

# Obstetrics and Gynecology: Gynecologic Oncology Rotation

## Objectives, Core of Discipline

### Revised May 2021

**CanMEDS Framework:** Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional.

## Gynecologic Oncology Learning Objectives

The general objectives of the gynecologic oncology rotation are to provide the resident with comprehensive exposures and knowledge of gynecologic oncology with an emphasis on screening, prevention, diagnosis, and treatment of premalignant and malignant conditions of the female reproductive organs. Upon completion of training, the resident is expected to be a competent specialist capable of assuming an independent consultant's role in obstetrics and gynecology. They must have acquired the necessary knowledge, skills, and attitudes for appropriate and competent management of a wide range of gynecologic oncology conditions.

General Objectives:

- Develop an understanding of the following; embryology and normal female development, the unique biochemistry, physiology, anatomy, and gross and the microscopic pathology of the genitourinary tract.
- Develop a working understanding of the normal function and the pathological processes and diseases that affect the female external genitalia and the pelvic viscera, including the vagina, cervix, uterus, fallopian tubes, ovaries, the lower urinary tract, and the bowel.
- The ability to develop a trusting and productive partnership with patients to manage and support patients with gynecological cancer.
- The ability to demonstrate the knowledge, skills, and attitudes relating to gender, culture, and ethnicity pertinent to reproductive health care, and have the ability to incorporate gender appropriately, culture, and ethnic perspectives into research methodology, data presentation, and analysis.
- Develop an understanding of a variety of factors, including the impact of fear, anxiety, depression, socioeconomic status, and domestic violence on pain, patient satisfaction, and oncologic treatment outcomes.

### Medical Expert

Each resident in gynecologic oncology must demonstrate:

1. Diagnostic and therapeutic skills for effective and ethical patient care.
2. The ability to access and apply relevant information to clinical practice.
3. Effective consultation services concerning patient care, education, media relations and legal opinions.
4. Recognize personal limitations of expertise, including the need for appropriate patient referral and continuing medical education.
5. An extensive knowledge of the surgical principles specific to Obstetrics and Gynecology including abdominal and pelvic anatomy, preoperative planning and operating room set-up.

### Procedural and Technical Skills

The fully-trained obstetrician/gynecologist must possess a wide variety of technical skills in the practice of gynecology. The following is a detailed list of required technical skills, including surgical skills. This list should be considered in its totality, and not be considered as exhaustive for all disorders in specialty practice.

### **Diagnostic Procedures and Techniques**

The resident will demonstrate an understanding of the indications, risks and benefits, limitations, and role of the investigative techniques specific to the practice of gynecologic oncology, and will be competent in their interpretation.

## Rotation Contacts

### **Rotation Contact:**

Dr. Christa Aubrey

### **Reading Material:**

Prior to this rotation, the resident should read the *Resident Orientation Package*.

### **Rotation Duration:**

2 blocks as R3 and 1 block as R4. Objectives should be reviewed with the resident soon after their rotation begins

### **Vacation and Time Off:**

Maximum total vacation and conference time away in R3 block: 1 week: Refer to Para guidelines and the Vacation policy. We prefer no holidays in R4 block, special requests will be considered.

### **Review of Rotation Objectives:**

Rotation objectives should be reviewed with the resident soon after their rotation begins.

### **Assessment:**

The evaluation will be an OSCE exam at the end of the R4 block. There is potential for an EPA from the OSCE. Multisource feedback from the Gynecologic Oncology team is anonymously provided through daily EPAs, as well as through the WebEval forms and reviewed with the rotation preceptor at the midpoint and end of the rotation.

### **EPAs**

During this rotation, the following EPAs should be attempted and be completed by the end of the R4 block.

**C8:** Providing care for patients with complex gynecologic conditions and/or medical comorbidities.  
3 successes mandatory

**C13:** Assessing and managing patients with gynecologic malignancies.  
5 successes mandatory

**C17A:** Performing major open abdominal gynecologic procedures  
6 successes mandatory

**C18:** Managing patients with surgical complications  
3 successes mandatory

### *Procedural and Technical Skills (Continued)*

#### **1. Cytology and Histopathology**

- 1.1 Cervical cytology with or without HPV testing
- 1.2 Vulvar and vaginal biopsy
- 1.3 Wide local excision of vulvar lesions for diagnosis and treatment
- 1.4 Colposcopy with directed cervical biopsy
- 1.5 Cervical polypectomy
- 1.6 Endocervical curettage
- 1.7 Endometrial biopsy

The resident will also be able to identify the gross and microscopic characteristics of; vulvar dermatoses, genital tract neoplasias (benign, premalignant and malignant) and trophoblastic disease.

#### **2. Diagnostic and Therapeutic Technologies**

The resident will have a working knowledge of the physics and technological application of the following diagnostic and therapeutic modalities, including the risks, benefits and complications of these.

- 2.1 Electrocautery
- 2.2 Laser
- 2.3 External beam and intracavitary radiotherapy
- 2.4 Gynecologic and related imaging: Ultrasound, CT, MRI and PET

#### **Surgical Skills**

The list of surgical skills is divided into categories reflecting the frequency with which these procedures are encountered during residency training in gynecologic oncology. The categorized list also reflects the level of competency expected for each surgical procedure after completion of a residency rotation in gynecologic oncology.

#### **Surgical Procedures List A**

The fully trained resident in gynecology must be competent to perform the following procedures in List A. independently. They should be able to manage a patient before, during, and after all of the following procedures. The resident must be able to discuss with the patient the risks, benefits, and complications of these surgical treatments, as well as and available non-surgical treatment alternatives and the consequences of the absence of surgical treatment.

1. Exploratory laparotomy
2. Selection of appropriate incision
3. Total abdominal hysterectomy
4. Subtotal abdominal hysterectomy
5. Salpingo-oophorectomy
6. Oophorectomy
7. Infracolic omentectomy
8. Peritoneal biopsy
9. Repair of wound dehiscence
10. Run the bowel & identify relevant bowel anatomy
11. Cystotomy repair
12. Exposure and identification of retroperitoneal structures
13. Identification of the ureter and ureterolysis
14. Adhesiolysis (laparoscopic and open)
15. Colposcopy with directed cervical biopsy, including an excisional procedure (i.e. Cone biopsy or loop electrosurgical excision procedure (LEEP))
16. Diagnostic and therapeutic excisions of cervical, vulvar and vaginal lesions
17. Abdominal paracentesis

#### **Surgical Procedures List B**

The following procedures in List B are those that the resident in gynecologic oncology will understand and be able to perform, though he/she may not have acquired sufficient skill in residency to perform them independently. The resident will be able to explain the indications for each of these procedures, as well as the perioperative management and complications.

1. Simple vulvectomy
2. Enterotomy repair
3. Management of intraoperative hemorrhage

### **Surgical Procedures List C**

The following procedures in List C are those that the fully trained resident in gynecologic oncology will understand but not be expected to be able to perform. He/she should be able to describe the principles of these procedures, the indications for referral, and the perioperative management and complications.

1. Radical hysterectomy (open and robotic laparoscopic)
2. Radical vulvectomy
3. Anterior/posterior/total pelvic exenteration
4. Appendectomy
5. Simple and radical trachelectomy
6. Lymph node dissection (groin, pelvic and para-aortic)
7. Sentinel lymph node identification and sampling
8. Fistula repair
9. Hernia repair
10. Vaginoplasty
11. Hypogastric artery ligation
12. Small and large bowel resection, including ostomy creation
13. Performance of bowel diversion
14. Ureteral reimplantation and ureteroureterostomy
15. Percutaneous nephrostomy
16. Line insertion for invasive monitoring or administration of medications and/or intravenous nutrition

### **Other Educational Objectives:**

The resident will possess knowledge of the following clinical conditions or problems encountered commonly in the practice of gynecologic oncology. This list should not be considered as comprehensive for all disorders in the practice of this specialty.

#### ***An extensive level of knowledge is required for the following:***

##### **1. Carcinoma of the Vulva**

The resident will be able to:

- 1.1 Discuss the epidemiology of squamous and non-squamous vulvar carcinomas, including known risk factors for premalignant and malignant cancer and the natural history of the disorder. Discuss their clinical presentation, principles of management and the prognosis.
- 1.2 List the presenting signs and symptoms associated with premalignant and malignant lesions of the vulva.
- 1.3 Classify and describe histologically benign vulvar lesions.
- 1.4 Describe the indications, contraindications, and complications of surgical excision and laser ablation for premalignant lesions of the vulva.
- 1.5 List the FIGO staging for carcinoma of the vulva.
- 1.6 Know the prognosis associated with different stages of vulvar carcinoma.
- 1.7 Describe the indications for appropriate referral for more extensive surgery and radiation.
- 1.8 Discuss the indications and contraindications for simple vulvectomy, radical vulvectomy and inguinofemoral lymphadenectomy in the treatment of vulvar carcinoma.
- 1.9 Describe the common complications associated with radical vulvectomy and sentinel groin node dissection
- 1.10 Be aware of the role and indications for adjuvant radiation and/or chemotherapy in the management of women with cancer of the vulva as well as complications and side-effects.

##### **2. Carcinoma of the vagina**

The resident will be able to:

- 2.1 Discuss the epidemiology of VAIN and carcinoma of the vulva, including the general incidence and known risk factors as well as the natural history of the disorders.
- 2.2 Describe the indications, contraindications, and complications of surgical excision, laser ablation or topical treatment for premalignant vaginal lesions.
- 2.3 Describe the most common pathologic subtypes of carcinoma of the vagina and their patterns of spread.
- 2.4 List the presenting signs and symptoms of carcinoma of the vagina and VAIN.

- 2.5 List the FIGO staging for carcinoma of the vagina.
- 2.6 Describe the indications for appropriate referral for more extensive surgery, radiation, and systemic therapy.
- 2.7 Discuss the indications, contraindications, and complications associated with surgical treatment of carcinoma of the vagina.
- 2.8 Discuss the indications, contraindications and common complications associated with the use of radiation therapy for carcinoma of the vagina.
- 2.9 Discuss the genital changes caused by intrauterine exposure to diethylstilbestrol and its association with clear cell adenocarcinoma of the vagina.

### 3. Carcinoma of the cervix

The resident will be able to:

- 3.1 Discuss the epidemiology and pathology of carcinoma of the cervix, including its general incidence and known risk factors for cervical dysplasia and carcinoma of the cervix, as well as the natural history of the disorders.
- 3.2 Discuss the underlying principles, challenges, and limitations of population-based screening for cervical cancer, including frequency of screening, techniques and technologies for cervical cancer screening, interpretation of the results and management of abnormalities.
- 3.3 Describe the epidemiology, pathophysiology, and prevention of HPV and how it relates to gynecologic pathology.
- 3.4 Describe the histopathology of the normal transformation zone and its role in the pathogenesis of cervical dysplasia.
- 3.5 Discuss the indications, contraindications, and complications of cervical conization, laser therapy and loop electrosurgical procedures for the treatment of cervical dysplasia.
- 3.6 List the presenting signs and symptoms of invasive carcinoma of the cervix.
- 3.7 Establish a plan of investigation for women with carcinoma of the cervix.
- 3.8 List the FIGO staging of carcinoma of the cervix.
- 3.9 Describe the indications for appropriate referral for staging surgery and chemoradiation.
- 3.10 Discuss the indications, contraindications, potential advantages and complications of combined chemo and radiation therapy for carcinoma of the cervix.
- 3.11 Describe the regional lymphatic spread pattern of cancer of the cervix, along with its implication on treatment and prognosis.
- 3.12 Describe the indications, contraindications and potential complications of radical and simple hysterectomy or trachelectomy and conization as well as lymph node assessment for treatment of cervical cancer.
- 3.13 Discuss the indications, contraindications and potential complications of pelvic exenteration in the treatment of recurrent cervical carcinoma.
- 3.14 Be aware of treatment options for recurrent or metastatic cervical cancer.

### 4. Cancers of the uterus and endometrium

The resident will be able to:

- 4.1 Discuss the epidemiology of cancers of the uterus and endometrium, including general incidence and known risk factors and the natural history of the disorders.
- 4.2 Describe the current guidelines and indications for screening for endometrial cancer and the reliability of current screening methods.
- 4.3 List the presenting signs and symptoms of cancers of the uterus and endometrium.
- 4.4 Establish a plan of investigation for women with possible or diagnosed cancers of the uterus and endometrium.
- 4.5 Discuss the role of ultrasound in the investigation of a patient with postmenopausal bleeding.
- 4.6 Discuss the indications and accuracy of cytology, endometrial biopsies, and uterine curettage in the diagnosis of malignant and premalignant endometrial and uterine pathology.
- 4.7 Describe the histopathology of the normal postmenopausal endometrium, simple endometrial hyperplasia, atypical hyperplasia, and carcinomas of the endometrium.
- 4.8 List the FIGO classification for surgical staging of cancers of the uterus and endometrium.
- 4.9 Discuss surgical staging and surgical treatment for cancers of the uterus and endometrium along with indications, contraindications and potential complications.
- 4.10 Describe the regional lymphatic spread of carcinoma of the endometrium and its implication in the recommendations for surgical staging and treatment.
- 4.11 Describe the indications for appropriate referral for more extensive surgery, radiation, and systemic therapy.
- 4.12 Discuss the role of adjuvant radiation and adjuvant chemotherapy in women with cancers of the uterus and endometrium.
- 4.13 Discuss the roles of hormonal therapy and chemotherapy for patients with recurrent or advanced cancers of the uterus and endometrium.
- 4.14 Be familiar with genetic mutations and testing associated with hereditary endometrial cancers.

## 5. Carcinoma of the ovaries, fallopian tubes and peritoneum

The resident will be able to:

- 5.1 Describe the epidemiology of carcinoma of the ovaries and fallopian tubes and peritoneum, including the general incidence and known risk factors and natural history of the disorders.
- 5.2 Describe the management of an ovarian tumour discovered on routine pelvic examination or imaging in different age groups; adolescent, reproductive years, premenarchal, post-menarchal and post-menopausal.
- 5.3 Discuss the possible modalities and challenges in screening for ovarian cancer. Describe the current recommendations. Describe risk reduction strategies and the populations where this can be useful.
- 5.4 List the presenting signs and symptoms associated with carcinoma of the ovary, fallopian tube and peritoneum.
- 5.5 Describe the appearance, clinical behavior, and pattern of spread of these cancers.
- 5.6 Be aware of the general histopathologic classification (WHO) of ovarian tumours.
- 5.7 Discuss the pre-operative investigations of women with suspected ovarian, fallopian tube or peritoneal cancer.
- 5.8 List the FIGO staging system for ovarian, fallopian tube or peritoneal cancer.
- 5.9 Describe the surgical staging and debulking procedures for ovarian, fallopian tube or peritoneal cancer.
- 5.10 Describe the indications for appropriate referral for more extensive surgery, radiation, and systemic therapy.
- 5.11 Become familiar with the approach for debulking of ovarian cancer, omentectomy, and lymph node sampling.
- 5.12 Describe the major intra-operative and post-operative complications associated with debulking surgery.
- 5.13 Become familiar with the indications for chemotherapy and maintenance treatment and the agents that are active in ovarian, fallopian tube or peritoneal cancer.
- 5.14 Become familiar with the side effects related to different chemotherapeutic and maintenance agents and their mode of actions.
- 5.15 Understand the role of tumour markers in the diagnosis and follow-up of the ovarian, fallopian tube or peritoneal cancer.
- 5.16 Be familiar with genetic mutations and testing associated with hereditary ovarian cancers.

## 6. Gestational Trophoblastic Neoplasia

The resident will be able to:

- 6.1 Describe the epidemiology of gestational trophoblastic neoplasia (GTN), including general incidence and known risk factors and the natural history of the disorder.
- 6.2 Describe the pathophysiology of complete and partial hydatidiform mole, invasive mole and choriocarcinoma.
- 6.3 Establish a plan of investigation for the diagnosis and treatment of patients with GTN.
- 6.4 Describe the methods of evacuating a hydatidiform mole and their respective indications, contraindications, and complications.
- 6.5 Establish a plan for the follow-up care of patients after evacuation of a hydatidiform mole.
- 6.6 Discuss the investigations required in persistent GTN.
- 6.7 Describe the indications for appropriate referral for more extensive surgery, radiation, and systemic therapy for GTN.
- 6.8 List the indications for initiating chemotherapy in GTN.
- 6.9 Become familiar with the chemotherapy agents and regimens active in GTN.
- 6.10 Know the poor prognostic factors associated with GTN and how they affect cure rates.
- 6.11 Advise patients concerning contraception and future fertility in the follow-up period.

***A working level of knowledge is required for the following:***

### 1. Palliative Care

The resident will develop the ability to:

- 1.1 Describe the common distressing symptoms of women affected with gynecologic cancer.
- 1.2 Discuss the indications, contraindications, and side effects of commonly used narcotic analgesics in patients with cancer.
- 1.3 Describe the anatomic structures responsible for pain in women with cancer.
- 1.4 Describe the management of obstructive uropathy in advanced gynecologic cancers.
- 1.5 Describe the management of ascites and pleural effusions in advanced gynecologic cancers.
- 1.6 Describe the presentation, diagnosis and management of distant metastatic disease in advanced gynecologic cancers (i.e. bone, brain, liver).
- 1.7 Describe the pathophysiology of bowel obstruction in women with advanced carcinoma with peritoneal spread.
- 1.8 Describe the medical and surgical management options for bowel obstruction in women with advanced cancer of the ovary, including the indications and contraindications for surgery.

## 2. Medical Oncology

The resident will have an understanding of:

- 2.1 The active agents, principles and complications of hormonal treatment, chemotherapy and maintenance and immunologic treatments for gynecologic malignancies, including an understanding of the indications for consultation with appropriate specialists.
- 2.2 The potential short and long-term side effects of the commonly used systemic treatment agents.
- 2.3 The rationale for treatment programs and the quality of life for patients both on and post-chemotherapy.
- 2.4 The treatment of recurrent disease, the rationale for drug choices, the prognosis, response rates, goals etc.
- 2.5 The role of palliative care: palliative surgery and symptom management in the face of an incurable disease
- 2.6 The concept and utility of various survival outcomes in clinical trials as well as the importance of patient-reported outcomes and quality of life results.
- 2.7 The phases of clinical trials and the process of drug approvals.
- 2.8 Critical appraisal of clinical trials.

## 3. Radiation Oncology

The resident will have an understanding of:

- 3.1 The principles and complications of radiotherapy for gynecologic malignancies, including an understanding of the indications for consultation with appropriate specialists.
- 3.2 The indications and principles chemoradiation for women with advanced cervical cancer.
- 3.3 The indications for post-operative adjuvant radiation in women with carcinoma of the endometrium and cervix.
- 3.4 The role of radiation therapy in women with ovarian cancer.
- 3.5 The factors that limit the dosage to the normal surrounding pelvic tissues including the rectum, bladder, and vagina.
- 3.6 The acute and long term complications of radiation therapy for gynecologic malignancies.

## 4. Colposcopy

The resident will have an understanding of:

- 4.1 The principles of colposcopy, including its limitations and the indications for referral for colposcopic assessment.
- 4.2 How to identify the colposcopic features of dysplasia of the lower genital tract.
- 4.3 The pathology relative to the cytology and the histology of dysplasia.

## Communicator

The fully-trained obstetrician/gynecologist must be able to:

1. Establish therapeutic relationships with patients and their families characterized by understanding, trust, empathy, and confidentiality.
2. Obtain and synthesize relevant history from patients, families, and the community.
3. Listen effectively and discuss appropriate information with the patient, her family, and other health care providers facilitating optimal health care.
4. Maintain clear, accurate, timely and appropriate records.

To achieve these objectives, the resident in gynecologic oncology must demonstrate:

1. The ability to obtain informed consent for medical and surgical therapies.
2. The ability to collect and record accurate and succinct data from patients, laboratory tests and radiological studies and to communicate (oral or written) conclusions based on these data to patients and their families, referring physicians and other involved health care personnel.
3. Evidence of excellent interpersonal skills when working with patients, families, and other members of the oncology health care team.
4. The ability to discuss the cancer diagnosis, prognosis, treatment and surveillance with patients.
5. Demonstrate a comfort with patients and families inquiries on death and dying.
6. Familiarity with available resources in the community for the care of the terminally ill patient including the patient right to medically assisted dying legislature.
7. An awareness of the unique personal, psychosocial, sexual, cultural and ethical issues that surround individual patients with gynecologic cancers and their families coping with cancer and the treatment.
8. An ability to support the morale of the patient with compassion and understanding, and to address issues involved in terminal care.
9. The ability to prepare and present information to colleagues and other trainees (if applicable) both informally (e.g., ward rounds) and formally (e.g., Grand Rounds, scientific meetings).
10. The ability to provide information to the general public and media about areas of local concern relevant to the practice of gynecologic oncology including preventative strategies.

### Collaborator

The fully-trained obstetrician/gynecologist must be able to:

1. Consult effectively with other physicians and with other health care professionals.
2. Contribute effectively to an interdisciplinary health care team activities.

To achieve these objectives, the resident in gynecologic oncology must be able to:

1. Demonstrate the ability to function effectively and, where appropriate, provide leadership, in a multidisciplinary health care team, showing respect, consideration, and acceptance of other team members and their opinions while contributing personal specialty-specific expertise.
2. Function effectively at multidisciplinary and interdisciplinary group meetings such as the Tumour Board and case conferences, team ward rounds with Gynecologic Oncology Nurse Practitioner, pharmacy and medical students.
3. Function competently in the initial management of patients with conditions that fall within the realm of other medical or surgical specialties (radiation oncology, medical oncology, Urology, General Surgery).
4. Identify, understand and respect the significant roles, expertise, and limitations of other members of a multidisciplinary team required to optimally achieve a goal related to patient care, medical research, medical education or administration.
5. Understand the significant role of other allied health care professionals in the provision of holistic patient care to the patient with gynecologic cancer.

### Leader

The fully-trained obstetrician/gynecologist should be able to:

1. Able to recognize person limitations and seek assistance when necessary.
2. Manage resources effectively to balance patient care, learning needs and outside activities.
3. Allocate finite health care resources wisely.
4. Work effectively and efficiently in a health care organization.
5. Utilize information technology to optimize patient care, life-long learning and practice administration.

To achieve these objectives, the resident in gynecologic oncology should be able to:

1. Effectively manage a clinical and surgical practice, including the follow up of normal and abnormal test results, maintenance of patient waiting lists, and triage of emergency problems.
2. Demonstrate an understanding of the principles of quality improvement/ assurance through participation in weekly tumor board meetings.
3. Demonstrate an understanding of population-based approaches to the provision of medical care, including the costs and benefits of the various screening tests available for gynecologic diseases.
4. Demonstrate an understanding of how health care governance influences patient care, research, and educational activities at the local, provincial and national level.
5. Participate in local, regional and national specialty associations to promote better health care for women.

### Health Advocate

The fully-trained obstetrician/gynecologist will:

1. Identify the critical determinants of health affecting patients.
2. Contribute effectively to improved health of patients and communities.
3. Recognize and respond to those issues where advocacy is appropriate.

In order to achieve these objectives the resident in gynecologic oncology should be able to:

1. Identify the essential determinants of health for an individual patient, highlight which determinants are modifiable, and adapt the treatment approach accordingly.
2. Identify “at-risk” groups in gynecologic oncology and apply available knowledge about prevention to “at-risk” groups within the specialty, as well as contributing to group data to further understand the health problems of this community.
3. Make clinical decisions for an individual patient, when necessary balancing her needs against the needs of the general population and the available resources.
4. Identify the individual patient’s status concerning one or more of the determinants of health (e.g., unemployment), adapt the assessment and management accordingly (e.g., the medical history to the patient’s social circumstances), and assess the patient’s ability to access various services in the health and social system.
5. Facilitate medical care for patients even when that care is not provided personally or locally or when that care is not readily accessible.

6. Make clinical decisions and judgments based on sound evidence for the benefit of the individual patients, and the population served, allowing for an advocacy role primarily for the individual but in the context of societal needs when monitoring and allocating needed resources.
7. Advise patients with gynecological cancer about the local and regional resources available for support, education, and rehabilitation.
8. Provide direction to hospital administration regarding compliance with national clinical and surgical practice guidelines.
9. Discuss the important function and role of various professional organizations, including the Society of Obstetricians and Gynecologists of Canada (SOGC) and Gynecologic Oncologists of Canada (GOC) in the support of obstetricians and gynecologists in this country and the provision and maintenance of optimal health care for Canadian women.

### Scholar

The fully-trained obstetrician/gynecologist must:

1. Develop, implement, and monitor a personal continuing education strategy.
2. Be able to appraise sources of medical information critically.
3. Facilitate patient, peer and other health care professionals' education.

In order to achieve these general objectives, the resident in gynecologic oncology must:

1. Develop a personal habit of life-long learning, utilizing information technology for referencing cases, literature review and participation in basic or applied clinical research.
2. Identify gaps in personal knowledge and skill, and develop strategies to correct them by self-directed reading, discussion with colleagues, and ongoing procedural experience.
3. Understand the principles of basic and applied clinical research, including biostatistics.
4. Be able to appraise and summarize the literature on a given subject critically, and judge whether a research project or publication is sound, ethical, unbiased and clinically valuable.

### Professional

The fully trained obstetrician/gynecologist must:

1. Endeavour to monitor learning and seek feedback by attempting EPAs
2. Deliver the highest quality of medical care with integrity, honesty, compassion, and respect.
3. Exhibit appropriate personal and interpersonal professional behaviors.
4. Practice medicine in a way that is consistent with the ethical obligations of a physician.

In order to achieve these general objectives, the resident in gynecologic oncology must:

1. Foster a caring, compassionate and respectful attitude towards patients, families, and other members of the health care team looking after the patient with gynecological cancer.
2. Provide ethical medical care, and seek advice or second opinion appropriately in ethically difficult situations monitor patients appropriately and provide appropriate follow up medical care, particularly after starting a new treatment or following a surgical procedure.
3. Maintain patient confidentiality at all times.
4. Identify the ethical and legal principles relating to confidentiality and access to health records, record-keeping and informed consent, including consent for an autopsy.
5. Identify the ethical and legal principles relating to autonomy, paternalism, beneficence, non-maleficence, withholding resuscitative measures, organ donation and brain death.
6. Complete reports, letters, and summaries in a timely fashion and maintain medical records that are consistently accurate, informative, and legible.
7. Understand medical protective procedures and the role of the Canadian Medical Protective Association in areas of patient-physician dispute.
8. Be able to deal with professional intimidation and harassment.
9. Show self-discipline, responsibility, and punctuality in attending to ward duties, in the operating room, and at meetings and other activities.
10. Be a moral and ethical role model for others.
11. Be able to delegate clinical and administrative responsibilities appropriately.
12. Can balance professional and personal life.

**CanMEDS Framework: Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, Professional.**

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| Revisions             | Approved at RPC Meeting |
| CanMEDS Roles Updated | December 9, 2019        |