

# **Goals and Objectives of Training and Specialty Requirements Reproductive Endocrinology and Infertility (REI) January 2015**

The Reproductive Endocrinology and Infertility (REI) rotation is a subspecialty rotation. The resident will be able to have an expert level of understanding in all hormonal disorders related to REI. The resident should be able to become proficient in all investigations involved in an infertility work up. He/she should be proficient in all basic fertility surgery. He/she should also have a working knowledge of treatment modalities and success rates.

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.

**The CanMeds Goals and Objectives of the rotation are as follows:**

## **MEDICAL EXPERT**

An extensive level of knowledge is required for the following:

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

### **Reproduction and Endocrine Disorders**

1. Normal reproductive physiology
2. Hirsutism
3. Menstrual irregularity
4. Amenorrhea (primary and secondary)
5. Dysfunctional uterine bleeding
6. Galactorrhea
7. Polycystic ovarian syndrome
8. Premenstrual syndrome
9. Menopause and urogenital aging, including management, risk, and benefits of hormonal and non-hormonal treatment approaches.

### **Infertility**

1. Multiple etiologies of infertility
2. Indications for and interpretation of tests and procedures, including hormonal evaluation, semen analysis, basal body temperature charting, ovulation prediction, endometrial biopsy, hysterosalpingography, sonohysterography and both hysteroscopy and laparoscopy.
3. The effectiveness and complications of current standard treatments for infertility, as well as appropriate indications for subspecialty referral.
4. Regimens for advanced ovulation induction

5. Assisted reproductive technologies currently available, including their comparative success and complication profiles
6. Indications for referral for such technologies

### **Surgical Principles:**

He/she should be able to manage a patient prior to, during and after all of the following procedures. The resident must be able to discuss with the patient the risks, benefits, and complications of these surgical treatments, as well as any available non-surgical treatment alternatives and the consequences of the absence of surgical treatment

### **Surgical Skills**

The categorized list reflects the level of technical skill competency for each surgical procedure expected after completion of a residency training rotation in REI.

### **Surgical Procedures List A**

The fully trained resident must be competent to independently perform the following procedures:

#### **Endoscopic Procedures**

1. Appropriate laparoscopic entry (including closed, open and visual entry and selection of alternate entry sites)
2. Diagnostic laparoscopy (including assessment of tubal patency)
3. Laparoscopic tubal ligation
4. Salpingectomy and linear salpingotomy for the management of ectopic pregnancy
5. Laparoscopic lysis of adhesions
6. Laser ablation or cautery of endometriosis (stages 1 and 2)
7. Laparoscopic ovarian cystectomy and salpingo-oophrectomy
8. Diagnostic hysteroscopy
9. Hysteroscopic endometrial sampling and polyp removal
10. Hysteroscopic myomectomy
11. Hysteroscopic resection of uterine septum

#### **Other Gynecologic Procedures**

1. Dilatation and curettage
2. Ovarian cystectomy
3. Abdominal myomectomy

### **Surgical Procedures List B**

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.

1. Microscopic tuboplasty
2. Ultrasound guided oocyte retrieval

## **COMMUNICATOR**

The resident should be able to:

1. Establish positive therapeutic relationships with patients that are characterized by understanding, trust, respect, honesty and empathy
2. Provide support and counseling to patients and their families, as appropriate
3. Respect patient confidentiality, privacy and autonomy
4. Respect diversity and difference, including but not limited to the impact of gender, sexual orientation, religious and cultural beliefs on decision-making
5. Demonstrate insight into the unique personal, psychosocial, cultural and ethical issues that surround individual patients with fertility problems.

## **COLLABORATOR**

The resident should be able to successfully:

1. Participate effectively and appropriately in a multi-professional health care team
2. Work with other health professionals to prevent and resolve intra-professional conflict to optimize patient care.

## **MANAGER**

The resident will be able to:

1. Manage resources effectively to balance patient care, learning needs and outside activities
2. Allocate finite health care resources wisely
3. Work effectively and efficiently in a health care organization
4. Utilize information technology to optimize patient care, life-long learning and practice administration
5. Be able to effectively manage a clinical practice, including the follow up of normal and abnormal test results, maintenance of patient waiting lists, and triage of emergency problems.
6. Be able to understand how “The Human Reproduction Act” affects patient care and patient choices.

## **HEALTH ADVOCATE**

The resident will be able to:

1. Identify the health needs of an individual patient and highlight which determinants are modifiable, so as to adapt the treatment approach accordingly
2. Facilitate medical care for patients even when that care is not provided personally, locally or when that care is not readily accessible (e.g., therapeutic abortion)
3. Make clinical decisions for an individual patient, when necessary balancing the needs against the needs of the general population and against the available resources
4. Identify opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care.
5. Advise patients about the local and regional resources available for support, education and rehabilitation

## **SCHOLAR**

Objectives:

1. The resident critically appraises sources of medical information and apply results to clinical practice.
2. The resident will develop, implement and document a personal continuing education strategy.
3. The resident will develop teaching skills in order to facilitate the learning of his/her patients, students, residents and other health professionals.

## **PROFESSIONAL**

The resident is expected to:

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. Demonstrate a commitment to delivering the highest quality care and maintenance of competence.
4. Recognize and appropriately respond to ethical issues encountered in practice.