

Effective for residents who enter training on or after July 1, 2019.

DEFINITION

Obstetrics and Gynecology is the branch of medicine and surgery concerned with the study of women's health and reproduction. The specialty encompasses medical, surgical, and obstetric and gynecologic knowledge and skills for the prevention, diagnosis, and management of a broad range of conditions affecting women's general and reproductive health.

OBSTETRICS AND GYNECOLOGY PRACTICE

Obstetrician/Gynecologists provide health care to women throughout their lifespan, treating conditions that are unique to women and their reproductive processes, including patients with complex pregnancies, fertility, and/or infertility, and pelvic floor dysfunction, and the gynecologic health of elderly women. In addition, they provide care to patients with cancer who are experiencing issues that affect the reproductive organs or processes.

Obstetrician/Gynecologists' breadth of practice includes preventive care for healthy women, assessing the social determinants of women's health and advocating for disease prevention through sexual health and contraception counselling, and diagnosis and advanced surgical and medical therapies for conditions unique to women and their reproductive processes. Obstetrician/Gynecologists are integral to the provision of services for women and families¹ throughout pregnancy and birth, including providing direct care as well as consultation to other health care professionals for women with complicated pregnancies and/or medical disease in pregnancy.

Specialists in Obstetrics and Gynecology work in a variety of health care environments, ranging from small community practices to large tertiary academic centres. They see patients in clinics and inpatient settings, and provide care in the labour and delivery unit and in the operating room. Their obstetric practice may include primary responsibility for obstetric care, or may be limited to a consultative model with ongoing care of high-risk pregnancies. Gynecologic practice may include surgery or office-based procedures in inpatient and outpatient settings. The practice of any individual Obstetrician/Gynecologist may be any combination of the breadth of the discipline.

¹ *Throughout this document, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with her care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.*

Obstetrician/Gynecologists work with family physicians and midwives in the care of women with complicated pregnancies and provide consultative services for delivery as required. Their work may frequently intersect with specialists in other disciplines, such as urologists, oncologists, radiologists, and endocrinologists.

Specialists in this discipline are involved in advocacy, preventive care, and research that impact policy decisions and the health of society. The provision of prenatal care and strategies to decrease prematurity and low birth weight results in long-term health improvements for the population and women's health.

OBSTETRICS AND GYNECOLOGY COMPETENCIES

Medical Expert

Definition:

As *Medical Experts*, Obstetrician/Gynecologists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

Key and Enabling Competencies: Obstetrician/Gynecologists are able to...

1. Practise medicine within their defined scope of practice and expertise

- 1.1. Demonstrate a commitment to high-quality care of their patients
- 1.2. Integrate the CanMEDS Intrinsic Roles into their practice of Obstetrics and Gynecology
- 1.3. Demonstrate the competencies of Surgical Foundations
- 1.4. Apply knowledge of the clinical and biomedical sciences relevant to Obstetrics and Gynecology
 - 1.4.1. Embryology of the pelvic and abdominal viscera
 - 1.4.2. Anatomy of the lower abdomen and pelvis
 - 1.4.2.1. Abdominal wall and pelvis
 - 1.4.2.1.1. Major muscles, bones, nerves, blood vessels, and lymphatics
 - 1.4.2.2. Female urogenital tract
 - 1.4.2.2.1. Ovaries, fallopian tubes, uterus, cervix, and vagina
 - 1.4.2.2.2. Kidneys, ureters, bladder, and urethra
 - 1.4.2.3. Gastrointestinal tract in the lower abdomen and pelvis
 - 1.4.2.3.1. Small intestine, colon, rectum, and anus
 - 1.4.2.4. Pelvic spaces

- 1.4.2.4.1. Prevesical (Retzius), paravesical, vesicovaginal, rectovaginal, pararectal, and presacral
- 1.4.3. Physiology of
 - 1.4.3.1. Sexual function
 - 1.4.3.2. Reproduction, including the menstrual cycle throughout the woman's lifespan
 - 1.4.3.3. Pregnancy and the puerperium
 - 1.4.3.4. Fetal development
- 1.4.4. Etiology and pathophysiology of
 - 1.4.4.1. Reproductive endocrine disorders
 - 1.4.4.2. Infertility
- 1.4.5. Pathology of the female reproductive system and genitalia
- 1.4.6. Microbiology of gynecologic, antenatal, and postpartum infections
- 1.4.7. Principles of and indications for genetic screening and testing
 - 1.4.7.1. Complications of invasive procedures, including chorionic villus sampling and amniocentesis
- 1.4.8. Principles of antepartum care
 - 1.4.8.1. Effects of underlying medical, surgical, social, psychosocial, and mental health disorders on maternal and fetal health, and appropriate management of any implications for maternal or fetal health
 - 1.4.8.2. Health optimization for pregnant women and those planning pregnancy, including appropriate diet and supplements, immunizations, exercise, cervical cancer screening, avoidance of substance use, and screening for common mental health disorders such as depression
 - 1.4.8.3. Antepartum fetal surveillance in the normal and high-risk pregnancy, including appropriate use of obstetric ultrasound
 - 1.4.8.4. Outcomes of pregnancies complicated by fetal anomaly/anomalies or cytogenetic abnormalities, including aneuploidy
 - 1.4.8.5. Safety of pharmacotherapy in pregnancy, including knowledge of appropriate resources to obtain detailed information
 - 1.4.8.6. Indications for transfer to appropriate facilities for obstetrics patients requiring higher levels of maternal and/or neonatal care
- 1.4.9. Principles of intrapartum care
 - 1.4.9.1. Physiology, mechanisms, and complications of labour and vaginal delivery

OBSTETRICS AND GYNECOLOGY COMPETENCIES (2019)

- 1.4.9.2. Indications, methods, and complications of labour induction
 - 1.4.9.3. Indications, methods, and complications of labour augmentation
 - 1.4.9.4. Risks and benefits of obstetric anesthesia, including general anesthesia, neuraxial anesthesia, and sedation
 - 1.4.9.5. Etiology, diagnosis, and management of intrapartum infection

 - 1.4.10. Principles of postpartum care
 - 1.4.10.1. Etiology, diagnosis, and medical and surgical management of early and delayed postpartum hemorrhage
 - 1.4.10.2. Etiology, diagnosis, and management of puerperal infection
 - 1.4.10.3. Benefits of breastfeeding and the diagnosis and management of its complications, including mastitis and breast abscess

 - 1.4.11. Pathophysiology, clinical manifestations, investigation, diagnosis, and management of
 - 1.4.11.1. Obstetric conditions
 - 1.4.11.1.1. Preterm labour and birth
 - 1.4.11.1.2. Premature rupture of membranes
 - 1.4.11.1.3. Antepartum hemorrhage
 - 1.4.11.1.4. Post-term pregnancy
 - 1.4.11.1.5. Twin pregnancy
 - 1.4.11.1.6. Triplets and higher order multiple gestations
 - 1.4.11.1.7. Fetal growth restriction
 - 1.4.11.1.8. Immune and non-immune hydrops fetalis
 - 1.4.11.1.9. Maternal alloimmunization
 - 1.4.11.1.10. Gestational diabetes mellitus, and pregnancy in the patient with pre-existing diabetes
 - 1.4.11.1.11. Hypertensive disorders in pregnancy
 - 1.4.11.1.12. Infections in pregnancy, including viral, bacterial, and parasitic
 - 1.4.11.1.13. Mental health disorders in pregnancy, including depression and addiction
 - 1.4.11.1.14. Medical diseases in pregnancy

 - 1.4.11.2. Pregnancy loss
 - 1.4.11.2.1. Spontaneous abortion: early and late
 - 1.4.11.2.2. Intrauterine fetal demise in the second and third trimesters, including the risks and benefits of medical and surgical management
 - 1.4.11.2.3. Ectopic pregnancy
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- 1.4.11.2.4. Recurrent pregnancy loss
 - 1.4.11.3. Reproductive and endocrine disorders
 - 1.4.11.3.1. Hirsutism
 - 1.4.11.3.2. Menstrual irregularity
 - 1.4.11.3.3. Amenorrhea: primary and secondary
 - 1.4.11.3.4. Abnormal uterine bleeding
 - 1.4.11.3.5. Galactorrhea
 - 1.4.11.3.6. Polycystic ovarian syndrome
 - 1.4.11.3.7. Premenstrual syndrome
 - 1.4.11.3.8. Menopause and urogenital aging, including risks and benefits of hormonal and non-hormonal treatment approaches
 - 1.4.11.4. Disorders of sexual function
 - 1.4.11.4.1. Dyspareunia
 - 1.4.11.4.2. Vaginismus
 - 1.4.11.4.3. Inhibited sexual desire
 - 1.4.11.4.4. Anorgasmia
 - 1.4.11.5. Gynecologic infections
 - 1.4.11.5.1. Vaginal and vulvar infections
 - 1.4.11.5.2. Sexually transmitted infections (STIs)
 - 1.4.11.5.3. Acute and chronic pelvic inflammatory disease
 - 1.4.11.5.4. Gynecologic aspects of human immunodeficiency virus (HIV), hepatitis B and C, and tuberculosis infections
 - 1.4.11.5.5. Human papillomavirus infection (HPV)
 - 1.4.11.6. Urogynecologic conditions
 - 1.4.11.6.1. Stress urinary incontinence
 - 1.4.11.6.2. Urge incontinence and detrusor overactivity
 - 1.4.11.6.3. Voiding dysfunction, including postoperative and postpartum urinary retention and bladder outlet obstruction
 - 1.4.11.6.4. Pelvic organ prolapse
 - 1.4.11.6.5. Acute and recurrent urinary tract infection
 - 1.4.11.6.6. Interstitial cystitis
 - 1.4.11.7. Other non-malignant gynecologic conditions
 - 1.4.11.7.1. Acute and chronic pelvic pain
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- 1.4.11.7.2. Benign pelvic masses, including complications of rupture and ovarian torsion
 - 1.4.11.7.3. Endometriosis
 - 1.4.11.7.4. Vulvar pain
 - 1.4.11.7.5. Vulvar dermatoses
- 1.4.12. Principles of gynecologic oncology
- 1.4.12.1. Epidemiology, pathophysiology, pathology, investigation, diagnosis, and management of malignant disease of the vulva, vagina, cervix, uterus, fallopian tube, ovary, and placenta
 - 1.4.12.2. Risk factors for premalignant and malignant gynecologic conditions
 - 1.4.12.3. Current guidelines and indications for screening, and performance of current screening methods
 - 1.4.12.4. Classification, staging, and prognosis of genital tract cancers
 - 1.4.12.5. Indications for simple and radical surgery, including node sampling and debulking surgery
 - 1.4.12.6. Indications for referral for more extensive surgery, radiation, and systemic therapy
- 1.4.13. Obstetric and gynecologic conditions in children and adolescents
- 1.4.13.1. Developmental anomalies
 - 1.4.13.2. Precocious and delayed puberty
 - 1.4.13.3. Abnormal vaginal discharge and bleeding
 - 1.4.13.4. Sexual abuse
 - 1.4.13.5. Contraception
 - 1.4.13.6. Pregnancy
- 1.4.14. Pathophysiology, clinical manifestations, investigation, and diagnosis of
- 1.4.14.1. Colorectal diseases, including diverticular disease, colon and rectal cancer, inflammatory bowel disease, and appendicitis
 - 1.4.14.2. Bladder cancer, including the approach to microscopic hematuria
 - 1.4.14.3. Breast conditions, including benign breast disease, breast cancer screening, and the effect of breast cancer and its therapies on the reproductive system
 - 1.4.14.4. Medical conditions that may have an effect on or be affected by the female reproductive system, including hypothalamic and pituitary disease, thyroid disease, osteoporosis, diabetes, cardiovascular disease, respiratory disease, renal disease, hepatic disease, transplantation, and mental health disorders

- 1.4.15. Principles of the management of termination of pregnancy in the first and second trimester and its complications
- 1.4.16. Pathophysiology, clinical manifestations, and perinatal management of neonatal morbidities resulting from prematurity, macrosomia, birth asphyxia, fetal growth restriction, assisted vaginal delivery, congenital anomalies, and/or maternal disease
- 1.4.17. Principles of therapeutic modalities, including mechanisms of action, indications, contraindications, risks and benefits, and complications
 - 1.4.17.1. Methods of contraception
 - 1.4.17.2. Treatments for infertility
 - 1.4.17.2.1. Regimens for advanced ovulation induction
 - 1.4.17.2.2. Assisted reproductive technologies
 - 1.4.17.3. Hormonal replacement therapy
 - 1.4.17.4. Pessaries
 - 1.4.17.5. Chemotherapy and radiotherapy for gynecologic malignancies
- 1.4.18. Principles of diagnostic ultrasound
 - 1.4.18.1. Ultrasound safety
 - 1.4.18.2. Ultrasound physics
- 1.4.19. Surgical principles specific to Obstetrics and Gynecology
 - 1.4.19.1. Principles of preoperative planning
 - 1.4.19.1.1. Practice guidelines for perioperative prophylaxis specific to Obstetrics and Gynecology, including antibiotics and thromboprophylaxis
 - 1.4.19.2. Principles of operating room set-up
 - 1.4.19.2.1. Patient positioning
 - 1.4.19.2.2. Positioning of surgeon, assistant, equipment, monitors, and ancillary apparatus
 - 1.4.19.3. Technical applications, and indications, risks, benefits, and complications of these approaches
 - 1.4.19.3.1. Electrosurgery
 - 1.4.19.3.2. Lasers
 - 1.4.19.3.3. Hysteroscopic endometrial ablation
 - 1.4.19.3.4. External beam and intracavitary radiotherapy

- 1.4.19.4. Principles of colposcopy, including its limitations and indications for referral for colposcopic assessment
- 1.5. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner
- 1.6. Carry out professional duties in the face of multiple competing demands
- 1.7. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in obstetrics and gynecology practice

2. Perform a patient-centred clinical assessment and establish a management plan

- 2.1. Prioritize issues to be addressed in a patient encounter
 - 2.1.1. Perform a rapid and appropriate assessment of a hemodynamically unstable patient
- 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
 - 2.2.1. Perform antepartum assessment of normal and high-risk pregnancy
 - 2.2.2. Perform antepartum fetal surveillance in the normal and high-risk pregnancy, including use of obstetric ultrasound
 - 2.2.3. Assess maternal health, including mental health
 - 2.2.3.1. Administer and interpret standard screening tests for depression
 - 2.2.3.2. Identify risk factors for postpartum depression and psychosis, and the indications for urgent or emergent psychiatric care
 - 2.2.4. Identify features of high-risk pregnancy
 - 2.2.5. Assess the progress of labour
 - 2.2.6. Perform intrapartum assessments of fetal health, including interpretation of
 - 2.2.6.1. Intermittent auscultation
 - 2.2.6.2. Electronic fetal monitoring
 - 2.2.6.3. Fetal scalp pH and/or scalp lactate
 - 2.2.6.4. Cord blood gases
 - 2.2.7. Perform physical examination of the pelvis, including speculum and bimanual vaginal-rectal examination
 - 2.2.8. Identify potential perioperative risk factors
 - 2.2.9. Identify features of physical and psychological abuse
 - 2.2.10. Select and interpret the results of

OBSTETRICS AND GYNECOLOGY COMPETENCIES (2019)

- 2.2.10.1. Laboratory investigations
 - 2.2.10.2. Pathology
 - 2.2.10.3. Medical imaging examinations
 - 2.2.10.4. Investigations for infertility
 - 2.2.10.5. Urodynamic testing
- 2.3. Establish goals of care in collaboration with patients and their families, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation
- 2.3.1. Apply knowledge of the role of palliative care and medical assistance in dying (MAID) for incurable gynecologic cancer, including the social, ethical, and legal implications of the various options
- 2.4. Establish a patient-centred management plan for
- 2.4.1. Obstetric care
 - 2.4.1.1. Antepartum care
 - 2.4.1.2. Intrapartum care
 - 2.4.1.3. Obstetric delivery
 - 2.4.1.3.1. Assisted vaginal delivery
 - 2.4.1.3.2. Cesarean section
 - 2.4.1.3.3. Vaginal delivery after cesarean section
 - 2.4.1.4. Postpartum care
 - 2.4.2. Pregnancy loss
 - 2.4.3. Pregnancy termination
 - 2.4.4. Reproductive and endocrine disorders
 - 2.4.5. Infertility
 - 2.4.6. Contraception
 - 2.4.7. Disorders of sexual function
 - 2.4.8. Gynecologic infections
 - 2.4.9. Urogynecologic conditions
 - 2.4.10. Non-malignant gynecologic conditions, including menopausal care
 - 2.4.11. Gynecologic cancer
 - 2.4.12. Acute medical management of victims of sexual assault
 - 2.4.13. Obstetric and gynecologic conditions in the child and adolescent

3. Plan and perform procedures and therapies for the purpose of assessment and/or management

- 3.1. Determine the most appropriate procedures or therapies
- 3.2. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
- 3.3. Prioritize procedures or therapies, taking into account clinical urgency and available resources
- 3.4. Perform procedures in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances

Obstetric diagnostic procedural skills

- 3.4.1. Ultrasound imaging
 - 3.4.1.1. Image optimization
 - 3.4.1.2. First trimester scan
 - 3.4.1.2.1. Crown-rump length (CRL) and gestational age
 - 3.4.1.2.2. Confirmation of intrauterine pregnancy
 - 3.4.1.2.3. Recognition and documentation of fetal heart rate
 - 3.4.1.3. Second and third trimester scan
 - 3.4.1.3.1. Fetal position and number
 - 3.4.1.3.2. Placental location
 - 3.4.1.3.3. Amniotic fluid volume assessment
 - 3.4.1.3.4. Fetal biometry: biparietal diameter (BPD), head circumference (HC), abdominal circumference (AC), femur length (FL)
 - 3.4.1.4. Cervical length measurement
 - 3.4.1.5. Biophysical profile (BPP) test
- 3.4.2. Assessment of ruptured membranes/ferning
- 3.4.3. Non-stress test, contraction stress test
- 3.4.4. Fetal scalp pH determination

Gynecologic diagnostic procedural skills

- 3.4.5. Wet mount of vaginal discharge
- 3.4.6. Ultrasound imaging
 - 3.4.6.1. Evaluation of free fluid in the pelvis and/or abdomen
- 3.4.7. Hysterosalpingography

- 3.4.8. Pap test
- 3.4.9. Testing for STIs
- 3.4.10. Vulvar and vaginal biopsy
- 3.4.11. Cervical biopsy and polypectomy
- 3.4.12. Endocervical curettage
- 3.4.13. Endometrial biopsy

Therapeutic procedural skills

- 3.4.14. Basic neonatal resuscitation

Obstetric procedures

- 3.4.15. Vaginal delivery
 - 3.4.15.1. Spontaneous vaginal delivery, including vaginal delivery of the non-vertex presentation and the acute management of shoulder dystocia
 - 3.4.15.2. Vaginal delivery of twin gestation
 - 3.4.15.3. Vaginal breech extraction of the second twin
 - 3.4.15.4. Vacuum extraction
 - 3.4.15.5. Forceps delivery: non-rotational, outlet, and low forceps
 - 3.4.15.6. External cephalic version
 - 3.4.15.7. Rotational forceps delivery
 - 3.4.15.8. Episiotomy and repair
 - 3.4.15.9. Repair of perineal and vaginal tears, including third and fourth degree tears and cervical lacerations
 - 3.4.15.10. Manual removal of the placenta
- 3.4.16. Operative delivery
 - 3.4.16.1. Low transverse cesarean section, primary and repeat, including low transverse, low vertical, and classical cesarean section
 - 3.4.16.2. Evacuation of the pregnant uterus: dilation and curettage by suction or sharp curette, dilation and extraction in the early second trimester, and curettage for retained products
 - 3.4.16.3. Cesarean hysterectomy
 - 3.4.16.4. Repair of uterine rupture
 - 3.4.16.5. Paracervical block and pudendal block
 - 3.4.16.6. Non-surgical and surgical management of moderate and severe post-partum hemorrhage, including the use of uterine compression sutures

Open abdominal gynecologic procedures

- 3.4.17. Total abdominal hysterectomy
- 3.4.18. Subtotal abdominal hysterectomy
- 3.4.19. Salpingo-oophorectomy
- 3.4.20. Oophorectomy
- 3.4.21. Ovarian cystectomy
- 3.4.22. Uterine myomectomy
- 3.4.23. Omentectomy
- 3.4.24. Peritoneal biopsy
- 3.4.25. Lysis of adhesions
- 3.4.26. Repair of wound dehiscence

Vaginal gynecologic procedures

- 3.4.27. Vaginal hysterectomy
- 3.4.28. Anterior colporrhaphy
- 3.4.29. Posterior colporrhaphy and perineorrhaphy
- 3.4.30. Drainage and marsupialization of Bartholin gland abscess
- 3.4.31. Primary surgical correction of stress incontinence
- 3.4.32. Simple vulvectomy
- 3.4.33. Colpocleisis
- 3.4.34. Colposcopy with directed cervical biopsy, including an excisional procedure (i.e., cone biopsy or loop electrosurgical excision procedure (LEEP))

Laparoscopic procedures

- 3.4.35. Basic laparoscopic skills
- 3.4.36. Diagnostic laparoscopy
- 3.4.37. Sterilization
- 3.4.38. Salpingectomy and linear salpingostomy for the management of ectopic pregnancy
- 3.4.39. Ovarian cystectomy and salpingo-oophorectomy
- 3.4.40. Laser ablation or cautery of endometriosis
- 3.4.41. Hysterectomy: laparoscopic-assisted vaginal hysterectomy (LAVH), total laparoscopic hysterectomy, or subtotal laparoscopic hysterectomy
- 3.4.42. Lysis of adhesions

Hysteroscopic procedures

- 3.4.43. Diagnostic hysteroscopy
- 3.4.44. Hysteroscopic endometrial sampling and polyp removal
- 3.4.45. Endometrial resection
- 3.4.46. Endometrial ablation
- 3.4.47. Myomectomy
- 3.4.48. Septoplasty of partial and/or complete septum
- 3.4.49. Lysis of intrauterine adhesions

Other gynecologic procedures

- 3.4.50. Dilatation and curettage
- 3.4.51. Abdominal paracentesis
- 3.4.52. Pessary fitting and removal
- 3.4.53. Insertion and removal of an intrauterine contraceptive device
- 3.4.54. Cystoscopy for evaluation of incontinence and bladder integrity
- 3.4.55. Cystostomy repair

4. Establish plans for ongoing care and, when appropriate, timely consultation

- 4.1. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
 - 4.1.1. Determine the need and timing of referral to another health care professional for
 - 4.1.1.1. Grief support following pregnancy loss or termination
 - 4.1.1.2. Subspecialty management of infertility, high-risk pregnancy, and gynecologic cancers
 - 4.1.1.3. Advanced surgical procedures and interventions

5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety

- 5.1. Recognize and respond to harm from health care delivery, including patient safety incidents
- 5.2. Adopt strategies that promote patient safety and address human and system factors

Communicator

Definition:

As *Communicators*, Obstetrician/Gynecologists form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

Key and Enabling Competencies: Obstetrician/Gynecologists are able to...

1. Establish professional therapeutic relationships with patients and their families

- 1.1. Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion
- 1.2. Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
- 1.3. Recognize when the perspectives, values, or biases 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
 - 1.3.1. Demonstrate insight into the unique personal, psychosocial, cultural and ethical issues that impact individual patients with obstetric or gynecologic problems
- 1.4. Respond to a patient's non-verbal behaviours to enhance communication
- 1.5. Manage disagreements and emotionally charged conversations
 - 1.5.1. Convey information about diagnosis, prognosis, and/or poor outcomes, including pregnancy loss or cancer progression, clearly and compassionately
 - 1.5.2. Provide support and counselling to patients and their families, as appropriate
- 1.6. Adapt to the unique needs and preferences of all patients and to their clinical condition and circumstances

2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families

- 2.1. Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
- 2.2. Provide a clear structure for and manage the flow of an entire patient encounter
- 2.3. Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent

3. Share health care information and plans with patients and their families

- 3.1. Share information and explanations that are clear, accurate, and timely, while assessing for patient and family understanding
 - 3.1.1. Explain indications, risks, and benefits of procedures, and perioperative management and complications

- 3.1.2. Convey interpretations and conclusions of investigations performed to patients and their families
- 3.2. Disclose harmful patient safety incidents to patients and their families accurately and appropriately
- 4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals**
 - 4.1. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe
 - 4.2. Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health
 - 4.3. Use communication skills and strategies that help patients and their families make informed decisions regarding their health
- 5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy**
 - 5.1. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
 - 5.2. Communicate effectively using a written health record, electronic medical record, or other digital technology
 - 5.3. Share information with patients and others in a manner that enhances understanding and that respects patient privacy and confidentiality

Collaborator

Definition:

As *Collaborators*, Obstetrician/Gynecologists work effectively with other health care professionals to provide safe, high-quality, patient-centred care.

Key and Enabling Competencies: Obstetrician/Gynecologists are able to...

- 1. Work effectively with physicians and other colleagues in the health care professions**
 - 1.1. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care
 - 1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
 - 1.2.1. Work with and learn from others to assess, plan, provide, and integrate mental health and addictions care for individuals and groups of patients

- 1.3. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions
 - 1.3.1. Work effectively with primary care physicians and midwives to optimize the outcomes of pregnancy
 - 1.3.2. Contribute medical expertise to multidisciplinary case conferences
- 2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts**
 - 2.1. Show respect toward collaborators
 - 2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture
- 3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care**
 - 3.1. Determine when care should be transferred to another physician or health care professional
 - 3.2. Demonstrate safe handover of care, using both oral and written communication, during a patient transition to a different health care professional, setting, or stage of care
 - 3.2.1. Provide consultation and safe transfer to appropriate facilities for obstetrics patients requiring a higher level of maternal and/or neonatal care

Leader

Definition:

As *Leaders*, Obstetrician/Gynecologists engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

Key and Enabling Competencies: Obstetrician/Gynecologists are able to...

- 1. Contribute to the improvement of health care delivery in teams, organizations, and systems**
 - 1.1. Apply the science of quality improvement to contribute to improving systems of patient care
 - 1.1.1. Contribute to morbidity and mortality reviews
 - 1.2. Contribute to a culture that promotes patient safety
 - 1.3. Analyze patient safety incidents to enhance systems of care
 - 1.4. Use health informatics to improve the quality of patient care and optimize patient safety

2. Engage in the stewardship of health care resources

- 2.1. Allocate health care resources for optimal patient care
 - 2.1.1. Select medically appropriate investigative methods in a resource-effective and ethical manner, including imaging techniques and laboratory investigations
- 2.2. Apply evidence and management processes to achieve cost-appropriate care
 - 2.2.1. Demonstrate an understanding of population-based approaches to the provision of medical care, including the costs and benefits of the various screening tests available for obstetric diagnosis and gynecologic disease

3. Demonstrate leadership in health care systems

- 3.1. Demonstrate leadership skills to enhance health care
 - 3.1.1. Describe how health care governance influences patient care, research, and educational activities at the local, provincial, territorial, and national levels
 - 3.1.2. Describe the role of academic institutions and their interactions with Obstetrician/Gynecologists
 - 3.1.3. Describe the role of licensing bodies and their interactions with Obstetrician/Gynecologists
 - 3.1.4. Describe the role of regionalized obstetric and perinatal care in health outcomes
- 3.2. Facilitate change in health care to enhance services and outcomes

4. Manage career planning, finances, and health human resources in personal practice(s)

- 4.1. Set priorities and manage time to integrate practice and personal life
- 4.2. Manage personal professional practice(s) and career
 - 4.2.1. Manage finances and human resources in a practice
 - 4.2.2. Develop strategies to ensure follow-up of normal and abnormal test results
 - 4.2.3. Maintain patient waiting lists
 - 4.2.4. Triage emergency problems
 - 4.2.5. Manage the birthing unit
- 4.3. Implement processes to ensure personal practice improvement

Health Advocate

Definition:

As *Health Advocates*, Obstetrician/Gynecologists contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

Key and Enabling Competencies: Obstetrician/Gynecologists are able to...

1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment

- 1.1. Work with patients to address determinants of health that affect them and their access to needed health services or resources
 - 1.1.1. Adapt the treatment approach accordingly
 - 1.1.2. Facilitate access to legal assistance and psychological counselling for victims of abuse and sexual assault
 - 1.1.3. Facilitate medical care for patients when that care is not provided personally or locally or when that care is not readily accessible, such as therapeutic abortion
 - 1.1.4. Balance the clinical needs of an individual patient with the needs of the general population and the available resources
- 1.2. Work with patients and their families to increase opportunities to adopt healthy behaviours
 - 1.2.1. Advise patients about the local and regional resources available for support, education, and rehabilitation
- 1.3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients
 - 1.3.1. Work with pregnant women and those planning pregnancy to optimize health, including diet and supplements, immunizations, exercise, screening for common mental health disorders such as depression, and avoidance of substance use
 - 1.3.2. Promote adherence to contraceptive methods and encourage safe sexual behaviours

2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner

- 2.1. Work with a community or population to identify the determinants of health that affect them
 - 2.1.1. Provide direction to hospital administration regarding adherence to national clinical and surgical practice guidelines

- 2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
- 2.3. Contribute to a process to improve health in the community or population they serve
 - 2.3.1. Describe the important function and role of professional organizations in the support of Obstetrician/Gynecologists in this country and in the provision and maintenance of optimal health care for Canadian women
 - 2.3.2. Participate in local, regional, and national specialty associations, professional or scientific, to promote better health care for women

Scholar

Definition:

As *Scholars*, Obstetrician/Gynecologists demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating evidence, and contributing to scholarship.

Key and Enabling Competencies: Obstetrician/Gynecologists are able to...

1. Engage in the continuous enhancement of their professional activities through ongoing learning

- 1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
- 1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
 - 1.2.1. Develop a lifelong learning strategy, utilizing information technology for managing cases, literature review, and participation in basic or applied clinical research
 - 1.2.2. Develop proficiency at self-assessment in order to identify learning opportunities based on gaps in knowledge and skills
- 1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

2. Teach students, residents, the public, and other health care professionals

- 2.1. Recognize the influence of role-modeling and the impact of the formal, informal, and hidden curriculum on learners
- 2.2. Promote a safe and respectful learning environment
- 2.3. Ensure patient safety is maintained when learners are involved
- 2.4. Plan and deliver a learning activity
- 2.5. Provide feedback to enhance learning and performance
- 2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner

3. Integrate best available evidence into practice

- 3.1. Recognize practice uncertainty and gaps in knowledge and skills in clinical and other professional encounters and generate focused questions that can address them
- 3.2. Identify, select, and navigate pre-appraised resources
- 3.3. Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- 3.4. Integrate evidence into decision-making in their practice
 - 3.4.1. Adapt research findings to the individual patient or relevant patient population

4. Contribute to the creation and dissemination of knowledge and practices applicable to health

- 4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care
- 4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and vulnerable populations
- 4.3. Contribute to the work of a research program
- 4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them
- 4.5. Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry

Professional

Definition:

As *Professionals*, Obstetrician/Gynecologists are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

Key and Enabling Competencies: Obstetrician/Gynecologists are able to...

1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards

- 1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
- 1.2. Demonstrate a commitment to excellence in all aspects of practice
- 1.3. Recognize and respond to ethical issues encountered in practice
 - 1.3.1. Consent

- 1.3.2. Maternal-fetal dilemmas
- 1.3.3. Termination of pregnancy
- 1.3.4. Reproductive technology
- 1.3.5. Sterilization
- 1.3.6. Medical assistance in dying (MAID)
- 1.3.7. Research ethics

- 1.4. Recognize and manage conflicts of interest
- 1.5. Exhibit professional behaviours in the use of technology-enabled communication

- 2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care**
 - 2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians
 - 2.2. Demonstrate a commitment to patient safety and quality improvement

- 3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation**
 - 3.1. Fulfil and adhere to professional and ethical codes, standards of practice, and laws governing practice
 - 3.1.1. Apply knowledge of the basic legal and ethical issues encountered in obstetrics and gynecology practice, including disclosure, substitute decision-making, confidentiality of minors, professional ethics–boundary issues, and resource allocation
 - 3.1.2. Apply an understanding of the medico-legal aspects of consent and confidentiality specific to pediatric and adolescent patients
 - 3.1.3. Demonstrate knowledge of accepted guidelines for ethical interactions with industry related to research, education, or patient care
 - 3.1.4. Describe medical protective procedures and the role of the Canadian Medical Protective Association in areas of patient-physician dispute
 - 3.2. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions
 - 3.3. Participate in peer assessment and standard setting

- 4. Demonstrate a commitment to physician health and well-being to foster optimal patient care**
 - 4.1. Exhibit self-awareness and manage influences on personal well-being and professional performance

OBSTETRICS AND GYNECOLOGY COMPETENCIES (2019)

- 4.1.1. Demonstrate knowledge of occupational hazards in obstetrics and gynecology and implement measures to minimize those risks
- 4.1.2. Maintain capacity for professional clinical performance in challenging or stressful situations
- 4.1.3. Apply strategies to mitigate the personal impact of adverse patient outcomes and safety incidents

- 4.2. Manage personal and professional demands for a sustainable practice throughout the physician life cycle
- 4.3. Promote a culture that recognizes, supports, and responds effectively to colleagues in need
 - 4.3.1. Address issues related to intimidation and harassment

This document is to be reviewed by the Specialty Committee in Obstetrics and Gynecology by December 31, 2020.

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