Rotation: **GYNAECOLOGIC ONCOLOGY (PGY3 RSO and PGY4 RSO)**

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| **Resident name**: | | **Supervisor name**: | | |
| **Rotation dates:** | | **Hospital:** | | |
| **IMPORTANT: *Supervisor and resident must discuss these rotation-specific objectives during the rotation orientation, and sign below to confirm discussion has taken place.*** | | | | | |
|  |  | |  |
| Resident signature and **PGYear** | Supervisor signature | | Date |

**NOTE:** For PGY3 RSOs and PGY4 RSOs, see section 1.4. Residents will complete the End-of-Rotation (EOR) exams in PGY4. PGY3s will have a formative evaluation using the Competency Based Design (CBD) form for management of a patient with a gynecologic malignancy.

## CanMEDS Focus Roles: Collaborator, Professional

## 1 MEDICAL EXPERT

**1.1 Knowledge of Anatomy and Physiology** Objectives:

1 Demonstrate extensive knowledge of pelvic anatomy: identify all pelvic structures including the ureter, external/internal iliac arteries, veins, the inguinal region, and vulva.

2 Recognize and name the borders of the pararectal and paravesical spaces.

3 Demonstrate knowledge of possible sites of complication/injury within the pelvis in relation to gynecological surgery.

4 Demonstrate a working knowledge of the gastrointestinal and urinary tracts as it pertains to gynecological surgery.

### 1.2 Data Gathering Objectives:

1 Obtain a complete history from a patient with a gynecological malignancy.

2 Conduct the physical assessment of a patient with pre-malignant and/or malignant disease.

3 Obtain pertinent ancillary clinical information such as pathology, imaging, and risk factors that will impact on patient’s management.

**1.3 Clinical Reasoning, Management and Judgment/Diagnostic and Therapeutic Plannin**g

Objectives:

**1.3.1 Demonstrate extensive knowledge of:**

**1) Risk factors** for gynecologic malignancy and pre-malignant conditions.

**2) Screening**: current guidelines and indications for screening for gynaecologic cancers including cervical, endometrial, ovarian; and the clinical utility and performance characteristics of the available screening tools.

**3) Pre and postoperative care** including wound healing; optimal peri-operative use of antibiotics; antithrombotic agents; nutritional support; and the recognition, diagnosis, and management of medical and surgical complications. Recognize when assistance from other medical and surgical services is necessary.

**4) Endometrial cancer**:

a) principles of diagnosis; staging; and treatment using simple hysterectomy and bilateral salpingoophorectomy and selective nodal sampling for patients with low-risk disease

b) optimal involvement of a multidisciplinary team for i) pre-operative evaluation for patients with high-risk features to facilitate surgical staging and ii) post-operatively for assessment and delivery of adjuvant therapy.

**5) Management of pelvic masses:**

a) appropriate methods of evaluating the risk of malignancy of a pelvic mass, including the role of imaging.

b) indications for preoperative triage to gynecologic oncology for optimal surgery for suspected cases of malignancy.

**6) Ovarian and fallopian tube cancer**:

a) appropriate methods of diagnosis, staging, and appropriate multidisciplinary referral for treatment .

b) principles of management of patients with early stage ovarian cancer vs advanced ovarian cancer.

**7) Cervix cancer:**

a) appropriate methods of diagnosis, staging, and appropriate multidisciplinary referral for treatment.

b) principles of management of patients with early stage cervix cancer vs advanced stage cervix cancer.

**8) Vulvar cancer:**

a) appropriate methods of diagnosis, staging, and appropriate multidisciplinary referral for treatment.

b) principles of management of lesions suspicious for vulvar cancer, and biopsy-proven vulvar cancer.

**9) Gestational trophoblastic disease**:

a) appropriate methods of diagnosis, metastatic work-up, treatment, and follow-up of patients with apparent molar gestation using uterine evacuation and serial hCG monitoring.

b) appropriate methods of diagnosis, staging, and appropriate multidisciplinary referral for treatment .

**1.3.2 Demonstrate a working knowledge of:**

**1) Imaging**: appropriate use of diagnostic imaging tests as part of the work-up of patients with gynaecologic malignancy.

**2) Adjuvant cancer therapies**:

a) principles and common potential side-effects and complications of adjuvant therapies used for treating patients with gynaecologic malignancies, including chemotherapy, radiation therapy, and hormone therapy.

b) appropriate multidisciplinary referral to appropriate specialists for such therapy.

**3) Palliative care**:

a) diagnosis and appropriate multidisciplinary referral of patients who have an incurable gynaecologic malignancy for symptomatic relief and end-of-life care

b) social, ethical, and legal implications of managing patients with incurable disease from the perspective of the patient, family, and healthcare team.

**1.4 Procedural Skills Objectives**

**1.4.1 Procedural skills Objectives for PGY3:**

1) Demonstrate proficiency in performing:

a) diagnostic procedures (EUA[[1]](#footnote-1), incisional and excisional biopsy)

b) operative laparoscopy (SO and/or TLH)

c) laparotomy (TAH and/or SO +/- staging / debulking) for the management of patients with gynaecologic malignancy and difficult benign cases.

i. first-assist for a minimum of 10 open hysterectomies in a 2-month period

2) Demonstrate understanding of approach to opening retroperitoneal space to identify the ureter.

**1.4.2 Procedural skills Objectives for PGY4:**

1) Demonstrate proficiency in performing:

a) Operative laparoscopy (SO and/or TLH)

b) Laparotomy (TAH and/or SO +/- staging/debulking) for the management of patients with gynaecologic malignancy and difficult benign cases.

c) Independent ability to open the retroperitoneal space to identify the ureter

2) Demonstrate understanding of techniques for lysis of adhesions, ureterolysis, and anatomical approach to the complex pelvis.

3) Provide surgical assistance during complex gynecologic oncology surgery including laparoscopic lymphadenectomies, radical hysterectomy (open or laparoscopic), debulking of advanced-stage ovarian cancer, and pelvic exenteration.

## 2 COMMUNICATOR

### 2.1 Physician/Patient Relationship Objectives:

1 Elicit the trust and cooperation of the patient and their family during interactions in ambulatory care clinic, emergency department, in-patient hospital ward, and operating room settings.

2 Listen effectively, discuss appropriate information with patients/families.

3 Teach patients/families, as appropriate.

### 2.2 Written and Verbal Communication Skills Objectives:

2 Demonstrate the ability to convey bad news with empathy to gynaecologic-oncology patients and their families.

3 Document interactions with patients and their families in varied contexts including the ambulatory clinic, the ER, the OR, and the in-patient setting.

4 Complete health records and administrative databases in a timely manner.

## 3 COLLABORATOR

### 3.1 Team Relations Objectives:

1 Identify the roles of the various healthcare team members and recognize their contribution to the optimal management of patients with gynaecologic malignancy

2 Demonstrate appropriate communication skills when interacting with all members of the interprofessional healthcare team and administrative staff.

3 Recognize the indications for consultation with other medical specialties including, but not limited to, medical oncology, radiation oncology, general surgery, urology and palliative care in providing care for patients with gynaecologic malignancies.

4 Demonstrate appropriate utilization of various healthcare professional’s skills and resources in providing optimal patient care.

5 Participate actively as a team member.

## 4 LEADER

### 4.1 Time Management Objectives:

1 Demonstrate the ability to assess patients in an efficient manner in the ambulatory clinic, emergency room, and in-patient setting.

2 Demonstrate the ability to complete clinical and administrative tasks in a timely manner to facilitate optimal patient care.

### 4.2 Resource Stewardship Objectives:

1 Utilize appropriate investigations for the diagnostic workup of patients with suspected or confirmed gynaecologic malignancy.

2 Determine the appropriate clinical setting (ambulatory clinic or inpatient care) for the management of the gynecologic oncology patient.

3 Arrange appropriate interprofessional referral for the workup and management of patients with suspected or confirmed gynaecologic malignancy.

### 4.3 Administrative Skills Objectives:

1 Coordinate ambulatory patient care including the organization and follow up of consulting services recommendations (where appropriate), ordering and following up on the results of diagnostic investigations and therapeutic interventions, responding to patient/family queries, and timely completion of health records and administrative databases.

## 5 HEALTH ADVOCATE

### Determinants of Health/Health Advocacy Objectives:

1 Appreciate and recognize the differential impact of various medical and psychosocial influences that affect decision-making by the individual oncology patient, their families, and their health-care workers including:

• Sexuality and fertility

• Personal relationships, personal and professional life events

• Cultural and ethnic background

• Chronic illnesses and mental health issues

• Social factors including poverty and poor access to care

• Individual patient fears and concerns.

2 Recognize the need for and willingness to advocate for resources to meet the needs of individual patients and their families.

## 6 SCHOLAR

### 6.1 Self-Directed Learning Objectives:

1 Develop a critical approach to obtaining and evaluating the relevant literature available regarding the investigation, treatment, and delivery of health care for patients with pre-malignant and malignant gynaecologic disease.

2 Develop and follow a personal learning strategy aimed at addressing one’s own learning needs related to the maintenance of knowledge, skills, and attitudes necessary to provide optimal care for patients with a gynaecologic malignancy.

### 6.2 Critical Appraisal Objectives:

1 Complete a literature review and present rounds on a pertinent gynaecologic oncology topic.

2 Demonstrate a working knowledge of interpretation of the literature in gynaecologic oncology and its clinical relevance as it pertains to discussions in the multidisciplinary tumour board.

### 6.3 Teaching Skills Objectives:

1 Demonstrate the ability to successfully impart relevant information in the clinical context to the oncology patient and their family.

2 Teach interprofessional colleagues at various levels (medical students, residents, fellows, attending physicians, other healthcare professionals) as appropriate during clinical situations in varied settings.

## 7 PROFESSIONAL

### 7.1 Responsibility Objectives:

1 Respond in a timely manner to participate in the management of gynaecologic oncology patients in the clinic, on the ward, in the OR, and in the emergency department in conjunction with the staff physician, other members of the housestaff, and the interprofessional healthcare team

2 Complete assigned clinical and administrative tasks in a reliable and timely manner.

3 Report absences in a timely manner.

### 7.2 Self-Assessment Skills/Insight Objectives:

1 Demonstrate the ability to communicate with the attending physicians and fellows, and request assistance in patient management when appropriate.

2 Consult ancillary services when required to enhance patient care.

3 Seek and reflect on feedback about performance in order to facilitate improvement in knowledge, skills, and attitudes related to appropriate provision of care for patients with a gynaecologic malignancy.

4 Develop and follow an individual learning plan with regards to gynaecology oncology knowledge, skills, and attitudes, with assistance of others team members as necessary.

### 7.3 Ethics Objectives:

1 Demonstrate an awareness of the medico-legal issues and ethical issues that arise in providing care for patients with gynaecologic malignancies, with particular respect for patient autonomy and confidentiality.

***Version Control***

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| --- | --- | --- | --- | --- |
| **Date** | **Version No** | ***Author*** | ***Location of Revisions*** | ***Approved at RPC Meeting*** |
| Nov 12 2012 - | V2.6 | CSutherland/J Dodge |  |  |
| Nov 12 2012 | V2.7 | CSutherland |  |  |
| Mar 30 2015/CS | V2.8 | CSutherland |  |  |
| February 23 2017 | V2.12 | CSutherland | Throughout | Presented to RPC Mar 06 2017 |
| March 15 2017 | V2.3 | CSutherland | See sidebars on right margin | Approved at RPC Mar 06 2017 |
| April 26 2018 | V2.6 | L Gien, CSutherland | See blue font / sidebars on right margin | RPC April 16 2018 |

1. EUA = Examination Under Anesthesia; SO = Salpingo-oophorectomy; TLH = Total laparoscopic hysterectomy

   TAH = Total Abdominal hysterectomy [↑](#footnote-ref-1)