

# Goals & Objectives of Training and Specialty Requirements

## Colposcopy/ Pathology Rotation

### March 2015

#### OBJECTIVES OF TRAINING

During the Colposcopy/pathology rotation the resident will attend Colposcopy clinics. The resident will spend time in pathology reading, reviewing teaching slides and being available for teaching time with the pathologists. They are expected to spend time in pathology on Mondays to review the slides of the new patients for the gynecology oncology/pathology rounds. The resident is expected to attend those rounds.

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, including a knowledge of the related literature, 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 master of that approach or technique.

#### SPECIFIC OBJECTIVES

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

###### 1.1 Cognitive Skills

The resident will have knowledge of the following clinical conditions or problems encountered commonly in the Colposcopy clinic. During their rotation they will continue to improve upon their general knowledge of conditions seen in the Colposcopy clinic.

1.1.1 An *extensive level* of knowledge is required for the following conditions including how to diagnose and treatment options.

- Intraepithelial neoplasia of the female genital tract, including cervix, vagina, vulva, peri-anal and anal regions.
- Options for treatment of cervical lesions after reviewing the pap smear, biopsy report in light of colposcopic impression
- Genital warts – the options for treatment and the side effects of such treatment.
- Role of HPV testing

- Factors that play a role in development of intraepithelial lesions of the female genital tract
- Lichen Sclerosus
- Paget's disease of the vulva
- Abnormalities secondary to DES exposure
- Infections of the vulva, including yeast, herpes, warts, molluscum contagiosum
- Vulvodynia
- Other vulvar diseases
- Role of LEEP, laser and cone biopsy as treatment for HSIL lesions of the cervix, including safety issues for each treatment
- The role of expectant management or treatment for LSIL lesions of the cervix
- The Bethesda system of terminology for pap smear reporting, including recent Ontario modifications. This includes recommendations for referral for colposcopy

1.1.2 A *working level* of knowledge is required for the following

- Pathology of the female genital tract
- The terminology the pathology and cyto-pathologist use in reports

## 1.2 TECHNICAL SKILLS

### 1.2.1 Diagnostic procedures and techniques

The resident will understand the indications, risk, and benefits, limitations and role of the following investigative techniques and will be competent in their interpretation

#### a. Diagnostic tests

- Pap smears
- HPV testing
- Cervix biopsy
- Vagina biopsy
- Vulvar biopsy
- Endocervical curettage
- Endometrial biopsy

### 1.2.2 Surgical skills List A

During the rotation the resident must first of all become comfortable with the equipment, including positioning the bed, finding the appropriate knobs on the colposcope, and focusing on the cervix. Repetition helps with this. Before a resident does a treatment the staff have to have comfort in the residents Colposcopy skills. It is the

responsibility of the resident to set up a practice session with a physician and the nurses.

- LEEP
- Cryosurgery

#### Surgical list B

The resident may see a laser but should not expect to do one. The resident should be aware of when laser may be a choice for treatment. The resident should be able to discuss laser safety issues of the CO2 laser.

- Laser

## **2. COMMUNICATOR**

### 2.1 General Objectives

The Colposcopy resident must be able to:

- Establish therapeutic relationships with patients characterized by understanding, trust, empathy and confidentiality
- Obtain and synthesize relevant history from patients and referring physicians

Discuss appropriate information with the patient and other health care providers that facilitates optimal health care. This also implies the ability to maintain clear, accurate and appropriate records.

### 2.2 Specific Objectives

To achieve these objectives as a communicator the resident must demonstrate:

2.2.1 the ability to obtain informed consent for medical and surgical therapies.

2.2.2 the ability to record accurately and succinctly in a timely matter data collected from patients and laboratory tests and to communicate conclusions based on these data to patients, referring physicians and other involved health care personnel

2.2.3 evidence of good interpersonal skills when working with patients, families and other members of the health care system

2.2.4 an awareness of the unique personal, psychosocial, cultural and ethical issues that surround individual patients

2.2.5 the ability to prepare and present information to colleagues both informally and formally (Colposcopy rounds).

### **3. COLLABORATOR**

#### 3.1 General Objectives

The Colposcopy resident must be able to

- Consult effectively with other physicians
- Consult effectively with other health care personnel
- Contribute effectively to a multidisciplinary team

#### 3.2 Specific Objectives

To achieve these objectives as a collaborator the resident must be able to;

3.2.1 function competently in the initial management of patients with conditions that fall within the realm of other medical or surgical specialties

3.2.2 demonstrate the ability to function effectively and, where appropriate, provide leadership, in a multidisciplinary health care team, showing respect, consideration and acceptance of other team members and their opinions while contributing personal specialty specific expertise

3.2.3 identify and understand significant roles, expertise, and limitations of other members of a multidisciplinary team required to optimally achieve a goal related to patient care, medical research, medical education or administration

### **4. MANAGER**

#### 4.1 General Objectives

The Colposcopy resident should be able to

- Manage resources effectively to balance patient care, learning needs and outside activities
- Allocate finite health care resources wisely
- Work effectively and efficiently in a health care organization
- Utilize information technology to optimize patient care, life-long learning and practice administration

#### 4.2 Specific Objectives

##### 4.2.1

The colposcopy resident should have an extensive level of knowledge of

- The followup process for normal and abnormal results.
- Triage of emergency problems

##### 4.2.2

The colposcopy resident will have a working knowledge of

- The uses and application of information technology for patient care.

## **5. HEALTH ADVOCATE**

The colposcopy resident should have a *working* knowledge of how to

- Respond to individual patient health needs and issues as part of patient care
- Identify the health needs of an individual patient and highlight which determinants are modifiable, so as to adapt the treatment approach accordingly
- Make clinical decisions for an individual patient, when necessary balancing the needs against the needs of the general population and against the available resources
- Identify opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care
- Identify the determinants of health of the populations, including barriers to access to care and resources
- Promote the health of individual patients, communities, and populations
- Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism
- Appreciate the possibility of conflict inherent in their role as a health advocate for a patient or community with that of manager or gatekeeper
- Describe the role of the medical profession in advocating collectively for health and patient safety

## **6. SCHOLAR**

As *Scholars*, physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge. The colposcopy residents should have a *working* knowledge of how to

1. Maintain and enhance professional activities through ongoing learning.
2. Evaluate medical information and its sources critically, and apply this appropriately to practice decisions.
3. Facilitate the learning of patients, families, students, residents, other health professionals, the public and others, as appropriate.

4. Contribute to the development, dissemination, and translation of new knowledge and practices.

## **7. PROFESSIONAL**

As *Professionals*, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour. The colposcopy resident should have a *working* knowledge of

1. Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism.
2. 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.
3. Recognize and appropriately respond to ethical issues encountered in practice.
4. Demonstrate a commitment to delivering the highest quality care and maintenance of competence.
5. Promptly address professional intimidation and harassment.
6. Manage conflicts of interest appropriately.
7. Maintain appropriate relations with patients.
8. Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law.
9. Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation.
10. Appreciate the professional, legal and ethical codes of practice.
11. Demonstrate a commitment to physician health and sustainable practice.

Updated March 8, 2015.