Obstetrics & 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
## CanMEDS Milestones:

### Part A: Procedural skill

1. **ME 1.4** Apply knowledge of surgical anatomy, steps of the procedure, 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