



Goals and Objectives

Gynecology Oncology Rotation

Overview

Goal

The primary goal of the resident's Gynecology Oncology rotation is to provide a comprehensive exposure to Gynecological Oncology that is appropriate for a PGY3 resident in Obstetrics and Gynecology.

Objectives

This will be accomplished through the attainment of the general objectives below. At the end of the rotation the PGY ObGyn Resident should have expertise in:

- Evaluation and work-up of a patient with suspected gynecological cancer;
- Pelvic anatomy, mainly retroperitoneal structures
- Acquisition of good surgical technique for general obgyn residents
- First contact with robotic surgery, performing basic procedures like suturing and simple surgical dissections. Performing parts of open and laparoscopic surgery which are appropriate for their level.
- Post-op management
- Knowledge of treatment algorithms for gynecologic cancers
- Long term the management and follow-up of patients with gynecological cancer

Orientation

The 4 week rotation in Gynecologic-oncology will take place the following McGill University teaching site:

- **Jewish General Hospital (JGH).**

On their first day of their Gyne-Onc rotation at the JGH the residents are to report to the Christine, the Administrative Agent at JGH pavilion E room 727.

Specific Objectives and CanMEDS competencies

The role of **medical expert** is central to the function of the obstetrician-gynaecologist, and draws on the competencies for the roles of **scholar, communicator, health advocate, manager, collaborator, and professional**.

1. Medical expert

a. Knowledge of Anatomy

- To develop an extensive knowledge of the anatomy of the pelvis, enabling the resident to identify all pelvic structures including retroperitoneal structures.
- To develop a working knowledge of the gastrointestinal and urinary tracts as it pertains to gynecological surgery

Data Gathering

- Be able to obtain a complete history from a patient with a complex gynecological malignancy
- Be able to conduct the physical assessment of a patient with pre-malignant and malignant disease
- Be able to obtain pertinent ancillary information such as pathology, imaging, risk factors that will impact on patient's management

Clinical Reasoning, Management and Judgement/Diagnostic and Therapeutic Planning

The resident should have extensive knowledge of:

- **Risk factors:** for gynecologic malignancy and pre-malignant conditions.
- **Screening:** current guidelines and indications for screening for cervical, endometrial and ovarian cancer, and the reliability of the screening tools.
- **Pre and postoperative care:** including risk factors, nutritional support, wound healing, management of medical and surgical complications.
- **Endometrial cancer:** Able to diagnose, stage and appropriate use of simple hysterectomy and bilateral salpingo-oophorectomy, sentinel node sampling and completion lymphadenectomy; refer appropriate histologies and difficult cases, as well as those patients requiring adjuvant therapies.

The resident should have working knowledge of:

- **Imaging:** use of imaging techniques, and judicious selection of radiological investigations for staging purposes.
- **Colposcopy:** techniques, indications and limitations of the procedures, indications for referral.
- **Vulvar neoplasia:** diagnosis, staging and appropriate referral for treatment
- **Vaginal neoplasia:** diagnosis, staging and appropriate referral for treatment.

- **Cervical neoplasia:** management of preinvasive lesions of the cervix using techniques such as LEEP, laser, cryotherapy and cone biopsy. Knowledge of diagnosis, staging and appropriate surgical management (simple or radical hysterectomy, radical trachelectomy) for cervical carcinoma, and refer appropriately for radical surgery, chemoradiotherapy, and adjuvant radiotherapy.
- **Ovarian and Fallopian Tube Cancer:** diagnosis and skills for appropriate referral for surgical staging, chemotherapy or other treatment. Able to appropriately perform hysterectomy, salpingoophorectomies, omentectomy and limited debulking in this context and have knowledge of extended debulking procedures.
- **Gestational Trophoblastic Disease:** diagnosis, primary intervention and follow-up, ability to carry out appropriate metastatic work-up, distinguish low and high risk disease with appropriate referral for further assessment and treatment.
- **Adjuvant Cancer Therapies:** principles and complications of adjuvant therapies, understanding and indications for consultation.
- **Palliative Care:** recognizing incurable disease, including the social, ethical and legal implications of various options.

b. Procedural skills

- The resident should demonstrate a level of skill appropriate for their level of training in diagnostic procedures, operative laparoscopy, laparotomy in invasive cancers, and basic skills in robotic surgery (suturing and basic surgical procedures).
- The resident should be able to provide surgical assistance in complex gynecological malignancies.

2. Communicator

Physician/Patient Relationship

- The resident should demonstrate the ability to elicit the trust and cooperation of the patient 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 all members of the multidisciplinary health care team and administrative staff..

3. Collaborator

Team Relations

- The resident should be able to identify the role of the various health care team members and recognize their contribution to gynecologic oncology care.
- The resident should demonstrate appropriate utilization of health professionals and resources.

- The resident should be able to recognize the need to consult the appropriate allied specialties such as medical and radiation oncology, general surgery, urology and palliative care.

4. Manager

Time Management

- The resident should demonstrate an ability to assess patients in an efficient manner in the ambulatory clinics and in patient setting.

Resources and Allocation

- The resident should be able to determine appropriate investigations for diagnosis of the common gynecological malignancies.
- The resident should be able to determine appropriate setting for patient management (ambulatory clinic or inpatient care) for the gynecologic oncology patient.

Administrative Skills

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

5. Health advocate

Determinants of Health/Health Advocacy

The resident should be able to appreciate the individual situation and social pressures that affect the oncology patient and their families, including:

- Impact on sexuality, fertility, personal and professional life
- Cultural and ethnic background
- Social and psychological issues, fears and concerns

6. Scholar

Self Directed Learning

- The resident should develop a critical approach to the literature regarding investigation, therapeutics and health care delivery with respect patients with pre malignant and malignant disease.

Critical Appraisal

- The resident will complete a literature review and present on a pertinent gynecologic oncology topic.
- The resident will participate in review of journal articles and discussion.

- The resident will individually review literature provide on general gynecologic oncology topics.

Teaching Skills

- The resident will demonstrate the ability to impart information in the clinical situation to the oncology and colposcopy patients and their families.
- If junior housestaff are present on the rotation, the resident will be responsible for appropriate teaching in the ambulatory care setting.

7. 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 oncology patients in the clinic, on the ward, and in the emergency department in conjunction with the staff physician, gynecology oncology fellow and nurses.

Self Assessment Skills/Insight

- The resident should demonstrate the ability to communicate with attending physician and fellow, 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 gynecology oncology 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

Written Skills and Record Keeping

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

Evaluation

Supervisor must discuss these objectives with each resident during the rotation orientation, mid-point evaluation and at the exit interview.

Residents will be evaluated by the Gyn Onc staff on the above goals and objectives by means of the standard monthly global evaluation form (MRESOne45). This includes the evaluation by the ultrasound technologists and physicians of the Resident's interpersonal and communication skills, and professionalism. The Resident will also need to complete an evaluation of their Gynecology Oncology rotation (on-line MRES-one45), to contribute to future improvements.