Objectives of Training in Obstetrics & Gynecology

2010
VERSION 1.1

This document applies to those who began training on or after July 1st, 2009.

(Please see also the "Policies and Procedures.")

DEFINITION

Obstetrics & Gynecology is that branch of medicine concerned with the study of women’s health and reproduction. The specialty encompasses medical, surgical and obstetrical and gynecologic knowledge and skills for the prevention, diagnosis and management of a broad range of conditions affecting women’s general and reproductive health. Specialists in Obstetrics & Gynecology provide clinical care and education in normal and complicated Obstetrics & Gynecology. They provide patient and family-centered care in a compassionate and respectful fashion. They are committed to advancing the field through education at all levels: undergraduate, postgraduate and continuing education. Specialists in Obstetrics & Gynecology are dedicated to advancing the science of the field through research.

GOALS

Upon completion of training, a resident is expected to be a competent specialist in Obstetrics & Gynecology capable of assuming a consultant’s role in the specialty. The resident must acquire a working knowledge of the theoretical basis of the specialty, including its foundations in the basic medical sciences and research.

Residents must demonstrate the requisite knowledge, skills, and attitudes for effective patient-centered care and service to a diverse population. In all aspects of specialist practice, the graduate must be able to address issues of gender, sexual orientation, age, culture, ethnicity and ethics in a professional manner.

NOTE:

Throughout this document, the word “family” will include caregivers, legal guardians and substitute decision-makers.
OBSTETRICS & GYNECOLOGY COMPETENCIES

Two levels of knowledge and proficiency are referred to in this document:

An **extensive level** refers to an in-depth understanding of an area, from basic science to clinical application, and possession of skills to manage independently a problem in the area.

A **working level** indicates a level of knowledge sufficient for the clinical management of a condition, and/or an understanding of an approach or technique sufficient to counsel and recommend it, without having personally achieved mastery of that approach or technique.

At the completion of training, the resident will have acquired the following competencies and will function effectively as a:

**Medical Expert**

**Definition:**

As Medical Experts, Obstetricians and Gynecologists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. Medical Expert is the central physician Role in the CanMEDS framework.

**Key and Enabling Competencies: Obstetricians and Gynecologists are able to...**

1. **Function effectively as a specialist, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care**
   1.1. Perform an Obstetrics & Gynecology evaluation appropriately, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request from another health care professional
   1.2. Demonstrate use of all CanMEDS competencies relevant to Obstetrics & Gynecology
   1.3. Identify and appropriately respond to relevant ethical issues arising in patient care
      1.3.1. Demonstrate knowledge of the basic legal and ethical issues encountered in Obstetrics & Gynecology practice, including consent, maternal-fetal dilemmas, abortion, disclosure, reproductive technology, substitute decision-making, sterilization, confidentiality of a mature minor, professional ethics – boundary issues, resource allocation and research ethics
   1.4. Demonstrate the ability to prioritize professional duties effectively when faced with multiple patients and problems
   1.5. Demonstrate compassionate and patient-centered care
   1.6. Recognize and respond to the ethical dimensions in medical decision-making
   1.7. Demonstrate medical expertise in situations other than patient care, such as providing expert legal testimony or advising governments, as needed
2. Establish and maintain clinical knowledge, skills and attitudes appropriate to Obstetrics & Gynecology

2.1. Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to Obstetrics & Gynecology

An extensive level of knowledge is required for the following:

2.1.1. Antepartum Care

2.1.1.1. Maternal and fetal physiology
2.1.1.2. Fetal development
2.1.1.3. Antepartum assessment of normal pregnancy
2.1.1.4. Genetic screening, testing and counseling, including the complications from invasive procedures like chorionic villus sampling and amniocentesis, and the outcomes of pregnancies complicated by fetal anomaly(ies) or aneuploidy
2.1.1.5. The effects of underlying medical, surgical, social, and psychosocial conditions on maternal and fetal health, and appropriate management of such
2.1.1.6. Antepartum fetal surveillance in the normal and high-risk pregnancy including appropriate use of obstetrical ultrasound
2.1.1.7. Basic principles of use of prescription and non-prescription medication in pregnancy (including knowledge of appropriate resources to obtain detailed information)

2.1.2. Obstetric Care

The pathophysiology, prevention, investigation, diagnosis, prognosis and/or management of:

2.1.2.1. Second trimester pregnancy loss
2.1.2.2. Preterm labour and birth
2.1.2.3. Premature rupture of membranes
2.1.2.4. Antepartum haemorrhage
2.1.2.5. Gestational diabetes and insulin dependent diabetes preceding pregnancy
2.1.2.6. Gestational hypertension
2.1.2.7. Twin pregnancy
2.1.2.8. Fetal growth restriction
2.1.2.9. Immune and non-immune hydrops
2.1.2.10. Alloimmunization
2.1.2.11. Infections in pregnancy (viral, bacterial, parasitic, etc.)
2.1.2.12. Post-term pregnancy
2.1.2.13. Fetal demise

2.1.3. **Pregnancy Loss**

*The pathophysiology, investigation, diagnosis, and/or management (including counseling and/or referral for grief support) of:*

2.1.3.1. Spontaneous abortion (early and late)
2.1.3.2. Intrauterine fetal demise in the second trimester, including the risks and benefits of medical and surgical management
2.1.3.3. Ectopic pregnancy
2.1.3.4. Recurrent pregnancy loss

2.1.4. **Pregnancy Termination**

*Investigation, diagnosis, and management (including counseling and/or referral for grief support) of:*

2.1.4.1. Termination of pregnancy in the first trimester and the complications
2.1.4.2. Termination of pregnancy in the second trimester and the complications

2.1.5. **Intrapartum Care**

2.1.5.1. Anatomy, physiology, mechanisms and complications of labour
2.1.5.2. Anatomy, physiology, mechanisms and complications of vaginal delivery
2.1.5.3. Indications, methods and complications of labour induction
2.1.5.4. Assessment of labour progress
2.1.5.5. Indications, methods and complications of augmentation of labour
2.1.5.6. Intrapartum assessment of maternal health
2.1.5.7. Intrapartum assessment of fetal health, including the interpretation of intermittent auscultation, electronic fetal monitoring, fetal scalp pH determination and cord blood gas sampling
2.1.5.8. Intrapartum infection

2.1.6. **Obstetric Delivery**

2.1.6.1. Indications for assisted vaginal delivery and Cesarean section
2.1.6.2. Maternal and neonatal benefits and risks of assisted vaginal delivery and Cesarean section
2.1.6.3. Risks and benefits of vaginal delivery after a previous Cesarean section

2.1.7. **Postpartum Care**
   - 2.1.7.1. Physiology of and complications during the puerperium
   - 2.1.7.2. Etiology and management (medical and surgical) of early and delayed postpartum hemorrhage
   - 2.1.7.3. Etiology and management of sepsis
   - 2.1.7.4. Benefits and complications of breastfeeding
   - 2.1.7.5. Contraception
   - 2.1.7.6. Recognition of risk factors for depression and identification of psychosocial support

2.1.8. **Pediatric and Adolescent Gynecology**
   - The pathophysiology, investigation, diagnosis, management and/or possible psychosocial ramifications of:
     - 2.1.8.1. Developmental anomalies
     - 2.1.8.2. Precocious and delayed puberty
     - 2.1.8.3. Abnormal vaginal discharge and bleeding in the child or adolescent
     - 2.1.8.4. Sexual abuse
     - 2.1.8.5. Contraception and adolescent pregnancy

2.1.9. **Reproduction and Endocrine Disorders**
   - 2.1.9.1. Normal reproductive physiology
   - The pathophysiology, investigation, diagnosis, and/or management of:
     - 2.1.9.2. Hirsutism
     - 2.1.9.3. Menstrual irregularity
     - 2.1.9.4. Amenorrhea (primary and secondary)
     - 2.1.9.5. Dysfunctional uterine bleeding
     - 2.1.9.6. Galactorrhea
     - 2.1.9.7. Polycystic ovarian syndrome
     - 2.1.9.8. Premenstrual syndrome
     - 2.1.9.9. Menopause and urogenital aging, including management, risk, and benefits of hormonal and non-hormonal treatment approaches
2.1.10. **Human Sexuality and Contraception**

2.1.10.1. Normal sexual function

2.1.10.2. Etiology and management of disorders of sexual function, including dyspareunia, vaginismus, inhibited sexual desire and anorgasmia

2.1.10.3. Methods of contraception, including the various mechanisms of action, and the indications, contraindications, risks and benefits, and complications of each method

2.1.10.4. Strategies to promote adherence to contraceptive methods and encourage safer sex behaviours

2.1.11. **Violence Against Women**

2.1.11.1. Identifying features of abused women (both physical and psychological)

2.1.11.2. Appropriate protocols for the acute medical management of sexual assault victims, including postcoital contraception and Sexually Transmitted Infection (STI) prevention

2.1.11.3. Appropriate referral for legal assistance and psychological counseling for victims of abuse and sexual assault

2.1.12. **Infertility**

2.1.12.1. Multiple etiologies of infertility

2.1.12.2. Indications for and interpretation of tests and procedures, including hormonal evaluation, semen analysis, basal body temperature charting, ovulation prediction, endometrial biopsy, hysterosalpingography, sonohystergraphy and both hysteroscopy and laparoscopy

2.1.12.3. The effectiveness and complications of current standard treatments for infertility, as well as appropriate indications for subspecialty referral

2.1.13. **Gynecologic Infections**

*The epidemiology, pathophysiology, investigation, diagnosis, management and prevention of:*

2.1.13.1. Vaginal and vulvar infections

2.1.13.2. Sexually Transmitted Infections

2.1.13.3. Acute and chronic pelvic inflammatory disease

2.1.13.4. Gynecologic aspects of HIV, hepatitis, tuberculosis and syphilis

2.1.13.5. HPV infection
2.1.14. **Urogynecology**

*The pathophysiology, investigation, diagnosis, and/or management of:*

- 2.1.14.2. Urge incontinence and detrusor overactivity
- 2.1.14.3. Voiding dysfunction, including postoperative and postpartum urinary retention and bladder outlet obstruction
- 2.1.14.4. Pelvic organ prolapse, including pessary care
- 2.1.14.5. Acute and recurrent urinary tract infection
- 2.1.14.6. Interstitial cystitis

2.1.15. **Other Non-Malignant Gynecologic Conditions**

*The pathophysiology, pathology, investigation, diagnosis, and management of:*

- 2.1.15.1. Benign pelvic masses, including rupture and torsion
- 2.1.15.2. Acute and chronic pelvic pain
- 2.1.15.3. Endometriosis
- 2.1.15.4. Vulvar pain
- 2.1.15.5. Vulvar dermatoses
- 2.1.15.6. Surgical wound hematoma and infection (including abscess)
- 2.1.15.7. Surgical wound dehiscence

2.1.16. **Gynecologic Oncology**

- 2.1.16.1. The epidemiology, pathophysiology, pathology, investigation, diagnosis, and/or management of malignant diseases of the vulva, vagina, cervix, uterus, fallopian tube, ovary, and trophoblast
- 2.1.16.2. Risk factors for pre-malignant and malignant gynecologic conditions
- 2.1.16.3. Current guidelines and indications for screening for cervical, endometrial and ovarian cancer, and an understanding of the performance of current screening methods
- 2.1.16.4. The classification, staging, and prognosis of all genital tract cancers
- 2.1.16.5. Appropriate use of simple and radical surgery, including node sampling, and debulking surgery in the management of gynecologic malignancies
- 2.1.16.6. Indications for appropriate referral for more extensive surgery, radiation, and systemic therapy
Surgical Principles:

2.1.17. Anatomy:

2.1.17.1. Embryology of the pelvic and abdominal viscera

2.1.17.2. Anatomy and physiology of the pelvis and abdomen (anterior abdominal wall, viscera, bony structures, muscles, blood vessels, lymphatics, nerves, cervix, uterus, fallopian tubes, and ovaries)

2.1.17.3. Anatomy of the retroperitoneum, including the prevesical space of Retzius, the paravesical, the vesicovaginal, the rectovaginal, the pararectal, and the presacral spaces

2.1.17.4. Course of the ureter and the major vessels through the lower abdomen and pelvis

2.1.17.5. Structures of the pelvic floor and their relationship to other pelvic structures

2.1.18. Pre-Operative Planning:

2.1.18.1. Medical and surgical treatment options for gynecologic conditions

2.1.18.2. Components of informed consent (risks, benefits, complications, alternatives)

2.1.18.3. Pre-operative assessment

2.1.18.4. National and regional guidelines for peri-operative prophylaxis (antibiotics and anti-coagulants)

2.1.18.5. National and regional guidelines for preoperative consultations (medicine, anesthesia, urology, nursing, ICU)

2.1.19. Anesthesia and Peri-Operative Pain Management

2.1.19.1. Different anesthetic options for laparoscopy and hysteroscopy (general anesthesia, regional anesthesia, conscious sedation, other)

2.1.19.2. Indications for and administration of regional anesthesia (para-cervical blocks)

2.1.19.3. Common oral and parenteral narcotics, anti-inflammatories and other peri-operative pain control measures

2.1.20. Operating Room Set-up

2.1.20.1. Patient positioning for safe and optimal surgical access and exposure

2.1.20.2. Patient positioning to reduce risk of unintended injury (nerve, crush, burn, pressure trauma)

2.1.20.3. Positioning of equipment, monitors and ancillary apparatus

2.1.20.4. Positioning of surgeon, assistant, and others for optimal surgical performance
A working level of knowledge is required for the following:

2.1.21. **Obstetrics**
   2.1.21.1. Obstetric anesthesia, including the risks and benefits of general anesthesia, spinal anesthesia, epidural anesthesia, pudendal nerve block, and narcotics
   2.1.21.2. Medical diseases in pregnancy
   2.1.21.3. Triplets and higher order multiple gestations

2.1.22. **Neonatal Care**
   2.1.22.1. Principles of neonatal resuscitation
   2.1.22.2. Neonatal complications resulting from prematurity, macrosomia, birth asphyxia, fetal growth restriction, assisted vaginal delivery, congenital anomaly(ies), and/or maternal medical complications, including their appropriate management and expected outcome

2.1.23. **Infertility**
   2.1.23.1. Regimens for advanced ovulation induction
   2.1.23.2. Assisted reproductive technologies currently available, including their comparative success and complication profiles
   2.1.23.3. Indications for referral for such technologies

2.1.24. **Urogynecology**
   2.1.24.1. Indications and limitations of urodynamic testing

2.1.25. **Gynecologic Oncology**
   2.1.25.1. Principles of colposcopy, including its limitations and the indications for referral for colposcopic assessment
   2.1.25.2. Principles and complications of chemotherapy and radiotherapy for gynecologic malignancies, including an understanding of the indications for consultation with appropriate specialists
   2.1.25.3. Principles of palliative medicine for incurable gynecologic disease, including the social, ethical and legal implications of the various options

2.1.26. **Preoperative and Postoperative Care**
   2.1.26.1. Principles and appropriate use of nutritional support
   2.1.26.2. Principles of normal and impaired wound healing
   2.1.26.3. Basic surgical principles including wound closure
2.1.26.4. Principles and appropriate management of postoperative pain and nausea

2.1.26.5. Management of postoperative medical and surgical complications, including indications for consultation with other specialties and/or the use of invasive hemodynamic monitoring and ventilatory support

2.1.27. **Non-Gynecologic Conditions**

*The pathophysiology, investigation, diagnosis, and/or management of:*

2.1.27.1. Colorectal disease, including diverticular disease, colon and rectal cancer, inflammatory bowel disease, and appendicitis

2.1.27.2. Bladder malignancy, including the approach to microscopic hematuria

2.1.27.3. Breast conditions, including benign breast disease, breast cancer screening, and the effect of breast cancer and its therapies on the reproductive system

2.1.27.4. Medical disorders that may have an effect on or be affected by the female reproductive system, including hypothalamic and pituitary disease, thyroid disease, osteoporosis, diabetes, cardiovascular disease, respiratory disease, renal disease, and transplantation

2.2. Describe the CanMEDS framework of competencies relevant to Obstetrics & Gynecology

2.3. Develop lifelong learning skills of the Scholar Role to implement a personal program to keep up-to-date, and enhance areas of professional competence

2.4. Contribute to the enhancement of quality care and patient safety in Obstetrics & Gynecology, integrating the available best evidence and best practices

3. **Perform a complete and appropriate assessment of a patient**

3.1. Identify and explore issues to be addressed in a patient encounter effectively, including the patient’s context and preferences

3.2. Elicit a history that is relevant, concise and accurate to context and preferences for the purposes of prevention and health promotion, diagnosis and/or management

3.3. Perform a focused physical examination that is relevant and accurate for the purposes of prevention and health promotion, diagnosis and/or management

3.4. Select medically appropriate investigative methods in a resource-effective and ethical manner including imaging techniques and laboratory investigations

3.5. Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnoses and management plans

3.5.1. Demonstrate the ability to perform a rapid assessment of an unstable patient
3.6. Identify perioperative risk factors

4. **Use preventive and therapeutic interventions effectively**
   4.1. Implement a management plan in collaboration with a patient and her family
   4.2. Demonstrate appropriate and timely application of preventive and therapeutic interventions relevant to Obstetrics & Gynecology
   4.3. Obtain appropriate informed consent for therapies
   4.4. Ensure patients receive appropriate end-of-life care

5. **Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic**
   5.1. Demonstrate effective, appropriate and timely utilization of diagnostic procedures relevant to Obstetrics & Gynecology
      5.1.1. Demonstrate an understanding of the indications, risks and benefits, limitations and role of the following investigative techniques specific to the practice of Obstetrics & Gynecology. Demonstrate appropriate effective and timely performance of the following diagnostic/investigative procedures:

      **Diagnostic Procedural Skills**
      5.1.1.1. Wet mount of vaginal discharge
      5.1.1.2. Basic ultrasound imaging for determination of presentation, placentation, fetal heart rate and number of fetuses
      5.1.1.3. Hysterosalpingography
      5.1.1.4. Pap Smear
      5.1.1.5. Testing for STIs
      5.1.1.6. Vulvar and vaginal biopsy
      5.1.1.7. Cervical biopsy and polypectomy
      5.1.1.8. Endocervical curettage
      5.1.1.9. Endometrial biopsy
      5.1.1.10. Assessment of rupture membranes/ferning
      5.1.1.11. Nonstress test, contraction stress test
      5.1.1.12. Fetal scalp pH determination

   5.2. Demonstrate effective, appropriate, and timely performance of therapeutic procedures relevant to Obstetrics & Gynecology
      5.2.1. Demonstrates a **working** knowledge of the physics and technological application of the following therapeutic modalities, including the risks, benefits, and complications of these approaches
      5.2.1.1. Electrocautery
5.2.1.2. Lasers
5.2.1.3. Endometrial ablation (hysteroscopic and global)
5.2.1.4. External beam and intracavitary radiotherapy

**Surgical Skills**

The categorized list reflects the level of technical skill competency for each surgical procedure expected after completion of a residency program in Obstetrics & Gynecology.

5.2.2. **Surgical Procedures List A**

The following procedures in List A are those that the fully trained resident in Obstetrics & Gynecology must be competent to independently perform the following procedures, including the preoperative assessment and post-operative complications.

**Obstetric Procedures**

5.2.2.1. Spontaneous vaginal delivery, including vaginal delivery of the non-vertex presentation and the acute management of shoulder dystocia
5.2.2.2. Vaginal delivery of twin gestation
5.2.2.3. Vacuum extraction
5.2.2.4. Forceps delivery
5.2.2.5. Episiotomy and repair
5.2.2.6. Repair of perineal and vaginal tears, including third and fourth degree tears and cervical lacerations
5.2.2.7. Low transverse cesarean section (primary and repeat) including low transverse, low vertical or classical cesarean section
5.2.2.8. Evacuation of the pregnant uterus (dilation and curettage by suction or sharp curette, dilation and extraction in the early second trimester, curettage following vaginal delivery for retained products)
5.2.2.9. Manual removal of the placenta
5.2.2.10. Non-surgical and surgical management of severe post-partum hemorrhage
5.2.2.11. Cesarean hysterectomy
5.2.2.12. Repair of uterine rupture

**Neonatal Care**

5.2.2.13. Neonatal resuscitation (NRP)

**Open Gynecologic Procedures**

5.2.2.14. Pfannenstiel incision
5.2.2.15. Vertical midline incision
5.2.2.16. Total abdominal hysterectomy
5.2.2.17. Subtotal abdominal hysterectomy
5.2.2.18. Salpingo-oophrectomy
5.2.2.19. Oophrectomy
5.2.2.20. Ovarian cystectomy
5.2.2.21. Abdominal myomectomy
5.2.2.22. Omentectomy
5.2.2.23. Peritoneal biopsy
5.2.2.24. Repair of wound dehiscence

**Vaginal Gynecologic Procedures**
5.2.2.25. Vaginal hysterectomy
5.2.2.26. Anterior colporrhaphy
5.2.2.27. Posterior colporrhaphy and perineorrhaphy
5.2.2.28. Vaginal enterocele repair
5.2.2.29. Drainage and marsupialization of Bartholin’s gland abscess

**Endoscopic Procedures**
5.2.2.30. Appropriate laparoscopic entry (including closed, open and visual entry and selection of alternate entry sites)
5.2.2.31. Diagnostic laparoscopy (including assessment of tubal patency)
5.2.2.32. Laparoscopic sterilization
5.2.2.33. Salpingectomy and linear salpingotomy for the management of ectopic pregnancy
5.2.2.34. Laparoscopic lysis of adhesions
5.2.2.35. Laser ablation or cautery of endometriosis (stages 1 and 2)
5.2.2.36. Laparoscopic ovarian cystectomy and salpingo-oophrectomy
5.2.2.37. Diagnostic hysteroscopy
5.2.2.38. Hysteroscopic endometrial sampling and polyp removal
5.2.2.39. Ablative procedures of the endometrium

**Other Gynecologic Procedures**
5.2.2.40. Dilatation and curettage
5.2.2.41. Abdominal paracentesis
5.2.2.42. Pessary fitting and removal
5.2.2.43. Insertion and removal of an intrauterine contraceptive device
5.2.2.44. Cystotomy repair

5.2.3. **Surgical Procedures List B**
The following procedures in List B are those that the fully trained resident in Obstetrics & Gynecology will understand and be able to perform, though he/she may not have actually acquired sufficient skill in residency to independently perform them.

**Obstetric Procedures**
5.2.3.1. Amniocentesis
5.2.3.2. Amnioinfusion
5.2.3.3. Dilatation and evacuation (greater than 14 weeks)
5.2.3.4. Cervical cerclage (elective and emergent)
5.2.3.5. Vaginal breech extraction of second twin
5.2.3.6. Mid-cavity rotation forceps delivery
5.2.3.7. External cephalic version

**Gynecologic Procedures**
5.2.3.8. Simple vulvectomy
5.2.3.9. Retropubic bladder neck suspension (colposuspension)
5.2.3.10. Operative hysteroscopy (lysis of synechiae, resection of submucous leiomyomata, resection of uterine septum)
5.2.3.11. Operative laparoscopy (LAVH, tubo-ovarian abscess, stage 3 endometriosis)
5.2.3.12. Colposcopy with directed cervical biopsy (including Loop Electrosurgical Excision Procedure (LEEP), cervical conization
5.2.3.13. Tension free vaginal tape (TVT) procedure (or other abdominal-vaginal sling procedure)

**Other Procedures**
5.2.3.14. Enterotomy repair
5.2.3.15. Limited cystoscopy after inadvertent cystotomy or to confirm ureteric patency

5.2.4. **Surgical Procedures List C**
The following procedures are those that the fully trained resident in Obstetrics & Gynecology will understand but not be expected to be able to perform. He/she should be able to describe the principles of these procedures, the indications for
referral and the perioperative management and complications.

**Obstetric Procedures**

5.2.4.1. Chorionic villus sampling  
5.2.4.2. Cordocentesis  
5.2.4.3. Intrauterine transfusion

**Gynecologic Procedures**

5.2.4.4. Tubal reanastomosis  
5.2.4.5. Presacral neurectomy  
5.2.4.6. Radical hysterectomy  
5.2.4.7. Radical vulvectomy  
5.2.4.8. Trachelectomy  
5.2.4.9. Lymph node dissection (inguinal, pelvic, para-aortic)  
5.2.4.10. Abdominal sacral colpopexy  
5.2.4.11. Laparoscopic colposuspension  
5.2.4.12. McCall’s culdoplasty  
5.2.4.13. Sacrospinous fixation of the vaginal vault  
5.2.4.14. Fistula repair  
5.2.4.15. Vaginoplasty  
5.2.4.16. Laparoscopically assisted supracervical hysterectomy  
5.2.4.17. Specific pediatric adolescent gynecology procedures

**Other Procedures**

5.2.4.18. Ureteroureterostomy  
5.2.4.19. Ureteric reimplantation  
5.2.4.20. Percutaneous nephrostomy  
5.2.4.21. Small and large bowel resection, including colostomy  
5.2.4.22. Appendectomy  
5.2.4.23. Hernia repair  
5.2.4.24. Central line insertion for invasive monitoring or administration of intravenous nutrition

5.3. Obtain informed consent for procedures  
5.4. Document and disseminate information related to procedures performed and their outcomes
5.5. Arrange adequate follow-up for procedures performed
   5.5.1. Monitor patients appropriately and provide appropriate follow up medical care, particularly after starting a new treatment or following a surgical procedure

6. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise
   6.1. Demonstrate insight into their own limitations of expertise
   6.2. Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care
   6.3. Arrange appropriate follow-up care services for a patient and their family

Communicator

Definition:

As Communicators, Obstetricians and Gynecologists effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

Key and Enabling Competencies: Obstetricians and Gynecologists are able to...

1. Develop rapport, trust, and ethical therapeutic relationships with patients and families
   1.1. Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, patient adherence, improved clinical outcomes and physician satisfaction
   1.2. Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy
   1.2.1. Provide support and counseling to patients and their families, as appropriate
   1.3. Respect patient confidentiality, privacy and autonomy
   1.4. Listen effectively
   1.5. Be aware of and responsive to nonverbal cues
   1.6. Facilitate a structured clinical encounter effectively

2. Elicit accurately and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals
   2.1. Gather information about a disease and about a patient’s beliefs, concerns, expectations and illness experience
2.2. Seek out and synthesize relevant information from other sources, such as a patient's family, caregivers and other professionals

3. **Convey relevant information and explanations accurately to patients and families, colleagues and other professionals**

   3.1. Deliver information to a patient and family, colleagues and other professionals in a humane manner and in such a way that it is understandable, encourages discussion and participation in decision-making

   3.1.1. Explain indications, risks and benefits of procedures, and perioperative management and complications

   3.2. Deliver interpretation/conclusions of investigations performed to patients, their families, and other involved health professionals

4. **Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care**

   4.1. Identify and explore problems to be addressed from a patient encounter effectively, including the patient’s context, responses, concerns, and preferences

   4.2. Respect diversity and difference, including but not limited to the impact of gender, sexual orientation, religious and cultural beliefs on decision-making

   4.2.1. Demonstrate insight into the unique personal, psychosocial, cultural and ethical issues that surround individual patients with obstetric or gynecologic problems

   4.3. Encourage discussion, questions, and interaction in the encounter

   4.4. Engage patients, families, and relevant health professionals in shared decision-making to develop a plan of care

   4.5. Address challenging communication issues effectively, such as obtaining informed consent, delivering bad news, and addressing anger, confusion, conflict and misunderstanding

5. **Convey effective oral and written information about a medical encounter**

   5.1. Maintain clear, concise, accurate and appropriate records (e.g., written or electronic) of clinical encounters and plans

   5.1.1. Record information collected from patients, families, laboratory tests and radiological studies and communicate (oral and written) conclusions based on these data to patients and their families, referring physicians and other involved health care personnel

   5.1.2. Convey written conclusions/interpretations of investigations accurately and succinctly to patients, families and other involved health professionals, as appropriate
5.2. Present verbal reports of clinical encounters and plans
5.3. Present medical information to the public or media about a medical issue

**Collaborator**

**Definition:**

As **Collaborators**, Obstetricians and Gynecologists effectively work within a health care team to achieve optimal patient care.

**Key and Enabling Competencies: Obstetricians and Gynecologists are able to...**

1. **Participate effectively and appropriately in an interprofessional health care team**
   1.1. Describe the Obstetrician/Gynecologist’s roles and responsibilities to other professionals
   1.2. Describe the roles and responsibilities of other professionals within the health care team
   1.3. Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to their own
   1.4. Work with others to assess, plan, provide and integrate care for individual patients (or groups of patients)
   1.5. Work with others to assess, plan, provide and review other tasks, such as research problems, educational work, program review or administrative responsibilities
   1.6. Participate in interprofessional team meetings
   1.7. Enter into interdependent relationships with other professions for the provision of quality care
   1.8. Describe the principles of team dynamics
   1.9. Respect team ethics, including confidentiality, resource allocation and professionalism
   1.10. Demonstrate leadership in a health care team

2. **Work with other health professionals effectively to prevent, negotiate, and resolve interprofessional conflict**
   2.1. Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team
   2.2. Work with other professionals to prevent conflicts
   2.3. Employ collaborative negotiation to resolve conflicts
   2.4. Respect differences and address misunderstandings and limitations in other professionals
2.5. Recognize one’s own differences, misunderstandings and limitations that may contribute to interprofessional tension

2.6. Reflect on interprofessional team function

Manager

Definition:

As Managers, physicians are integral participants in health care organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the health care system.

Key and Enabling Competencies: Obstetricians and Gynecologists are able to...

1. Participate in activities that contribute to the effectiveness of their health care organizations and systems
   1.1. Work collaboratively with others in their organizations
   1.2. Participate in systemic quality process evaluation and improvement, such as patient safety initiatives
      1.2.1. Contribute to morbidity and mortality reviews
   1.3. Describe the structure and function of the health care system as it relates to Obstetrics & Gynecology, including the roles of physicians
      1.3.1. Indicate how health care governance influences patient care, research and educational activities at the local, provincial and national levels
      1.3.2. Describe the role of academic institutions and licensing bodies and their interactions with Obstetricians and Gynecologists
   1.4. Describe principles of health care financing, including physician remuneration, budgeting and organizational funding

2. Manage their practice and career effectively
   2.1. Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life
      2.1.1. Ensure follow up of normal and abnormal test results
      2.1.2. Maintain patient waiting lists
      2.1.3. Triage emergency problems
   2.2. Manage a practice including finances and human resources
   2.3. Implement processes to ensure personal practice improvement
2.4. Employ information technology appropriately for patient care

3. **Allocate finite health care resources appropriately**
   3.1. Recognize the importance of just allocation of health care resources, balancing effectiveness, efficiency and access with optimal patient care
   3.2. Apply evidence and management processes for cost-appropriate care
      3.2.1. Demonstrate an understanding of population-based approaches to the provision of medical care, including the costs and benefits of the various screening tests available for obstetric diagnosis and gynecologic disease

4. **Serve in administration and leadership roles, as appropriate**
   4.1. Chair or participate effectively in committees and meetings
   4.2. Lead or implement change in health care
   4.3. Plan relevant elements of health care delivery (e.g., work schedules)

**Health Advocate**

*Definition:*

As *Health Advocates*, Obstetricians and Gynecologists responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

**Key and Enabling Competencies: Obstetricians and Gynecologists are able to...**

1. **Respond to individual patient health needs and issues as part of patient care**
   1.1. Identify the health needs of an individual patient and highlight which determinants are modifiable, so as to adapt the treatment approach accordingly
      1.1.1. Facilitate medical care for patients even when that care is not provided personally or locally or when that care is not readily accessible (e.g., therapeutic abortion)
      1.1.2. Make clinical decisions for an individual patient, when necessary balancing the needs against the needs of the general population and against the available resources
   1.2. Identify opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care
      1.2.1. Advise patients about the local and regional resources available for support, education and rehabilitation
2. Respond to the health needs of the communities that they serve
   2.1. Describe the practice communities that they serve
   2.2. Identify opportunities for advocacy, health promotion and disease prevention in the communities that they serve, and respond appropriately
   2.3. Appreciate the possibility of competing interests between the communities served and other populations

3. Identify the determinants of health for the populations that they serve
   3.1. Identify the determinants of health of the populations, including barriers to access to care and resources
   3.2. Identify vulnerable or marginalized populations within those served and respond appropriately

4. Promote the health of individual patients, communities, and populations
   4.1. Describe an approach to implementing a change in a determinant of health of the populations they serve
   4.2. Describe how public policy impacts on the health of the populations served
   4.3. Identify points of influence in the health care system and its structure
      4.3.1. Describe the important function and role of various professional organizations, including the Society of Obstetricians and Gynecologists of Canada (SOGC) in the support of Obstetricians and Gynecologists in this country and in the provision and maintenance of optimal health care for Canadian women
      4.3.2. Participate in local, regional and national specialty associations (professional or scientific) to promote better health care for women
      4.3.3. Provide direction to hospital administration regarding compliance with national clinical and surgical practice guidelines
   4.4. Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism
   4.5. Appreciate the possibility of conflict inherent in their role as a health advocate for a patient or community with that of manager or gatekeeper
   4.6. Describe the role of the medical profession in advocating collectively for health and patient safety
Scholar

Definition:

As Scholars, Obstetricians and Gynecologists demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

Key and Enabling Competencies: Obstetricians and Gynecologists are able to...

1. Maintain and enhance professional activities through ongoing learning
   1.1. Describe the principles of maintenance of competence
   1.2. Describe the principles and strategies for implementing a personal knowledge management system
       1.2.1. Develop a life-long learning strategy, utilizing information technology for managing cases, literature review, and participation, in basic or applied clinical research
       1.2.2. Develop proficiency at self-assessment in order to identify learning opportunities (based on gaps in skills, knowledge or attitude)
   1.3. Recognize and reflect on learning issues in practice
   1.4. Conduct a personal practice audit
   1.5. Pose an appropriate learning question
   1.6. Access and interpret the relevant evidence
   1.7. Integrate new learning into practice
   1.8. Evaluate the impact of any change in practice
   1.9. Document the learning process

2. Evaluate medical information and its sources critically, and apply this appropriately to practice decisions
   2.1. Describe the principles of critical appraisal, especially epidemiology and biostatistics
   2.2. Critically appraise retrieved evidence in order to address a clinical question
   2.3. Integrate critical appraisal conclusions into clinical care
       2.3.1. Adapt research findings appropriately to the individual patient situation or relevant patient population

3. Facilitate the learning of patients, families, students, residents, other health professionals, the public and others, as appropriate
   3.1. Describe principles of learning relevant to medical education
3.2. Identify collaboratively the learning needs and desired learning outcomes of others
3.3. Select effective teaching strategies and content to facilitate others’ learning
3.4. Demonstrate an effective lecture or presentation
3.5. Assess and reflect on a teaching encounter
3.6. Provide effective feedback
3.7. Describe the principles of ethics with respect to teaching

4. **Contribute to the development, dissemination, and translation of new knowledge and practices**
   4.1. Describe the principles of research and scholarly inquiry
   4.2. Describe the principles of research ethics
   4.3. Pose a scholarly question
      4.3.1. Identify gaps in knowledge or skill within the field of Obstetrics & Gynecology to generate the clinical questions that will drive the research agenda in the specialty
   4.4. Conduct a systematic search for evidence
   4.5. Select and apply appropriate methods to address the question
   4.6. Perform a research study and disseminate the findings

**Professional**

**Definition:**

As *Professionals*, Obstetricians and Gynecologists are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

**Key and Enabling Competencies: Obstetricians and Gynecologists are able to...**

1. **Demonstrate a commitment to their patients, profession, and society through ethical practice**
   1.1. Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism
      1.1.1. Demonstrate self-discipline, responsibility and punctuality in attending to ward duties, in the operating room, and at meetings and other activities, and be a moral and ethical role model for others
   1.2. Demonstrate a commitment to delivering the highest quality care and maintenance of competence
1.3. Recognize and appropriately respond to ethical issues encountered in practice
   1.3.1. Promptly address professional intimidation and harassment

1.4. Manage conflicts of interest

1.5. Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law
   1.5.1. Demonstrate understanding of the medico-legal aspects of consent and confidentiality specific to pediatric and adolescent gynecology

1.6. Maintain appropriate relations with patients

2. **Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation**
   2.1. Demonstrate knowledge and an understanding of the professional, legal and ethical codes of practice
      2.1.1. Describe medical protective procedures and the role of the Canadian Medical Protective Association in areas of patient-physician dispute
      2.1.2. Demonstrate knowledge of the RCPSC-endorsed guidelines for ethical interactions with industry, related to research and education (or substandard care)

2.2. Fulfill the regulatory and legal obligations required of current practice

2.3. Demonstrate accountability to professional regulatory bodies

2.4. Recognize and respond to others’ unprofessional behaviours in practice

2.5. Participate in peer review

3. **Demonstrate a commitment to physician health and sustainable practice**
   3.1. Balance personal and professional priorities to ensure personal health and a sustainable practice

   3.2. Strive to heighten personal and professional awareness and insight

   3.3. Recognize other professionals in need and respond appropriately