Obstetrics & Gynecology: Core EPA #8

Providing care for patients with complex gynecologic conditions and/or medical comorbidities

Key Features:
- This EPA includes providing medical care and surgical counselling to patients presenting with gynecologic problems from initial presentation through and including appropriate follow-up. 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 care.
- This EPA includes patients with high complexity, defined as: those with multiple conditions that co-exist and/or interact; an atypical or refractory presentation of a common condition; contraception in patients with comorbidities; or management challenges including those due to social determinants of health and/or cultural complexities.
- This EPA may be observed in the inpatient, outpatient, and emergency room settings.

Assessment Plan:
Direct and indirect observation by OBGYN faculty, or subspecialty trainee

Use Form 1. Form collects information on:
- Focus of encounter: [free text]
- Medical comorbidities: [free text]
- Complex gynecologic condition: menstrual disorder; complex menopausal complaint; pre-invasive gynecologic condition; complex gynecologic infection; pelvic mass; vulvar dystrophy; other
- Procedure: endometrial biopsy; cervical biopsy; vulvar biopsy; loop electrosurgical excision procedure (LEEP); not applicable

Collect 10 observations of achievement
- At least 3 different medical comorbidities
- At least 3 different complex gynecologic conditions
- At least 5 observed by faculty
- At least 3 different observers

Relevant Milestones:

1 ME 1.4 Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology
2 ME 1.5 Perform clinical assessments that address all relevant issues
3 ME 1.7 Adapt care as the complexity, uncertainty, and ambiguity of the patient’s clinical situation evolves
4 ME 2.1 Consider clinical urgency, feasibility, availability of resources, and comorbidities in determining priorities to be addressed during the current encounter or during future visits or with other health care practitioners

5 ME 2.4 Develop and implement patient-centred management plans that consider all of the patient's health problems and context

6 ME 3.1 Determine the most appropriate procedures or therapies for the purpose of assessment and/or management

7 ME 3.1 Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy

8 ME 3.4 Perform common procedures in a skilful, fluid, and safe manner with minimal assistance

9 COM 4.1 Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe

10 COM 5.1 Document clinical encounters to adequately convey findings, clinical reasoning and the rationale for decisions

11 COL 1.2 Consult as needed with other health care professionals, including other physicians

12 L 2.1 Use clinical judgment to minimize wasteful practices

13 L 2.2 Apply evidence and guidelines with respect to resource utilization in common clinical scenarios

14 HA 1.3 Incorporate disease prevention, health promotion, and health surveillance activities into interactions with individual patients

15 S 3.3 Evaluate the applicability (external validity or generalizability) of evidence from resources