ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL DES MÉDECINS ET CHIRURGIENS DU CANADA

Entrustable Professional Activities for Obstetrics and Gynecology

JULY 2024
VERSION 2.1
Minor editorial correction September 2024

This document is to be used in conjunction with the *Entrustable Professional Activity User Guide*, which is available on the Royal College's website.

The September 2024 editorial correction applies as soon as deemed feasible by the program.

Obstetrics and Gynecology: Transition to Discipline EPA #1

Performing initial assessments for uncomplicated obstetric patients

Key Features:

- This EPA includes assessment, documentation, and case presentation, including a basic differential diagnosis and initial investigation of uncomplicated obstetric patients.
- This EPA must be observed in a clinical setting.

Assessment Plan:

Direct observation by OBGYN faculty, subspecialty trainee, Core or TTP trainee, or family physician

Use Form 1. Form collects information on

- Patient: antepartum; intrapartum
- Setting: inpatient; outpatient

Collect 3 observations of achievement

- At least 1 antepartum patient
- At least 1 intrapartum patient
- At least 2 observations by faculty
- At least 3 different observers

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CanMEDS Milestones:

1 **ME 2.2 Elicit a history that informs the diagnosis**
2 **ME 2.2 Perform a physical exam that informs the diagnosis**
3 **ME 2.2 Develop a differential diagnosis relevant to the patient's presentation**
4 **ME 2.2 Select appropriate investigations based on the differential diagnosis**
5 **ME 2.4 Develop an initial management plan for common obstetric presentations**
6 **ME 3.3** Recognize and discuss the importance of the triaging and timing of a procedure or therapy
7 **COM 1.1 Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion**
8 **COM 1.2** Mitigate physical barriers to communication to optimize patient comfort, dignity, privacy, engagement, and safety
9 **COM 1.4** Identify, verify, and validate non-verbal cues on the part of patients and their families
10 **COM 2.2 Conduct a focused and efficient patient interview, managing the flow of the encounter while being attentive to the patient's cues and responses**
11 **COM 5.1** Organize information in appropriate sections within an electronic or written medical record
12 **ME 2.2 Synthesize and organize clinical information for clear and succinct presentation to supervisor**
13 **COL 1.3** Discuss with the patient and family any plan for involving other health care professionals, including other physicians, in the patient's care
14 **COL 2.1** Respond to requests and feedback in a respectful and timely manner
15 **COL 2.1** Show respect for the diversity of perspectives and expertise among health care professionals

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Obstetrics and Gynecology: Transition to Discipline EPA #2

Performing an initial assessment of uncomplicated gynecologic patients

Key Features:

- This EPA includes assessment, documentation, and case presentation, including a differential diagnosis and initial investigation of uncomplicated gynecologic patients.
- This EPA does not include interpreting the findings of a bimanual or speculum exam.
- This EPA must be observed in a clinical setting.

Assessment Plan:

Direct observation by OBGYN faculty, subspecialty trainee, or Core or TTP trainee

Use Form 1. Form collects information on:

- Common gynecologic presentations: abnormal uterine bleeding; vulvovaginitis; pelvic pain; other (please specify)
- Settings: inpatient; outpatient

Collect 3 observations of achievement

- At least 3 different presentations
- At least 2 observations by faculty
- At least 2 different observers

CanMEDS Milestones:

1 **ME 2.2 Elicit a history that informs the diagnosis**
2 **ME 2.2 Perform a physical exam that informs the diagnosis**
3 **ME 2.2 Develop a differential diagnosis relevant to the patient's presentation**
4 **ME 2.2 Select appropriate investigations based on the differential diagnosis**
5 **ME 2.4 Develop an initial management plan for common gynecologic presentations**
6 **ME 3.3** Recognize and discuss the importance of the triaging and timing of a procedure or therapy
7 **COM 1.1 Communicate using a patient-centred approach that facilitates patient trust and autonomy, and is characterized by empathy, respect, and compassion**
8 **COM 1.2** Mitigate physical barriers to communication to optimize patient comfort, dignity, privacy, engagement, and safety
9 **COM 1.4** Identify, verify, and validate non-verbal cues on the part of the patients and their families
10 **COM 2.2 Conduct a focused and efficient patient interview, managing the flow of the encounter while being attentive to the patient's cues and responses**
11 **COM 5.1** Organize information in appropriate sections within an electronic or written medical record

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12 **ME 2.2 Synthesize and organize clinical information for clear and succinct presentation to supervisor**
13 **COL 1.3** Discuss with the patient and family any plan for involving other health care professionals, including other physicians, in the patient's care
14 **COL 2.1** Respond to requests and feedback in a respectful and timely manner
15 **COL 2.1** Show respect for the diversity of perspectives and expertise among health care professionals

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Obstetrics and Gynecology: Foundations EPA #1

Providing routine prenatal care to a low-risk, healthy population

Key Features:

- This EPA includes assessing and counselling women experiencing a low-risk pregnancy and managing routine prenatal care.
- This EPA must be observed in a clinical setting, and may be observed in obstetric clinics or the antenatal ward.

Assessment Plan:

Direct observation or case discussion, and review of a consult letter/antenatal form by OBGYN faculty, family physician, midwife, nurse, genetic counsellor, or Core or TTP trainee

Use Form 1. Form collects information on:

- Visit: initial visit; follow-up visit
- Patient: pre-conception; first trimester; second trimester; third trimester; term; postdate
- Discussion topic (write in):

Collect 3 observations of achievement

- At least 1 initial visit assessment, in the antenatal period (i.e., pre-conception, or first, second or third trimester)
- At least 1 second or third trimester patient
- At least 1 discussion regarding common prenatal issues (e.g., postdate, vaginal birth after cesarean section [VBAC], or breech presentation)
- At least 2 different observers

CanMEDS Milestones:

1	**ME 2.2** Perform a patient assessment including history and physical exam
2	**ME 2.2 Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements**
3	**ME 2.2 Select appropriate investigations and interpret the results**
4	**ME 2.3** Address the patient's ideas, fears, and concerns about pregnancy and her prenatal care
5	**ME 2.4** Ensure that the patient and family are informed about the risks and benefits of each screening and treatment option in the context of best evidence and guidelines
6	**ME 4.1 Establish plans for ongoing care for the patient, taking into consideration her clinical state, circumstances, preferences, and actions, as well as available resources, best practices, and research evidence**
7	**COM 3.1 Communicate the plan of care clearly and accurately to the patient and their family**
8	**COM 5.1** Document the clinical encounter to adequately convey findings, clinical reasoning, and the rationale for decisions
9	**COL 1.2** Consult as needed with other health care professionals, including other physicians
10	**L 2.2** Apply evidence and guidelines with respect to resource utilization in common clinical scenarios

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HA 1.1 Facilitate timely patient access to services and resources
HA 1.2 Work with the patient to increase opportunities to adopt healthy behaviours

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Obstetrics and Gynecology: Foundations EPA #2

Performing assessments of fetal well-being

Key Features:

- This EPA includes counselling on maternal awareness of fetal well-being (fetal movement count), recognition of indications for fetal well-being assessment, interpretation of non-stress test and third trimester ultrasound reports, interpretation of fetal heart rate patterns in labour and not in labour, performance and interpretation of biophysical profile/modified biophysical profile, amniotic fluid assessment, placental location, fetal presentation, and timely communication of findings to the patient and the care team.
- This EPA includes point-of-care ultrasound assessment of fetal presentation, placental localization, and biophysical profile/modified biophysical profile.

Assessment Plan:

Direct observation of patient assessment and counselling, and review of antenatal fetal assessment tool by OBGYN faculty, Core or TTP trainee, US sonographer, or Maternal-Fetal Medicine (MFM) subspecialty trainee, faculty, or nurse.

Use Form 1. Form collects information on:

- Investigation (select all that apply): non-stress test; amniotic fluid volume; point-of-care ultrasound (POCUS); biophysical profile; fetal heart rate tracing; other
- Setting: clinic; obstetrics day unit; triage; labour and delivery
- Counselling on fetal movement count: yes; no
- Atypical/abnormal findings: yes; no

Collect 5 observations of achievement

- At least 1 non-stress test
- At least 1 biophysical profile or modified biophysical profile (non-stress test and amniotic fluid volume)
- At least 1 POCUS
- At least 1 including counselling on fetal movement counts

CanMEDS Milestones:

1	**COM 1.2** Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
2	**ME 1.4** Apply clinical and biomedical sciences to assess fetal well-being
3	**ME 1.5 Perform a focused clinical assessment that addresses all relevant issues**
4	**ME 1.5 Recognize an urgent or difficult problem that may need the involvement of more experienced colleagues and seek their assistance**
5	**ME 1.7** Develop a plan that considers the current complexity, uncertainty, and ambiguity in a clinical situation

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6 **ME 2.1** Consider clinical urgency, feasibility, availability of resources, and comorbidities in determining priorities for the patient encounter
7 **ME 2.2** Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements
8 **ME 3.1 Determine the most appropriate method(s) for the purpose of assessment of fetal well-being**
9 **ME 3.4 Perform a fetal assessment, which may include fetal heart rate monitoring, biophysical profile, umbilical artery Doppler, EFW, and fetal scalp sampling**
10 **ME 3.4 Perform POCUS in a skilful, fluid, and safe manner without assistance**
11 **COM 3.1 Share information and explanations that are clear, accurate, timely, and adapted to the patient's and their family's level of understanding and need**
12 **COM 5.1 Document the clinical encounter to adequately convey findings, clinical reasoning, and the rationale for decisions**

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Obstetrics and Gynecology: Foundations EPA #3

Assessing and providing initial management for patients with common obstetric presentations

Key Features:

- This EPA includes triage, assessment and initial management of common presentations including labour, preterm rupture of membranes, gestational hypertension, pain, trauma (e.g., motor vehicle collision), urinary tract infections, antepartum hemorrhage, and reduced fetal movement.
- This EPA includes the decision to induce labour.

Assessment Plan:

Indirect observation by OBGYN faculty, Maternal-Fetal Medicine (MFM) subspecialty trainee, or Core or TTP trainee

Use Form 1. Form collects information on:

- Presentation: diagnosis of labour; suspected fetal compromise; preterm labour; preterm rupture of membranes; antepartum bleeding; hypertensive disorders of pregnancy; trauma; pain; GI/GU complaints; respiratory complaints; other
- Induction of labour: yes; no

Collect 10 observations of achievement

- At least 5 different presentations
- At least 1 diagnosis of labour
- At least 1 presentation of preterm labour
- At least 1 presentation of preterm rupture of membranes
- At least 1 antepartum bleeding
- At least 1 hypertensive disorder of pregnancy
- At least 5 observations by faculty
- At least 3 different observers

CanMEDS Milestones:

1 **ME 1.1** Demonstrate commitment and accountability for patients in their care
2 **ME 1.7** Identify clinical situations in which complexity, uncertainty, and ambiguity may play a role in decision-making
3 **ME 1.5 Recognize an urgent or difficult problem that may need the involvement of more experienced colleagues and seek their assistance**
4 **ME 1.6 On the basis of patient-centred priorities, prioritize multiple competing tasks that need to be addressed**
5 **ME 2.2 Perform a patient assessment, including history and physical exam**
6 **ME 2.2 Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements**

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ME 2.2 Synthesize patient information to determine diagnosis

ME 2.4 Develop and implement an initial management plan for common problems in obstetric practice

ME 5.2 Apply the principles of situational awareness to clinical practice

COM 1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety

COM 3.1 Use strategies to verify and validate the patient's understanding

COM 5.1 Document the clinical encounter to adequately convey findings, clinical reasoning, and the rationale for decisions

COL 1.1 Receive and appropriately respond to input from other health care professionals

HA 2.2 Identify patients or populations that are not being served optimally in their clinical practice

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Obstetrics and Gynecology: Foundations EPA #4

Managing labour and childbirth

Key Features:

- This EPA includes the assessment and management of maternal and fetal well-being in a singleton cephalic term pregnancy.
- This EPA includes assessing progress in labour and augmentation as required, managing spontaneous vaginal birth of a singleton gestation (including episiotomy, delivery of infant, management of perineum, management of 3rd stage), and recognizing intrapartum and immediate postpartum complications.
- This EPA includes induction of labour, including cervical ripening.

Assessment Plan:

Direct observation by OBGYN faculty, family physician, subspecialty trainee, or Core or TTP trainee

Use Form 1. Form collects information on:

- Patient: multiparous; nulliparous
- Regional anesthesia: yes; no
- Augmented: yes; no
- Perineal trauma repairs: 1st degree; 2nd degree; not applicable
- Induction of labour including cervical ripening: yes; no

Collect 5 observations of achievement

- Must include a variety of patient factors, including parity, regional anesthesia, augmentation, and 2nd degree perineal tears

CanMEDS Milestones:

1	**ME 1.4** Apply clinical and biomedical sciences to manage presentations in obstetric care
2	**ME 3.4 Manage the first stage of normal childbirth in a timely, skilful, and safe manner, including fetal and maternal well-being, determination of progress of labour, fetal position, dilatation, and station**
3	**ME 3.4 Manage the second stage of normal childbirth in a timely, skilful, and safe manner**
4	**ME 3.4 Manage the delivery of an infant**
5	**ME 3.4 Assess and manage perineal trauma**
6	**ME 3.4 Manage the delivery of the placenta**
7	**ME 3.4 Perform cervical ripening and augmentation of labour, as required**
8	**ME 5.2** Apply the principles of situational awareness to clinical practice
9	**ME 1.5 Recognize an urgent or difficult problem that may need the involvement of more experienced colleagues and seek their assistance**
10	**COM 1.1** Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion

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COM 3.1 Share information and explanations that are clear, accurate, timely, and adapted to the patient's and their family's level of understanding and need

COM 5.1 Document the clinical encounter to adequately convey findings, clinical reasoning, and the rationale for decisions

COL 1.1 Receive and appropriately respond to input from other health care professionals

COL 3.1 Identify patients requiring handover to other physicians or health care professionals

P 4.1 Demonstrate an ability to regulate attention, emotions, thoughts, and behaviours while maintaining capacity to perform professional tasks

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Obstetrics and Gynecology: Foundations EPA #5

Performing uncomplicated cesarean sections with a skilled assistant

Key Features:

- To achieve this EPA, the trainee will perform an uncomplicated cesarean under the direct guidance and assistance of a skilled assistant, while requiring minimal redirection or assistance with the procedure.
- This EPA includes obtaining informed consent and documenting the operative report, as well as planning post-operative care, including identifying the need for prophylaxis (anti-microbial or VTE).
- The observation of this EPA is divided into two parts: direct observation of surgical skills; and a log of procedures to demonstrate the breadth of experience.

Assessment Plan:

Part A: Procedural skills
Direct observation by OBGYN faculty, or subspecialty or TTP trainee

Use Form 2
Collect 5 observations of achievement

- At least 3 different OBGYN faculty

Part B: Logbook
Submit logbook of procedures to Competence Committee

Logbook tracks

- Procedure (write in):
- Role in procedure (write in):

CanMEDS Milestones:

Part A: Procedural skills

1. **ME 1.4 Apply knowledge of surgical anatomy, steps of the procedure, and potential intraoperative risks and means to avoid/overcome them**
2. **ME 3.1** Describe the indications and complications of cesarean section
3. **ME 3.2** Obtain and document informed consent, explaining the risks, benefits, alternatives, and the rationale for the proposed treatment options
4. **ME 3.4 Demonstrate effective procedure preparation, including the use of a pre-procedure time-out or safe surgical checklist as appropriate**
5. **ME 3.4 Position and prep patient correctly**
6. **ME 3.4 Open the incision using sharp and/or energy-based instruments**
7. **ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling**
8. **ME 3.4 Deliver the infant using appropriate technique**
9. **ME 3.4 Maintain hemostasis and control bleeding using appropriate technique with attention to adjacent structures**
10. **ME 3.4 Demonstrate intraoperative judgment, fluidity of movement, and forward progression**

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COL 1.2 Communicate effectively and professionally with the OR team

ME 3.4 Establish and implement a plan for post-procedure care, including post-operative orders

COM 3.1 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner

COM 5.1 Document the surgical encounter to adequately convey the procedure and outcome

P 4.1 Demonstrate an ability to regulate attention, emotions, thoughts, and behaviours while maintaining capacity to perform professional tasks

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Obstetrics and Gynecology: Foundations EPA #6

Providing early postpartum care

Key Features:

- This EPA includes the assessment and management of the first postpartum days while patients are still in hospital recovering from normal childbirth or cesarean.
- Management of patients with a normal course includes maternal psychosocial and physical well-being, including prevention of postpartum complications such as venous thromboembolism; assessment of vaginal bleeding and uterine involution; use of strategies to promote successful initiation of breastfeeding; discharge planning and discussion of normal postpartum symptoms; recognition of symptoms and mobilization of appropriate health care professionals and resources for postpartum depression; and contraceptive advice in hospital and for the first 6 weeks postpartum.

Assessment Plan:

Direct observation or case discussion/review of patient chart by OBGYN faculty, subspecialty trainee, Core or TTP trainee, family physician, or midwife

Use Form 1. Form collects information on:

- Setting: inpatient; outpatient
- Observation: direct; indirect

Collect 3 observations of achievement

- At least 2 different observers

CanMEDS Milestones:

1 **ME 1.4** Apply clinical and biomedical sciences to manage presentations in obstetric care
2 **ME 1.5** Recognize an urgent or difficult problem that may need the involvement of more experienced colleagues and seek their assistance
3 **ME 1.5 Perform a focused clinical assessment that addresses all relevant issues**
4 **ME 1.6** Maintain a duty of care and patient safety while balancing multiple responsibilities
5 **ME 2.4** Develop and implement a management plan that considers all of the patient's health problems and context in collaboration with the patient and family and, when appropriate, the interprofessional team
6 **COM 1.3** Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
7 **COM 4.3 Counsel the patient regarding potential postpartum complications, including depression**
8 **COM 3.1 Discuss birth control methods to be adopted in the postpartum period**
9 **COM 3.1 Use strategies to verify and validate the patient's understanding**

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10 **COM 4.3 Answer questions from the patient and family about next steps**
11 **COM 5.1 Document the clinical encounter to adequately convey findings, clinical reasoning, and the rationale for decisions**
12 **COL 1.1 Receive and appropriately respond to input from other health care professionals**
13 **COL 3.2 Communicate with a patient's primary health care professional about the patient's care**

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Obstetrics and Gynecology: Foundations EPA #7

Providing consultation and management for patients with urgent and emergent gynecologic presentations

Key Features:

- This EPA includes assessment, counselling, and timely initial management for patients with urgent and emergent gynecologic conditions, including acute abdominal/pelvic pain (including ovarian cyst/torsion, pelvic inflammatory disease, or tubo-ovarian abscess); vulvar abscesses/Bartholin's cyst/abscess (including catheter placement or marsupialization); wound infections; septic abortion; first trimester pregnancy complications (including pregnancy of unknown location, ectopic pregnancy, first trimester loss, or hyperemesis gravidarum); acute intra-abdominal process; severe ovarian hyperstimulation syndrome; acute uterine bleeding.
- This includes obtaining consent for an operative procedure such as laparoscopy, D and C, wound debridement, or marsupialization in the OR.

Assessment Plan:

Direct and/or indirect observation by the OBGYN faculty, Core or TTP trainee, or subspecialty trainee

Use Form 1. Form collects information on:

- Setting: emergency department; outpatient clinic; inpatient ward
- Presentation (select all that apply): acute abdominal/pelvic pain; ovarian cyst/torsion; vulvar abscesses/Bartholin's; wound infection; first trimester complications; pregnancy of unknown location (PUL); ectopic pregnancy; first trimester loss; hyperemesis; acute intra-abdominal process; severe ovarian hyperstimulation syndrome; acute uterine bleeding
- Counselling and consent discussion: yes; no

Collect 5 observations of achievement

- At least 3 different patient presentations
- At least 3 OBGYN faculty
- At least 2 different observers

CanMEDS Milestones:

1 **ME 1.4** Apply clinical and biomedical sciences to manage presentations in gynecologic care
2 **ME 1.5 Recognize an urgent or difficult problem that may need the involvement of more experienced colleagues and seek their assistance**
3 **ME 1.7** Identify clinical situations in which complexity, uncertainty, and ambiguity play a role in decision-making
4 **ME 2.1** Prioritize issues to be addressed in the patient encounter
5 **ME 2.2 Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion**

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6 **ME 2.4 Develop and implement an initial management plan for urgent and emergent gynecologic presentations**
7 **ME 3.1** Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy
8 **ME 3.1 Determine the most appropriate procedures or therapies for the purpose of assessment and/or management**
9 **ME 3.3 Advocate for a patient's procedure or therapy on the basis of urgency and available resources**
10 **COM 1.6 Assess a patient's decision-making capacity**
11 **ME 3.2 Obtain and document informed consent, explaining the risks, benefits, alternatives, and the rationale for the proposed treatment options**
12 **ME 4.1 Ensure follow-up on results of investigation**
13 **COM 3.1 Use strategies to verify and validate the patient's understanding**
14 **COM 5.1** Document the clinical encounter to adequately convey findings, clinical reasoning, and the rationale for decisions
15 **COL 1.3 Engage in respectful shared decision-making with physicians and other colleagues in the health care professions**
16 **HA 2.2** Identify patients or populations that are not being served optimally in their clinical practice

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Obstetrics and Gynecology: Foundations EPA #8

Counselling and management for patients requiring family planning

Key Features:

- This EPA includes assessment and comprehensive management, including counselling, for patients regarding contraceptive options and/or medical and surgical termination of pregnancy.
- This includes being aware of professional obligations to patient care and advocating on behalf of patients to remove barriers to contraception.
- This EPA includes obtaining informed consent for placement of intrauterine contraceptives, tubal ligation/salpingectomy, and pregnancy termination.
- This EPA does not include contraceptive management of patients with significant comorbidities.
- The technical skills in this EPA include insertion and removal of long-acting reversible contraception (LARC).
- This EPA may be observed in the inpatient, outpatient, and emergency department settings.
- The observation of this EPA is divided into two parts: assessment and management; and IUD insertion.

Assessment Plan:

Part A: Assessment and management
Direct observation by OBGYN faculty, other specialized health professional, or Core or TTP trainee

Use Form 1. Form collects information on:

- Patient issue (select all that apply): reversible contraception; permanent contraception; emergency contraception; medical pregnancy termination; surgical pregnancy termination
- Comorbidity: yes; no

Collect 3 observations of achievement

- At least 2 observers must be OBGYN faculty
- At least 2 different observers

Part B: LARC insertion/removal
Direct observation by OBGYN faculty, other specialized health professional, or Core or TTP trainee

Use Form 1. Form collects information on

- Procedure performed (select all that apply): LARC insertion; LARC removal

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Collect at least 2 observations of achievement

- At least 2 LARC insertions
- At least 1 LARC removal

CanMEDS Milestones:

Part A: Assessment and management

1 **ME 1.4** Apply clinical and biomedical sciences to manage presentations in gynecologic care
2 **ME 2.2 Perform a patient assessment, including history and physical exam**
3 **ME 2.2 Synthesize clinical information for the purpose of counselling about contraceptive options and pregnancy termination**
4 **COM 4.1 Explore the perspectives of the patient and others when developing care plans**
5 **ME 2.3 Work with the patient to understand relevant options for care**
6 **ME 3.1 Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy**
7 **ME 3.1** Determine the most appropriate procedures or therapies for the purpose of assessment and/or management
8 **ME 3.2** Obtain and document informed consent, explaining the risks, benefits, alternatives, and the rationale for the proposed treatment options
9 **COM 1.3 Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly**
10 **COM 4.1** Communicate with cultural awareness and sensitivity
11 **COM 5.1** Document the clinical encounter to adequately convey findings, clinical reasoning, and the rationale for decisions
12 **L 2.1** Consider costs when choosing care options
13 **HA 1.2** Work with the patient to increase opportunities to adopt healthy behaviours
14 **P 1.3** Manage ethical issues encountered in the clinical and academic setting

Part B: LARC insertion/removal

1 **ME 3.4 Perform LARC insertion/removal in a skilful, fluid, and safe manner**

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Obstetrics and Gynecology: Foundations EPA #9

Providing consultation for patients with gynecologic conditions

Key Features:

- This EPA includes the assessment, counselling, initial management, and follow-up for outpatients with gynecologic conditions, including menstrual disorders; menopausal disorders, including postmenopausal bleeding and endometrial biopsy; vulvovaginal complaints, including vulvar biopsy; adnexal masses; sexually transmitted infections, including pelvic inflammatory disease (PID); and primary preventive care (Pap smears, HPV vaccination).
- This EPA includes appropriate documentation, i.e., consult letter, and communication with the referring health care provider.

Assessment Plan:

Direct and indirect observation by OBGYN faculty, subspecialty trainee, Core or TTP trainee, or other attending supervisor (dermatology, infectious disease, hematology, family physician)

Use Form 1. Form collects information on:

- Presentation: menopausal disorders, including postmenopausal bleeding; menstrual disorders; vulvovaginal complaints; adnexal masses; sexually transmitted infections; primary dysmenorrhea; gynecologic preventative care
- Procedure: not applicable; endometrial biopsy; cervical biopsy; vulvar biopsy; LARC insertion; Pap smear

Collect 5 observations of achievement

- At least 3 different types of patient presentations and the related procedure
- At least 3 observers must be OBGYN faculty
- At least 2 different observers

CanMEDS Milestones:

1 **ME 1.4 Apply clinical and biomedical sciences to manage presentations in gynecologic care**
2 **ME 2.2 Perform a patient assessment, including history and physical exam**
3 **ME 2.2 Select appropriate investigations and interpret the results**
4 **ME 2.4 Develop and implement an initial management plan for common gynecologic conditions**
5 **ME 3.1** Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy
6 **ME 3.2 Obtain and document informed consent, explaining the risks, benefits, alternatives, and the rationale for the proposed treatment options**
7 **ME 3.4 Perform common procedures in a skilful, fluid, and safe manner, including endometrial or vulvar biopsy, LARC insertion, or Pap smear**
8 **COM 4.3 Answer questions from the patient and family about next steps**

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9 **COM 5.1 Document the clinical encounter to adequately convey findings, clinical reasoning, and the rationale for decisions**
10 **HA 1.3** Work with the patient to identify opportunities for disease prevention, health promotion, and health protection

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Obstetrics and Gynecology: Foundations EPA #10

Performing minor gynecologic operative procedures

Key Features:

- This EPA includes obtaining consent, performing the procedure, and providing immediate post-operative care, including recognizing complications of the following procedures: simple laparoscopic tubal ligation (clips, electrocautery); basic laparoscopy (port placement, closing incisions); diagnostic hysteroscopy; global endometrial ablation; surgical management of Bartholin's abscess; dilatation and curettage.
- To achieve this EPA the trainee will perform the above uncomplicated procedures under the direct guidance and assistance of a skilled assistant, while requiring minimal redirection or assistance with the procedure.
- The observation of this EPA is divided into two parts: direct observation of surgical skills; and a log of procedures to demonstrate the breadth of experience.

Assessment Plan:

Part A: Procedural skills
Direct observation by OBGYN faculty, subspecialty trainee, or Core or TTP trainee

Use Form 2: Form collects information on:

- Procedure (select all that apply): basic laparoscopy (port placement, electrocautery, closing incisions); diagnostic hysteroscopy; global endometrial ablation; surgical management of Bartholin's abscess; dilatation and curettage

Collect 5 observations of achievement

- At least 1 basic laparoscopy
- At least 1 diagnostic hysteroscopy
- At least 1 global endometrial ablation
- At least 1 dilatation and curettage
- At least 1 surgical management of Bartholin's abscess

Part B: Maintaining a logbook
Submit logbook of procedures

Logbook tracks:

- Procedure: basic laparoscopy (port placement, electrocautery, closing incisions); diagnostic hysteroscopy; global endometrial ablation; surgical management of Bartholin's abscess; dilatation and curettage

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CanMEDS milestones:

Part A: Procedural skills

1 **ME 1.4 Apply knowledge of surgical anatomy, steps of the procedure, and potential intraoperative risks and means to avoid/overcome them**
2 **ME 1.4 Apply knowledge of the principles of electrosurgery**
3 **ME 3.1 Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy**
4 **ME 3.2 Obtain and document informed consent, explaining the risks, benefits, alternatives, and the rationale for the proposed treatment options**
5 **ME 3.4 Demonstrate effective procedure preparation, including the use of a pre-procedure time-out or safe surgical checklist as appropriate**
6 **ME 3.4 Assemble required equipment**
7 **ME 3.4 Interpret findings of examination under anesthesia**
8 **ME 3.4 Place laparoscopic ports**
9 **ME 3.4** Orient spatially without hesitation and position instruments where intended
10 **ME 3.4** Perform safe dissection of relevant structures and tissue layers with gentle tissue handling
11 **ME 3.4 Demonstrate intraoperative judgment, fluidity of movement, and forward progression**
12 **COL 1.2 Communicate effectively and professionally with the OR team**
13 **ME 3.4 Establish and implement a plan for post-procedure care, including post-operative orders**
14 **COM 5.1 Document the surgical encounter to adequately convey the procedure and outcome**
15 **P 4.1** Demonstrate an ability to regulate attention, emotions, thoughts, and behaviours while maintaining capacity to perform professional tasks

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Obstetrics and Gynecology: Foundations EPA #11

Special Assessment 1 - Performing critical appraisal of health literature and initiating scholarly projects

Key Features:

- This includes analyzing and presenting article(s) at journal club/rounds, establishing and documenting a research question pertinent to obstetrics and gynecology, conducting the literature review, and choosing appropriate methodology.
- The portfolio submission should indicate what was observed (i.e., critical appraisal, research submission) and document the research question and faculty advisor.

Assessment Plan:

Direct observation by faculty at journal club or rounds, and review of research proposal by faculty

Use Form 4.

Collect 2 observations of achievement.

- At least 1 journal club or rounds
- At least 1 research proposal

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Obstetrics and Gynecology: Core EPA #1

Providing counselling and antenatal care to women with high-risk pregnancies

Key Features:

- This EPA includes pre-pregnancy optimization of high-risk obstetric patients and recognition, management, counselling, and appropriate referral of complicated pregnancies in the antenatal period (including fetal, maternal, and placental issues).
- This EPA includes the direct observation of patient counselling with validation of the history/physical by the supervisor followed by discussion of the management plan.
- This may be observed in simulation.

Assessment Plan:

Direct observation or case discussion with review of consult letter and chart review by OBGYN faculty, Maternal-Fetal Medicine (MFM) faculty, obstetric medicine faculty or subspecialty trainee, Internal Medicine faculty or subspecialty trainee, or genetics faculty, counsellor, or subspecialty trainee

Use Form 1. Form collects information on

- Setting: clinic; inpatient unit; labour and delivery; intensive care unit; simulation
- Counselling: preconception; antenatal
- Provide presentation detail (e.g., diabetes, intrauterine growth disorder/discrepancy, multiple gestation) (write-in):
- Observation: direct; indirect

Collect 10 observations of achievement

- At least 5 observations of preconception counselling
- At least 5 observations of antenatal counselling
- At least 3 direct observations of each preconception and antenatal counselling
- At least 2 observations by MFM faculty for each preconception and antenatal counselling

CanMEDS Milestones:

1	**ME 1.4** Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology
2	**ME 1.7** Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves
3	**ME 2.1 Prioritize issues to be addressed in the patient encounter**
4	**ME 1.5 Perform clinical assessments that address all relevant issues**
5	**ME 2.4 Develop and implement patient-centred management plans that consider all of the patient's health problems and context**
6	**COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately**

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7 **COM 3.1 Convey information about diagnosis and prognosis clearly and compassionately**
8 **COL 1.2** Consult as needed with other health care professionals, including other physicians
9 **COL 1.3** Communicate effectively with physicians and other colleagues in the health care professions
10 **COL 3.2 Organize the handover of care to the most appropriate physician or health care professional**
11 **HA 1.1 Facilitate timely patient access to services and resources**
12 **P 1.3 Manage ethical issues encountered in the clinical and academic setting**

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Obstetrics and Gynecology: Core EPA #2

Managing patients with acute conditions presenting in the antenatal and perinatal period

Key Features:

- This EPA focuses on the recognition and management of maternal and fetal conditions that may complicate labour and necessitate intervention.
- This EPA includes the decision to proceed to operative delivery but not the technical aspects of the procedure (included in another EPA).

Assessment Plan:

Direct observation by OBGYN faculty, Maternal-Fetal Medicine (MFM) subspecialty trainee, or TTP trainee

Use Form 1. Form collects information on:

- Setting: clinical (ER, triage, labour and delivery, antenatal ward, ICU); simulation
- Maternal complication (select all that apply): not applicable; chorioamnionitis; trial of labour after cesarean section; complicated induction; severe hypertensive disorder of pregnancy; pre-gestational diabetes; maternal comorbidities (e.g., cardiac, GI, renal, pulmonary); 1st or 2nd stage dystocia; intrapartum hemorrhage; uterine rupture; shock; eclampsia; other (please specify)
- Fetal complication (select all that apply): not applicable; preterm delivery (gestational age <32 weeks); multiples; intrauterine fetal death; malposition; cord prolapse; atypical/abnormal fetal heart rate tracing

Collect 10 observations of achievement

- Must be a diversity of maternal and fetal cases
- At least 3 different maternal complications
- At least 3 different fetal complications
- At least 5 faculty observations
- At least 3 observers

CanMEDS Milestones:

1 **ME 1.4** Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology
2 **ME 1.5 Perform clinical assessments that address all relevant issues**
3 **ME 1.6 Carry out professional duties in the face of multiple competing demands**
4 **ME 1.7** Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves
5 **ME 1.7 Seek assistance in situations that are complex, novel, or involve uncertainty**

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6 **ME 2.3 Share concerns, in a constructive and respectful manner, with patients and their families about goals of care that are not felt to be achievable**
7 **ME 2.4 Develop and implement patient-centred management plans that consider all of the patient's health problems and context**
8 **ME 5.2** Apply the principles of situational awareness to clinical practice
9 **COM 1.1** Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion
10 **COM 1.3** Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
11 **COM 3.1 Convey information about diagnosis and prognosis clearly and compassionately**
12 **COM 5.1 Document the clinical encounter to adequately convey findings, clinical reasoning, and the rationale for decisions**
13 **COL 1.1 Receive and appropriately respond to input from other health care professionals**
14 **COL 1.3** Communicate effectively with physicians and other colleagues in the health care professions
15 **COL 3.2 Organize the handover of care to the most appropriate physician or health care professional**
16 **L 2.2** Apply evidence and management processes to achieve cost-appropriate care

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Obstetrics and Gynecology: Core EPA #3

Managing complex vaginal deliveries

Key Features:

- This EPA focuses on the recognition and management of maternal and fetal conditions that may complicate delivery and necessitate intervention.
- This EPA includes selecting and counselling patients, performing the technical skills of vacuum and forceps deliveries, vaginal delivery of multiple gestation, shoulder dystocia, and repairs of 3rd and 4th degree tears.
- The observation of this EPA is divided into two parts: direct observation of technical skills; a log of procedures to demonstrate the breadth of experience.

Assessment Plan:

Part A: Managing complex vaginal deliveries
Direct observation by OBGYN faculty, Maternal-Fetal Medicine (MFM) faculty and subspecialty trainees, TTP trainees, or simulation educators

Use Form 2. Form collects information on

- Complication: shoulder dystocia; vaginal breech; multiple delivery; postpartum hemorrhage (PPH); 3rd or 4th degree tear; other (please specify)
- Setting: clinical; simulation
- Procedure (select all that apply): vacuum; low forceps; rotational forceps; perineal laceration; shoulder dystocia; internal podalic version (IPV); breech extraction; manual rotation; manual removal of placenta; Bakri balloon placement for treatment of PPH; external cephalic version (ECV)

Collect 10 observations of achievement

- At least 1 shoulder dystocia
- At least 1 vaginal breech (may be in simulation)
- At least 1 multiple delivery
- At least 1 postpartum hemorrhage (PPH)
- At least 1 repair of either a 3rd or 4th degree tear
- At least 2 forceps (low or rotational), rotational forceps may be observed in simulation
- At least 2 vacuums
- At least 5 observed by faculty
- At least 3 different observers

Part B: Maintaining a logbook
Submit logbook of procedures

Logbook to track: vaginal delivery of multiples/IPV and breech extraction, vaginal breech, shoulder dystocias, PPH, lacerations, manual rotations, external cephalic versions (ECV)

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CanMEDS Milestones:

1 **ME 1.7** Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves
2 **ME 2.3 Share concerns, in a constructive and respectful manner, with patients and their families about goals of care that are not felt to be achievable**
3 **ME 3.2** Describe the steps of the procedure, potential risks, and means to avoid/overcome them
4 **ME 3.1 Integrate required information to reach diagnosis and determine correct procedure required**
5 **ME 3.2 Use shared decision-making in the consent process, taking risk and uncertainty into consideration**
6 **ME 3.4 Prepare and position the patient correctly, gather required instruments, apply knowledge of the approach, and anticipate probable complications**
7 **ME 3.4 Perform the steps of the procedure efficiently, avoiding pitfalls and respecting soft tissues**
8 **ME 3.4 Document the procedure**
9 **ME 3.4** Establish and implement a plan for care following delivery
10 **ME 5.2** Apply the principles of situational awareness to clinical practice
11 **COM 1.3** Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
12 **COM 3.1 Debrief the delivery with the patient and family in a timely, honest, and transparent manner**
13 **COL 1.3 Communicate effectively with physicians and other colleagues in the health care professions**
14 **COL 2.1** Delegate tasks and responsibilities in an appropriate and respectful manner
15 **P 4.1 Demonstrate an ability to regulate attention, emotions, thoughts, and behaviours while maintaining capacity to perform professional tasks**

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Obstetrics and Gynecology: Core EPA #4

Performing complex cesarean sections

Key Features:

- This EPA focuses on the technical skills of performing cesarean sections in any complex situation.
- The observation of this EPA is divided into two parts: direct observation of surgical skills; a log of procedures to demonstrate the breadth of experience.

Assessment Plan:

Part A: Procedural skill
Direct observation by OBGYN faculty, or subspecialty or TTP trainee

Use Form 2. Form collects information on:

- Type of cesarean section: classical; multiple pregnancy; 2nd stage; morbidly obese patient; extensive extension; abnormal placentation (e.g., accreta, previa); difficult repeat cesarean section; STAT cesarean section; abnormal lie/malpresentation; other (please specify)
- Complication management: repair of extensive extension; surgical management of postpartum hemorrhage (PPH); uterine dehiscence/rupture repair; management of extensive intra-abdominal adhesions/scar tissue; not applicable

Collect 10 observations of achievement

- At least 1 classical cesarean section
- At least 1 difficult 2nd stage cesarean section
- At least 1 morbidly obese patient
- At least 1 abnormal placentation
- At least 1 difficult repeat
- At least 1 STAT cesarean section
- At least 1 abnormal lie/malpresentation
- At least 1 repair of extensive extension at the time of a cesarean section
- At least 5 different faculty observers

Part B: Logbook
Submit logbook of procedures

Logbook collects information on:

- Procedure (write in):
- Indication (write in):
- Body Mass Index (BMI) (write in):
- Complication (write in):
- Participation percentage (write in):

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CanMEDS Milestones:

Part A: Procedural skill

1 **ME 1.4** Apply knowledge of surgical anatomy, steps of the procedure, and potential intraoperative risks and means to avoid/overcome them
2 **ME 1.5 Recognize an urgent or difficult problem that may need the involvement of more experienced colleagues and seek their assistance**
3 **ME 3.1 Integrate required information to reach diagnosis and determine correct procedure required**
4 **ME 3.2 Use shared decision-making in the consent process, taking risk and uncertainty into consideration**
5 **ME 3.4 Perform the steps of the procedure efficiently, avoiding pitfalls and respecting soft tissues**
6 **ME 3.4 Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered**
7 **ME 3.4** Establish and implement a plan for care following delivery
8 **ME 5.2 Apply the principles of situational awareness to clinical practice**
9 **COM 3.1 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner**
10 **ME 3.4 Document the procedure**
11 **COL 1.3** Communicate effectively with physicians and other colleagues in the health care professions
12 **P 4.1 Demonstrate an ability to regulate attention, emotions, thoughts, and behaviours while maintaining capacity to perform professional tasks**

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Obstetrics and Gynecology: Core EPA #5

Diagnosing and managing postpartum complications

Key Features:

- This EPA includes recognition, prevention, and management of postpartum complications.

Assessment Plan:

Direct observation or case discussion, with review of clinic notes by OBGYN faculty, subspecialty trainee, TTP trainee, simulation educator, or other specialists

Use Form 1. Form collects information on:

- Patient presentation (select all that apply): delayed postpartum hemorrhage (PPH); infection; perineal complications; postpartum hypertension; vaginal hematoma; mastitis; endometritis; venous thromboembolism/pulmonary embolus; septic thrombophlebitis; psychosocial comorbidities; postpartum psychiatric disorders (e.g., psychosis, depression)
- Observation: direct; indirect
- Setting: office setting; postpartum ward; triage/ER; simulation

Collect 5 observations of achievement

- At least 1 wound complication
- At least 1 delayed postpartum hemorrhage (PPH)
- At least 1 postpartum hypertension
- At least 3 observed by OBGYN faculty
- At least 2 different observers

CanMEDS Milestones:

1 **ME 1.4** Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology
2 **ME 1.7** Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves
3 **ME 1.5 Perform clinical assessments that address all relevant issues**
4 **ME 2.4 Develop and implement patient-centred management plans that consider all of the patient's health problems and context**
5 **COM 1.5** Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately
6 **COM 3.1 Convey information about diagnosis and prognosis clearly and compassionately**
7 **COM 5.1 Document the clinical encounter to adequately convey findings, clinical reasoning, and the rationale for decisions**

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8 **COL 1.3** Communicate effectively with physicians and other colleagues in the health care professions

9 **ME 4.1 Determine the need and timing of referral to another physician or health care professional**

10 **HA 1.1** Facilitate timely patient access to services and resources

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Obstetrics and Gynecology: Core EPA #6

Performing obstetric and gynecologic ultrasound

Key Features:

- This EPA focuses on selection, performance, and interpretation of point-of-care obstetric and gynecologic ultrasound (US) to guide assessment and ongoing management.
- This EPA includes transabdominal and transvaginal US.
- Obstetric US: biophysical profile (BPP), standard or modified (cord Doppler); fetal position and number; placental location; fetal viability; basic fetal biometry (biparietal diameter (BPD), head circumference (HC), abdominal circumference (AC), femur length (FL)); cervical length.
- Gynecologic US: confirm intrauterine pregnancy; crown rump length (CRL); free fluid in pelvis/abdomen

Assessment Plan:

Direct observation and/or review of images by staff (OBGYN, Radiology, Emergency Medicine), TTP resident, ultrasonographer, subspecialty resident (GREI or MFM subspecialty trainee), or advanced practice nurse

Use form 1. Form collects information on

- Setting: ER; inpatient; gynecology clinic; diagnostic imaging; ultrasound unit; simulation
- Obstetrics cases (select all that apply): not applicable; standard BPP; modified BPP (cord Doppler); fetal position and number; placental location; fetal viability; basic fetal biometry (BPD, HC, AC, FL); cervical length
- Gynecology cases (select all that apply): not applicable; confirm intrauterine pregnancy; crown rump length (CRL); free fluid in pelvis/abdomen; US-guided curettage
- Free fluid: not applicable; normal; abnormal
- Observation: direct; image review

Collect 5 observations of achievement

- At least 1 abnormal amount of free fluid (may be observed in simulation)
- At least 1 obstetrics case
- At least 1 gynecology case
- At least 1 direct observation of each type of case (obstetric and gynecologic)
- No more than 1 simulation for obstetric cases

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CanMEDS Milestones:

1 **ME 1.4** Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology
2 **ME 1.4** Apply knowledge of normal and abnormal volumes of free fluid
3 **ME 1.5** Perform ultrasound assessments that address the breadth of issues in each case
4 **ME 3.4 Adjust instrument settings appropriately to optimize image quality**
5 **ME 3.4 Obtain standard views**
6 **ME 2.2 Recognize clinically significant findings in an US examination**
7 **ME 1.7 Seek assistance in situations that are complex, novel, or involve uncertainty**
8 **ME 2.2 Develop a specific differential diagnosis relevant to the patient's presentation**
9 **ME 3.3** Triage a procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources
10 **COM 1.2** Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
11 **COM 3.1 Convey information about diagnosis and prognosis clearly and compassionately**
12 **ME 4.1 Determine the need and timing of referral to another physician or health care professional**
13 **COL 1.3** Communicate effectively with physicians and other colleagues in the health care professions

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Obstetrics and Gynecology: Core EPA #7

Discussing difficult news

Key Features:

- This EPA focuses on the application of advanced communication and conflict resolution skills to address difficult situations that may involve patients, families, and/or members of the health care team.
- These situations may include but are not limited to discussing unexpected or serious diagnoses, adverse events, new diagnosis of cancer, changes in health status, or transitions to different goals of treatment, including palliative care.
- This EPA may include working with an interpreter (complex skill set).
- This EPA can be assessed in any inpatient or outpatient clinical setting.

Assessment Plan:

Direct observation by supervisor or simulation supervisor

Use Form 1. Form collects information on:

- Communication scenario: unexpected diagnosis (e.g., stillbirth); mismatched expectations (i.e., patient perceives serious when diagnosis is not serious); adverse event; new diagnosis of incurable disease/cancer; progressive disease; therapy modification; transition to palliative care; other (please specify)
- Simulation: yes; no
- Setting (write-in):

Collect 3 observations of achievement

- A mix of communication scenarios
- At least 2 different observers

CanMEDS Milestones:

1	**COM 1.5** Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately
2	**COM 1.4 Respond to patients' non-verbal communication and use appropriate non-verbal behaviours to enhance communication**
3	**COM 3.1 Share information and explanations that are clear and accurate while checking for understanding**
4	**COM 1.5 Establish boundaries as needed in emotional situations**
5	**COM 4.1 Communicate in a manner that is respectful, non-judgmental, and culturally aware**
6	**COM 4.3 Answer questions regarding care delivery, treatment decisions and/or prognosis in a respectful manner**
7	**P 1.1** Intervene when behaviours toward colleagues and/or learners undermine a respectful environment
8	**COM 2.2** Manage the flow of a challenging patient encounter, including those with angry, distressed, or excessively talkative individuals

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Obstetrics and Gynecology: Core EPA #8

Providing care for patients with complex gynecologic conditions and/or medical comorbidities

Key Features:

- This EPA includes providing medical care and surgical counselling to patients presenting with gynecologic problems from initial presentation through and including appropriate follow-up. At this stage, the trainee is entrusted with complex clinical presentations with uncertainty in diagnosis and/or management. The trainee is also entrusted to recognize when patients require subspecialty care.
- This EPA includes patients with high complexity, defined as those with multiple conditions that co-exist and/or interact; an atypical or refractory presentation of a common condition; contraception in patients with comorbidities; or management challenges, including those due to social determinants of health and/or cultural complexities.
- This EPA may be observed in the inpatient, outpatient, and emergency department settings.

Assessment Plan:

Direct and indirect observation by OBGYN faculty or subspecialty trainee

Use Form 1. Form collects information on:

- Focus of encounter (write-in):
- Medical comorbidities (write-in):
- Complex gynecologic condition: menstrual disorder; complex menopausal complaint; pre-invasive gynecologic condition; complex gynecologic infection; pelvic mass; vulvar dystrophy; other
- Procedure: endometrial biopsy; cervical biopsy; vulvar biopsy; loop electrosurgical excision procedure (LEEP); not applicable; other (please specify)

Collect 10 observations of achievement

- At least 3 different medical comorbidities
- At least 3 different complex gynecologic conditions
- At least 5 observed by faculty
- At least 3 different observers

CanMEDS Milestones:

1 **ME 1.4** Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology
2 **ME 1.5 Perform clinical assessments that address all relevant issues**

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3 **ME 1.7 Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves**
4 **ME 2.1** Consider clinical urgency, feasibility, availability of resources, and comorbidities in determining priorities to be addressed during the current encounter or during future visits or with other health care practitioners
5 **ME 2.4 Develop and implement patient-centred management plans that consider all of the patient's health problems and context**
6 **ME 3.1 Determine the most appropriate procedures or therapies for the purpose of assessment and/or management**
7 **ME 3.1 Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy**
8 **ME 3.4 Perform common procedures in a skilful, fluid, and safe manner with minimal assistance**
9 **COM 4.1 Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe**
10 **COM 5.1 Document clinical encounters to adequately convey findings, clinical reasoning, and the rationale for decisions**
11 **COL 1.2 Consult as needed with other health care professionals, including other physicians**
12 **L 2.1 Use clinical judgment to minimize wasteful practices**
13 **L 2.2** Apply evidence and guidelines with respect to resource utilization in common clinical scenarios
14 **HA 1.3 Incorporate disease prevention, health promotion, and health surveillance activities into interactions with individual patients**
15 **S 3.3** Evaluate the applicability (external validity or generalizability) of evidence from resources

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Obstetrics and Gynecology: Core EPA #9

Assessing and initiating management for patients with reproductive challenges

Key Features:

- This EPA includes providing medical care and surgical counselling to patients presenting with reproductive challenges.
- This EPA may be observed in the inpatient, outpatient, and emergency department settings.
- This EPA includes management of patients with consideration of social, legal, and ethical use of artificial reproductive technologies (ART).
- At this stage, the trainee is entrusted with complex clinical presentations with uncertainty in diagnosis and/or management. The trainee is also entrusted to recognize when patients require subspecialty and/or multidisciplinary care.

Assessment Plan:

Direct or indirect observation by OBGYN faculty or gynecologic reproductive endocrinology and infertility (GREI) subspecialty trainee

Use Form 1. Form collects information on:

- Patient presentation: infertility; fertility preservation; fertility pursuit (e.g., Solo/LGBTQ+); recurrent pregnancy loss; complications following artificial reproductive technologies (ART)
- Etiology: endometriosis; anovulation/amenorrhea; congenital uterine anomaly; social; tubal factor; male factor infertility; complications from treatment; ovarian hyperstimulation syndrome (OHSS); other

Collect 5 observations of achievement

- At least 1 recurrent pregnancy loss
- At least 2 cases of infertility of different etiologies
- At least 2 different observers
- At least 2 observed by faculty

CanMEDS Milestones:

1	**ME 1.4** Apply a broad base and depth of knowledge in reproductive endocrinology to manage patients with reproductive challenges
2	**ME 2.2 Synthesize patient information to determine diagnosis**
3	**ME 2.3** Address the impact of the medical condition on the patient's ability to pursue life goals and purposes
4	**ME 2.4 Develop a plan to address reproductive challenges, in collaboration with a patient with or without inclusion of their partner**

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ME 3.2 Use shared decision-making in the consent process, taking risk and uncertainty into consideration

ME 4.1 Establish plans for ongoing care for the patient, taking into consideration their clinical state, circumstances, preferences, and actions, as well as available resources, best practices, and research evidence

COM 1.3 Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly

COM 3.1 Convey information about diagnosis and prognosis clearly and compassionately

COM 5.1 Document clinical encounters to adequately convey findings, clinical reasoning, and the rationale for decisions

L 2.1 Consider costs when choosing care options

HA 2.1 Analyze public policy that affects patients with reproductive challenges

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Obstetrics and Gynecology: Core EPA #10

Diagnosing and managing pediatric and adolescent patients with common gynecologic conditions

Key Features:

- This EPA includes diagnosis, management, and counselling.
- This EPA requires direct observation of the physical exam and counselling of the patient and family and allows for indirect observation of patient history and documentation.

Assessment Plan:

Direct observation of the physical examination and counselling and indirect observation of history, documentation, and management plan by OBGYN faculty, subspecialty trainee, pediatrician, or endocrinologist

Use Form 1. Form collects information on:

- Setting: outpatient; emergency department; inpatient
- Patient presentation: labial agglutination; vaginal discharge; vulvovaginitis; simple straddle injuries; sexual health counselling; abnormal uterine bleeding; amenorrhea; other menstrual irregularities; adnexal masses; delayed/precocious puberty; obstructive Mullerian anomalies; other
- Pre-pubertal patient: yes; no
- Observation: direct; indirect

Collect 2 observations of achievement

- At least 2 different patient presentations
- At least 1 pre-pubertal presentation
- At least 1 OBGYN faculty

CanMEDS Milestones:

1 **ME 1.4** Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage pediatric patients with obstetric or gynecologic presentations
2 **COM 1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety**
3 **ME 1.5 Perform clinical assessments that address all relevant issues**
4 **ME 2.3** Address the impact of the medical condition on the patient's ability to pursue life goals and purposes
5 **ME 2.4 Develop and implement patient-centred management plans that consider all of the patient's health problems and context**
6 **COM 1.5** Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately

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7 **COM 4.3 Use communication skills and strategies that help the patient and family make informed decisions regarding their health**
8 **COM 5.1** Document the clinical encounter to adequately convey findings, clinical reasoning, and the rationale for decisions
9 **COL 3.1** Determine when care should be transferred to another physician or health care professional
10 **COL 3.2** Communicate with the patient's primary health care professional about the patient's care
11 **HA 1.2** Apply the principles of behaviour change during conversations with patients about adopting healthy behaviours

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Obstetrics and Gynecology: Core EPA #11

Providing care for patients with pelvic floor dysfunction

Key Features:

- This EPA focuses on providing conservative medical care and surgical counselling to patients presenting with pelvic floor dysfunction from initial presentation through and including appropriate follow-up.
- At this stage, the trainee is entrusted with complex clinical presentations with uncertainty in diagnosis and/or management. The trainee is also entrusted to recognize when patients require subspecialty or multidisciplinary care.

Assessment Plan:

Direct observation by OBGYN faculty and urogynecology trainee

Use Form 1. Form collects information on:

- Setting: inpatient; outpatient; operating room
- Patient presentation: pelvic organ prolapse (POP); urinary incontinence (UI)- stress; urinary incontinence (UI)- urge; lower urinary tract symptoms (LUTS); anal incontinence and defecatory dysfunction; fistulas
- Management: pessary fitting; urodynamic interpretation; other (please specify)

Collect 5 observations of achievement

- A variety of at least 3 patient presentations
- At least 1 POP
- At least 1 pessary fitting
- At least 1 urodynamic interpretation

CanMEDS Milestones:

1 **ME 1.4** Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in urogynecology
2 **ME 1.5 Perform clinical assessments that address all relevant issues**
3 **ME 2.3** Address the impact of the medical condition on the patient's ability to pursue life goals and purposes
4 **ME 2.4 Develop and implement patient-centred management plans that consider all of the patient's health problems and context**
5 **ME 3.2 Ensure that patients are informed about the risks and benefits of each treatment option in the context of best evidence and guidelines**
6 **ME 3.4 Perform pessary fitting in a skilful, fluid, and safe manner with minimal assistance**
7 **COM 5.1** Document the clinical encounter to adequately convey findings, clinical reasoning, and the rationale for decisions
8 **HA 1.2 Select patient education resources related to gynecology**

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9 **HA 1.2** Apply the principles of behaviour change during conversations with patients about adopting healthy behaviours

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Obstetrics and Gynecology: Core EPA #12

Assessing, diagnosing, and managing patients with chronic pelvic pain and sexual health concerns

Key Features:

- This EPA includes counselling and consideration of multidisciplinary options of management (physiotherapy, etc.) as well as medical and surgical options.

Assessment Plan:

Observation by OBGYN faculty, subspecialty trainee, chronic pain specialist, or other health professional

Use Form 1. Form collects information on:

- Patient presentation: chronic pelvic pain; sexual health concern
- Diagnosis: vulvodynia; levator hypertonicity; myofascial pain; female sexual dysfunction; other (please specify)

Collect 2 observations of achievement

- At least 1 chronic pelvic pain
- At least 1 case of sexual dysfunction

CanMEDS Milestones:

1. **ME 1.4** Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patients presenting with chronic pain or sexual concerns
2. **ME 1.5 Perform clinical assessments that address all relevant issues**
3. **ME 2.3 Address the impact of the medical condition on the patient's ability to pursue life goals and purposes**
4. **ME 2.4 Develop and implement patient-centred management plans that consider all of the patient's health problems and context**
5. **COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately**
6. **COM 2.1** Actively listen and respond to patient cues
7. **COM 3.1 Convey information about diagnosis and prognosis clearly and compassionately**
8. **COL 1.2 Consult as needed with other health care professionals, including other physicians**
9. **HA 1.1 Facilitate timely patient access to services and resources**

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Obstetrics and Gynecology: Core EPA #13

Assessing and managing patients with gynecologic malignancies

Key Features:

- This EPA focuses on clinical assessment of malignant gynecologic conditions, including recognizing the risk factors for gynecologic malignancies, initial investigations and procedures (including biopsies, paracentesis), counselling regarding initial surgical or medical management, prioritizing referrals/assessment, post-treatment follow-up, and palliative care.
- This EPA includes basic counselling regarding indications and common side effects of radiation therapy and chemotherapy; discussing difficult news/poor prognosis is a separate EPA of the Core stage.

Assessment Plan:

Direct observation by gynecologic oncologist, or gynecologic oncology subspecialty trainee

Use Form 1. Form collects information on:

- Setting: outpatient; inpatient; emergency department
- Tumour site: ovarian/fallopian tube/primary peritoneal; endometrial/sarcoma; cervix; vulva/vagina; gestational trophoblastic disease (GTD); other (please specify)
- Palliation: yes; no

Collect 5 observations of achievement

- At least 1 cervical cancer
- At least 1 complex adnexal mass/ovarian cancer
- At least 1 endometrial cancer
- At least 1 palliation
- At least 2 different faculty observers

CanMEDS Milestones:

1 **ME 1.4** Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology
2 **COM 1.2** Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
3 **ME 1.5 Perform clinical assessments that address all relevant issues**
4 **ME 2.2 Select appropriate investigations and interpret the results**
5 **COM 1.5 Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately**
6 **COM 3.1 Convey information about diagnosis and prognosis clearly and compassionately**
7 **S 3.4 Integrate best evidence and clinical expertise into decision-making**

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8 **COM 1.6 Tailor approaches to decision-making to patient capacity, values, and preferences**
9 **ME 3.2** Use shared decision-making in the consent process, taking risk and uncertainty into consideration
10 **ME 2.4 Develop and implement patient-centred management plans that consider all of the patient's health problems and context**
11 **COM 5.1** Document the clinical encounter to adequately convey findings, clinical reasoning, and the rationale for decisions
12 **L 2.1** Use clinical judgment to minimize wasteful practices
13 **HA 1.1 Facilitate timely patient access to services and resources**

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Obstetrics and Gynecology: Core EPA #14

Performing advanced hysteroscopy

Key Features:

- This EPA includes performing complex diagnostic and operative hysteroscopy, including patient positioning, selection and appropriate use of instruments and distention medium, risk reduction, and injury prevention and recognition.
- This EPA may be observed in the operating room, or outpatient hysteroscopy suites.
- The observation of this EPA is divided into two parts: direct observation of surgical skills; a log of procedures to demonstrate the breadth of experience.

Assessment Plan:

Part A: Procedural skills
Direct observation by OBGYN faculty or subspecialty trainee

Use Form 2. Form collects information on:

- Procedure: endometrial resection; endometrial ablation; myomectomy; polypectomy; septoplasty of partial/complete septum; lysis of intrauterine adhesions; other

Collect 5 observations of achievement

- At least 1 endometrial ablation
- At least 1 myomectomy
- At least 1 polypectomy
- At least 2 different observers

Part B: Logbook
Submit logbook of procedures

Logbook tracks

- Procedure: endometrial resection; endometrial ablation; myomectomy; septoplasty of partial/complete septum; lysis of intrauterine adhesions; other

CanMEDS Milestones:

Part A: Procedural skills

1 **ME 1.4** Apply knowledge of surgical anatomy, steps of the procedure, and potential intraoperative risks and means to avoid/overcome them
2 **ME 1.4** Apply knowledge of the principles of electrosurgery
3 **ME 3.1** Describe the indications, risks, and complications of advanced hysteroscopy
4 **ME 3.2** Obtain and document informed consent, explaining to the patient the risks, benefits, alternatives, and rationale for the proposed treatment options
5 **ME 3.4 Demonstrate effective procedure preparation, including the use of a pre-procedure time-out or safe surgical checklist as appropriate**

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6 **ME 3.4 Assemble required equipment**
7 **ME 3.4 Select and manage distension media**
8 **ME 3.4 Interpret hysteroscopic findings**
9 **ME 3.4 Orient spatially without hesitation and position instruments where intended**
10 **ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling**
11 **ME 3.4 Demonstrate intraoperative judgment, fluidity of movement, and forward progression**
12 **ME 3.4 Identify and troubleshoot equipment issues**
13 **ME 3.4 Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered**
14 **COL 1.2 Communicate effectively and professionally with the OR team**
15 **ME 3.4 Establish and implement a plan for post-procedure care, including post-operative orders**
16 **COM 5.1 Document the surgical encounter to adequately convey the procedure and outcome**
17 **ME 5.2** Apply the principles of situational awareness to clinical practice
18 **COM 3.1** Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner
19 **P 4.1** Demonstrate an ability to regulate attention, emotions, thoughts, and behaviours while maintaining capacity to perform professional tasks

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Obstetrics and Gynecology: Core EPA #15

Performing major vaginal and vulvar procedures

Key Features:

- This EPA focuses on performing major vaginal procedures, including patient positioning, selection and appropriate use of instruments, risk reduction, and injury recognition.
- This EPA includes vaginal hysterectomy, anterior and posterior repair, vulvar wide local excision; cervical conization or LEEP, perineorrhaphy, colpocleisis, or primary surgical correction of stress incontinence.
- The observation of this EPA is divided into two parts: direct observation of surgical skills; a log of procedures to demonstrate the breadth of experience.

Assessment Plan:

Part A: Procedural skills
Direct observation by OBGYN faculty or subspecialty trainee, may include feedback from nursing staff or anesthesiologist

Use Form 2. Form collects information on:

- Procedure: vaginal hysterectomy; anterior and/or posterior repair; vulvar wide local excision; cervical conization or LEEP; perineorrhaphy; colpocleisis; primary surgical correction of stress incontinence

Collect 10 observations of achievement

- At least 2 vaginal hysterectomies
- At least 2 anterior or posterior repair
- At most 1 cervical conization or LEEP
- At least 3 different faculty

Part B: Logbook
Submit logbook of procedures

Logbook must track:

- Procedure: vaginal hysterectomy; anterior and/or posterior repair; vulvar wide local excision; cervical conization or LEEP; perineorrhaphy; colpocleisis; primary surgical correction of stress incontinence

CanMEDS Milestones:

Part A: Procedural skills

1 **ME 1.4 Apply knowledge of surgical anatomy, steps of the procedure, and potential intraoperative risks and means to avoid/overcome them**
2 **ME 3.1** Describe the indications, risks, and complications of major vaginal procedures

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3 **ME 3.2** Obtain and document informed consent, explaining to the patient the risks, alternatives, and the rationale for the proposed treatment options
4 **ME 3.4 Demonstrate effective procedure preparation, including the use of a pre-procedure time-out or safe surgical checklist as appropriate**
5 **ME 3.4 Assemble required equipment**
6 **ME 3.4 Orient spatially without hesitation and position instruments where intended**
7 **ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling**
8 **ME 3.4 Demonstrate intraoperative judgment, fluidity of movement, and forward progression**
9 **ME 3.4 Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered**
10 **COL 1.2 Communicate effectively and professionally with the OR team**
11 **ME 3.4 Establish and implement a plan for post-procedure care, including post-operative orders**
12 **COM 5.1 Document the surgical encounter to adequately convey the procedure and outcome**
13 **ME 5.2** Apply the principles of situational awareness to clinical practice
14 **COM 3.1** Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner
15 **P 4.1** Demonstrate an ability to regulate attention, emotions, thoughts, and behaviours while maintaining capacity to perform professional tasks

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Obstetrics and Gynecology: Core EPA #16

Performing major laparoscopic gynecologic procedures

Key Features:

- This EPA focuses on performing major gynecologic laparoscopic procedures, including patient positioning, selection and appropriate use of instruments, risk reduction, and injury recognition.
- This EPA includes laparoscopic salpingostomy/salpingectomy, laparoscopic ovarian cystectomy, salpingo-oophorectomy, laparoscopic treatment of endometriosis, laparoscopic-assisted vaginal hysterectomy (LAVH), and total laparoscopic hysterectomy (TLH).
- The observation of this EPA is divided into two parts: direct observation of surgical skills; a log of procedures to demonstrate the breadth of experience.

Assessment Plan:

Part A: Procedural skill
Direct observation by gynecologist or subspecialty trainee, may include feedback from nursing staff and anesthesiologist

Use Form 2. Form collects information on:

- Procedure: laparoscopic salpingostomy/salpingectomy; laparoscopic ovarian cystectomy; salpingo-oophorectomy; laparoscopic treatment of endometriosis; laparoscopic-assisted vaginal hysterectomy (LAVH); total laparoscopic hysterectomy (TLH)

Collect 5 observations of achievement

- At least 2 laparoscopic hysterectomies (LAVH or TLH)
- At least 2 laparoscopic salpingostomy/salpingectomy
- At least 1 laparoscopic ovarian cystectomy
- At least 2 different observers

Part B: Logbook
Submit logbook of procedures

Logbook tracks

- Procedure: laparoscopic salpingostomy/salpingectomy; laparoscopic ovarian cystectomy; salpingo-oophorectomy; laparoscopic treatment of endometriosis; laparoscopic-assisted vaginal hysterectomy (LAVH); total laparoscopic hysterectomy (TLH)

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CanMEDS Milestones:

Part A: Procedural skill

1 **ME 1.4** Apply knowledge of surgical anatomy, steps of the procedure, and potential intraoperative risks and means to avoid/overcome them
2 **ME 1.4** Apply knowledge of the principles of electrosurgery
3 **ME 3.1** Describe the indications, risks, and complications of advanced laparoscopy
4 **ME 3.2** Obtain and document informed consent, explaining to the patient the risks, benefits, alternatives, and the rationale for the proposed treatment options
5 **ME 3.4 Demonstrate effective procedure preparation, including the use of a pre-procedure time-out or safe surgical checklist as appropriate**
6 **ME 3.4 Assemble required equipment**
7 **ME 3.4 Identify laparoscopic anatomical landmarks**
8 **ME 3.4 Place laparoscopic ports**
9 **ME 3.4 Orient spatially without hesitation and position instruments where intended**
10 **ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling**
11 **ME 3.4 Interpret laparoscopic findings**
12 **ME 3.4 Demonstrate intraoperative judgment, fluidity of movement, and forward progression**
13 **ME 3.4 Identify and trouble-shoot equipment issues**
14 **ME 3.4 Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered**
15 **COL 1.2 Communicate effectively and professionally with the OR team**
16 **ME 3.4 Establish and implement a plan for post-procedure care, including post-operative orders**
17 **COM 5.1 Document the surgical encounter to adequately convey the procedure and outcome**
18 **ME 5.2** Apply the principles of situational awareness to clinical practice
19 **COM 3.1** Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner
20 **P 4.1** Demonstrate an ability to regulate attention, emotions, thoughts, and behaviours while maintaining capacity to perform professional tasks

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Obstetrics and Gynecology: Core EPA #17

Performing major open abdominal gynecologic procedures

Key Features:

- This EPA focuses on performing open major gynecologic surgeries, including surgical checklist, patient positioning, selection and appropriate use of instruments, risk reduction, and injury recognition.
- This EPA includes total abdominal hysterectomy, subtotal abdominal hysterectomy, salpingo-oophorectomy/oophorectomy, ovarian cystectomy, abdominal myomectomy, omentectomy, peritoneal biopsy, conversion from planned laparoscopy, repair of incisional dehiscence, adhesiolysis.
- The observation of this EPA is divided into two parts: direct observation of surgical skills; a log of procedures to demonstrate the breadth of experience.

Assessment Plan:

Part A: Procedural skill
Direct observation by OBGYN faculty or subspecialty trainee, may include feedback from OR nurse and anesthesiologist

Use Form 2. Form collects information on:

- Procedure: total abdominal hysterectomy; subtotal abdominal hysterectomy; salpingo-oophorectomy/oophorectomy; ovarian cystectomy; abdominal myomectomy; omentectomy; peritoneal biopsy; conversion from planned laparoscopy; repair of incisional dehiscence; adhesiolysis

Collect 10 observations of achievement

- At least 3 total abdominal hysterectomies
- At least 1 myomectomy
- At least 2 different observers

Part B: Logbook
Submit logbook of procedures

Logbook tracks

- Procedure: total abdominal hysterectomy; subtotal abdominal hysterectomy; salpingo-oophorectomy/oophorectomy; ovarian cystectomy; abdominal myomectomy; omentectomy; peritoneal biopsy; conversion from planned laparoscopy; repair of incisional dehiscence; adhesiolysis

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CanMEDS Milestones:

Part A: Procedural skill

1 **ME 1.4** Apply knowledge of surgical anatomy, steps of the procedure, and potential intraoperative risks and means to avoid/overcome them
2 **ME 3.1** Describe the indications, risks and complications of laparotomy and open gynecologic surgery
3 **ME 3.2** Obtain and document informed consent, explaining to the patient the risks, benefits, alternatives, and the rationale for the proposed treatment options
4 **ME 3.4 Demonstrate effective procedure preparation, including the use of a pre-procedure time-out or safe surgical checklist as appropriate**
5 **ME 3.4 Assemble required equipment**
6 **ME 3.4 Interpret findings of examination under anesthesia**
7 **ME 3.4 Orient spatially without hesitation and position instruments where intended**
8 **ME 3.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling**
9 **ME 3.4 Demonstrate intraoperative judgment, fluidity of movement, and forward progression**
10 **ME 5.2** Apply the principles of situational awareness to clinical practice
11 **ME 3.4 Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered**
12 **COL 1.2 Communicate effectively and professionally with the OR team**
13 **ME 3.4 Establish and implement a plan for post-procedure care, including post-operative orders**
14 **COM 5.1 Document the surgical encounter to adequately convey the procedure and outcome**
15 **COM 3.1** Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner
16 **P 4.1** Demonstrate an ability to regulate attention, emotions, thoughts, and behaviours while maintaining capacity to perform professional tasks

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Obstetrics and Gynecology: Core EPA #18

Managing patients with surgical complications

Key Features:

- This EPA includes recognizing, investigating, and managing patients with intraoperative and postoperative complications.
- This EPA may be observed in simulation.

Assessment Plan:

Direct observation by OBGYN faculty, subspecialty trainee, or supervising surgeons in other disciplines

Use Form 1. Form collects information on:

- Complication: bowel obstruction; bowel injury; infection; perioperative bleeding; genitourinary complication; thromboembolic disease; wound complication; nerve injury; uterine perforation; vascular injury; other (please specify)

Collect 5 observations of achievement

- At least 3 different complications
- At least 3 faculty observers
- At least 3 different observers

CanMEDS Milestones:

1	**ME 1.4** Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage surgical complications
2	**ME 1.5 Perform clinical assessments that address all relevant issues**
3	**ME 1.7** Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves
4	**ME 1.7 Seek assistance in situations that are complex, novel, or involve uncertainty**
5	**ME 2.4 Develop and implement patient-centred management plans that consider all of the patient's health problems and context**
6	**ME 5.1 Recognize and respond to harm from health care delivery, including patient safety incidents**
7	**ME 5.2** Use cognitive aids such as procedural checklists, structured communication tools, or care paths, to enhance patient safety
8	**COM 3.1 Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner**
9	**COM 3.2 Communicate the reasons for unanticipated clinical outcomes to patients and disclose patient safety incidents**
10	**COM 5.1** Adapt record keeping to the clinical context

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COL 1.2 Consult as needed with other health care professionals, including other physicians

COL 3.2 Organize the handover of care to the most appropriate physician or health care professional

L 1.2 Model a just culture to promote openness and increased reporting

L 1.4 Use data on measures of clinical performance during team discussions and to support team decision-making

S 1.2 Seek and interpret multiple sources of performance data and feedback, with guidance, to continually improve performance

L 1.1 Analyze and provide feedback on processes seen in one's own practice, team, organization, or system

P 4.1 Integrate skills that support adaptation and recovery in challenging situations

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Obstetrics and Gynecology: Core EPA #19

Managing the birthing unit

Key Features:

- This EPA focuses on managing a birthing unit and includes prioritizing patient care, delegating responsibility, coordinating unit activities in collaboration with the charge nurse, communicating with senior physicians, and consulting other health care team members.
- This EPA includes working effectively with and receiving input from interprofessional health care team members.

Assessment plan:

Direct and indirect observation by OBGYN faculty

Use Form 1. Form collects information on

- Complexity of day: low; medium; high

Collect 4 observations of achievement

- At least one day of high complexity
- At least 2 different observers

CanMEDS Milestones:

1 **ME 1.1 Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of most responsible physician**
2 **ME 1.4** Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology
3 **ME 1.5** Perform clinical assessments that address all relevant issues
4 **ME 1.6 Carry out professional duties in the face of multiple competing demands**
5 **ME 1.6 Prioritize patients on the basis of clinical presentations**
6 **L 2.1 Allocate health care resources for optimal patient care**
7 **COL 1.2** Make effective use of the scope and expertise of other health care professionals
8 **COL 2.1 Delegate tasks and responsibilities in an appropriate and respectful manner**
9 **COL 1.1 Respond appropriately to input from other health care professionals**
10 **COM 1.5 Manage disagreements and emotionally charged conversations**
11 **COM 3.2** Disclose adverse events to patients and their families accurately and appropriately
12 **L 1.2** Contribute to a culture that promotes patient safety
13 **L 1.2** Model a just culture to promote openness and increased reporting
14 **L 4.1 Integrate supervisory and teaching responsibilities into the overall management of the clinical service**
15 **L 2.4 Run the service efficiently, safely, and effectively**
16 **S 2.1** Use strategies for deliberate, positive role-modelling

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Obstetrics and Gynecology: Transition to Practice #1

Managing complex patients, including those requiring longitudinal care

Key Features:

- This EPA focuses on assessing and managing patients independently, including complex obstetric and gynecologic conditions.
- This EPA includes providing continuity of care and collaboration with others.
- The observation of this EPA is based on the longitudinal care for individual patients.

Assessment plan:

Direct observation and case discussion with review of clinical documentation and communication by OBGYN faculty

Use Form 1. Form collects information on

- Case: gynecology; obstetrics

Collect 4 observations of achievement

- A variety of obstetrics and gynecology cases
- At least 2 different observers

CanMEDS Milestones:

1 **ME 1.1 Demonstrate a commitment to high-quality care of their patients**
2 **ME 1.4** Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology
3 **ME 1.7 Recognize and respond to the complexity, uncertainty, and ambiguity inherent in obstetrics and gynecology practice**
4 **ME 3.3** Prioritize a procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources
5 **ME 4.1 Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation**
6 **COM 5.1** Document clinical encounters in an accurate, complete, timely and accessible manner, and in compliance with legal and privacy requirements
7 **COL 1.3 Communicate effectively with physicians and other colleagues in the health care professions**
8 **L 1.2** Contribute to a culture that promotes patient safety
9 **L 2.1** Allocate health care resources for optimal patient care
10 **HA 1.3 Incorporate disease prevention, health promotion, and health surveillance activities into interactions with individual patients**
11 **P 2.1** Demonstrate accountability to patients, society, and the profession by recognizing and responding to societal expectations of the profession
12 **P 3.1 Fulfil and adhere to the professional and ethical codes, standards of practice, and laws governing practice**

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Obstetrics and Gynecology: Transition to Practice EPA #2

Special Assessment 1 - Conducting scholarly work

Key Features:

- Building on the work at Foundations, this includes completing a scholarly project with dissemination of findings including data acquisition, analysis and synthesis of data, completion of a summary or manuscript, and the presentation or publication of findings.
- Achievement is based on submission of a completed project to the supervisor.

Assessment Plan:

Review of submitted scholarly project by supervisor

Use Form 4.

Collect 1 observation of achievement

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Obstetrics and Gynecology: Transition to Practice EPA #3

Special Assessment 2 - Teaching and managing learners

Key Features:

- This includes demonstrating formal and informal teaching of junior trainees, performing assessments, and providing feedback for junior trainees, and may include formal participation in the undergraduate medical education curriculum.
- It also includes demonstrating administrative capabilities, which may include developing resident schedules, and committee work.
- Achievement requires documentation of teaching and administrative responsibilities
- The observations of teaching should be provided by at least 3 junior learners, and at least 2 faculty.
- The observation of administrative responsibilities should state the duties performed.

Assessment Plan:

Part A: Teaching
Direct observation by junior learners and OBGYN faculty over a period of time (e.g., 2-week rotation)

Use Form 4.

Collect 5 observations of achievement

- At least 3 from junior learners (medical students, other health professional students, Transition to Discipline, Foundations, and Core trainees)
- At least 2 from faculty

Part B: Administrative responsibilities
Indirect observation by OBGYN faculty, with input from other faculty, learners, or administrative staff (e.g., clerk, administrative assistant) as appropriate

Use Form 4.

Collect 1 observation of achievement

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