Goals and Objectives of Training and Specialty Requirements
Obstetrics and Gynecology Chief Resident
January 2015

Objectives of Training

Definition

A specialist in Obstetrics and Gynaecology is a physician with special education and expertise in the field of women's health and reproduction. He/she has the appropriate medical, surgical, obstetrical and gynaecologic knowledge and skills for the prevention, diagnosis and management of a broad range of conditions affecting women's reproductive health. As well as providing clinical care and education in normal and complicated obstetrics and gynaecology, he/she may contribute significantly to research.

Chief Residents will learn to function independently in both clinical and administrative duties.

At the McMaster site, the Chief Resident, although primarily focusing on the gynecologic aspects of the service, is responsible for ensuring that both the gynecology service and the obstetrical service are running smoothly in terms of orientation of learners, assignment of service responsibilities and ensuring that junior housestaff's learning objectives are being addressed. It is expected that the primary focus of the rotation will be developing gynecological skills however, the Chief should be involved with interesting/challenging obstetrical cases as they occur as well.

At the St. Joseph's site, there will be a "Gyne" and an "Ob" Chief. Although each will focus on their respective area, they are both responsible for ensuring optimal functioning of both services. They will be evaluated specifically on their area of focus (i.e. either Ob or Gyne). The Chief resident has the privilege of attending the surgical cases of his/her choice while also ensuring that junior residents achieve the surgical exposure they require. The Chief resident may assume responsibility for preoperative and postoperative care and any complications therein. He/she is expected to function as a consultant with the recognition that there is an attending physician available for backup. This includes making appropriate referrals to other physicians or allied health professionals. The chief resident is responsible for the triage and timely assessment of gynaecologic consultations. These consultations will be generated from the emergency department, in-hospital wards, and the chief resident clinics. Chief residents are accountable for the managerial aspects of a medical practice including scheduling, surgical procedure booking and billing. The Chief resident will participate in the call Rota.

He/she is expected to provide call schedules for the housestaff, oversee and organize educational activities for all housestaff, provide orientation and evaluation for the housestaff and act as a resource person for junior learners when managing patients in Obstetrics and Gynaecology.

The resident is expected to attend Monthly Grand Rounds, Wednesday morning rounds, Tuesday morning gynecologic teaching session, Wednesday afternoon academic half day and other special educational events as directed. The Chief resident is invited to attend the Niagara Society of Obstetrics and Gynaecology continuing education events, held approximately quarterly.

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.

GENERAL OBJECTIVES
Upon completion of training, the Chief resident is expected to be a competent specialist capable of practicing independently in obstetrics and gynaecology. He/she must have acquired the necessary knowledge, skills and attitudes for the appropriate management of obstetrical and gynecological conditions. The resident must have the ability to develop a trusting and effective partnership with female patients. He/she will be competent in managing normal and complicated pregnancies, as well as in gynaecologic health and illness throughout a woman's life.

The Chief resident must also demonstrate the knowledge, skills and attitudes relating to gender, culture and ethnicity pertinent to reproductive health care, and have the ability to appropriately incorporate gender, culture, and ethnic perspectives into clinical practice, research methodology, data presentation, and analysis. Additionally, the resident must have an understanding of the impact of various factors, including fear, anxiety, depression, socioeconomic status and domestic violence on pain, patient satisfaction and treatment outcomes.

Upon completion of his/her training, the Chief resident in obstetrics and gynaecology must have a working understanding of the normal function and the pathological processes and diseases that affect the female external genitalia and the pelvic viscera (including the vagina, cervix, uterus, fallopian tubes, and ovaries), the lower urinary tract, and the bowel. This includes an understanding of: embryology and normal female development; the unique biochemistry, physiology, gross and microscopic anatomy of the genitourinary tract; and gross and microscopic pathology of the genitourinary tract. There must be a complete understanding of normal and abnormal changes in physiology and anatomy occurring in the pregnant and postpartum states.

Management of a patient with either an obstetric or a gynaecologic condition will require that the chief resident has the ability to:

- take a history of the patient's problem
- conduct a complete physical examination
- understand the value and significance of laboratory, radiological and other diagnostic studies
- understand the relative merits of various treatment alternatives
- understand the indications, contraindications, types, variations, complications, risks and benefits of surgical and non-surgical treatments

- understand the significance of perioperative and postoperative problems that might arise following surgery on the genitourinary tract

SPECIFIC OBJECTIVES

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

1. MEDICAL EXPERT / CLINICAL DECISION-MAKER

Definition
Obstetricians and gynaecologists possess a defined body of knowledge and procedural skills used to collect and interpret data, make appropriate clinical decisions, and carry out diagnostic and therapeutic procedures within the boundaries of their discipline and expertise. Their care is characterized by current, ethical, and cost-effective clinical practice and effective communication in partnership with patients, other health care providers, and the community. The role of *medical expert/clinical decision-maker* is central to the function of obstetricians and gynaecologists, and draws on the competencies included in the roles of scholar, communicator, health advocate, manager, collaborator, and professional.

1.1 *General Objectives*

The chief resident must demonstrate:

- the diagnostic and therapeutic skills for effective and ethical patient care,
- the ability to access and apply relevant information to clinical practice,
- the effective use of resources with respect to patient care, education, recognition of personal limitations of expertise, including the need for appropriate patient referral and continuing medical education.

1.2 *Specific Objectives*

In order to achieve these objectives, the chief resident must demonstrate both knowledge (cognitive skill) and technical ability in the practice of obstetrics and gynaecology.

1.2.1 Cognitive Skills

The Chief resident will have knowledge, at the level expected of an independent practitioner of the following clinical conditions or problems encountered commonly in the practice of obstetrics and gynaecology. This list, while not comprehensive for all disorders in the practice of the specialty**,** represents the rudimentary expected standards.

1.2.1.1 An ***extensive level*** of knowledge is required for the following:

a. Antepartum care

- maternal physiologic adaptation to pregnancy
- fetal development and physiology
- antepartum assessment of normal pregnancy
- the standards for genetic screening, testing and counseling
- the complications from invasive procedures like chorionic villus sampling and amniocentesis
- the outcomes of pregnancies complicated by fetal anomaly(ies) or chromosomal abnormality
- the effects of underlying medical, surgical, social, and psychosocial conditions on maternal and fetal health, and appropriate management
- antepartum fetal surveillance in the normal, moderate and high-risk pregnancy

b. Obstetric Complications

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

- second trimester pregnancy loss
- preterm labour
- premature rupture of membranes
- antepartum haemorrhage
- gestational diabetes
- gestational hypertension
- multiple gestation
- fetal growth restriction
- immune and non-immune hydrops
- post-term pregnancy
- fetal demise

c. Intrapartum Care

- understand the normal progress of labour and its assessment
- recognize and understand the management of an abnormal progress of labour
- indications for, methods and complications of labour induction including placement and interpretation of intrauterine pressure catheter monitoring
- indications for, methods and complications of augmentation of labour
- intrapartum assessment of maternal health
- intrapartum assessment of fetal health, including intermittent auscultation, electronic fetal monitoring, ultrasound imaging and fetal scalp pH determination
- recognize and manage intrapartum infection understand the options available and indications/contraindications for pain management in labour

d. Obstetric Delivery

- understand the normal course of the second and third stage of labour
- recognize and manage abnormalities of the second stage of labour
- recognize and understand the maneuvers needed to manage shoulder dystocia
- indications for assisted vaginal delivery and Cesarean section
- maternal and neonatal benefits/risks of assisted vaginal delivery and Cesarean section
- benefits/risks of vaginal delivery after a previous Cesarean section(s)

e. Postpartum Care

- etiology and management (medical and surgical) of early and delayed postpartum hemorrhage
- etiology and management of postpartum sepsis
- benefits of breastfeeding
- family planning choices in the immediate post-partum period
- understanding the risk factors for depression
- the resources available for support and psychosocial adjustment for new mothers

f. Pediatric and Adolescent Gynecology

Understand the pathophysiology, investigation, diagnosis, management and possible psychosocial ramifications of:

- developmental anomalies
- precocious and delayed puberty
- abnormal vaginal discharge and bleeding in the child or adolescent
- sexual abuse
- specific contraceptive needs of the adolescent
- adolescent pregnancy
- the medico-legal aspects of consent and confidentiality specific to this age group

g. Reproduction and Endocrine Disorders

- normal reproductive physiology
- the pathophysiology, investigation, diagnosis, and/or management of:
- menstrual irregularity
- amenorrhea (primary and secondary)
- abnormal uterine bleeding
- hormonal under activity and over activity
- galactorrhea
- hirsuitism
- polycystic ovarian disease
- premenstrual syndrome
- menopause and urogenital aging, including management, risk, and benefits of hormonal and non-hormonal treatment approaches

h. Human Sexuality

- normal sexual function
- etiology and management of disorders of sexual function, including dyspareunia, vaginismus, inhibited sexual desire and anorgasmia

i. Contraception

- available methods of contraception, including the various mechanisms of action, and the indications, contraindications, risks and benefits, and possible complications for use of each method
- strategies to promote adherence to contraceptive methods
- encourage safe sex behaviours

j. Violence against Women

- identifying risk factors for violence and features of abused women
- acute medical management of rape victims, including postcoital contraception
- understand resources available for abused women

k. Infertility

- the clinical definition of infertility
- understanding the complexed etiologies of the infertile couple
- interpretation of tests and procedures, including hormonal evaluation, semen analysis, basal body temperature charting, ovulation prediction, endometrial biopsy, hysterosalpingography and both hysteroscopy and laparoscopy
- understand the effectiveness and complications of current standard treatments for infertility, as well as appropriate indications for subspecialty referral
- etiology and management of ovulatory disorders

l. Pregnancy Loss

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

- spontaneous abortion in the first and second trimester
- intrauterine fetal demise in the second trimester
- ectopic pregnancy
- recurrent pregnancy loss

m. Gynecologic Infections

The pathophysiology, investigation, diagnosis, and management of:

- vaginal and vulvar infections
- sexually transmitted infections, including acute and chronic pelvic inflammatory disease and the gynaecologic aspects of HIV, hepatitis, tuberculosis and syphilis
- postoperative infection

n. Urogynaecology

The pathophysiology, investigation, diagnosis, and management of:

- urinary incontinence
  - voiding dysfunction
- pelvic organ prolapse
- pessary care

o. Other Non-Malignant Gynaecologic Conditions

The pathophysiology, investigation, diagnosis, and management of:

- benign pelvic masses, including rupture and torsion
- acute and chronic pelvic pain
- endometriosis
- vulvar pain
- vulvar dermatoses

p. Gynaecologic Oncology

- the pathophysiology, investigation, diagnosis and management of malignant diseases of the vulva, vagina, cervix, uterus, fallopian tube, ovary and trophoblast
- known risk factors for pre-malignant and malignant gynaecologic conditions
- the current guidelines and indications for screening for cervical, endometrial and ovarian cancer, and an understanding of the reliability of current screening methods.
- the classification, staging and natural history of genital tract cancers
- appropriate use of simple and radical surgery, including node sampling, and debulking surgery in the management of gynaecologic malignancies, and the indications for appropriate referral for more extensive surgery, radiation, and systemic therapy
- the principles of colposcopy, including its limitations and the indications for referral for colposcopic assessment.

1.2.1.2 A ***working level*** of knowledge is required for the following**:**

a. Neonatal Care

a. the principles of acute neonatal resuscitation
b. the neonatal complications resulting from of prematurity, macrosomia, birth asphyxia, assisted vaginal delivery, congenital anomaly(ies), and maternal medical complications, including their appropriate management and expected outcome

b. Infertility

- complex regimens for ovulation induction using GnRH analogues and gonadotropins

- assisted reproductive technologies including their comparative success and complications
- appropriate indications for referral to a subspecialist

c. Urogynaecology

- the indications and limitations of urodynamic testing
- the pathophysiology, investigation, diagnosis, and treatment of acute and recurrent urinary tract infection
- appropriate indications for referral to a subspecialist.

d. Gynecologic Oncology

- the principles and complications of chemotherapy and radiotherapy for gynaecologic malignancies, including an understanding of the indications for consultation with appropriate specialists
- the principles of palliative medicine for incurable gynaecologic disease, including the social, ethical and legal implications of the various options

e. Preoperative and Postoperative Care

- perioperative risk factors and their assessment
- the principles and appropriate use of nutritional support
- the principles of wound healing
- the 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

f. Non-Gynecologic Conditions

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

- colorectal disease, including diverticular disease, inflammatory bowel disease, and appendicitis
- bladder malignancy, including the evaluation of microscopic hematuria
- breast conditions, including benign breast disease, breast cancer screening, and the effect of breast cancer and its therapies on the reproductive system
- 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, renal disease, and transplantation.

1.2.2 Technical Skills

The Chief resident must possess a wide variety of technical skills in obstetrics and gynaecology, performed at a level expected in independent practice. The following is a detailed list of required technical skills, including surgical skills. This list while not exhaustive for all disorders in the practice of the specialty represents the rudimentary expected standards.

1.2.2.1 Diagnostic Procedures and Techniques

The chief resident will understand the indications, risks and benefits, limitations and role of the following investigative techniques specific to the practice of obstetrics and gynaecology, and will be competent in their interpretation.

a. Serology and Microbiology

- maternal serum screening for aneuploidy and neural tube defects including first trimester screening, second trimester screening, and integrated prenatal screening.
- screening for Group B Streptococcus in pregnancy
- serial hCG assays in the diagnosis of failing or ectopic pregnancy
- tumour markers, including Ca-125, hCG, and alpha-fetoprotein
- culture and serology for sexually transmitted diseases
- wet mount of vaginal discharge
- urinalysis, urine microscopy, and urine culture

b. Imaging

- obstetric ultrasound screening
- targeted obstetric ultrasound
- biophysical profile and Doppler flow studies
- transabdominal ultrasound for gynaecologic disease
- transvaginal ultrasound for gynaecologic disease
- CT and MRI scanning of the pelvis
- hysterosalpingography
- intravenous pyelography
- Doppler studies and angiography for thromboembolic disease

c. Cytology and Histopathology

- cervical and vaginal cytology
- vulvar and vaginal biopsy pathology reports
- colposcopy and cervical biopsy reports
- cervical polypectomy pathology reports
- endometrial biopsy pathology reports
- surgical specimen pathology reports

The Chief resident will also be able to identify the gross and microscopic characteristics of vulvar dermatoses, genital tract neoplasias (benign, premalignant, and malignant), and trophoblastic and placental disease.

d. Other Investigations

- fetal assessment: nonstress test, fetal scalp pH determination
- multichannel urodynamic studies
- semen analysis

- chromosomal analysis (parental and fetal)
- endocrinologic biochemistry and dynamic endocrinologic disorders as they pertain to the female reproductive system

1.2.2.2 Therapeutic Technologies

The chief resident will have a ***working*** knowledge of the physics and technological application of the following therapeutic modalities, including the risks, benefits, and complications of these approaches.

- electrocautery
- laser
- endometrial ablation
- external beam and intracavitary radiotherapy

1.2.2.3 Surgical Skills

The list of surgical skills is divided into categories reflecting the frequency with which these procedures are encountered during residency training in obstetrics and gynaecology and in the general practice of the specialty. The categorized list also reflects the level of technical skill expected of a Chief resident at the completion of a residency training program in obstetrics and gynaecology.

a. <u>Surgical Procedures List A</u>

The Chief resident, by the end of the rotation, must be competent to *independently* perform the procedures in List A. 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.

Obstetric Procedures

- external cephalic version
- spontaneous vaginal delivery
- vaginal delivery of twin gestation including internal version and breech extraction
- vacuum extraction
- forceps delivery: outlet, low
- episiotomy and repair
- recognition and repair of perineal and vaginal tears, including third and fourth degree tears
- recognition and repair of cervical lacerations
- low transverse Cesarean section (primary and repeat)
- classical Cesarean section
- breech extraction at Cesarean section
- evacuation of the pregnant uterus in the first trimester
- manual removal of the placenta

- cesarean hysterectomy
- repair of uterine rupture
- paracervical and pudendal block
- non- surgical and surgical management of PPH
- NRP

Open Gynaecologic Procedures

- Phannensteil incision
- vertical midline incision
- total abdominal hysterectomy
- subtotal abdominal hysterectomy
- salpingo-oophrectomy
- oophrectomy
- ovarian cystectomy
- abdominal myomectomy
- infracolic omentectomy
- peritoneal biopsy
- retropubic bladder neck suspension (colposuspension)
- repair of wound dehiscence

Vaginal Gynaecologic Procedures

- vaginal hysterectomy
- anterior colporrhaphy
- posterior colporrhaphy and perineorrhaphy
- vaginal enterocele repair
- cold knife cervical conization
- marsupialization of Bartholin's gland abscess
- simple vulvectomy
- mid- urethral sling
- laparoscopically-assisted vaginal hysterectomy

Endoscopic Procedures

- appropriate laparoscopic entry
- diagnostic laparoscopy (including assessment of tubal patency)
- laparoscopic tubal sterilization
- salpingectomy and linear salpingotomy
- laparoscopic lysis of adhesions
- cautery of endometriosis (stages 1 & 2)
- laparoscopic ovarian cystectomy and salpingo-oophrectomy
- diagnostic hysteroscopy
- (operative hysteroscopy (lysis of synechiae, resection of polyps and/or submucous leiomyomata))
- ablative procedures of the endometrium
- hysteroscopic endometrial sampling and polyp removal

- limited cystoscopy

Other Gynaecologic Procedures

- diagnostic dilation and curettage
- abdominal paracentesis
- pessary fitting and removal
- insertion and removal of an intrauterine device
- cystotomy repair
- laparoscopic hysterectomy: LAVH, TLH, sub- TLH

b. <u>Surgical Procedures List B</u>

The following procedures in List B are those that the Chief resident in Obstetrics and Gynaecology will understand and be able to perform, though he/she may not have acquired sufficient skill in residency to *independently* perform them. The resident will be able to explain the indications for each of these procedures, as well as the perioperative management and complications.

Obstetric Procedures

- cervical cerclage, elective and emergent
- dilation and evacuation of the uterus in the second trimester (>14 weeks)
  (vaginal breech extraction)
  (mid forceps delivery, including rotation)
- Amniocentesis
- Amnioinfusion
- ECV

Gynaecologic Procedures

- Trachelectomy
- Operative hysteroscopy
- Operative laparoscopy to tubo-ovarian abscess or stage 3 endometriosis
- Colposcopy with directed cervical biopsy including LEEP, cervical conization

Other Procedures

- Enterotomy repair

c. <u>Surgical Procedures List C</u>

The following procedures in List C are those that the Chief resident in Obstetrics and Gynaecology 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

- chorionic villus sampling
- cordocentesis
- intrauterine transfusion

Gynaecologic Procedures

- tubal reanastomosis
- presacral neurectomy
- hypogastric artery ligation
- radical hysterectomy
- radical vulvectomy
- lymph node dissection (inguinal, pelvic, para-aortic)
- abdominal sacral colpopexy
- trachelectomy
- laparoscopic colposuspension
- McCall culdoplasty
- sacrospinous fixation of the vaginal vault (Martius graft advancement)
- rectovaginal fistula repair
- vesicovaginal fistula repair

Other

- ureteroureterostomy
- ureteric reimplantation
- percutaneous nephrostomy
- small and large bowel resection
- colostomy
- appendectomy
- line insertion for invasive monitoring or administration of intravenous nutrition
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2. COMMUNICATOR

Definition

To provide humane, high-quality care, obstetricians and gynaecologists establish effective relationships with patients, other physicians, and other health professionals. Communication skills are essential for obtaining information from, and conveying information to patients and their families. Furthermore, these abilities are critical in eliciting patients' beliefs, concerns, and expectations about their illnesses, and for assessing key factors influencing patients' health.

2.1 *General Objectives*

The Chief resident must be able to:

- establish therapeutic relationships with patients and their families characterized by understanding, trust, empathy, and confidentiality
- obtain and synthesize relevant history from patients or their families
- discuss appropriate information with the patient, her family, and other health care providers in order to fecilitate optimal health care. This includes 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 data collected from patients, laboratory tests and radiological studies and to communicate (oral or written) conclusions based on these data to patients ,their families, referring physicians and other involved health care personnel while maintaining confidentiality
2.2.3 evidence of good interpersonal skills when working with patients, families, and other members of the health care team
2.2.4 an awareness of the unique personal, psychosocial, cultural and ethical issues that surround individual patients with obstetric or gynaecologic problems
2.2.5 the ability to prepare and present information to colleagues both informally (e.g. ward rounds) and formally (e.g., Grand Rounds, scientific meetings)
2.2.6 the ability to provide information to the general public and media about areas of local concern relevant to the practice of obstetrics and gynaecology

3. COLLABORATOR

Definition

The Canadian practice model closely integrates primary health care providers and midwifes with obstetricians and gynaecologists in the provision of health care for women. This underlines the need for residents to develop excellent skills as collaborators. They must learn to effectively and respectfully work with specialists in other fields, including anesthesia, diagnostic radiology, pathology, pediatrics, internal medicine including endocrinology and medical oncology, radiation oncology, general surgery, and urology.

3.1 *General Objectives*

The chief resident must be able to:

- consult effectively with other physicians
- consult effectively with other health care personnel
- contribute effectively to a multidisciplinary health care 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 the 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

Definition

Obstetricians and gynaecologists function as managers when they make everyday practice decisions involving resources, coworkers, tasks, policies, and their personal lives. They do this in the settings of individual patient care, practice organizations, and in the broader context of the health care system. Thus, specialists require the abilities to prioritize and effectively execute tasks through teamwork with colleagues, and make systematic decisions when allocating finite health care resources. Obstetricians and gynaecologists can also assume a managerial role through involvement in health care administration and in professional organizations.

4.1 *General Objectives*

The Chief 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*

To achieve these objectives as a manager, the Chief resident should:

4.2.1 be able to effectively manage a clinical and surgical practice, including the follow up of normal and abnormal test results, maintenance of patient waiting lists, and triage of emergency problems

4.2.2 co-ordinate the activities of the other house staff such that the educational experience of the junior learners is maximized while insuring that appropriate and timely patient care is delivered.

4.2.3 communicating house staff activities to the supervising physician(s) in a timely fashion

4.2.4 understand the principles of quality assurance in the practice of obstetrics and gynaecology, and be able to conduct morbidity and mortality reviews

4.2.5 understand population-based approaches to the provision of medical care, including the costs and benefits of the various screening tests available for obstetric diagnosis and gynaecologic disease

4.2.6 understand how health care governance influences patient care, research and educational activities at the local, provincial and national level

4.2.7 be able to participate effectively in local, regional and national specialty associations (professional or scientific) to promote better health care for women

5. HEALTH ADVOCATE

Definition

Obstetricians and gynaecologists must recognize the importance of advocacy activities in responding to the challenges represented by those social, environmental, and biological factors that determine the health of patients and society. Health advocacy is an essential and fundamental component of health promotion that occurs at the level of the individual patient, the practice population, and the broader community. Health advocacy is appropriately expressed both by the individual and collective responses of obstetricians and gynaecologists in influencing public health and policy.

5.1 *General Objectives*

The chief resident will:

- identify the important determinants of health affecting patients
- contribute effectively to improved health of patients and communities
- recognize and respond to those issues where advocacy is appropriate

5.2 *Specific Objectives*

In order to achieve these objectives as an advocate, the resident should be able to:

5.2.1 identify the important determinants of health for an individual patient, identify which determinants are modifiable, and adapt the treatment approach accordingly

5.2.2 make clinical decisions for an individual patient, balancing her needs against the needs of the general population and against the available resources

5.2.3 facilitate medical care for patients even when that care is not provided personally or locally.

5.2.4 advise patients about the local and regional resources available for support, education and rehabilitation

5.2.5 provide direction to hospital administration regarding compliance with national clinical and surgical practice guidelines

5.2.6 understand the important function and role of various professional organizations, such as the Society of Obstetricians and Gynaecologists of Canada (SOGC) in the support of obstetricians and gynaecologists in this country and in the provision and maintenance of optimal health care for Canadian women

6. SCHOLAR

Definition

Obstetricians and gynaecologists must engage in a lifelong pursuit of mastery of their domain of professional expertise. They recognize the need to be continually learning and model this for others. Through their scholarly activities, they contribute to the appraisal, collection, and understanding of health care knowledge for women, and facilitate the education of their students, patients, and others.

6.1 *General Objectives*

The chief resident must:

- develop, implement, and monitor a personal continuing education strategy
- be able to critically appraise sources of medical information
- facilitate patient and peer education
- try to contribute to the development of new knowledge in the field of obstetrics and gynaecology

6.2 *Specific Objectives*

In order to achieve these general objectives as a scholar, the resident must:

6.2.1 develop a habit of life-long learning, utilizing information technology for referencing cases, literature review and participation in basic or applied clinical research

6.2.2 identify gaps in personal knowledge and skill, and develop strategies to correct them by self-directed reading, discussion with colleagues, and ongoing procedural experience

6.2.3 understand the principles of basic and applied clinical research, including biostatistics

6.2.4 be able to critically appraise and summarize the literature on a given subject, and judge whether a research project or publication is sound, ethical, unbiased and clinically valuable

7. PROFESSIONAL

Definition
Obstetricians and gynaecologists have a unique societal role as professionals with a distinct body of knowledge, skills, and attitudes dedicated to improving the health and well-being of women. They are committed to the highest standards of excellence in clinical care and ethical conduct, and to continually perfecting mastery of their discipline.

7.1 *General Objectives*

The chief resident must:

- deliver the highest quality of medical care with integrity, honesty, compassion, and respect
- exhibit appropriate personal and interpersonal professional behaviours
- practice medicine in a way that is consistent with the ethical obligations of a physician

7.2 *Specific Objectives*

In order to achieve these general objectives in the role of a professional, the resident must:

7.2.1 foster a caring, compassionate and respectful attitude for patients, families, and other members of the health care team

7.2.2 provide medical care that is ethical, and seek advice or second opinion appropriately in ethically difficult situations

7.2.3 maintain patient confidentiality at all times

7.2.4 understand medical protective procedures and the roles of the Canadian Medical Protective Association and the College of Physicians and Surgeons in areas of patient-physician dispute

7.2.5 be able to deal with professional intimidation and harassment

7.2.6 show self-discipline, responsibility and punctuality in attending to ward duties, in the operating room, at meetings and other activities, and be a moral and ethical role model for others

7.2.7 be able to appropriately delegate clinical and administrative responsibilities

7.2.8 have the ability to balance professional and personal life

7.2.9 reliably discharge his/her responsibilities at the end of the shift in order to insure continuity of care

7.2.10 recognize the limitations in his/her knowledge and skills and seek appropriate backup

7.2.11 have an awareness of the existence and content of the cma code of ethics and its application to the practice of medicine in Canada