OBJECTIVES FOR REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY - (PGY3, PGY4, PGY5)

(Adolescent Pediatric Gynecology, Reproductive Endocrinology and Infertility)

Mandatory Training

The clinical rotation objectives are as follows:

- Participate in the ambulatory (office) assessment of patients with problems in reproductive endocrinology, infertility and pediatric gynecology
- Participate in departmental learning activities
- Participate in the resident on-call schedule
- Assist in the endoscopic assessment and treatment of women with infertility problems
- Attend Departmental and Divisional rounds
- Participate in programs of assisted conception
- Share the on-call schedule during the working day with the Divisional Fellow
- Prepare a 45 minute rounds on a PAG topic of their choice

Female Reproductive Cycle

Terminal Objectives

The resident should demonstrate knowledge of the physiology of the female reproductive cycle.

Enabling Objectives

- Define ovarian and menstrual cycles
- Describe the neuroendocrine control of ovarian function
- Describe the gross relation between brain and pituitary gland, including blood supply
- Graph the relative concentrations of follicle-stimulating hormone (FSH) and luteinizing hormone (LH) through an ovulatory cycle
- Graph the relative serum concentrations of estradiol 17-beta and progesterone through the menstrual cycle
- Describe the structural organization of the ovary, the maturation of follicles and the formation of the corpus luteum
- Identify histologically the various cells and tissues that form the ovary
• Correlate the structural changes in the ovary during a normal menstrual cycle with hormonal production by the ovary, as influenced by the secretory products of the hypothalamus and pituitary
• Describe the histologic appearance of the various portions of the oviduct
• Describe the general histologic organization of endometrium and myometrium
• Describe the microscopic structure of the cervix and the changes in the endocervix during the menstrual cycle
• Describe the microscopic structure of the vaginal and the changes in the epithelium under various hormonal conditions
• Describe the histologic structure of the mammary gland and the responses of its components to pubertal, menstrual, pregnant, and the postmenopausal states
• Distinguish between mitosis and meiosis, and state the stage of gametogenesis during which meiosis is complete in male and female
• Describe the various cellular stages in the maturation of a male sex cell from spermatogonium to mature spermatozoon
• Describe the various cellular stages in follicular maturation and ovulation
• Describe the roles of the fimbriae of the infundibulum and of the ciliated cells, as well as the muscular activity, in tubal transport of ova
• Describe the events that occur during fertilization between sperm penetration and syngamy
• Describe the morphologic events in the ovum and their sequence from fertilization to implantation
• Define the effects to estrogen and progesterone on the vagina, the breast, and the endometrium
• Describe the microscopic appearance of endometrial glands, stoma, and vessels on days 8, 12, 21, and 27 of the normal 28-day cycle
• Describe the vascular phenomena associated with normal menstrual bleeding and the variation in its duration and amount
• Describe the difference between male and female gonadotropin release with respect to cyclicity
• Discuss the hypothesis that explains the hormonal basis of menarche
• Describe the serial development of the hormonal changes characteristic of puberty, maturity, the perimenopausal years, and later decades
• Discuss the relative advantages and disadvantages of using urine blood measurements to determine endocrine function
• Discuss the hormonal interrelationships of the follicle development and ovulation; including those that involved prolactin and prostaglandins; and the appearance and disappearance of specific receptors
• Describe the intracellular receptor mechanisms for steroids and other mechanisms whereby steroids may exert effects (e.g. Changes in blood flow via prostaglandins)
• Describe the membrane receptor mechanisms for peptides and the subsequent involvement of cyclic adenosine monophosphate (CAMP) as the second messenger
• Describe the effects of dopamine, serotonin, steroids, and endorphins as transmitting substances within the hypothalamus
• Describe the estrogen and progesterone receptors in the normal endometrial cycle and their relationship in normal and abnormal endometria
• Describe the normal ovarian androgen secretion, its relationship to the normal ovarian cycle, and its aberrations
• Discuss a hypothesis of ovarian and hypothalamic control of gonadotropin secretion

Abnormal Menstruation

Terminal Objectives

Given a 39 year-old women with regular cycles put profuse and prolonged vaginal bleeding, a 29 year-old woman with prolonged and infrequent menses from six months postpartum, and a 24 year-old woman with acyclic irregular bleeding variable in duration and amount, all with normal physical findings on pelvic examination, the resident should be able to carry out a diagnosis appraisal and apply appropriate therapy.

Enabling Objectives

• Discuss methods of relating the actual amount of bleeding to the described amounts
• Define and discuss “dysfunctional uterine bleeding” particularly in relation to endometrial hyperplasia, irregular shedding, and anovulatory bleeding
• List and define the terms used to describe abnormal menstruation, and discuss the limitations of such terms
• Discuss anovulatory bleeding in terms of ovarian secretion, follicular development, and endometrial development, including hyperplasia and adenocarcinoma
• List entities known to be associated with anovulation
• Describe techniques for confirming anovulation, contrasting the advantages and disadvantages of each technique and indicating the proper time in the menstrual cycle for employment of each
• Describe pharmacologic techniques, including drug dosages, for the medical management of these problems
• List the indications for surgical management of these problems, and describe the appropriate surgical procedures
• List those pathologic entities known to be associated with abnormal bleeding despite ovulation
• Discuss the relationship among obesity, anovulation, and endometrial hyperplasia
• Discuss the relationship between exercise and menstrual function

Precocious Puberty

Terminal Objectives
Given a 7 year-old girl who has had episodes of uterine bleeding 30 to 50 days apart, lasting 5 to 9 days, moderate breast development, and axillary and pubic hair, the resident should be able to evaluate the patient’s condition, state the differential diagnosis, establish the final diagnosis, provide appropriate therapy, and explain the condition and its treatment to the patient and her family.

**Enabling Objectives**

- Define sexual precocity, isosexual precocity, and heterosexual precocity, and differentiate constitutional precocity from that due to organic causes
- Discuss methods of differentiating constitutional from organic forms of precocity
- List and discuss organic causes of sexual precocity
- Describe the most useful modes of therapy for constitutional sexual precocity;
- Discuss the long-range effects of sexual precocity

**Primary Amenorrhea**

**Terminal Objectives**

Given a 16 year-old patient with normal habitus and intellect who has never menstruated, the resident should demonstrate the capacity to understand her uncertain feminine identity, institute and appropriate evaluation, discuss the rationale for investigation, and implement appropriate therapy or counseling.

**Enabling Objectives**

- Define the complaint, and give the mean and the normal range for age of onset of menses
- Discuss those elements in the history and physical examination that merit special attention, including eating habits and physical activity
- List the laboratory determinations essential to the initial evaluation
- Define eunuchoidism in terms of body habitus, height, and span, list skeletal, roentgenographic, and secondary sex characteristic, including confirmatory studies
- List the anomalies that coexist with genital maldevelopment in Turner’s syndrome; give the reason for that coexistence, when known, and the laboratory finding that is most diagnostic
- Discuss the pathogenesis and the laboratory confirmation of the disorder that comprises lymphocytic karyotype 46, XY, normal breast development, and congenitally absent uterus; outline the principles of therapy
- Give lymphocytic karyotype 46, XX with ambiguous external genitalia, state the most likely diagnosis and develop a plan to establish that diagnosis
- Define cryptomenorrhea, giving a typical history, physical findings appropriate to vaginal and uterine occlusion, recommended management, and prognosis for fertility
• List the diagnosis possibilities that are excluded by virtue of normal intellect
• Define Barr Body analysis, discuss the limitations and the possibility of misinterpreting the test
• Cite the drug dosage appropriate to induce withdrawal bleeding, describing its usefulness in evaluation
• Give indications for serum or urinary gonadotropin assay and subsequent diagnosis procedures indicated in the event of low, normal or high concentrations
• Give indications for measurements of serum or urine androgens, and recommended subsequent diagnostic procedures in the event of values higher than normal

Secondary Amenorrhea

Terminal Objectives

Given an 18 year-old college woman with menarche at age 12 and periodic but irregular menses until 3 months earlier, the resident should be able to state the goals of evaluation, carry out the appropriate diagnostic steps, explain them to the patient, and institute the appropriate therapy.

Enabling Objectives

• Describe the features of the history and physical examination that deserve special emphasis in evaluation of secondary amenorrhea
• Discuss the role of separation from family and from parental controls and routines in the generation of secondary amenorrhea
• List the disorders of the hypothalamus, anterior pituitary, ovaries, thyroid, and adrenal known to produce this complaint
• List the laboratory work essential for initial assessment
• Describe the usefulness of progesterone withdrawal in evaluation, including drug dosage, and the significance of failure of withdrawal bleeding
• Discuss the usefulness of karyotypic analysis, hysterography, laparoscopy, and ovarian biopsy in diagnosis
• List indications for measurement of gonadotropin activity in serum or urine, the significance of high or low concentrations, and methods of independent confirmation of either
• Describe the endometrial obliteration syndrome (Ashermans), and give a typical history for such a disorder
• Define the maturation index of vaginal epithelial cells, and discuss the implications for diagnosis and management of high and low cornification indices
• List indications for measurement of serum cortisol, 17-hydroxyprogesterone, and androgens in evaluating secondary amenorrhea
• Give drug and dosage for diagnostic adrenal suppression, and give indications for its use in the complaint
• Define the polycystic ovarian syndrome, and discuss theories of pathogenesis, the pharmacologic and surgical management, and probabilities of success in establishing menses and fertility
• Describe indications and content of a drug regimen capable of stimulating normal ovarian cycles, as well as methods of monitoring therapy
• Define hypothalamic anovulation, its pathogenesis, and its relationship to this complaint, and give possible management protocols
• Define anorexia nervosa, state its pathogenic relationship to secondary amenorrhea, and outline the therapy of this condition
• Discuss the role of nutritional and social service consultation in management
• Discuss the role of depression and psychotropic drugs in secondary amenorrhea
• Discuss the occurrence of secondary amenorrhea in runners and ballet dancers

**Hirsutism**

**Terminal Objectives**

Given a 23 year-old obese nulligravida with excessive facial hair, the resident should be able to evaluate her status, explain the pathophysiology of her condition, support her feminine identity, and carry out specific therapy when indicated.

**Enabling Objectives**

• Define hirsutism, hypertrichosis, defeminization, and virilization
• List those racial and national groups in which hirsutism is relatively common
• Discuss sexual dimorphism in adults and its relationship to hormone concentration and end-organ sensitivity
• Indicate the relative frequency of constitutional hirsutism among women with this complaint
• List elements of the history and physical findings that deserve emphasis in appraising this complaint
• Given a unilateral adnexal mass 6cm in diameter in this patient, list the neoplasms that may be present and describe the important gross and microscopic features of each
• Discuss the relationship of hirsutism to the polycystic ovarian
• Differentiate adrenal from ovarian excessive androgen production, assuming no malignant neoplasm
• Give the drug and dosage for satisfactory adrenal suppression test and state the implication of the following
  o No reduction of elevated levels of dehydroepiandrosterone-sulphate (DHEA-S) and 17-hydroxysteroids
  o Partial reduction of a moderately elevated excretion of urinary DHEA-S and 17-hydroxysteroids
  o Elevated morning serum cortisol concentration
Discuss the relationship of hirsutism to Cushing’s syndrome, describing the possible pathologic entities and criteria for diagnosis
Differentiate congenital from acquired adrenal hyperplasia in terms of etiology, genital morphology, general metabolic effects, and treatment
Discuss the effectiveness of the treatment of hirsutism by hormonal therapy and electrolysis, and discuss spontaneous regression

Galactorrhea

Terminal Objectives

Given a 24 year-old women with amenorrhea for 4 months and galactorrhea following oral contraceptive therapy, the resident should be able to evaluate the patient’s condition, establish a diagnosis, explain the condition and its treatment to the patient, and provide adequate management.

Enabling Objectives

• Define galactorrhea as a clinical pathologic entity
• List history and physical findings that are diagnostic of hyperprolactinemia
• Define the normal and abnormal circulating levels of prolactin in non-pregnant, pregnant, and lactating women; discuss the neuroendocrine control of the prolactin level, including releasing and inhibiting factors
• Describe the tests needed to evaluate abnormal prolactin secretion
• Discuss the medical and surgical management of hyperprolactinemia in both pregnant and non-pregnant patients with and without an identifiable pituitary tumour
• Discuss the mode of action, indications, dosage and side effects of bromocriptine

Infertility

Terminal Objectives

Given a patient who has been trying to become pregnant for 18 months without success, the resident should be able to discuss the implications, explain the evaluation procedure to the patient and her partner, carry out the diagnostic steps necessary, and provide appropriate counselling and therapy.

Enabling Objectives

• Describe the features of the history and physical examination of each partner
• Define the possible bases for ambivalence and conflict between couples with this complaint
• Distinguish between interstitial (Leydig) cells, supporting (Sertoli) cells, and germ cells
• Describe the relation between tunica albuginea, rete testis and hilus
• Describe the histologic appearance of the male accessory structures
• Describe the components of the spermatic cord
• Describe the hormonal mechanisms involved in the regulation of androgen production and spermatogenesis
• Discuss the technique of basal body temperature recording, its biochemical basis, and its usefulness in infertility appraisal
• Define and describe the usefulness of analyzing cervical mucus with respect to volume, fluidity, spinnbarkeit, and ferning
• Discuss the role of chronic cervicitis in impaired fertility
• State the evidence bearing on immunologic reactivity between sperm and cervical fluids in human fertility
• List techniques for establishing the time of ovulation, and explain the limitations of each
• Satisfactorily perform tubal insufflation, hysterosalpingography, and diagnostic laparoscopy
• Discuss the effects of uterine retroflexion, displacement and malformation, uterine leiomyomas, and postabortal and gonococcal salpingitis on fertility
• List norms of ejaculate volume, coagulation, fluidity, sperm concentration, morphology and motility, recognizing the problems of comparing individual data with aggregate statistics
• List studies appropriate to the evaluation of aspermia
• List laboratory determinations essential to analysis of infertility in couples
• Discuss pharmacologic agents used in the induction of ovulation with respect to their pharmacologic effects, availability, administration, indications, costs, and hazards
• Discuss the use of ultrasound techniques for monitoring ovulation induction
• Describe the surgical procedures appropriate to cornual, isthmic, or infundibular tubal occlusion and the probable post-operative conception rates using macro and micro techniques
• Provide a working definition of luteal phase defect, and plan for its treatment
• Discuss the effect of unilateral salpingectomy or oophorectomy on fertility
• List the indications for artificial insemination using the partner’s semen, and discuss the appropriate techniques for obtaining the specimen and inseminating the patient for each indication
• List the indication for artificial insemination using a donor’s semen, and discuss the important features of obtaining a donor semen, counselling the patient and her husband, and taking into account the legal implications
• List the indications for superovulation with intrauterine insemination, in-vitro fertilization ± ICSI, and TESA.
• Discuss the more common psychological effects of prolonged infertility on both male and female partners
• Describe the effects of advanced maternal age on fertility.
• Describe the potential complications associated with each procedure
Reproductive Endocrinology and Infertility

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<tr>
<th>CanMEDS Roles</th>
<th>CanMEDS Key Competencies</th>
<th>Methods To Facilitate Achievement of Competency</th>
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</table>
| Medical Expert      | Function effectively as consultants integrating all CanMEDS roles to provide optimal, ethical and patient-centered care.  
• Is able to perform a global evaluation of the infertile couple in the context of CanMEDS roles.                                                                 | • Direct contact with infertile couples in the ambulatory setting |
|                     | Establish and maintain clinical knowledge skills and attitudes appropriate to practice.  
• Has adequate knowledge of basic reproductive physiology and applies it to clinical practice.  
• Has comprehensive understanding and knowledge of common causes of infertility causes  
• Uses an appropriate strategy to keep up to date and ensure lifelong learning skills  
• Practices evidence-based medicine                                                                 | • Daily teaching in clinic  
• The resident will present at REI journal club 1-2 times during the rotation  
• The resident will attend weekly MD meetings to discuss patients.  
• Direct observation of faculty. |
|                     | Performs a complete and appropriate assessment of the couple.  
• Obtain a thorough history of both woman and man.  
• Perform a focused physical examination.  
• Is able to integrate all the available information to formulate an appropriate differential diagnosis.  
• Demonstrates adequate clinical judgments.                                                                 | • Direct encounters with couples in the clinic |
| Use preventive and therapeutic interactions effectively.  
| - Understands and applies preventive approaches in the context of pre-pregnancy counselling, disease prevention and screening. For example, folic acid, weight issues, medical problems in pregnancy, immunization, and smoking cessation.  
| - Ensures appropriate informed consent as related to various fertility treatments and surgeries.  
|  
| Direct encounters with couples in the clinic  
| Direct observation of faculty.  
|  
| Demonstrates proficient and appropriate use of procedural skills, both diagnostic and therapeutic.  
| - Understands usefulness and limitations of diagnostic interventions such as hormonal profile, infectious disease testing, baseline ultrasound, sonoHSG and laparoscopy.  
| - Understands the indications for various fertility treatments such as ovulation induction, superovulation with intrauterine insemination and IVF +/- ICSI, and TESA.  
| - Understands the affect of advanced reproductive age on fertility and treatment counseling.  
| - Appropriately documents therapies.  
| - Ensures adequate follow-up is organized for patient.  
|  
| Daily discussions with team and use of these approaches for inpatient care.  
| Direct observation.  
| Review of O.R. notes, IVF treatment summaries, dictations and discharge summaries.  
|  
| Seek appropriate consultation from other health professionals, recognizing the limits of their expertise.  
| - Demonstrate insight into own limitations.  
| - Demonstrates timely and effective consultation with other health care professionals.  
| - Understands the importance of multidisciplinary approach for the infertility couple.  
|  
| Direct observation and attendance/participation at weekly multidisciplinary rounds.  
|
| **COMMUNICATOR** | Develops ethical therapeutic relationships with couple and their family.  
- Respects patient confidentiality and autonomy.  
- Listens effectively. | Develops unethical therapeutic relationships with couple and their family.  
- Direct observation and direct interaction with patient and family.  
- Performing patient counseling. |
| --- | --- | --- |
| Elicits and synthesizes relevant information and perspectives of patient and families, colleagues and other professionals.  
- Obtains information and understands influence of patient’s beliefs, concerns and expectations.  
- Takes into account information from family and remainder of the infertility team as well as other consultants. | Direct observation and direct interaction with patient and family, other consultants and rest of the team.  
- Patient counseling. | Direct observation and direct interaction with patient and family, other consultants and rest of the team.  
- Patient counseling. |
| Conveys relevant information and explanations to patient, families, colleagues and other health professionals.  
- Communicates information to couple in a clear and concise way.  
- Encourages discussions and participation in decision-making.  
- Writes clear, well synthesized notes, reports and consultation documents. | Presents at multidisciplinary rounds.  
- Daily interactions with other consultants, social workers, psychologists, dieticians and nurses. | Presents at multidisciplinary rounds.  
- Daily interactions with other consultants, social workers, psychologists, dieticians and nurses. |
| Develops a common understanding on issues, problems and plans in the patients and others to develop a shared plan of care.  
- Gathers appropriate information from patients encourages participation in plan of care.  
- Seeks expertise from other consultants and remainder of the infertility team and understands delineation of everyone’s role in the overall care of the patient.  
- Develops appropriate and useful approaches in delivery of bad news and/or in dealing with misunderstandings or conflicts with the patient and/or the rest of the team. | Direct observation and direct interaction with patient and family, other consultants and rest of the team.  
- Patient counseling.  
- Daily interactions with other consultants, psychologist, sonographers and nurses. | Direct observation and direct interaction with patient and family, other consultants and rest of the team.  
- Patient counseling.  
- Daily interactions with other consultants, psychologist, sonographers and nurses. |
| Role       | Conveys effective oral and written information about a medical encounter.  
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<tr>
<td></td>
<td>• Maintains clear and thorough daily clinical notes of inpatients.</td>
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<td>• Consistently provides clear and regular notes on patients.</td>
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<td>• Dictates concise but complete discharge summaries.</td>
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<td>• Effectively presents verbal reports on patient encounters.</td>
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<td>Collaborator</td>
<td>Participates effectively with inter-professional health care team.</td>
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<td>• Understands his/her role in the fertility team and can describe the</td>
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<td>responsibilities of other members including psychologist, nurse and</td>
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<td>sonographer.</td>
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<td>• Works effectively with the rest of the team to optimize patient care.</td>
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<td>• Demonstrates leadership in the team while respecting other</td>
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<td>professionals’ roles and responsibilities.</td>
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<td>Leader</td>
<td>Effectively works with other health care professionals to prevent,</td>
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<td>negotiate and resolve inter-professional conflict</td>
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<td></td>
<td>• Respects other members of the fertility team.</td>
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<td>• Works with rest of team to avoid/prevent conflict and manage/resolve it</td>
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<td>when it occurs.</td>
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<td>Participates in activities that contribute to the effectiveness of their</td>
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<td>health care organization and systems.</td>
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<td>• Participates in quality assurance activities. For example, reviews of</td>
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<td>patient outcomes, etc.</td>
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<td>• Has basic understanding of infertility treatments and their limitations.</td>
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<td>• Direct observation and direct interaction with patient and family,</td>
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<td>other consultants and rest of the team.</td>
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<td>Direct interaction with rest of team.</td>
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| Manage their practice and career effectively. | • Sets appropriate priorities to balance all activities.  
• Can manage human resources on team by directing/helping medical students and junior residents.  
• Direct team management on day-to-day practice. |
|----|----|
| Allocate healthcare resources appropriately. | • Practices in cost-effective manner.  
• Prioritizes resources utilization appropriately to optimize maternal-fetal outcome.  
• Direct team management on day-to-day practice. |
| Serve in administration/leadership roles. | • Participates in regular team meetings.  
• Is able to apply new knowledge to improving maternal-fetal health by suggesting and implementing change.  
• Direct team management on day-to-day practice. |
| Health Advocate | Respond to individual patient health needs and issues.  
• Identify health needs of the couple and understands possible interaction and/or conflicts.  
• Is advocate for patient’s health promotion before, during and after a fertility treatment.  
• Participation in clinics. |
| Scholar | Maintains and enhances professional activities through on-going learning.  
• Understands importance of maintenance of competence and need for implementation of life-long knowledge management plan.  
• Knows appropriate and sound sources of information for Reproductive Medicine.  
• Identifies questions of interest to Reproductive Medicine and is able to obtain and interpret the information gathered and apply it clinically.  
• Direct observation of faculty.  
• Review of cases  
• Discussions in clinic.  
• Presentation at journal club |
| critics| evaluate medical information and apply to practice decision. |
|---|---|---|
| •  Knows principles of critical appraisal. |
| •  Can integrate knowledge into care of high risk patient. |
| Facilitate learning of patients, families, students, residents, public, and other health care professionals. |
| •  Identify learning needs of any of above and can address needs effectively and appropriately depending on individual. |
| Contributes to development, dissemination and translation of new knowledge and practices. |
| •  Understands principles of research and ethics in the context of REI |
| •  Can effectively search for evidence to help address scholarly questions and disseminates knowledge. |

**Professional**

| Demonstrates a commitment to patient’s profession and society through ethical practice. |
| •  Practices with integrity, honesty, commitment, compassion, respect and altruism. |
| •  Recognizes and addresses ethical issues raised in caring for the infertility couple |
| •  Respects confidentiality. |
| Demonstrates a commitment to patients, profession and society through participation in profession-led regulation. |
| •  Demonstrates professional and ethical practice. |
| •  Is accountable to regulating body (Royal College of Physicians and Surgeons of Canada). |
| •  Addresses other’s unprofessional behaviors. |

| Attending and presenting at journal club. |
| Daily patient teaching in clinics. |
| Attends ethics seminars and research meetings. |
| Direct observation. |
| Direct observation. |
| Demonstrate a commitment to physician’s health and sustainable practice.  |
| --- | --- |
| • Balance personal and professional priorities. |
| • Maintains insight. |
| • Direct observation. |

Last Revised: January 2019