

The Hospital for Sick Children Pediatric Gynecology Fellowship Objectives

Introduction

The Pediatric Gynecology Fellowship at the Hospital for Sick Children at the University of Toronto, is a one year program.

If the Fellow is an International Candidate, the one year may include the Pre-Assessment Program component. The length of the Preassessment Program varies from a minimum of 4 weeks to a maximum of 12 weeks.

The Fellowship will focus on the diagnosis and management of: congenital reproductive tract anomalies, pediatric and adolescent gynecologic malignancies, gynecologic disorders in medically ill children, reproductive endocrinopathies affecting children, common problems in pediatric gynecology, adolescent pregnancy and surgical techniques, pre and postoperative care in pediatric patients.

During the year, the fellow will participate in general pediatric gynecology clinics, the Combined Gynecology-Endocrinology clinic, The Multidisciplinary Urogenital Clinic, Combined Contraceptive Clinic, Young Mothers Program (Adolescent Pregnancy Clinic) and in the latter half of the fellowship will have an independent Fellow Clinic, supervised by one of the attending physicians. During the year, the fellow will rotate through the Pediatric Surgery Service for a period of 6 weeks. The fellow will also participate in an ambulatory rotation comprised of clinics in adolescent medicine, SCAN, Dermatology and Urology.

Call responsibilities for the fellow include a 1 in 3 home call rota for pediatric gynecology. During the Pediatric Surgery Rotation the fellow will participate in the call rota at the level of a resident. After completion of the ambulatory rotation, the fellow will join the SCAN team for on call for acute sexual assault cases.

The Fellow is expected to develop the knowledge and skills appropriate to professionally function in the following roles:

- Medical Expert
- Communicator
- Collaborator
- Manager
- Health Advocate
- Scholar
- Professional

1. Medical Expert

Knowledge of Anatomy and Physiology

- Develop an understanding of reproductive anatomy including:
 - Normal embryology of the female and male reproductive tract

- Maturational changes in the reproductive tract from infancy to maturity
- Relation of congenital anomalies to embryology
- Understand the effect of endocrinology and common endocrinology dysfunction on reproductive maturation including:
 - Thyroid abnormalities
- Normal maturation and regulation of the hypothalamic pituitary axis from infancy through puberty
- Adrenal steroidogenesis and enzyme deficiencies associated with congenital adrenal hyperplasia

Data Gathering

- Be able to obtain a complete history from a child and or parent including developmental, social and medical assessment
- Be able to conduct the physical assessment including growth, development (Tanner Staging) and reproductive tract (age dependent technique) and draw appropriate conclusions from the clinical examination
- Be able to obtain an obstetrical history and antenatal and postpartum examination of an adolescent patient

Clinical Reasoning, Management and Judgement/Diagnostic and Therapeutic

- The fellow will be responsible for the assessment of patients in the outpatient clinic as well as planning the diagnostic and therapeutic approach.
- The fellow will supervise the residents in the performance of inpatient consults and emergency consults during the day. The attending staff will be available for immediate consultation if required.
- As such the fellow should manage common and uncommon pediatric and adolescent gynecology disorders:
 - Abdominal/pelvic pain
 - Abnormal genital bleeding
 - Adolescent Obstetrics – Antepartum and Postpartum Care
 - Adolescent adherence to therapy
 - Adolescent Sexuality
 - Ambiguous genitalia
 - Amenorrhoea
 - Congenital anomalies of the reproductive tract
 - Contraception (including compliance, and the medically complex patient)
 - Delayed puberty
 - Dysmenorrhoea
 - Eating disorders and their affect on menstrual cycles
 - Endometriosis
 - Gender identity disorders
 - Genital injuries
 - Gonadal dysgenesis
 - Hirsutism
 - Labial agglutination

- Menorrhagia
- Pediatric urology – common urologic complaints such as dysfunctional voiding
- Pelvic or abdominal mass
- Pediatric and Adolescent Gynecologic Malignancies
- Precocious puberty/adrenarche/thelarche
- Prepubertal vulvovaginitis
- Pediatric dermatologic conditions affecting the genital tract
- Prescribing to the Pediatric Population (pharmacodynamics of children)
- Sexual abuse
- Sexually transmitted diseases
- Substance Abuse (In adolescents)
- Transitional Planning for adolescents embarking on adult care
- Vaginal agenesis
- Vulvar disorders
- The fellow will follow patients to get feedback on their management.

Procedural skills

- The fellow is expected to attend all operative cases and to monitor the patient postoperatively with the residents and attending staff.
- Depending on the initial skill level of the Fellow, expectations for the surgical aspect of the fellowship year will vary.
- The Fellow should be able to participate in all the surgical procedures necessary for surgical reconstruction of the genital tract as it pertains to congenital reproductive anomalies in the pediatric and adolescent age group and genital trauma.
- The Fellow will participate in surgical therapy of pediatric and adolescent gynecologic malignancies.
- The Fellow will participate in the operative laparoscopic management of benign ovarian cysts, endometriosis, gonadectomy, ectopic pregnancy and diagnostic procedures.
- The Fellow will be able to perform examination under anaesthesia including vaginoscopy and cystoscopy in the pediatric and adolescent population.
- The Fellow will learn the techniques specific to surgery in the pediatric population throughout the year but specifically during the 2 month rotation on the pediatric service the fellow should become familiar with the approach to laparoscopy and laparotomies in children.
- Included in surgical management, is the preoperative and postoperative care of pediatric and adolescent patients: fluid management, analgesia etc.

Please see following a memo from Chief of Surgery.

James G. Wright
MD, MPH, FRCSC

September 17, 2009

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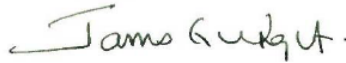
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Memo to Perioperative Services

Dear Colleagues,

I am writing to remind you and clarify a policy related to Priority 1 Emergencies in the Operating Room (OR). Given the severity of the conditions we treat, some children will require urgent (Priority 1) surgical treatment. A number of years ago, the Perioperative Services Chiefs and the Perioperative Executive adopted a policy that all Priority 1 cases require direct communication between the staff surgeon and the staff anaesthetist. This communication ensures that all salient details are transmitted between responsible staff. In addition, henceforth, while it should not interfere with the initiation of a case when a fellow with privileges is in attendance, surgeons must attend Priority 1 cases. The rationale for this requirement is as follows; if a fellow is unable to complete the procedure, for Priority 1 cases, the ensuing delay until the staff surgeon is in the hospital could result in irreparable harm. These policies are essential to the quality of care we provide to our sickest children.

Thank you for your attention to this matter,



James G. Wright, MD, MPH, FRCSC

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Communicator

Physician/Patient Relationship

- The fellow should demonstrate the ability to elicit the trust and cooperation of the child and her family during his/her interactions in ambulatory care settings, the emergency department, in-house consultations and perioperatively.

Verbal Communication Skills

- The fellow should demonstrate appropriate communication skills when interacting with clinic administrative staff and other members of the multidisciplinary health care team.

Collaborator

Team Relations

- The fellow should demonstrate the ability to collaborate with the team in the evaluation of patients in the Multidisciplinary Urogenital clinic, combined gynecology/endocrinology clinic, Complicated Contraceptive Clinic and the Young Mothers clinic as well as on off service rotations.
- The fellow will develop strong collegial relationships with the Gynecology Team, including Senior Secretary, Clinic Nurse, Patient Information Clerk, Dietician, Social Worker and Junior Housestaff.

Manager

Time Management

- The fellow should demonstrate an ability to assess patients in an efficient manner in the ambulatory clinics.
- The fellow should demonstrate an ability to independently schedule and manage their own clinic in the latter 6 months of the fellowship.
- The fellow will also supervise the timely attendance to inpatient consults and emergency room consults either by themselves or the resident. The schedule for coverage of on call and day coverage will be determined at the onset of each quarter (3 month block) between the residents and fellow, in a ratio of 1:3 night call.

Resources and Allocation

- The fellow should be able to discuss the cost effective plan for investigation and management of pediatric and gynecology disorders.
- The fellow should be able to determine the appropriate setting for patient management (ambulatory clinic or inpatient care) of pediatric and adolescent gynecology disorders.

Administrative Skills

- The fellow should demonstrate the ability to coordinate ambulatory patient care including communication with consulting services, follow up of investigations, responding to patient/family queries and timely completion of health records.

Health Advocate

Determinants of Health/Health Advocacy

- The fellow should be able to appreciate the unique developmental and social pressures that affect pediatric and adolescent patients and their families, including:
 - Cultural influences on puberty, sexuality, contraception and pregnancy
 - Social and psychological development through childhood and adolescence and how this affects care and counselling

Scholar/ Critical Appraisal

Self Directed Learning

- The fellow should develop a critical approach to the literature regarding investigation, therapeutics and health care delivery with respect to pediatric and adolescent gynecologic care.

Research

- The fellow will be undertake at minimum a research project while at the Hospital for Sick Children in a topic of their choice, mentored by one of the Staff Physicians. The project should be ready for abstract and publication by the end of the fellowship year. The minimum research requirements are to submit an ethics proposal and format a protocol for one research project, to present an abstract at a meeting and to submit one project for publication. These goals may be achieved through different research projects to meet these requirements. Failure to meet these requirements will result in non receipt of the certificate of completion at the end of the fellowship.
- The fellow will present at minimum a Pediatric and Adolescent gynecology round, twice during their year with an attending staff mentor.

Teaching Skills

- The fellow will demonstrate the ability to impart new information in the clinical situation to pediatric/adolescent patients and their families.
- The fellow is responsible to teach medical students and residents in the ambulatory care settings and during the performance of inpatient consults/emergency consults.

Professional

Responsibility

- The fellow will be expected to be available to the administrative staff and health care team and to participate in the management of the pediatric and gynecology patients in the clinic, on the wards and in the emergency department in conjunction with the staff, pediatric and gynecology resident and clinic nurse.

Self Assessment Skills/Insight

- The fellow should demonstrate the ability to communicate with attending staff and request assistance in patient management when appropriate.
- The fellow should consult ancillary services when required to enhance patient care.
- The fellow should develop an individual learning plan with regards to pediatric and adolescent gynecology knowledge basis, with assistance of the attending staff.

Ethics

- The fellow should be aware of the medicolegal issues and ethical issues with respect to patient confidentiality
- The fellow should be aware of the role of child protective agencies with regards to sexual abuse.

Written Skills and Record Keeping

- The fellow shall document interactions with patients and families in the ambulatory clinic setting and in telephone interactions.
- The fellow shall complete Health Records in a timely manner.