

*ENTRUSTABLE PROFESSIONAL ACTIVITIES
FOR OBSTETRICS AND GYNECOLOGY (2021 version 1.2)*

Obstetrics & 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 room 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 her partner**
- 5** **ME 3.2** Use shared decision-making in the consent process, taking risk and uncertainty into consideration

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- 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 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
- 8** **COM 3.1 Convey information about diagnosis and prognosis clearly and compassionately**
- 9** **COM 5.1** Document clinical encounters to adequately convey findings, clinical reasoning and the rationale for decisions
- 10** **L 2.1 Consider costs when choosing care options**
- 11** **HA 2.1** Analyze public policy that affects patients with reproductive challenges