



Objectives of Training

Gynecology Junior Rotation

St. Mary's Hospital Centre

Orientation to Rotation

- **Rotation duration:** Three 4-week blocks in PGY5
- **Rotation supervisor:** Dr Lisa Merovitz
Contact: Obs/Gyn Secretary: Beatrice Gauget ext. 3050, Room 4114 – beatrice.gauget@ssss.gouv.qc.ca
- **On the first day report for orientation with Objectives of Training document to the Birthing Centre at 7.00 am.** Orientation will be given by Dr. Merovitz at 7h30 (Confirm by email with your schedule)
- **Schedule: A Personal schedule and on-call schedule will be sent to each Resident before the beginning of their rotation.** During this rotation, the Resident is expected to participate in the clinical activities, Grand rounds etc. indicated in below:
 - **Daily sign out is at 7H00 at the caseroom.** All residents are expected at sign out at 7:00 am including the residents in an ambulatory clinic on that day. Those residents will be expected to participate in rounding on the 6th floor with the Gyne team. We encourage a team setting with teaching from the Chief resident during GYNE rounds every morning on the 6th level.
 - **Day finish at 5pm** (even if your clinic or OR finished earlier). Residents must check with the Senior resident or the resident in charge of the caseroom if there is anything help you can take care of, such as pending ER consults.
 - **Grand Rounds:** every Wednesday except the first and last one of the month, 7h45 to 8h45, SMHC room 4209
 - **Perinatal M&M rounds:** Last Wednesday of the month 8h00 to 9h00, SMHC Haynes pavilion room 2750
 - **Friday Resident Teaching:** 2:00-5:00 pm, RVH Primrose Amphitheatre F3.10

Evaluation

The residents will be evaluated by the teaching committee and Dr Merovitz will give you your feed-back at the end of the rotation.

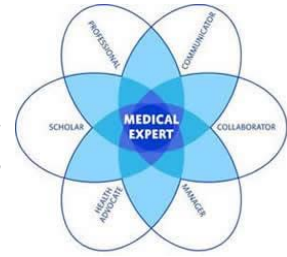
The final evaluation will be posted on MRESone45.

Recommended reading

Comprehensive Gynecology, 5th Edition by Katz
Williams Gynecology - latest edition
Berek and Novak Gynecology - latest edition

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

KNOWLEDGE

- Medical knowledge: Base of knowledge covers the common gynecological conditions, enabling appropriate diagnoses and treatment plans to be made and alternative
- Anatomy/physiology: Knowledge adequate to understand pathophysiology of women's health and common problems.
- History taking: Complete, accurate and systematic. Able to ask appropriate questions of patient.
- Physical exam: Organized, complete and appropriate. Important signs detected and significance understood.
- Clinical reasoning: Able to relate clinical findings to clinical picture and to determine appropriateness of common invasive investigations.
- Medical management: Clinical course appropriately followed and charted.
 - ER consults and follow-up.
 - Medical management of an ectopic pregnancy.
 - Medical management of a miscarriage.
 - STI
 - DUB - Dg and management
 - Principles of endometrial biopsy.
 - Appropriate referrals.

SURGICAL Skills

- Operative judgment: Able to relate operative care to clinical picture. Seeks appropriate advice when necessary.
- Technical Skills: Technically competent to do the following:
 - Laparotomy (Pfannenstiel, Maylard, midline); advantages, possible complications
 - Diagnostic hysteroscopy
 - Tubal ligation: after cesarean and laparoscopic; techniques: Pomeroy, Parkland, Filsch clips, Monopolar vs bipolar coagulation
 - Assist with: TAH, subtotal hysterectomy, abdominal myomectomy
 - Oophorectomy
 - D & C
 - IUD insertion
 - Pessary handling.
 - Foreign body in vagina (ER consult)
 - Post-coital trauma - management
 - Salpingectomy

2. Communicator

- Establish therapeutic relationship with patients/families
- Listen effectively; discuss appropriate information with patients/families and the health care team

- Effective communication with staff regarding patients' issues

3. Collaborator

- Consult effectively with physicians and health care professionals
- Collaboration with other health care professionals to prepare patients for surgery and to follow-up.

4. Manager

- The resident should be able to organize work and manage time efficiently.
- Able to organize the 6th floor and OR day cases effectively with appropriate inter-personal considerations. Interacts well and utilizes allied health professionals.
- Delegates most tasks in an appropriate fashion.

5. Health Advocate

- Displays excellence in patient care
- Be advocate for the patient
- Be advocate for the community

6. Scholar

- Motivation to read and acquire knowledge
- Critically appraises medical literature
- Teaches students and other health professionals with enthusiasm on an ongoing basis
- Specifically teaches:
 - Orientation of clerks to the clinical service
 - Teaching of basic surgical principles and procedures to other learners, e.g.: knot tying, fluid and electrolytes etc.
 - Organizes formal or informal case based presentations
 - Is perceived by those junior as “accessible and receptive” to teaching

7. Professional

- Respect to your colleagues on being on time (OR or Clinics)
- Recognition of own limitations, seeking advice when needed
- Responsibility and self discipline (note in chart / OR dictations)
- Understands principles of ethics, applies to clinical situations
- Integrity and honesty
- Respect to diversity
- Able to perform with skill and competence in stressful situations. Recognizes how stress impacts on personal performance and is able to delegate tasks and mobilize resources quickly and efficiently.