Objectives for Reproductive Endocrinology and Infertility - Pediatric and Adolescent Gynecology (PAG) Rotation – PGY3, PGY4, PGY5

Introduction

The Rotation will focus on the diagnosis and management of common problems in pediatric gynecology, congenital reproductive tract anomalies, pediatric and adolescent gynecologic malignancies, gynecologic disorders in medically ill children, reproductive endocrinopathies affecting children, contraceptive issues for the adolescent, and obstetrical care for the adolescent patient.

Mandatory Training

• Participate in the ambulatory (office) assessment of patients with PAG pathologies
• Participate in departmental learning activities
• Participate in the resident on-call schedule
• Assist in the surgical management of PAG patients
• Attend Departmental and Divisional rounds
• Share the on-call schedule during the working day with the Divisional Fellow
• Prepare and present a 45 minute rounds on PAG topic of your choice

Objectives

The Resident is expected to develop the knowledge and skills appropriate to professionally function in the following roles:

Medical Expert
Communicator
Collaborator
Manager
Health Advocate
Scholar
Professional

Medical Expert

Knowledge of Anatomy and Physiology

• Develop an understanding of reproductive anatomy including:
  • Normal embryology of the female and male reproductive tract
  • Maturational changes in the reproductive tract from infancy to maturity
  • Relation of congenital anomalies to embryology
  • Normal menstrual and ovarian cycle
• Understand the effect of endocrinology and common endocrinology dysfunction on reproductive maturation including:
  • Thyroid abnormalities
• Normal maturation and regulation of the hypothalamic pituitary axis from infancy through puberty
• Adrenal steroidogenesis and enzyme deficiencies associated with congenital adrenal hyperplasia

**Data Gathering**
• Be able to obtain a complete history from a child and or parent including developmental, social and medical assessment
• Be able to conduct the physical assessment including growth, development (Tanner Staging) and reproductive tract (age dependent technique) and draw appropriate conclusions from the clinical examination
• Be able to obtain an obstetrical history and antenatal and postpartum examination of an adolescent patient

**Clinical Reasoning, Management and Judgement/Diagnostic and Therapeutic**
• The resident will be responsible for the assessment of patients in the outpatient clinic as well as planning the diagnostic and therapeutic approach.
• As such the resident should manage common and uncommon pediatric and adolescent gynecology disorders as they present:
  • Abdominal/pelvic pain
  • Abnormal genital bleeding
  • Adnexal cysts/masses/torsions
  • Adolescent Obstetrics – Antepartum and Postpartum Care
  • Adolescent Sexuality
  • Ambiguous genitalia
  • Amenorrhea
  • Congenital anomalies of the reproductive tract
  • Contraception (including compliance)
  • Delayed puberty
  • Disorders of sex development / Gonadal dysgenesis
  • Dysmenorrhea
  • Endometriosis
  • Genital injuries
  • Hirsutism
  • Labial agglutination
  • Menorrhagia
  • Mullerian anomalies including vaginal agenesis
  • Pelvic or abdominal mass
  • Pediatric and Adolescent Gynecologic Malignancies
  • Precocious puberty/adrenarche/thelarche
  • Prepubertal vulvovaginitis
  • Primary ovarian insufficiency
  • Prescribing to the Pediatric Population (pharmacodynamics of children)
  • Sexually transmitted diseases
• Vulvar disorders
  • The resident will follow patients to get feedback on their management.

**Procedural skills**

• The resident is expected to attend all operative cases and to monitor the patient postoperatively with the attending staff.
• The resident should be able to participate in all the surgical procedures necessary for surgical reconstruction of the genital tract as it pertains to congenital reproductive anomalies in the pediatric and adolescent age group and genital trauma.
• The resident will participate in surgical therapy of pediatric and adolescent gynecologic malignancies.
• The resident will participate in the operative laparoscopic management of benign ovarian cysts, adnexal torsion, endometriosis, gonadectomy, and diagnostic procedures.
• The resident will be able to perform examination under anaesthesia including vaginoscopy and cystoscopy in the pediatric and adolescent population.

**Communicator**

*Physician/Patient Relationship*

• The resident should demonstrate the ability to elicit the trust and cooperation of the child and her family during his/her interactions in ambulatory care settings, the emergency department, in-house consultations and perioperatively.

*Verbal Communication Skills*

• The resident should demonstrate appropriate communication skills when interacting with clinic administrative staff and other members of the multidisciplinary health care team.

**Collaborator**

*Team Relations*

• The resident should demonstrate the ability to collaborate with the team in the evaluation of patients in the PAG clinics, Intersex multidisciplinary meetings, Adolescent OB clinic at St-Mary’s Outreach Center, and Contraception clinics.

**Manager**

*Time Management*

• The resident should demonstrate an ability to assess patients in an efficient manner in the ambulatory clinics.
• The resident will also supervise the timely attendance to inpatient consults and emergency room consults. The resident is expected to take first call to for consults during the work week (except post call). The resident will also be encouraged to participate in Emergency surgery when they occur.
Resources and Allocation

- The resident should be able to discuss the cost effective plan for investigation and management of pediatric and gynecology disorders.
- The resident should be able to determine the appropriate setting for patient management (ambulatory clinic or inpatient care) of pediatric and adolescent gynecology disorders.

Administrative Skills

- The resident should demonstrate the ability to coordinate ambulatory patient care including communication with consulting services, follow up of investigations, responding to patient/family queries and timely completion of health records.

Health Advocate

Determinants of Health/Health Advocacy

- The resident should be able to appreciate the unique developmental and social pressures that affect pediatric and adolescent patients and their families, including:
  - Cultural influences on puberty, sexuality, contraception and pregnancy
  - Social and psychological development through childhood and adolescence and how this affects care and counselling

Scholar/ Critical Appraisal

Self Directed Learning

- The resident should develop a critical approach to the literature regarding investigation, therapeutics and health care delivery with respect to pediatric and adolescent gynecologic care.

Rounds

- The resident will present a Pediatric and Adolescent gynecology round during the rotation

Teaching Skills

- The resident will demonstrate the ability to impart new information in the clinical situation to pediatric/adolescent patients and their families.
- The resident is responsible to teach medical students in the ambulatory care settings and during the performance of inpatient consults/emergency consults.

Professional Responsibility

- The resident will be expected to be available to the administrative staff and health care team and to participate in the management of the pediatric and gynecology patients in the clinic, on the wards and in the emergency department in conjunction with the staff, and clinic nurse.
Self Assessment Skills/Insight

- The resident should demonstrate the ability to communicate with attending staff and request assistance in patient management when appropriate.
- The resident should consult ancillary services when required to enhance patient care.
- The resident should develop an individual learning plan with regards to pediatric and adolescent gynecology knowledge basis, with assistance of the attending staff.

Ethics

- The resident should be aware of the medicolegal issues and ethical issues with respect to patient confidentiality
- The resident should be aware of the role of child protective agencies with regards to sexual abuse.

Written Skills and Record Keeping

- The resident shall document interactions with patients and families in the ambulatory clinic setting and in telephone interactions.
- The resident shall complete Health Records in a timely manner.

Introductory Email sent for Orientation and Resources

Introduction

- I have your pager number as: xxx-xxx-xxxx. Please let me know if there are any corrections to be made.

- Please let me know if you have a cellphone number that you wish to distribute to the PAG team.

- A gentle reminder to grab your CHEO ID badge from HR before or after your training and wear to all your PAG clinics. Of note, this badge will grant you access to secured inpatient units.

PAG Documents:

- You may access PAG documents that will be useful during your rotation at: https://drive.google.com/open?id=0B4lfVVMjnf6LRXJKbjVWNEMjIuWM

- This folder contains protocols, objectives, educational activities and Epic tips related to your PAG rotation; including how to access scrubs at CHEO for use in the OR.

Schedule (Attached)

- If you require last minute time off during your rotation (ie: sickness), please be sure to email Dr. Dumont and cc the physician of the clinic you will be missing as well as myself.
On-Call

• You will be on call for CHEO daytime (8am to 5pm) on the dates indicated on your schedule. Whom you should report to is also indicated on your schedule.
  o When noted: TD = Dr. Tania Dumont Cell: 819-230-6388
  o When noted: NF = Dr. Nathalie Fleming Cell: 613-859-6533
  o When noted: SS = Dr. Sony Singh Cell: 613-513-9566
  o When noted: MK = Dr. Maria Kielly Cell: 613-983-0609
  o When noted: BS = Dr. Bianca Stortini Cell: 514-978-7455, Pager: 613-274-5779
  o When noted: MS = Dr. Michael Suen Cell 604-376-1603

• If you receive a call from an outpatient physician while on call: Please document an appropriate history as well as the patient’s name, OHIP number, Provider name, billing number and call back number. Please call the on call physician to review the phone consult.

• If you forget your pager on a day that you are on call, please call CHEO locating (613-737-7600 ext 0) to let them know how you may be reached instead.

Rounding

• Please note that when there are patients admitted, it is your responsibility to round on them and report to the staff (or fellow if indicated) that is on call that day. If a patient is admitted overnight, the staff will inform you early in the morning or the resident on call during the night may contact you.

Training Sessions

• Scheduled on xxx, 1:00pm-5:00pm, the training is for CHEO EMR “Epic” and some necessary computer applications. The training room is in the basement (1st level) at CHEO in Room 1024A – it is right beside the cafeteria. Immediately following your first training, you’ll need to go up the helpdesk (in the Max Keeping Wing – on the 3rd floor) to set up your passwords etc.

Clinic Locations

• PAG clinic: CHEO, Clinic 9 - main building (Clinic tel #: 613-737-7600 ext. 1995)

• Heme-Gyne clinic: CHEO, MDU – main building

• Endo-Gyne Clinic: CHEO, Clinic 10 – main building

• CHEO OR: 3rd floor – main building

• St. Mary’s Home (this is the Adolescent OB and Contraception Satellite Clinics of The Ottawa Hospital): 780 rue de L’Eglise, Ottawa, ON K1K 3K7 Tel. 613-749-2491

• Riverside Campus (1967 Riverside Dr.): 7th floor, BGY clinic & DIS Clinic

• General Campus (501 Smyth Rd.): 8th floor, Rm. 8421, OBS clinic
Contacts

- Administrative assistant to Dr. Dumont) 613-738-8400: ext. 82054 (Please note that I am in the office 2 days per week. You may also contact Jenn Hunt at ext. 81799 (Tues-Fri) and 613-737-2425 (Mondays) should you have any issues)

- Dr. Tania Dumont (tdumont@toh.on.ca) Cell: 819-230-6388
- Dr. Nathalie Fleming (nfleming@toh.on.ca) Cell: 613-859-6533
- Dr. Amanda Black (abblack@toh.on.ca)
- Dr. Maria Kielly (mariajkielly@gmail.com) Cell: 613-983-0609
- Dr. Bianca Stortini (Stortini.bianca@gmail.com) Cell: 514-978-7455, Pager: 613-274-5779
- Dr. Michael Suen (mike.wh.suen@gmail.com) Cell: 604-376-1603
- RN (CHEO) Joanne Hammel (jhammel@cheo.on.ca) tel #: 613-737-7600 ext. 3589

Learning Opportunities

- Please review the objectives in the Google Drive (link above). Dr. Dumont will review them with you during your first clinic.

- The North American PAG resident curriculum includes your reading assignments for the rotation.

- You will be required to do 1 presentation or project during your 4 week rotation. Your presentation date is XXX. Please send me your topic when confirmed for distribution to the PAG team.

- Clinical Cases in Pediatric and Adolescent gynecology by M. R. Laufer & L. S. Goldstein, (NASPAG/ACOG CD Rom)
  - PAG textbook is available online (we have a hard copy if you are unable to access): https://login.proxy.bib.uottawa.ca/loginurl=http://ovidsp.ovid.com/ovidweb.cgi?T=S&PAGE=booktext&NEWS=N&DF=bookdb&AN=01438856/6th_Edition&XPATH=/PG(0)

- Review PAG Web ED. Please read through the cases & complete them by the end of your rotations: http://pagwebed.org/users/sign_in (I have sent you login instructions to your TOH e-mail on May 2nd).

- Feel free to visit a new, point of care resource for primary care providers, eMental Health. You will find clinical summaries on patients, bilingual patient handouts, screening tools and a directory of local services: http://www.eMentalHealth.ca/PrimaryCare
Evaluations

- Mid-Session (2 weeks on a 4 week rotation or 4 weeks on an 8 week rotation)
- Final (at 4 weeks or at 8 weeks depending on length of rotation)
- Completed by Dr. T. Dumont on behalf of PAG team (including Admin’s, RN’s, MD’s)

Also please note there may be last minute changes to your schedule; I will notify you as soon as possible to make you aware.

Please let me know if you have any further questions or concerns. We are very much looking forward to having you work with us and truly hope that you enjoy your rotation!
### Typical 4 week rotation schedule

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>May 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;Please ensure to pick up your CHEO ID Badge as this will give you access to inpatient wards&quot;</td>
<td>CHEO Training 8:00am-12:00pm Rm: 1024A</td>
<td>CHEO CALL - TD</td>
<td>CHEO CALL - NF</td>
<td>CHEO CALL - TD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Contraception Clinic (1pm) Dr. Black-Riverside 7th Floor</td>
<td>Benign Gyn Clinic (8:45 am) Dr. Dumont Riverside 7th Floor</td>
<td>St. Mary’s Teen OB Clinic (8:30am-4pm) Dr. Stortini</td>
<td>Benign Gyn Clinic (8:30am) Dr. Black Riverside 7th Floor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>St. Mary’s Teen OB Clinic (8:30am-4pm) Dr. Stortini</td>
<td>PAG Clinic (1 pm) C9- Dr. Pieming</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CHEO CALL - NF</td>
<td>CHEO CALL - NF</td>
<td>CHEO CALL - TD</td>
<td>CHEO CALL - NF</td>
<td>CHEO CALL - TD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prepare for PAG Rounds Presentation</td>
<td>Prepare for PAG Rounds Presentation</td>
<td>Contraception Clinic (1pm) Dr. Black-Riverside 7th Floor</td>
<td>Benign Gyn Clinic (8:45 am) Dr. Dumont Riverside 7th Floor</td>
<td>St. Mary’s Teen OB &amp; Contraception Clinic (8:30am-4pm) Dr. Stortini</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Volar Clinic (1 pm) C9- Dr. Gagne</td>
<td>Volar Clinic (1 pm) C9- Dr. Gagne</td>
<td>Contraception Clinic (1pm) Dr. Black-Riverside 7th Floor</td>
<td>Academic Half Day</td>
<td>St. Mary’s Teen OB &amp; Contraception Clinic (8:30am-4pm) Dr. Stortini</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CHEO CALL - NF</td>
<td>CHEO CALL - NF</td>
<td>CHEO CALL - TD</td>
<td>CHEO CALL - NF</td>
<td>CHEO CALL - TD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prepare for PAG Rounds Presentation</td>
<td>Prepare for PAG Rounds Presentation</td>
<td>Contraception Clinic (1pm) Dr. Black-Riverside 7th Floor</td>
<td>Benign Gyn Clinic (8:45 am) Dr. Dumont Riverside 7th Floor</td>
<td>St. Mary’s Teen OB Clinic (8:30am-4pm) Dr. Stortini</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PAG Clinic (1 pm) C9- Dr. Stortini</td>
<td>PAG Clinic (1 pm) C9- Dr. Stortini</td>
<td>Contraception Clinic (1pm) Dr. Black-Riverside 7th Floor</td>
<td>Academic Half Day</td>
<td>St. Mary’s Teen OB Clinic (8:30am-4pm) Dr. Stortini</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CHEO CALL - NF</td>
<td>CHEO CALL - NF</td>
<td>CHEO CALL - TD</td>
<td>CHEO CALL - NF</td>
<td>CHEO CALL - TD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prepare for PAG Rounds Presentation</td>
<td>CHEO OR (arrive @ 7:30am) Resident to email Jennifer Hunt (<a href="mailto:jenhunt@cheo.ca">jenhunt@cheo.ca</a>) closer to date to confirm start time.</td>
<td>Benign Gyn Clinic (8:45 am) Dr. Dumont Riverside 7th Floor</td>
<td>St. Mary’s Teen OB &amp; Contraception Clinic (8:30am-4pm) Dr. Stortini</td>
<td>Benign Gyn Clinic (8:30am) Dr. Black Riverside 7th Floor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PAG Rounds - Fellow (12:15pm) Rm W1103 CHEO</td>
<td>PAG Rounds - Fellow (12:15pm) Rm W1103 CHEO</td>
<td>Contraception Clinic (1pm) Dr. Black-Riverside 7th Floor</td>
<td>Resident to email Jennifer Hunt (<a href="mailto:jenhunt@cheo.ca">jenhunt@cheo.ca</a>) closer to date to confirm start time.</td>
<td>PAG Rounds - Resident (12:15pm) Rm W1103 CHEO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PAG Clinic (1 pm) C9- Dr. Stortini</td>
<td>PAG Clinic (1 pm) C9- Dr. Stortini</td>
<td>Gyne-Radiology Rounds (4:00pm) CHEO Rm 2117A</td>
<td>Gyn-Residency Rounds (4:00pm) CHEO Rm 2117A</td>
<td>PAG Clinic (1 pm) C9- Dr. Pieming</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DSD Rounds (4:00pm)</td>
<td>DSD Rounds (4:00pm)</td>
<td>Academic Half Day</td>
<td>Academic Half Day</td>
<td>DSD Rounds (4:00pm)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CHEO Rm 2305</td>
<td>CHEO Rm 2305</td>
<td></td>
<td></td>
<td>CHEO Rm 2305</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>28</td>
<td>29</td>
<td>30</td>
<td>31</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CHEO CALL - NF</td>
<td>CHEO CALL - NF</td>
<td>CHEO CALL - TD</td>
<td>CHEO CALL - NF</td>
<td>CHEO CALL - TD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prepare for PAG Rounds Presentation</td>
<td>Prepare for PAG Rounds Presentation</td>
<td>CHEO OR (arrive @ 7:30am) Resident to email Jennifer Hunt (<a href="mailto:jenhunt@cheo.ca">jenhunt@cheo.ca</a>) closer to date to confirm start time.</td>
<td>St. Mary’s Teen OB &amp; Contraception Clinic (8:30am-4pm) Dr. Stortini</td>
<td>Benign Gyn Clinic (8:30am) Dr. Black Riverside 7th Floor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PAG Clinic (1 pm) C9- Dr. Dumont</td>
<td>PAG Clinic (1 pm) C9- Dr. Dumont</td>
<td>Contraception Clinic (1pm) Dr. Black-Riverside 7th Floor</td>
<td>Contraception Clinic (1pm) Dr. Black-Riverside 7th Floor</td>
<td>PAG Clinic (1 pm) C9- Dr. Pieming</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
OBJECTIVES FOR UROGYNECOLOGY AND PELVIC RECONSTRUCTIVE SURGERY - (JUNIOR RESIDENT)

**Definition:** Urogynecology is an integral part of the gynecology evaluation and management of a patient with pelvic floor dysfunction.

**General Objectives**
Upon completion of this sub-specialty rotation, the urogynecology resident will have acquired the skills and expertise allowing him/her to function effectively as a professional and medical expert. The resident must demonstrate:
- diagnostic and therapeutic skills for effective and ethical care of patients with urogynecologic concerns
- the ability to access and apply relevant information in clinical practice
- effective consultation skills with respect to patient care and education
- a recognition of personal limitations of expertise, including the need for appropriate patient referral

**Specific Objectives**
In order to achieve the objectives, the urogynecology resident must demonstrate both knowledge (cognitive skill) and technical ability in the approach to problems in the practice of urogynecology. They must demonstrate effective use of all CanMeds competencies relevant to the practice of urogynecology.

1. The junior urogynecology resident will acquire, apply and maintain clinical knowledge relevant to clinical conditions or problems encountered commonly in the practice of urogynecology. This list should be considered in its totality and not be considered as comprehensive for all disorders in the practice of this specialty.

An extensive knowledge is required for the following:
surgical anatomy of the pelvic floor, including genital, urinary, colorectal, anal, skeletal myofacial elements, and understand the pathologic variance

functional anatomy of the continence mechanisms of the urethra and anus

pathophysiology, investigation, diagnosis and/or management of: stress urinary incontinence and urodynamic stress incontinence, urge urinary incontinence, and detrusor over-activity

The junior urogynecology resident should have a **working knowledge** of:

- voiding dysfunction, including postoperative and postpartum urinary retention, bladder outlet obstruction, and detrusor hypertonia
- pelvic organ prolapse, including pessary care
- indications and limitations of urodynamic testing
- pathophysiology, investigation, diagnosis and management of acute and recurrent urinary tract infection
- drug interactions with lower urinary tract function
- recognize and repair operative injuries to the urinary tract
- manage of emergency situations such as obstructed voiding secondary to severe prolapse; post partum bladder atony
- The junior urogynecology resident should have a detailed understanding of:
  - The management of urinary fistula,
  - urethral pain syndrome, non-infectious urethritis, atrophic urethritis, and urethra diverticula

2. The junior urogynecology resident will effectively perform a consultation, including a complete history and a focused, relevant physical examination.

3. The urogynecology resident will acquire a wide variety of technical skills in the practice of urogynecology, these are listed below.

The following is a detailed list of required technical skills, including surgical skills. These lists should be considered in its totality and not be considered as exhaustive for all disorders in sub-specialty practice.

The resident will demonstrate an understanding of the indications, risks and benefits, limitations, and know the following investigative techniques specific to the practice of urogynecology.
Focused Physical Examination
• screening neurologic evaluation specific to the urinary tract
• elicit the bulbocavernosus and anocutaneous reflexes
• staging the degree of pelvic relaxation
• assessment of control of levator ani muscle
• objective demonstration of incontinence
• Q-Tip test

Serology, Microbiology
• urinalysis
• urine microscopy
• urine culture

Other Investigations
• understanding of the components of urodynamic testing
• understanding of endoanal ultrasound
• post void residual

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

The junior urogynecology resident should be competent to perform the following procedures with assistance:

Open Gynecologic Procedures
• Pfannensteil incision
• vertical midline incision
• total abdominal hysterectomy
• sub-total abdominal hysterectomy
• retropubic bladder neck suspension (colposuspension)

Vaginal Gynecologic Procedures
• vaginal hysterectomy
• anterior colporrhaphy
• posterior colporrhaphy and perineorrhaphy repair
• TVT/TVTO
• McCall culdoplasty
• Pessary care and fitting
• laparoscopically assisted vaginal hysterectomy
• cystotomy repair
• cystoscopy,

The junior urogynecology resident should have a detailed understanding of:

• abdominal sacral colpopexy
• laparoscopic colposuspension
• sacrospinous fixation of the vaginal vault
• Martius graft advancement
• fistula repair
• vaginoplasty

The urogynecology resident will acquire the ability to select medically appropriate investigative methods in a resource effective and ethical manner.

The resident must demonstrate the ability to:
  o develop an effective management plan

PROFESSIONAL
Definition
Urogynaecologists 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 continually perfecting mastery of their discipline.

General Objectives
The resident must:
• deliver the highest quality of medical care with integrity, honesty, compassion, and respect
• exhibit appropriate personal and interpersonal professional behaviors
• 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 urogynecology 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 appropriately and provide appropriate follow-up medical care,
particular after starting a new treatment or following a surgical procedure
• maintain patient confidentiality at all times
• complete reports, letters, and summaries in a timely fashion and maintain medical records that are consistently accurate, informative and legible
• show self-discipline, responsibility and punctuality in attending to ward duties, in the operating room, and at meetings and other activities
• be able to appropriately delegate clinical and administrative responsibilities