Gynecologic Oncology Residency Program

Goals and Educational Objectives

Revised March 2013

“In a well-arranged community a citizen should feel that he can at any time command the services of a man who has received a fair training in the science and art of medicine, into whose hands he can commit with safety the lives of those near and dear to him.”

Sir William Osler

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INTRODUCTION

This subspecialty program is designed to train a fully trained gynecologist to become a subspecialist in Gynecological Oncology. The overall objective of the Program is to prepare residents for all aspects of the independent practice of Gynecologic Oncology in an academic setting.

Residents who are enrolled in programs with certification of the Royal College of Physicians and Surgeons of Canada (RCPSC) are expected to be competent academic specialists capable of assuming a role in gynecologic oncology. McGill gynecology oncology residents will carry out their training responsibilities within the McGill group of Hospitals namely the McGill University Health Center comprising of the Royal Victoria Hospital and the Montreal General Hospital, and the Jewish Hospital, in a manner befitting the profession and subject to McGill University regulations and those of the hospitals.

In 1996, the RCPSC adopted a new framework of core competencies for all specialists, called the “CanMEDS Roles.” CanMEDS is an abbreviation of “Canadian Medical Education Directives for Specialists.” This framework of core competencies includes the different roles that physicians fulfill in their daily practice, namely the roles of Medical Expert, Communicator, Collaborator, Health Advocate, Manager, Scholar and Professional. A revised version of the CanMEDS framework was adopted in 2005. This framework is now the basis for accreditation, evaluation and examinations, as well as objectives of training and standards for continuing professional development.

This document describes goals and objectives of the Gynecology Oncology Residency Program, fully based on CanMEDS roles.

SUMMARY OF THE PROGRAM

The program is designed as a two-year integrated training program in patient-centered clinical care and research in the field of prevention and treatment of gynecological cancers. An optional third year in research or clinical methodology leading to a Masters’ Degree in Clinical Epidemiology and Biostatistics will be offered to suitable candidates.

CLINICAL TRAINING

The gynecological oncology clinical service is primarily based at the McGill University Health Centre (MUHC) and the Jewish General Hospital. In addition, consultation services are provided to the St. Mary’s Hospital’s oncology team. Specialist consultations are also provided for
referrals from the LaSalle, Lachine, Anna-Laberge and Brome-Mississquoi Perkins Hospitals. Under the direct supervision of the faculty, residents will be responsible for the care of patients referred to the service and will have ample opportunity to achieve clinical competence in all aspects of the diagnosis and management of pre-invasive and invasive gynecological malignancies.

Residents will be trained to function as part of a multidisciplinary gynecological oncology team composed of the following members:

- 6.0 FTE gynecological oncologists (Dr. Lucy Gilbert, Director of the Division of Gynecological Oncology, and Drs. Kris Jardon, Susie Lau, Walter Gotlieb, Joshua Press and Denis Querleu)
- 4 FTE radiation oncologists (Drs. Luis Souhami, Tamim Niazi, Marie Duclos and Boris Bahoroc) subspecialized in gynecological cancers
- 4 FTE medical oncologists (Drs. Christine Legler, Lawrence Panasci, David Melnychuk and Jeremy Sturgeon) subspecialized in gynecological cancers.
- 3 FTE diagnostic radiologists (Drs. Caroline Reinhold, Giovanni Artho and Errol Camioglu) with expertise in gynecological tumor imaging (facilities are available for endovaginal and CT scans, MRI and PET scans)
- 3 FTE gynecological pathologists (Drs. Jocelyn Arseneau, Manuela Pelmus and Alex Ferenczy) providing specialized pathology services, including OR and tumor board consultation
- 2 psychiatrists (Drs. Baldomero Presser and Karl Looper) with expertise in the management of women’s health issues
- 1 psychologist with expertise in women’s health (Dr. Zeev Rosberger)
- 2 sexologists (Tobi Klein and Sylvie Aubin)
- 4 palliative care physicians (Drs. Manuel Borod, Michael Bouhadana, Michael Dworkin and Antonio Vigano)

Multidisciplinary Tumor Board meetings are held weekly at the MUHC, where the pathologies of newly diagnosed patients are reviewed and treatment plans determined. Once in six weeks there will be a joint inter-institutional tumor board between MUHC, JGH and University of Montreal gynecological oncology group.

Residents will be trained in the care of gynecological cancer patients in the multidisciplinary clinics held weekly at the RVH and JGH sites under the supervision of gynecological oncologists, radiation oncologists and medical oncologists. Residents will be trained in the full range of surgical procedures for the treatment of pre-invasive and invasive gynecological cancers, including laser surgery of the lower genital tract, radical oncological surgery using laparotomy laparoscopy and robotics. Surgical treatment is individualized to minimize the adverse consequences on physical and sexual functioning that are a common sequel to the treatment of gynecological cancers. Sentinel node mapping is standard of care for vulvar and cervical cancer.

Residents will receive training in the preoperative assessment of high-risk patients and in the post-operative care of these patients with exposure to critical-care services such as intensive and step-down care for certain procedures/patients, and will have the opportunity to work with
specialized nursing and allied health-care personnel, including wound-care specialists, stoma-care nurses, nutrition services (including total parenteral nutrition), pain services and palliative care.

**GOALS AND OBJECTIVES**

**GENERAL OBJECTIVES**

Upon completion of training the residents are expected to be proficient academic specialists capable of assuming a consultant's role in gynecologic oncology. In addition, they are expected to become academic leaders in Gynecologic Oncology in their respective jurisdiction in the future. They must acquire a working knowledge of the theoretical basis of gynecologic oncology, including its foundations in related medical sciences and research.

All residents must demonstrate the knowledge, skills and attitudes relating to age, gender, culture and ethnicity pertinent to gynecologic oncology.

The following objectives for the essential roles and key competencies are based on the Royal College CanMEDS objectives which are life-long learning objectives.

**SPECIFIC OBJECTIVES**

At the completion of training, the gynecologic oncology resident will have acquired competencies and will function effectively as a medical expert, communicator, collaborator, manager, health advocate, scholar and professional.

The following pages describe all specific objectives of each rotation (gynecology oncology, radiation oncology, medical oncology, pathology) according to CanMed roles. Mechanisms of formal assessment will also be described.

**EVALUATIONS**

Residents will be evaluated on an ongoing basis during their gynecology oncology training. We currently use several methods for evaluating resident performance:

**IN-TRAINING EVALUATION REPORTS (ITER)**

In Training Evaluation Forms (ITER) are part of the formal evaluation process of the residents in the training program. An ITER will be completed by the head evaluator with whom the resident works with over the course of the rotation. These are completed at the end of each rotation. The Site Coordinator for that rotation will meet with the resident at these time points and provide a summary of the progress to date. During these meetings the resident will have the opportunity to respond to the evaluations and provide comments on the rotation itself. Implementation of one45software healthcare education tracking and evaluation system was
provided by the University in conjunction with all other residency programs. Our ITER evaluations follow the CanMEDs roles and are provided by the PostGraduate Office.

**MULTISOURCE FEEDBACK**

Over the course of several of the rotations (gynecology oncology, medical oncology, radiation oncology) including electives, we will be seeking input from co-workers, medical students, nursing staff, administrative staff and supervising faculty regarding the resident’s performance.

**PRACTICE EXAMINATIONS**

Over the course of each rotation, each resident will be evaluated on teaching activities, grand rounds and journal club presentations.

Examination processes consist of written exams, which take the form of MCQ and short assessment questions and oral exams, in the form of clinical short case scenarios.

Once a year, the residents are examined by external examiners consisting of gynecological oncology faculty from other universities. This is organized by the Gynecological Oncologic Society of Canada every April.
GYNECOLOGY ONCOLOGY ROTATION

1. **MEDICAL EXPERT/CLINICAL DECISION MAKER**

1.1. General Requirements

The gynecologic oncologist must demonstrate:

a) diagnostic and therapeutic skills for ethical and effective patient care;
b) the ability to access and apply relevant information to clinical practice; and
c) effective consultation services with respect to patient care, education and legal opinions.

1.2. Specific Requirements

1.2.1 The gynecologic oncologist must demonstrate an advanced knowledge of:

a) the embryology, anatomy, histology, genetic, and physiology of the female urogenital tract, the bowel, and the pelvis;
b) the biological behavior and characteristics of malignant diseases of the vulva, vagina, cervix, uterine body, fallopian tube, ovary, and trophoblast;
c) the epidemiology and etiology of cancer of the female genital tract;
d) the classification, staging and natural evolution of genital cancer;
e) the screening techniques used in gynecology; i.e., cervical and endometrial cytology as well as the principles of molecular oncology, epidemiology and genetics as they relate to hereditary cancer screening;
f) indications and principles of colposcopy and biopsies, ultrasound, computed tomography (CT) scan, MRI, PET scan, scintigraphy, mammography, and needle biopsies in the evaluation of preinvasive and invasive lesions;
g) therapeutic modalities available for all genital neoplasia, both preinvasive and invasive:

- **Preinvasive cancers**
  Mode of action, indications, contraindications and results of local destructive techniques and local excisions on the vulva, vagina, cervix and endometrium

- **Invasive cancers**
  *Surgery:* preparation of the patient, the indications, contraindications and complications of different techniques
  *Radiotherapy:* the principles of radiobiology and radiation physics; the indications, limitations and complications of local, external and isotope therapy
**Chemotherapy:** principles of cell biology, classes of chemotherapeutic agents and their mechanisms of action, pharmacology of specific agents and their toxicity, and, indications, as well as complications of drugs used in the treatment of gynecological malignancies

h) the prognosis of different cancers, the sites of recurrence, their investigation and management;

i) the palliative care of cancer patients.

**1.2.2** The gynecologic oncologist must demonstrate a comprehension of basic research techniques in the field of gynecologic cancers such as molecular biology, immunology, biochemistry, and complementary alternative therapies.

**1.2.3** The gynecologic oncologist should have progressive responsibility in all aspects of the investigation and management of gynecologic cancer including in-patient care, ambulatory patient care, and the practical application of community care.

**1.2.4** The gynecologic oncologist should be able to function effectively in each of the following areas:

a) presentation and discussion of patient and management care (e.g., in the wards round clinic);

b) pre-treatment evaluation (e.g., pre-operative, pre chemotherapy and protocol);

c) assessment of morbidity and mortality and prevention.

**1.2.5** The gynecologic oncologist must demonstrate the expertise in:

a) **Clinical trials methodology and biostatistics:** the resident must be able to demonstrate knowledge in the design of clinical trials (particularly Phase 1, 2, 3) and other basic investigative projects as well as a familiarity with the biostatistical analysis of results and critical interpretation of the literature;

b) **Medical genetics:** the resident must have an understanding of oncogenes, tumor suppressor genes, DNA repair genes, and oncogenesis and be familiar with the influence of genetics on the clinical practice of gynecologic oncology. The resident should have knowledge of basic and clinical research in genetic manipulations;

c) **Medical oncology:** the resident must have a basic knowledge of clinical pharmacology as applied to cancer chemotherapy. This includes knowledge of cell biology, classes of chemotherapeutic agents and their mechanisms of action, pharmacology of specific agents and their toxicity. The resident must be able to understand the principles of targeted systemic immunotherapy. The resident must have knowledge of concepts of drug trials adjuvant therapy and chemoprevention;
d) *Pathology:* the resident must be familiar with the direct visual and microscopic appearances of lesions of the female genital tract and breast cancer that are premalignant and be aware of the features which distinguish them from benign disorders. This should include knowledge of their derivation, biological behavior and characteristics of disease of the vulva, vagina, cervix, uterine body, fallopian tube, ovary, and trophoblastic disease in order to formulate decisions in adequate therapy and prognosis; and

e) *Radiation oncology:* the resident must understand the principles of radiobiology and radiation physics, and the sources, therapeutic methods and complications of radiation therapy as they apply to active gynecological cancers, in the use of intracavitary application and the indications for brachytherapy, and in management of radiation induced acute and chronic complications. This must involve the direct care of participation with the radiation oncologist in treatment planning of patients with inpatients and outpatients undergoing radiation therapy. This must involve the different methods that improve patient care in radiation oncology (e.g., clinical or other methods). The resident must understand the modification and/or interaction of combined modality of treatment.

1.2.6 The gynecologic oncologist must demonstrate advanced clinical and technical skills in:

a) general diagnostic techniques and procedures used for the assessment of gynecological cancer, the proper staging of such patients and the ability to formulate an appropriate treatment plan;

b) interpretation of ultrasound, general radiological examinations, CT scanning, magnetic resonance imaging (MRI), and scintographic investigations;

c) competence required to permit active participation with the radiation oncologist in treatment planning of patients with gynecological malignancy, in the use of intracavitary application and indications for brachytherapy and in management of radiation induced complications;

d) expertise in medical oncology for selecting patients, choosing the proper drugs, administering the treatment and caring for toxic side effects of drugs in gynecologic malignancy; ability to identify, on the basis of direct visual and microscopic evaluation, lesions of the female genital tract and of the breast that are premalignant or malignant, and distinguish them from benign disorders;

e) competence in the management of critically ill patients. This includes skills in diagnosis and treatment of fluid and electrolyte imbalance, cardiac arrest, shock, hemorrhage, multisystem failure, acute and chronic pain control and nutritional problems;

f) procedures necessary for the practice of gynecologic oncology in the areas of evaluation and its management (e.g., cytology, colposcopy, biopsy, surgical
procedures, cryotherapy, laser surgery, loop electrosurgical excision procedure (LEEP), paracentesis, thoracentesis and vascular access;  
g) procedures necessary for the practice of gynecologic oncology in radical pelvic surgery, gastrointestinal tract surgery, genitourinary tract surgery and reconstructive surgery related to gynecological disease, and complications of treatment; and  
h) competence in management of the pain and identification of symptoms of terminally ill patients.

These will be evaluated by:  
- In-training Evaluation Reports  
- Review of consult notes and progress notes from clinical encounters  
- Multisource feedback from faculty, nurses and junior residents and medical students in context of clinical rotations  
- Evaluations of teaching activities, grand rounds and journal club presentations  
- Formal assessments: written and oral exams

2. COMMUNICATOR

2.1 General Requirements

The gynecologic oncologist must be able to:  
  a) establish therapeutic relationships with patients/families;  
  b) obtain and synthesize relevant history from patients/families/communities;  
  c) convey effective oral and written information for patient care;  
  d) listen effectively; and  
  e) discuss appropriate information with patients/families and the health care team.

2.2 Specific Requirements

2.2.1 The gynecologic oncologist must demonstrate:  
  a) the ability to obtain informed consent;  
  b) evidence of good interpersonal skills when working with patients, families, and other members of the oncology team;  
  c) an understanding of the unique impact of psychological, social, sexual and ethical problems that may arise as the patient and her family;  
  d) the ability to cope with gynecological cancer and its treatment; and the ability to support the morale of the patient with compassion and understanding, and to address issues in terminal care.

These will be evaluated by:  
- In-training Evaluation Reports  
- Multisource feedback from faculty, nurses and junior residents and medical students in context of clinical rotations
3. **COLLABORATOR**

3.1 **General Requirements**

The gynecologic oncologist must be able to:

a) consult effectively with other physicians and health care professionals;  
b) contribute effectively to other interdisciplinary team activities; and  
c) work with others in non-clinical roles (e.g. education, research, administration).

3.2 **Specific Requirements**

The gynecologic oncologist must:

3.2.1 demonstrate the ability to participate in an interdisciplinary and multi-specialized team and the ability to respect, consider and accept the opinions of other team members;  
3.2.2 be able to function effectively at multi-disciplinary and inter disciplinary group meetings (e.g., Tumor Board);  
3.2.3 demonstrate the ability to work effectively with gynecologists, radiation oncologists, medical oncologists, pathologists, surgeons, basic researchers, nurses and other health care workers;  
3.2.4 understand the significant role of other allied health care professionals in the provision of holistic patient care;  
3.2.5 demonstrate the ability to utilize health care resources necessary to provide a functioning multidisciplinary team in order to effectively manage the concerns and the problems of patients with genital cancer; and  
3.2.6 have advanced clinical and technical skills and proficiency in the application of interstitial and intracavitary radiotherapy.

These will be evaluated by:

- In-training Evaluation Reports  
- Multisource feedback from preceptors, nurses and patients in context of clinical rotations and clinics
4. **Manager**

4.1 **General Requirements**

The gynecologic oncologist should be able to:

a) manage resources effectively to balance patient care, learning needs, and outside activities;

b) work effectively and efficiently in a health care organization; and

c) utilize information technology to optimize patient care, life-long learning and other activities.

4.2 **Specific Requirements**

The gynecologic oncologist should have:

4.2.1 the ability to utilize health care resources necessary to promote a functioning multidisciplinary team to effectively manage the concerns and the problems of patients with genital cancer;

4.2.2 appropriate involvement in the development and utilization of “Supportive and Coping Programs” including palliative care for patients who have gynecologic cancer; and

4.2.3 an understanding of the structure, financing, and operation of provincial and regional health systems and their facilities.

These will be evaluated by:

- In-training Evaluation Reports
- Review of consult notes and progress notes from clinical encounters
- Multisource feedback from preceptors, nurses and patients in context of clinical rotations and clinic

5. **Health Advocate**

5.1 **General Requirements**

The gynecologic oncologist will:

a) identify the important determinants of health affecting patients;

b) contribute effectively to improved health of patients and communities; and

c) recognize and respond to those issues where advocacy is appropriate.

5.2 **Specific Requirements**

5.2.1 The resident should have the ability to identify current “at risk” groups in gynecologic oncology and apply the available knowledge about prevention to “at risk” groups within the specialty; and contribute “group data” to understanding
health problems of this population.

5.2.2 In the management of individual patients, the resident should be able to identify the patient’s status with respect to one or more of the determinants of health (i.e., unemployment); adapt the assessment and management accordingly (i.e., the medical history to the patient’s social circumstances); and assess the patient’s ability to access various services in the health and social system.

5.2.3 The resident should have the ability to make clinical decisions and judgments based on sound evidence for the benefit of individual patients and the population served. This allows for an advocacy role primarily for the individual but in the context of societal needs when monitoring and allocating needed resources.

These will be evaluated by:
- In-training Evaluation Reports
- Review of consult notes and progress notes from clinical encounters
- Multisource feedback from preceptors, nurses and patients in context of clinical rotations clinic

6. SCHOLAR

6.1 General Requirements
The gynecologic oncologist must:
- develop, implement and monitor a personal continuing education strategy;
- critically appraise sources of medical information;
- facilitate learning of patients, house staff/students and other health professionals; and
- contribute to development of new knowledge.

6.2 Specific Requirements
6.2.1 The gynecologic oncologist should be able to function effectively in each of the following areas:
- Research:
  - develop a life-long personal plan of research (for professional development and patient care)
  - participate in multi-centered research
  - develop collaboration with basic research units
- Education:
  - ability to assess medical procedures
  - ability to teach students and nurses
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- ability to present up-to-date knowledge related to gynecologic oncology or research at a local, national or international level

These will be evaluated by:
- In-training Evaluation Reports
- Review of consult notes and progress notes from clinical encounters
- Written and oral exams
- Evaluations of teaching activities, rounds and journal club presentations

7. PROFESSIONAL

7.1 General Requirements

The gynecologic oncologist must:

a) deliver highest quality care with integrity, honesty and compassion;
b) exhibit appropriate personal and interpersonal professional behaviors;
c) practice medicine consistent with the ethical obligations of a physician; and
d) demonstrate patterns of learning conducive to life-long continuing professional development.

7.2 Specific Requirements

7.2.1 Discipline-Based Objectives

The resident will:

a) continually self-evaluate abilities, knowledge and skills and know the limitations of professional competence (performance self-evaluation); and
b) foster a caring, cooperative, compassionate attitude for patients, their families and friends.

7.2.2 Personal/Professional Boundary Objectives

The resident will:

a) be punctual, show self-discipline in obligations on the ward, in conferences and other activities, and be a moral and ethical role-model for colleagues;
b) know how to delegate responsibilities and propose a plan to solve inter-professional conflicts; and
c) have the ability to balance professional life with personal life.

7.2.3 Objectives related to Ethics and Professional Bodies

The resident will:

a) know the principles of medical ethics as applied to gynecologic oncology;
b) know when to refer a case to the ethics committee;
c) be able to consult and advise in particular ethics situations;
d) show respect for the patient’s beliefs;
e) know how to deal with professional intimidation and complaints.

These will be evaluated by:
- In-training Evaluation Reports
- Review of consult notes and progress notes from clinical encounters
- Multisource feedback from preceptors, nurses and patients in context of clinical rotations
- Evaluations of rounds

**GENERAL OBJECTIVES**

Medical Oncology involves the diagnosis and management of malignant neoplasms. The Gynecology Oncology resident should have a wide range of competencies in the evaluation and management of gynecological neoplastic disease. He or she must be able to investigate clinical syndromes suggestive of underlying malignancy; undertake the chemotherapy treatment of patients with gynecological cancers; identify neoplasms with a potential for cure and those that are unlikely to benefit from treatment, and participate in the difficult decisions regarding all aspects of management including appropriate diagnostic tasks, and supportive treatment care. In addition, the resident must be familiar with the administration, side effects, and drug interactions of therapeutic agents commonly used for the treatment of gynecological malignant disease.

**SPECIFIC OBJECTIVES**

At the completion of training, the gynecologic oncology resident will have acquired competencies that are described below according to the CanMEDS roles.
MEDICAL ONCOLOGY ROTATION

1. **MEDICAL EXPERT/CLINICAL DECISION MAKER**

1.1 **General Requirements**

The gynecologic oncologist must demonstrate:

a) diagnostic and therapeutic skills for ethical and effective patient care;

b) the ability to access and apply relevant information to clinical practice; and

c) effective consultation services with respect to patient care, education and legal opinions.

1.2 **Specifics Requirements**

The gynecologic oncologist must:

a) Understand the epidemiology, screening, clinical characteristics, investigation, staging and clinical management of the gynecological malignancies.

b) Possess the ability to assess a patient with malignancy (including unknown primary) and order appropriate investigations to enable optimal management.

b) Possess the ability to formulate a plan for the management of a patient with malignancy.

c) Demonstrate knowledge and use of: Cytotoxic chemotherapies, hormonal agents and biologics and combination treatment (Chemoradiotherapy).

d) Understand the difference between the curative, adjuvant, neoadjuvant and palliative uses of these agents/approaches.

e) Understand the pharmacokinetic/pharmacodynamic properties and side-effects (and management of side effects) of the major classes of cytotoxic chemotherapies, hormonal agents and biologics used in the treatment of cancer.

f) Understand mode of delivery of agents including the major classes of cytotoxic chemotherapies, hormonal agents and biologics used in the treatment of cancer including specialist modes of delivery such as the intraperitoneal administration of chemotherapy.

h) Understand the management of complications arising as a result of the mode of delivery.

i) Recognize and understand the management of the emergent complications of cancer and its therapy, including febrile neutropenia, tumor lysis syndrome, SVC obstruction, etc.

j) Recognize the symptoms/side effects of cancer.

k) Understand the basic principles of pain and symptom management of patients with cancer.

l) Understand basic clinical trial methodology and design.

m) Possess a basic level of knowledge of support structures necessary to conduct
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Clinical research.

n) Understand and be able to apply the ethical issues of entering patients on clinical trials.
o) Under supervision, enter, assess and follow patients participating on clinical trials.
p) Understand the basics and importance of accurate data collection.

These will be evaluated by:
- In-training Evaluation Reports
- Review of consult notes and progress notes from clinical encounters
- Multisource feedback from faculty, nurses and junior residents and medical students in context of clinical rotations
- Evaluations of teaching activities, grand rounds and journal club presentations

2. Communicator

2.1 General Requirements

The gynecologic oncologist must be able to:

a) obtain and synthesize relevant history from patients/families/communities;
b) establish therapeutic relationships with patients/families;
c) listen effectively; and

d) discuss appropriate information with patients/families and the health care team.

2.2 Specific Objectives

The gynecologic oncologist must:

a) Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals
b) Accurately convey relevant information and explanations to patients and families, colleagues and other professionals
c) Enable patients to make informed decisions particularly when a number of treatment options are available to them
d) Understand the ethical, emotional and therapeutic importance of enabling decision making in the palliative setting
e) Develop the skills involved in breaking bad news to the patient and family.
f) Develop the skill of communicating information about clinical trials in an ethical and professional manner to the patient and other healthcare professionals
g) Support patient decision making
h) Accurately convey treatment plan/prescription of medication to the patient and other professionals including: communication with clinic nurses, computer ordering systems to pharmacy and nursing staff

These will be evaluated by:
- In-training Evaluation Reports
3. **Collaborator**

3.1 **General Requirements**

The gynecologic oncologist must be able to:

a) obtain and synthesize relevant history from patients/families/communities;

b) establish therapeutic relationships with patients/families;

c) listen effectively; and

d) discuss appropriate information with patients/families and the health care team

3.2 **Specific Objectives**

The gynecologic oncologist must:

a) Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals

b) Accurately convey relevant information and explanations to patients and families, colleagues and other professionals

c) Enable patients to make informed decisions particularly when a number of treatment options are available to them

d) Understand the ethical, emotional and therapeutic importance of enabling decision making in the palliative setting

e) Develop the skills involved in breaking bad news to the patient and family

f) Develop the skill of communicating information about clinical trials in an ethical and professional manner to the patient and other healthcare professionals

g) Support patient decision making

h) Accurately convey treatment plan/prescription of medication to the patient and other professionals including: communication with clinic nurses, computer ordering systems to pharmacy and nursing staff

**These will be evaluated by:**

- In-training Evaluation Reports
- Review of consult notes and progress notes from clinical encounters
- Multisource feedback from faculty, nurses and junior residents and medical students in context of clinical rotations
- Evaluations of teaching activities, grand rounds and journal club presentations
4. **Manager**

4.1 **General Requirements**

The gynecologic oncologist should be able to:

a) manage resources effectively to balance patient care;

b) work effectively and efficiently in a health care oncological organization; and

c) utilize information technology to optimize patient care, life-long learning and other activities.

4.2 **Specific Requirements**

The gynecologic oncologist should be able to:

a) Demonstrate administrative skills: appropriate allocation of time

b) Understand the basic issues surrounding the allocation of funds/resources for the management of the patient with malignancy as it relates to the use of cytotoxic chemotherapies, hormonal agents and biologics

 c) Understand the basic management structures in place for patient care

**These will be evaluated by:**

- In-training Evaluation Reports
- Review of consult notes and progress notes from clinical encounters
- Multisource feedback from preceptors, nurses and patients in context of clinical rotations and longitudinal clinic

5. **Health Advocate**

5.1 **General Requirements**

The gynecologic oncologist will:

a) identify the important determinants of health affecting patients, especially related to oncology;

b) contribute effectively to improved health of patients and communities; and

c) recognize and respond to those issues where advocacy is appropriate.

5.2 **Specific Requirements**

The gynecologic oncologist should:

a) Respond to individual patient health needs and issues as part of patient care

b) Be aware of the importance of health education/promotion in the prevention of common gynecological malignancies

**These will be evaluated by:**

- In-training Evaluation Reports
- Review of consult notes and progress notes from clinical encounters
- Multisource feedback from preceptors, nurses and patients in context of clinical rotations

6. **SCHOLAR**

The resident must:

a) Attend formal teaching sessions
b) Review cases with staff physicians other health professionals
c) Maintain professional development through personal study critically evaluating information and its sources
d) Be able to critically evaluate and interpret the results of trials involving cytotoxic chemotherapies, hormonal agents and biologics and how this translates into clinical practice

These will be evaluated by:

- In-training Evaluation Reports
- Review of consult notes and progress notes from clinical encounters
- Multisource feedback from preceptors, nurses and patients in context of clinical rotations and longitudinal clinic
- Evaluations of teaching activities, rounds and journal club presentations

7. **PROFESSIONAL**

7.1 **Specific Objectives**

Demonstrate a commitment to patients, profession and society through ethical practice.

These will be evaluated by:

- In-training Evaluation Reports
- Review of consult notes and progress notes from clinical encounters
- Multisource feedback from preceptors, nurses and patients in context of clinical rotations and longitudinal clinic
- Evaluations of rounds
RADIATION ONCOLOGY ROTATION

Residents are exposed to the role of radiation therapy in the curative and palliative treatment of gynecologic malignancy during a two-month rotation in radiation oncology. They work closely with a team of radiation oncologists who have a subspeciality in the treatment of patients with gynecological cancer (Dr. L. Portelance, Dr. M. Duclos, Dr. L. Souhami and Dr. B. Bahoric). There is also formal instruction in the form of weekly tutorials that cover the relevant basic sciences of radiation oncology such as radiobiology and physics as it applies to the radiation planning and treatment of gynecologic malignancies. These sessions also cover the clinical gynecologic oncology literature and the indications for radiation and its integration into the multimodality management of gynecologic cancer, the common toxicities and the supportive care required for patients receiving radiation therapy.

OVERALL OBJECTIVES

a) To attain a working knowledge of the indications, planning and treatment of gynecologic cancer patients using radiation for curative or palliative intent
b) To acquire “core knowledge” during this 2-month rotation through weekly tutorials as well as by working in multidisciplinary clinics, attending multidisciplinary tumor boards, performing new patient assessments and consultations and post treatment follow up

SPECIFIC OBJECTIVES

1. MEDICAL EXPERT

   a) Understand the role of radiotherapy within the overall management of patients with gynecologic malignancies
   b) Understand the concept of a primary, curative modality versus an adjuvant or concurrent therapy
   c) Understand the goals of therapy (curative versus palliative) and how radiotherapy may be modified based on the treatment goals
   d) Gain expertise in the relevant gynecologic oncology literature
   e) Gain an appreciation in the nuances of evidence based clinical decision making in the management of patients with malignancy

These will be evaluated by:
- In-training Evaluation Reports
- Multisource feedback from faculty, nurses and residents in context of rotations
2&3. Communicator(2) and Collaborator (3)

The resident must:

a) Obtain and synthesize relevant history from patients and families
b) Develop rapport, trust and ethical therapeutic relationships with patients and families
c) Accurately, empathically and effectively describe the diagnosis, prognosis and radiation treatment plan to a patient and their family
d) Develop expertise in communicating difficult news (new diagnosis, end-of-life decisions, etc.) to patients and their families
e) Communicate effectively with referring physicians orally and in writing regarding impressions and plan
f) Participate effectively and appropriately in a multi-disciplinary medical team including radiation oncologists, surgeons, pathologists and other medical consultants and nurses in planning an appropriate therapeutic plan for a patient with cancer
g) Participate effectively and understand the roles of an inter-professional team including dieticians, social workers, psychologists and other appropriate professionals in the care of the oncology patient

These will be evaluated by:

- In-training Evaluation Reports
- Review of consult notes and progress notes from clinical encounters
- Multisource feedback from preceptors, nurses and patients in context of rotations and clinic

4. Health Advocate

The resident must:

a) Recognize the patient’s social circumstances and adapt management accordingly
b) Recognize patients who may have inherited malignancies and provide advice or refer them to the appropriate multi-disciplinary team
c) Recognize and appreciate the inherent tension between the physician’s role as “gate-keeper” and patient advocate
d) For patients who will be cured of their cancers, provide advice to patients with modifiable risk factors for other malignancies

These will be evaluated by:

- In-training Evaluation Reports
- Review of consult notes and progress notes from clinical encounters
- Multisource feedback from preceptors, nurses and patients in context of clinical rotations
5. **MANAGER**

The resident must be able to:

a) Organize, supervise and delegate to members of the multi-disciplinary team
b) Utilize outpatient resources effectively to maximize patient independence and quality of life
c) Develop an approach to time-management and patient prioritization
d) Develop an approach to practicing in an environment of limited resources and understand how policy decisions regarding funding of new technologies are made

**These will be evaluated by:**

- In-training Evaluation Reports
- Review of consult notes and progress notes from clinical encounters
- Multisource feedback from preceptors, nurses and patients in context of clinical rotations

6. **SCHOLAR**

The resident must be able to:

a) Be exposed to ongoing clinical trials and the practical issues related to their design and conduct
b) Be able to critically assess the gynecologic oncology literature and apply it to clinical practice
c) Understand the hierarchy of outcomes in cancer studies, including survival, relapse-free survival, local control, response rates, quality of life, toxicities and surrogate outcomes

**These will be evaluated by:**

- In-training Evaluation Reports
- Review of consult notes and progress notes from clinical encounters
- Multisource feedback from preceptors, nurses and patients in context of clinical rotations and longitudinal clinic
- Evaluations of teaching activities, rounds and journal club presentations
GYNECOLOGIC PATHOLOGY ROTATION

1. **MEDICAL EXPERT**

The resident must be able to:

a) be familiar with the pathogenesis of malignant and premalignant lesions of the female genital tract

b) be familiar with the gross, histologic and cytologic appearances of malignant and premalignant lesions of the female genital tract and with benign lesions that may mimic malignancy both clinically and pathologically

c) be familiar with those morphologic features of gynecologic malignant and premalignant lesions that impact on prognosis and management

d) be familiar with the clinical features that correlate with the morphologic features of gynecologic malignant and premalignant lesions

e) be familiar with the limitations of diagnostic histopathology and cytopathology as they relate to gynecologic oncology

f) be familiar with the way in which histopathologic and cytopathologic materials are processed for evaluation

g) be familiar with the diagnostic adjunctive techniques available to pathologists for enhancement of diagnosis

h) have the knowledge of (a) to (g) above specifically for:

1. vulvar cancer, VIN, benign vulvar tumors such as aggressive angiomyxoma and benign conditions such as lichen sclerosus, condylomas and inflammatory and infectious dermatoses

2. cervical cancer, cervical SIL and benign conditions that can result in abnormal Pap smears

3. vaginal cancer, vaginal SIL and benign conditions such as condylomas, endometriosis and infections

4. sarcomas of the uterine corpus and uterine leiomyomas

5. carcinomas of the endometrium, endometrial hyperplasias and benign endometrial conditions such as polyps, adenomyosis and the histologic equivalent of dysfunctional uterine bleeding

6. carcinomas, borderline tumors and benign tumors of the ovaries and benign ovarian conditions such as endometriosis and physiological cysts

7. germ cell tumors of the ovary, benign and malignant

8. sex cord-stromal tumors of the ovary

9. carcinomas of the fallopian tube and benign tubal conditions such as endometriosis, PID and ectopic pregnancy
10. gestational trophoblastic disease

These will be evaluated by:
- In-training Evaluation Reports
- Review of consult notes and progress notes from clinical encounters
- Multisource feedback

2. COMMUNICATOR

The resident must be able to understand the information pathology provides in a given clinical situation so as to be able to communicate that information effectively in an oral or written form to patients, families and other physicians and health-care workers.

These will be evaluated by:
- In-training Evaluation Reports
- Review of consult notes and progress notes from clinical encounters
- Multisource feedback from preceptors
- Evaluations of teaching activities, rounds and journal club presentations

3. COLLABORATOR

The resident must be able to understand the requirements for effective pathological diagnosis so as to be able to provide pathologists with what is necessary in order to optimize diagnostic accuracy.

These will be evaluated by:
- In-training Evaluation Reports
- Multisource feedback from preceptors
- Evaluations of teaching activities, rounds and journal club presentations

4. MANAGER

The resident must be able to understand the ability of a diagnostic test in histopathology or cytopathology to provide the information required for patient management so as to be able to utilize judgment in requesting such tests.

These will be evaluated by:
- In-training Evaluation Reports
- Multisource feedback from preceptors
- Evaluations of teaching activities, rounds and journal club presentations
5. **HEALTH ADVOCATE**

The resident must be able to:

a) recognize those areas in which the histopathology and cytopathology laboratories can play a role in disease prevention and health promotion in gynecologic oncology

b) understand the principles of cancer screening, particularly as they relate to the cervix with an understanding of risk factors, initiation and intervals, sampling techniques, sensitivity and specificity, adjunctive diagnostic techniques and the features and significance of the different categories of interpretation

**These will be evaluated by:**
- Rotation in-training assessment
- Review of consult notes and progress notes from clinical encounters
- Multisource feedback from preceptors, nurses and patients in context of clinical rotations and longitudinal clinic

6. **SCHOLAR**

The resident must be able to:

a) develop, implement and monitor a personal continuing education strategy that includes maintaining currency with developments in pathologic diagnosis and technology as these relate to gynecologic oncology

b) pose research questions in gynecologic oncology relating to clinical pathological correlation

c) pose research questions in gynecologic oncology that require the utilization of excised tissues

d) understand the principles for providing tissue for tumor banks in terms of providing sufficient tissue for research without compromising diagnosis

**These will be evaluated by:**
- Rotation in-training assessment
- Evaluations of teaching activities, rounds and journal club presentations

7. **PROFESSIONAL**

The resident must be able to:

a) demonstrate a professional attitude to pathology colleagues and other laboratory staff

b) demonstrate the knowledge, skills and attitudes relating to gender, culture, and ethnicity pertinent to gynecologic pathology
These will be evaluated by:

- Rotation in-training assessment
- Multisource feedback from preceptors, nurses and patients in context of clinical rotations and longitudinal clinic
MEDICAL ETHICS

Residents are exposed to Ethics by participating in research projects, taking a course in Ethics and in the daily clinical setting. All research proposals from our institution have to be approved by the Research and Ethics Board. The residents must complete the on-line Tutorial in Research Ethics of the Ministère de la Santé et des Services sociaux. This tutorial is composed of 3 modules and grants a personal “Certificat de formation” for each of the levels completed. Following this, the residents acquire a good grounding a bioethics.

To build on this, the Division has created innovative interdisciplinary sessions that include an hour of didactic lectures on the theoretical principles of biomedical ethics as they relate to gynecologic oncology. This is followed by a second hour of inter-disciplinary discussion of real life challenging cases. This session is led by our medical bioethicist Dr. Eugene Bereza, with whom we discuss topical issues as they arise.

The main objective is to develop ethical attitudes in different medical situations including patient-physician relationships, inter-physicians relationships and clinical research.

At the end of the training, the residents should:

1. Obtain knowledge of the principles of bioethics.
2. Be familiar with ethics in reproductive medicine.
3. Know the professional code of ethics.
4. Have knowledge of the law, as it applies to ethical decision-making in medicine.
5. Know the ethical components of the experimental design of, and consent to medical research.
6. Know the ethical issues surrounding new reproductive technologies.