Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patients presenting with chronic pain or sexual concerns

• **Perform clinical assessments that address all relevant issues, Address the impact of the medical condition on the patient's ability to pursue life goals and purposes**

• **4 ME 2.4 Develop and implement patient-centred management plans that consider all of the patient's health problems and context**

• **5 COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately**

• **6 COM 2.1 Actively listen and respond to patient cues**

• **7 COM 3.1 Convey information about diagnosis and prognosis clearly and compassionately**

• **8 COL 1.2 Consult as needed with other health care professionals, including other**

physicians

- 9 HA 1.1 Facilitate timely patient access to services and resources**

Obstetrics & Gynecology: Transition to Practice #1 Managing complex patients, including those requiring longitudinal care

Key Features:

- This EPA focuses on assessing and managing patients independently, including complex obstetric and gynecologic conditions.
- This EPA includes providing continuity of care and collaboration with others.
- The observation of this EPA is based on the longitudinal care for individual patients.

Assessment plan:

Direct observation and case discussion with review of clinical documentation and communication by OBGYN faculty
Use Form 1. Form collects information on

- Case: gynecology; obstetrics

Collect 4 observations of achievement

- A variety of obstetrics and gynecology cases
- At least 2 different observers

Relevant Milestones:

- . **1 ME 1.1 Demonstrate a commitment to high-quality care of their patients**
- . **2 ME 1.4** Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology
- . **3 ME 1.7 Recognize and respond to the complexity, uncertainty, and ambiguity inherent in obstetrics and gynecology practice**
- . **4 ME 3.3** Prioritize a procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources
- . **5 ME 4.1 Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation**
- . **6 COM 5.1** Document clinical encounters in an accurate, complete, timely and accessible manner, and in compliance with legal and privacy requirements
- . **7 COL 1.3 Communicate effectively with physicians and other colleagues in the health care professions**
- . **8 L 1.2** Contribute to a culture that promotes patient safety
- . **9 L 2.1** Allocate health care resources for optimal patient care
- . **10 HA 1.3 Incorporate disease prevention, health promotion, and health surveillance activities into interactions with individual patients**
- . **11 P 2.1** Demonstrate accountability to patients, society, and the profession by recognizing and

responding to societal expectations of the profession

- **12 P 3.1 Fulfil and adhere to the professional and ethical codes, standards of practice, and laws governing practice**

Obstetrics & Gynecology: Transition to Practice EPA #2 Discussing difficult news

Key Features:

- This EPA focuses on the application of advanced communication and conflict resolution skills to address difficult situations that may involve patients, families, and/or members of the health care team.

- These situations may include but are not limited to discussing unexpected or serious diagnoses, adverse events, new diagnosis of cancer, changes in health status, or transitions to different goals of treatment including palliative care.

- This EPA may include working with an interpreter (complex skill set).

- This EPA can be assessed in any inpatient or outpatient clinical setting.

Assessment Plan:

Direct observation by supervisor or simulation supervisor
Use Form 1. Form collects information on:

- Communication scenario: unexpected diagnosis (e.g., stillbirth); mismatched

expectations (i.e., patient perceives serious when diagnosis is not serious); adverse event; new diagnosis of incurable disease/cancer; progressive disease; therapy modification; transition to palliative care; other

- If "other" indicate scenario: [free text]

- Simulation: yes; no

- Setting: [free text]

Collect 3 observations of achievement

- A mix of communication scenarios

- At least 2 different observers

Relevant Milestones:

- . **1 COM 1.5** Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately
- . **2 COM 1.4 Respond to patients' non-verbal communication and use appropriate non- verbal behaviours to enhance communication**
- . **3 COM 3.1 Share information and explanations that are clear and accurate while checking for understanding**
- . **4 COM 1.5 Establish boundaries as needed in emotional situations**
- . **5 COM 4.1 Communicate in a manner that is respectful, non-judgmental and culturally aware**

- . **6 COM 4.3** Answer questions regarding care delivery, treatment decisions and/or prognosis in a respectful manner

- . **7 P 1.1** Intervene when behaviours toward colleagues and/or learners undermine a respectful environment

- . **8 COM 2.2** Manage the flow of a challenging patient encounter, including those with angry, distressed, or excessively talkative individuals

Revised: September 2020