OBSTETRICS AND GYNAECOLOGY ROTATION PLAN (2020-21)

NAME OF ROTATION: Urogynaecology

FOCUS OF THIS ROTATION

 To establish a deep understanding of urogynaecology achieved through experience in the urogynaecology clinic and in the operating room.

CBD stage(s) for this rotation:

• Core of Discipline (COD)

Length of this rotation:

3-three blocks

PGY Level(s) for this rotation:

PGY3 / PGY4 / PGY5

Locations for rotation:

- Mount Sinai Hospital
- Sunnybrook Health Sciences Centre

Required training experiences included in this rotation

- COD 1.1.6. Obstetrics After-hours coverage
- COD 1.2.1. Gynecology Inpatient service
- COD 1.2.2. Gynecology Consultative service to the emergency department and inpatient services
- COD 1.2.3. Gynecology/gynecologic oncology operative experience
- COD 1.2.4.3. Clinics in Urogynecology
- COD 1.2.6. Gynecology After hours coverage
- COD 2.2. Supervision of junior learners
- COD 2.5. Participation in critical appraisal and presentation at journal club

Other training experiences that may be included in this rotation

AHD

| | EPAs Mapped to this rotation: | Total # of Entrustments expected, or encouraged, on this rotation. |
|---|---|--|
| 1 | OG COD-8 Providing care for patients with complex gynaecologic conditions and /or medical comorbidities | 2 |
| 2 | OG COD-11 Providing care for patients with pelvic floor dysfunction | 5 (mandatory) |
| 3 | OG COD-15 Performing major vaginal and vulvar procedures | 3-5 |
| 4 | OG COD-18 Managing patients with surgical complications | 2 |

| | Other assessments during this rotation: | Tool Location / Platform (e.g. POWER, Entrada): |
|----|---|---|
| 1. | Procedure logging | Microsoft Web Forms (Office 365) |
| 2. | ITAR (In-Training Assessment Report) | POWER |
| 3. | Written Exam & OSCE | |
| 4. | In-training exam once a year | |
| 5. | OSCE (Nov/Dec & May/June) | |

| | Voy Ohio time for this Detation | | |
|----|---|------------------|--|
| | Key Objectives for this Rotation By the end of the rotation the resident should be able to | CanMEDS Role(s): | |
| 1. | Conduct the history and physical examination to evaluate urinary incontinence and genital prolapse. | Medical Expert | |
| 2. | Interpret urodynamics for evaluation of lower urinary tract symptoms. | Medical Expert | |
| 3. | Demonstrate an understanding of risk factors for etiologies and prevalence of urogynaecologic disorders, determine appropriate investigations, and develop a management plan. | Medical Expert | |
| 4. | Be proficient and efficient in technical and procedural skills. Minimize risks and discomforts to the patient. Handle instruments appropriately and carefully. Handle the tissues carefully and minimize tissue trauma. Demonstrate an understanding of the operation and perform the operation proficiently and efficiently with supervision. | Medical Expert | |
| 5. | Include other relevant sources of information from the patient's family, caregivers and other professionals when appropriate, and encourage patients and families to participate in shared decision making | Communicator | |
| 6. | Establish and maintain effective working relationships with colleagues and other health care professionals. Present relevant information to supervisors in a clear, concise manner. Consult effectively and provide appropriate transition of care with other physicians and health care professionals. Participate effectively on health care teams. | Collaborator | |
| 7. | Demonstrate thoughtful and responsible use of resources in the provision of patient care, allowing for comprehensive and necessary evaluation while avoiding unnecessary interventions. | Leader | |
| 8. | Demonstrate an appreciation for the unique developmental and social pressures that affect geriatric patients and their families, including: cognitive status, mobility, living situation, and cultural influences on sexuality. | Health Advocate | |

Other:

Procedural skills:

- (1) Demonstrate skill appropriate for level of training, in cystoscopy (office and intra-operatively) vaginal surgery including anterior, posterior, and enterocoele repairs; and vaginal hysterectomy.
- (2) Fit the appropriate type of pessary for incontinence and prolapse.
- (3) Participate in advanced minimally invasive surgical procedures for stress incontinence and genital prolapse.