



UAEU

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NATIONAL INSTITUTE FOR HEALTH SPECIALTIES

NIHS Entrustable Professional Activities (EPAs) for Specialty Education in Obstetrics & Gynecology

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Obstetrics & Gynecology

EPA 1: Performing initial assessments for uncomplicated obstetric patients

Key Features: This EPA includes assessment, documentation, and case presentation, including a basic differential diagnosis and initial investigation of uncomplicated obstetric patients.

- This EPA must be observed in a clinical setting.

Assessment Plan:

Direct observation by OB/GYN faculty or entrusted resident/fellow.

Assessment form collects information on

- Patient: antepartum; intrapartum
- Setting: in-patient; out-patient

Basis for formal entrustment decisions:

Collect 4 observations of achievement.

- At least 2 antepartum patients
- At least 2 intrapartum patients
- At least 3 observations by faculty
- At least 3 different observers

When is unsupervised practice expected to be achieved: end of PGY1

Relevant Milestones:

- 1 PC 1.2.b Elicit a history that informs the diagnosis. ME 2.2**
- 2 PC 1.2.b Perform a physical exam that informs the diagnosis ME 2.2**
- 3 MK 2.2 Develop a differential diagnosis relevant to the patient's presentation ME 2.2**
- 4 MK 2.2 Select appropriate investigations based on the differential diagnosis ME 2.2**
- 5 PC 1.2.a Develop an initial management plan for common obstetric presentations ME 2.4**
- 6 ICS 1.1.a Communicate using a patient-centered approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion COM 1.1**
- 7 ICS 1.2.b Mitigate physical barriers to communication to optimize patient comfort, dignity, privacy, engagement, and safety COM 1.2**
- 8 ICS 1.2.a Conduct a focused and efficient patient interview, managing the flow of the encounter while being attentive to the patient's cues and responses COM 2.2**
- 9 ICS 4.2.a Synthesize and organize clinical information for clear and succinct presentation to supervisor ME 2.2**
- 10 P 3.1.b Respond to requests and feedback in a respectful and timely manner COL 2.1**

Obstetrics & Gynecology

EPA 2: Performing an initial assessment of uncomplicated gynaecologic patients

Key Features: This EPA includes assessment, documentation, and case presentation, including a differential diagnosis and initial investigation of uncomplicated gynecologic patients.

- This EPA does not include interpreting the findings of a bimanual or speculum exam.
- This EPA must be observed in a clinical setting.

Assessment Plan:

Direct observation by OB/GYN faculty, entrusted resident/fellow

Assessment form collects information on:

- Common gynecologic presentations: abnormal uterine bleeding; vulvovaginitis; pelvic pain; other (write in)
- Settings: in-patient; out-patient

Basis for formal entrustment decisions:

Collect 4 observations of achievement.

- At least 5 different presentations
- At least 2 observations by faculty
- At least 2 different observers

When is unsupervised practice expected to be achieved: end of PGY 1

Relevant Milestones:

- 1 PC 13.1 Elicit a history that informs the diagnosis ME 2.2**
- 2 PK 13.2 Perform a physical exam that informs the diagnosis ME 2.2**
- 3 MK 2.2 Develop a differential diagnosis relevant to the patient's presentation ME 2.2**
- 4 MK 2.2 Select appropriate investigations based on the differential diagnosis ME 2.2**
- 5 PC 13.2 Develop an initial management plan for common gynecologic presentations ME 2.4**
- 6 ICS 1.1.a Communicate using a patient-centered approach that facilitates patient trust and autonomy, and is characterized by empathy, respect, and compassion COM 1.1**
- 7 ICS 1.2.b Mitigate physical barriers to communication to optimize patient comfort, dignity, privacy, engagement, and safety COM 1.2**
- 8 ICS 1.2.a Conduct a focused and efficient patient interview, managing the flow of the encounter while being attentive to the patient's cues and responses COM 2.2**
- 9 ICS 4.2.a Synthesize and organize clinical information for clear and succinct presentation to supervisor ME 2.2**
- 10 P 3.1.b Respond to requests and feedback in a respectful and timely manner. COL 2.1**

Obstetrics & Gynecology

EPA 3: Providing routine prenatal care to a low-risk, healthy population

Key Features: This EPA includes assessing and counselling women experiencing a low-risk pregnancy and managing routine prenatal care.

- This EPA must be observed in a clinical setting and may be observed in obstetric clinics or the antenatal ward.

Assessment Plan:

Direct observation or case discussion, and review of a consult antenatal documentation by OB/GYN faculty, midwife, genetic counsellor, or entrusted resident/fellow

Assessment form collects information on:

- Visit: initial visit; follow up visit
- Patient: pre-conception; first trimester; second trimester; third trimester; term; postdate
- Discussion topic (write in)

Basis for formal entrustment decisions:

Collect 5 observations of achievement.

- At least 1 initial visit assessment, in the antenatal period (i.e. pre-conception, or first, second or third trimester)
- At least 1 second or third trimester patient
- At least 1 postdates patient
- At least 1 discussion regarding common prenatal issues (e.g., postdate, vaginal birth after cesarean section [VBAC], or breech presentation)
- At least 3 different observers
- At least 3 by faculty

When is unsupervised practice expected to be achieved: end of PGY 1

Relevant Milestones:

- 1** PC 1.2.a Perform a patient assessment including history and physical exam **ME 2.2**
- 2** **PC 1.2.b Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements ME 2.2**
- 3** **MK 2.2 Select appropriate investigations and interpret the results ME 2.2**
- 4** ICS 2.2 Address the patient's ideas, fears, and concerns about pregnancy and her prenatal care **ME 2.3**
- 5** **PC 1.2 Establish plans for ongoing care for the patient, taking into consideration her clinical state, circumstances, preferences, and actions, as well as available resources, best practices, and research evidence ME 4.1**
- 6** **ICS 2.3 Communicate the plan of care clearly and accurately to the patient and their family COM 3.1**

7 ICS 4.3.a Document the clinical encounter to adequately convey findings, clinical reasoning and the rationale for decisions **COM 5.1**

8 SBP 3.2 Consult as needed with other health care professionals, including other physicians
COL 1.2

9 **SBP 6.3** Apply evidence and guidelines with respect to resource utilization in common clinical scenarios **L 2.2**

Obstetrics & Gynecology

EPA 4: Performing assessments of fetal well-being

Key Features: This EPA includes counselling on maternal awareness of fetal well-being (fetal movement count), recognition of indications for fetal well-being assessment, interpretation of non-stress test and third trimester ultrasound reports, interpretation of fetal heart rate patterns in labor and not in labor, performance and interpretation of biophysical profile/modified biophysical profile, amniotic fluid assessment, placental location, fetal presentation, and timely communication of findings to the patient and the care team.

- This EPA includes point of care ultrasound assessment of fetal presentation, placental localization, and biophysical profile/modified biophysical profile.

Assessment Plan:

Direct observation of patient assessment and counselling, and review of antenatal fetal assessment by OB/GYN faculty, entrusted resident/fellow or OB sonographer

Assessment form collects information on:

- Investigation (select all that apply): non-stress test; amniotic fluid volume;
- Point of Care Ultrasound (POCUS); biophysical profile; fetal heart rate tracing; other
- Setting: clinic; obstetrics day unit; triage; labor & delivery
- Counselling on fetal movement count: yes; no

- Atypical/abnormal findings: yes; no

Basis for formal entrustment decisions:

Collect 10 observations of achievement.

- At least 2 non-stress test
- At least 2 biophysical profile or modified biophysical profile (non-stress test and amniotic fluid volume)
- At least 2 POCUS
- At least 2 including counselling on fetal movement counts.

When is unsupervised practice expected to be achieved: end of PGY 2

Relevant milestones:

- 1 PC 3.1.b Apply clinical and biomedical sciences to assess fetal well-being **ME 1.4**
- 2 **PC 1.2.a Perform a focused clinical assessment that addresses all relevant issues ME 1.5**
- 3 **PC 6.2.b Recognize an urgent or difficult problem that may need the involvement of more experienced colleagues and seek their assistance ME 1.5**
- 4 PC 3.3.b Develop a plan that considers the current complexity, uncertainty, and ambiguity in a clinical situation **ME 1.7**

- 5 PC 3.3.b Consider clinical urgency, feasibility, availability of resources, and comorbidities in determining priorities for the patient encounter **ME 2.1**
- 6 **PC 1.2.b** Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements as necessary **ME 2.2**
- 7 **PC 3.1.b Determine the most appropriate method(s) for the purpose of assessment of fetal well-being ME 3.1**
- 8 **PC 3.1.b Perform a fetal assessment which may include fetal heart rate monitoring, biophysical profile, umbilical artery Doppler, EFW, and fetal scalp sampling ME 3.4**
- 9 **PC 3.1.b Perform POCUS in a skillful, fluid, and safe manner without assistance ME 3.4**
- 10 **ICS 1.1.b Share information and explanations that are clear, accurate, timely, and adapted to the patient's and her family's level of understanding and need COM 3.1**
- 11 **ICS 4.3.a Document the clinical encounter to adequately convey findings, clinical reasoning and the rationale for decisions COM 5.1**

Obstetrics & Gynecology:

EPA 5: Assessing and providing initial management for patients with common obstetric presentations

Key Features: This EPA includes triage, assessment and initial management of common presentations including labor, preterm rupture of membranes, gestational hypertension, pain, trauma (e.g., motor vehicle collision), urinary tract infections, antepartum hemorrhage, and reduced fetal movement.

- This EPA includes the decision to induce labor.

Assessment Plan:

Direct observation by OB/GYN faculty, or entrusted resident/fellow

Assessment form collects information on:

- Presentation: diagnosis of labor; suspected fetal compromise; preterm labor; preterm rupture of membranes; antepartum bleeding; hypertensive disorders of pregnancy; trauma; pain; GI/GU complaints; respiratory complaints; other
- Induction of labor: yes; no

Basis for formal entrustment decisions:

Collect 10 observations of achievement

- At least 5 different presentations
- At least 1 diagnosis of labor
- At least 1 presentation of preterm labor
- At least 1 presentation of preterm rupture of membranes
- At least 1 antepartum bleeding
- At least 1 hypertensive disorder of pregnancy
- At least 5 observations by faculty
- At least 3 different observers

When is unsupervised practice expected to be achieved: end of PGY2

Relevant milestones:

- 1** P 3.2.a Demonstrate commitment and accountability for patients in their care **ME 1.1**
- 2** PC 1.2.b Identify clinical situations in which complexity, uncertainty, and ambiguity may play a role in decision-making **ME 1.7**
- 3** **PC 6.2.b Recognize an urgent or difficult problem that may need the involvement of more experienced colleagues and seek their assistance ME 1.5**
- 4** **PC 1.2.a On the basis of patient-centered priorities, prioritize multiple competing tasks that need to be addressed ME 1.6**
- 5** **PC 1.2.a Perform a patient assessment including history and physical exam ME 2.2**
- 6** **PC 1.2.a Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements ME 2.2**

- 7 MK 2.2 Synthesize patient information to determine diagnosis **ME 2.2**
- 8 **PC 1.3.b Develop and implement an initial management plan for common problems in obstetric practice ME 2.4**
- 9 **SBP 1.2.a Apply the principles of situational awareness to clinical practice ME 5.2**
- 10 ICS 1.2.b Use strategies to verify and validate the patient's understanding **COM 3.1**
- 11 ICS 4.3.a **Document the clinical encounter to adequately convey findings, clinical reasoning and the rationale for decisions COM 5.1**
- 12 **PC 3.3.b Receive and appropriately respond to input from other health care professionals COL 1.1**

Obstetrics & Gynecology

EPA 6: Managing labour and childbirth

Key Features: This EPA includes the assessment and management of maternal and fetal well-being in a singleton cephalic term pregnancy.

- This EPA includes assessing progress in labor and augmentation as required, managing spontaneous vaginal birth of a singleton gestation (including episiotomy, delivery of infant, management of perineum, management of 3rd stage), and recognizing intrapartum and immediate postpartum complications.
- This EPA includes induction of labor, including cervical ripening.

Assessment Plan:

Direct observation by OB/GYN faculty or entrusted resident/fellow

Assessment form collects information on:

- Patient: multiparous; nulliparous
- Regional anesthesia: yes; no
- Augmented: yes; no
- Perineal trauma repairs: 1st degree; 2nd degree; not applicable
- Induction of labor including cervical ripening: yes; no

Basis for formal entrustment decisions:

Collect 5 observations of achievement

- Must include a variety of patient factors including primigravida, multiparity, regional anesthesia, augmentation of labor, and 2nd degree perineal tears
- At least 2 by faculty
- At least 3 different observers

When is unsupervised practice expected to be achieved: end of PGY2

Relevant milestones:

1 MK 1.3.b Apply clinical and biomedical sciences to manage presentations in obstetric care

ME 1.4

2 **PC 3.2.a Manage the first stage of normal childbirth in a timely, skillful, and safe manner, including fetal and maternal well-being, determination of progress of labor, fetal position, dilatation and station ME 3.4**

3 **PC 3.2.a Manage the second stage of normal childbirth in a timely, skillful, and safe manner ME 3.4**

4 **PC 3.2.a Manage the delivery of an infant ME 3.4**

5 **PC 3.2.a Assess and manage perineal trauma ME 3.4**

6 **PC 3.2.a Manage the delivery of the placenta ME 3.4**

7 **PC 3.3.b Perform cervical ripening and augmentation of labor, as required ME 3.4**

8 **SBP 1.2.a Apply the principles of situational awareness to clinical practice ME 5.2**

- 9 PC 6.2.b Recognize an urgent or difficult problem that may need the involvement of more experienced colleagues and seek their assistance ME 1.5**
- 10 ICS 1.1.a** Communicate using a patient-centered approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion **COM 1.1**
- 11 ICS 1.1.b Share information and explanations that are clear, accurate, timely, and adapted to the patient's and her family's level of understanding and need COM 3.1**
- 12 ICS 4.3.a** Document the clinical encounter to adequately convey findings, clinical reasoning and the rationale for decisions **COM 5.1**
- 13 PC 3.3.b Receive and appropriately respond to input from other health care professionals COL 1.1**
- 14 P 4.2** Demonstrate an ability to regulate attention, emotions, thoughts, and behaviors while maintaining capacity to perform professional tasks **P 4.1**

Obstetrics & Gynecology

EPA 7: Performing uncomplicated caesarean sections with a skilled assistant

Key Features: To achieve this EPA, the trainee will perform an uncomplicated cesarean under the direct guidance and assistance of a skilled assistant, while requiring minimal redirection or assistance with the procedure

- This EPA includes obtaining informed consent and documenting the operative report, as well as planning post-operative care, including identifying the need for prophylaxis (anti-microbial or VTE).

Assessment Plan:

Direct observation by OB/GYN faculty, or entrusted resident/fellow
Use assessment form

Basis for formal entrustment decisions:

Collect 5 observations of achievement

- At least 3 different OB/GYN faculty

When is unsupervised practice expected to be achieved: end of PGY2

Relevant milestones:

- 1 MK 1.3.a Apply knowledge of surgical anatomy, steps of the procedure, potential intraoperative risks, and means to avoid/overcome them ME 1.4**
- 2 PC 1.3.b Describe the indications and complications of cesarean section ME 3.1**
- 3 ICS 2.3 Obtain and document informed consent, explaining the risks, benefits, alternatives and the rationale for the proposed treatment options ME 3.2**
- 4 PC 7.3 Demonstrate effective procedure preparation, including the use of a preprocedural time-out or safe surgical checklist as appropriate ME 3.4**
- 5 PC 7.3 Position and prep patient correctly ME 3.4**
- 6 PC 5.3 Open the incision using sharp and/or energy-based instruments ME 3.4**
- 7 PC 5.3 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling ME 3.4**
- 8 PC 5.3 Deliver the infant using appropriate technique ME 3.4**
- 9 PC 5.3 Maintain hemostasis and control bleeding using appropriate technique with attention to adjacent structures ME 3.4**
- 10 PC 5.3 Demonstrate intraoperative judgment, fluidity of movement, and forward progression ME 3.4**
- 11 SBP 3.3 Communicate effectively and professionally with the OR team COL 1.2**
- 12 PC 7.3 Establish and implement a plan for post-procedure care, including postoperative orders ME 3.4**

13 ICS 4.4.a Document the surgical encounter to adequately convey the procedure and outcome COM 5.1

14 P 4.2 Demonstrate an ability to regulate attention, emotions, thoughts, and behaviors while maintaining capacity to perform professional tasks P 4.1

Obstetrics & Gynecology:

EPA 8: Providing early postpartum care

Key Features: This EPA includes the assessment and management of the first postpartum days while patients are still in hospital recovering from normal childbirth or cesarean.

- Management of patients with a normal course includes maternal psychosocial, and physical well-being, including prevention of postpartum complications such as venous thromboembolism; assessment of vaginal bleeding and uterine involution; use of strategies to promote successful initiation of breastfeeding; discharge planning and discussion of normal postpartum symptoms; recognition of symptoms and mobilization of appropriate health care professionals and resources for postpartum depression; and contraceptive advice in hospital and for the first 6 weeks postpartum.

Assessment Plan:

Direct observation or case discussion/review of patient chart by OB/GYN faculty, entrusted resident/fellow, family physician or midwife.

Assessment form collects information on:

- Setting: in-patient; out-patient

Basis for formal entrustment decisions:

Collect 4 observations of achievement

- 2 direct observation
- 2 case discussion and chart review
- At least 2 different observers

When is unsupervised practice expected to be achieved: end of PGY1

Relevant milestones:

- 1** MK 1.3.b Apply clinical and biomedical sciences to manage presentations in obstetric care
ME 1.4
- 2** **PC 6.2.b** Recognize an urgent or difficult problem that may need the involvement of more experienced colleagues and seek their assistance **ME 1.5**
- 3** **PC 4.2 Perform a focused clinical assessment that addresses all relevant issues** **ME 1.5**
- 4** P 1.3 Maintain a duty of care and patient safety while balancing multiple responsibilities
ME 1.6
- 5** **PC 4.3 Counsel the patient regarding potential postpartum complications including depression** **COM 4.3**
- 6** **PC 12.2.a Discuss birth control methods to be adopted in the postpartum period** **COM 3.1**
- 7** ICS 1.2.b **Use strategies to verify and validate the patient's understanding** **COM 3.1**
- 8** **ICS 2.3 Answer questions from the patient and family about next steps** **COM 4.3**

9 ICS 4.3.a Document the clinical encounter to adequately convey findings, clinical reasoning and the rationale for decisions COM 5.1

10 PC 3.3.b Receive and appropriately respond to input from other health care professionals COL 1.1

Obstetrics & Gynecology

EPA 9: Providing consultation and initial management for patients with urgent and emergent gynecologic presentations

Key Features: This EPA includes assessment, counselling, and timely initial management for patients with urgent and emergent gynecologic conditions including: acute abdominal/pelvic pain (including ovarian cyst/torsion, pelvic inflammatory disease, or tubo-ovarian abscess); vulvar abscesses/Bartholin's cyst/abscess (including catheter placement or marsupialization); wound infections; septic abortion; first trimester pregnancy complications (including pregnancy of unknown location, ectopic pregnancy, first trimester loss, or hyperemesis gravidarum).

- This includes obtaining consent for an operative procedure such as laparoscopy, D and C, wound debridement, or marsupialization in the OR

Assessment Plan:

Direct and/or indirect observation by the OB/GYN faculty, or entrusted resident/fellow

Assessment form collects information on:

- Setting: emergency department; outpatient clinic; inpatient ward
- Presentation: first trimester complications; pregnancy of unknown location (PUL); ectopic pregnancy; first trimester loss; hyperemesis; acute abdominal/pelvic pain; ovarian cyst/torsion; vulvar abscesses/Bartholin's
- Management (select all that apply): not applicable; catheter placement; marsupialization; initial management for an unstable patient; wound infection
- Counselling and consent discussion: yes; no

Basis for formal entrustment decisions:

Collect 5 observations of achievement

- At least 10 different patient presentations
- At least 3 OB/GYN faculty
- At least 2 different observers

When is unsupervised practice expected to be achieved: end of PGY2

Relevant milestones:

1 MK 1.3.b Apply clinical and biomedical sciences to manage presentations in gynecologic care **ME 1.4**

2 **PC 1.4.b Recognize an urgent or difficult problem that may need the involvement of more experienced colleagues and seek their assistance** **ME 1.5**

3 P 1.3 Maintain a duty of care and patient safety while balancing multiple responsibilities **ME 1.6**

4 **PC 13.2 Perform a patient assessment including history and physical exam** **ME 2.2**

5 **MK 2.2 Select appropriate investigations and interpret the results** **ME 2.2**

6 **MK 2.2 Synthesize patient information to determine diagnosis** **ME 2.2**

- 7 PC 13.3 Develop and implement an initial management plan for urgent and emergent gynecologic presentations ME 2.4**
- 8 ICS 2.3 Assess a patient's decision-making capacity COM 1.6**
- 9 ICS 2.4 Obtain and document informed consent, explaining the risks, benefits, alternatives and the rationale for the proposed treatment options ME 3.2**
- 10 P 3.3.a Ensure follow-up on results of investigation ME 4.1**
- 11 ICS 1.2.b Use strategies to verify and validate the patient's understanding COM 3.1**
- 12 ICS 4.3.a Document the clinical encounter to adequately convey findings, clinical reasoning and the rationale for decisions COM 5.1**
- 13 ICS 3.2.a Engage in respectful shared decision-making with physicians and other colleagues in the health care professions COL 1.3**

Obstetrics & Gynecology

EPA 10: Counselling and management for patients requiring family planning

Key Features: This EPA includes assessment and comprehensive management, including counselling, for patients regarding contraceptive options and/or medical and surgical termination of pregnancy.

- This EPA includes obtaining informed consent for placement of intrauterine contraceptives, tubal ligation/salpingectomy, and pregnancy termination.
- This EPA does not include contraceptive management of patients with significant comorbidities.
- The technical skills in this EPA include insertion and removal of long-acting reversible contraception (LARC).
- This EPA may be observed in the inpatient, outpatient, and emergency room settings.
- The observation of this EPA is divided into two parts: assessment and management; and IUD insertion.

Assessment Plan:

Part A: Assessment and management

Direct observation by OB/GYN faculty, other specialized health professional, or entrusted resident/fellow

Assessment form collects information on:

- Patient issue (select all that apply): reversible contraception; permanent contraception; emergency contraception; medical pregnancy termination; surgical pregnancy termination
- Co-morbidity: yes; no

Basis for formal entrustment decisions:

Collect 3 observations of achievement

- At least 3 observers must be OB/GYN faculty
- At least 2 different observers

Part B: LARC insertion/removal

Direct observation by OB/GYN faculty, other specialized health professional, or entrusted resident/fellow

Assessment form collects information on

- Procedure performed (select all that apply): LARC insertion; LARC removal

Basis for formal entrustment decisions:

Collect at least 4 observations of achievement

- At least 2 LARC insertions
- At least 2 LARC removal

When is unsupervised practice expected to be achieved: end of PGY1

Relevant milestones:

Part A: Assessment and management

- 1 MK 1.3.b Apply clinical and biomedical sciences to manage presentations in gynecologic care **ME 1.4**
- 2 **PC 13.2 Perform a patient assessment including history and physical exam ME 2.2**
- 3 **PC 12.2.a Synthesize clinical information for the purpose of counselling about contraceptive options and pregnancy termination ME 2.2**
- 4 **ICS 2.3 Explore the perspectives of the patient and others when developing care plans COM 4.1**
- 5 **PC 12.2.a Work with the patient to understand relevant options for care ME 2.3**
- 6 **PC 7.3 Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy ME 3.1**
- 7 ICS 2.3 Obtain and document informed consent, explaining the risks, benefits, alternatives and the rationale for the proposed treatment options **ME 3.2**
- 8 **SBP 6.2 Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly COM 1.3**
- 9 ICS 2.3 Communicate with cultural awareness and sensitivity **COM 4.1**
- 10 ICS 4.3.a Document the clinical encounter to adequately convey findings, clinical reasoning and the rationale for decisions **COM 5.1**

Part B: LARC insertion/removal

- 1 **PC 12.3 Perform LARC insertion/removal in a skillful, fluid, and safe manner ME 3.4**

Obstetrics & Gynecology

EPA 11: Providing consultation for patients with gynecologic conditions

Key Features: This EPA includes the assessment, counselling, initial management and follow-up for out-patients with gynecologic conditions including menstrual disorders; menopausal disorders including postmenopausal bleeding and endometrial biopsy; vulvovaginal complaints including vulvar biopsy; adnexal masses; sexually transmitted infections, including pelvic inflammatory disease (PID); and primary preventive care (Pap smears, HPV vaccination).

- This EPA includes appropriate documentation.

Assessment Plan:

Direct and indirect observation by OB/GYN faculty, or entrusted resident/fellow or other attending supervisor (dermatology, infectious disease, hematology, family physician)

Assessment form collects information on:

- Presentation: menopausal disorders including postmenopausal bleeding; menstrual disorders; vulvovaginal complaints; adnexal masses; sexually transmitted infections; primary dysmenorrhea; gynecologic preventative care
- Procedure: not applicable; endometrial biopsy; cervical biopsy; vulvar biopsy; LARC insertion; Pap smear

Basis for formal entrustment decisions:

Collect 5 observations of achievement.

- At least 5 different types of patient presentations and the related procedure
- At least 3 observers must be OB/GYN faculty
- At least 2 different observers

When is unsupervised practice expected to be achieved: end of PGY2

Relevant milestones:

- 1 MK 1.3.b Apply clinical and biomedical sciences to manage presentations in gynecologic care ME 1.4**
- 2 PC 13.2 Perform a patient assessment including history and physical exam ME 2.2**
- 3 MK 2.2 Select appropriate investigations and interpret the results ME 2.2**
- 4 PC 13.2 Develop and implement an initial management plan for common gynecologic conditions ME 2.4**
- 5 ICS 2.3 Obtain and document informed consent, explaining the risks, benefits, alternatives and the rationale for the proposed treatment options ME 3.2**
- 6 PC 13.3 Perform common procedures in a skillful, fluid, and safe manner, including endometrial or vulvar biopsy, LARC insertion or Pap smear ME 3.4**
- 7 ICS 2.3 Answer questions from the patient and family about next steps COM 4.3**
- 8 ICS 4.3.a Document the clinical encounter to adequately convey findings, clinical reasoning and the rationale for decisions COM 5.1**

Obstetrics & Gynecology

EPA 12: Performing minor gynecologic operative procedures

Key Features: This EPA includes obtaining consent, performing the procedure, and providing immediate post-operative care, including recognizing complications of the following procedures: simple laparoscopic tubal ligation (clips, electrocautery); basic laparoscopy (port placement, closing incisions); diagnostic hysteroscopy; global endometrial ablation; surgical management of Bartholin's abscess; dilatation and curettage.

- To achieve this EPA the trainee will perform the above uncomplicated procedures under the direct guidance and assistance of a skilled assistant, while requiring minimal redirection or assistance with the procedure.

Assessment Plan:

Direct observation by OB/GYN faculty, subspecialty trainee, or entrusted resident/fellow
Assessment form collects information on:

- Procedure (select all that apply): basic laparoscopy (port placement, electrocautery, closing incisions); diagnostic hysteroscopy; global endometrial ablation; surgical management of Bartholin's abscess; dilatation and curettage

Basis for formal entrustment decisions:

Collect 15 observations of achievement

- At least 3 basic laparoscopy
- At least 3 diagnostic hysteroscopy
- At least 3 global endometrial ablation
- At least 3 dilatation and curettage
- At least 3 surgical management of Bartholin's abscess
- At least 2 must be OB/GYN faculty for each procedure
- At least 2 different observers for each procedure

When is unsupervised practice expected to be achieved: end of PGY2

Relevant milestones:

- 1 MK 1.3.a Apply knowledge of surgical anatomy, steps of the procedure, potential intraoperative risks and means to avoid/overcome them ME 1.4**
- 2 Apply knowledge of the principles of electrosurgery ME 1.4**
- 3 PC 7.3 Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy ME 3.1**
- 4 ICS 2.3 Obtain and document informed consent, explaining the risks, benefits, alternatives and the rationale for the proposed treatment options ME 3.2**
- 5 PC 7.3 Demonstrate effective procedure preparation, including the use of a preprocedural time-out or safe surgical checklist as appropriate ME 3.4**
- 6 PC 9.2 Assemble required equipment ME 3.4**

- 7 **MK 1.3.a Interpret findings of examination under anesthesia ME 3.4**
- 8 **PC 9.2 Place laparoscopic ports ME 3.4**
- 9 Orient spatially without hesitation and position instruments where intended **ME 3.4**
- 10 PC 11.3 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling **ME 3.4**
- 11 **Demonstrate intraoperative judgment, fluidity of movement, and forward progression ME 3.4**
- 12 **SBP 3.3 Communicate effectively and professionally with the OR team COL 1.2**
- 13 **PC 7.3 Establish and implement a plan for post-procedure care, including postoperative orders ME 3.4**
- 14 **ICS 4.4.a Document the surgical encounter to adequately convey the procedure and outcome COM 5.1**
- 15 P 4.2 Demonstrate an ability to regulate attention, emotions, thoughts, and behaviors while maintaining capacity to perform professional tasks **P 4.1**

Obstetrics & Gynecology

EPA 13: Performing critical appraisal of health literature and initiating scholarly projects

Key Features: This includes analyzing and presenting article(s) at journal club/rounds, establishing, and documenting a research question pertinent to obstetrics and gynecology, conducting the literature review, and choosing appropriate methodology.

- The portfolio submission should indicate what was observed (i.e., critical appraisal, research submission) and document the research question and faculty advisor.

Assessment Plan:

Direct observation by faculty at journal club or rounds, and review of research proposal by faculty
Use assessment form

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- At least 1 journal club or rounds
- At least 1 research proposal

When is unsupervised practice expected to be achieved: end of PGY3

Obstetrics & Gynecology

EPA 14: Providing preconception and antenatal care to women with high risk pregnancies

Key Features: This EPA includes pre-pregnancy optimization of high-risk obstetric patients and recognition, management, counselling, and appropriate referral of complicated pregnancies in the antenatal period (including fetal, maternal and placental issues).

- This EPA includes the direct observation of patient counselling with validation of the history/physical by the supervisor followed by discussion of the management plan.

Assessment Plan:

Direct observation or case discussion with chart review by OB/GYN faculty, Maternal Fetal Medicine (MFM) faculty, obstetric medicine faculty, Internal Medicine faculty, genetics faculty or entrusted resident/fellow

Assessment form collects information on

- Setting: clinic; inpatient unit; labor and delivery; intensive care unit
- Counselling: preconception; antenatal
- Presentation: genetic disorder; maternal medical disorder; history of previous pregnancy complication; fetal complication; pregnancy complication
- Provide presentation detail (i.e., diabetes, intrauterine growth disorder/discrepancy, multiple gestation, etc.): [free text]
- External cephalic version attempt: yes; no
- Observation: direct; indirect

Basis for formal entrustment decisions:

Collect 1 observations of achievement

- At least 6 observations of preconception counselling including:
 - At least 2 genetic disorder
 - At least 1 maternal medical disorder
 - At least 1 history of previous pregnancy complication
 - At least 3 direct observations
 - At least 2 by MFM faculty
- At least 6 observations of antenatal counselling including:
 - At least 2 maternal medical disorders
 - At least 2 fetal complications
 - At least 2 pregnancy complication
 - At least 3 direct observations
 - At least 2 by MFM faculty

When is unsupervised practice expected to be achieved: end of PGY3

Relevant Milestones:

- 1 PC 6.3.a Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology **ME 1.4**
- 2 PC 1.3.a Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves **ME 1.7**
- 3 PC 1.3.a **Prioritize issues to be addressed in the patient encounter** **ME 2.1**
- 4 PC 1.3.a **Perform clinical assessments that address all relevant issues** **ME 1.5**
- 5 PC 1.3.a **Develop and implement patient-centered management plans that consider all the patient's health problems and context** **ME 2.4**
- 6 **ICS 1.3.a Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately** **COM 1.5**
- 7 **ICS 1.3.a Convey information about diagnosis and prognosis clearly and compassionately** **COM 3.1**
- 8 SBP 3.2 Consult as needed with other health care professionals, including other physicians **COL 1.2**
- 9 ICS 3.3.a Communicate effectively with physicians and other colleagues in the health care professions **COL 1.3**
- 10 **SBP 4.3 Organize the handover of care to the most appropriate physician or health care professional** **COL 3.2**
- 11 **P 2.3 Manage ethical issues encountered in the clinical and academic setting** **P 1.3**

Obstetrics & Gynecology

EPA 15: Managing patients with acute conditions presenting in the antenatal and perinatal period

Key Features: This EPA focuses on the recognition and management of maternal and fetal conditions that may complicate labor and necessitate intervention.

- This EPA includes the decision to proceed to operative delivery but not the technical aspects of the procedure (included in another EPA).

Assessment Plan:

Direct observation by OB/GYN faculty, Maternal Fetal Medicine faculty or entrusted resident/fellow

Assessment form collects information on:

- Setting: clinical (ER, triage, L&D, antenatal ward, ICU); simulation
- Maternal complication (select all that apply): not applicable; chorioamnionitis; trial of labor after cesarean section; complicated induction; severe hypertensive disorder of pregnancy; pre-gestational diabetes; maternal comorbidities (e.g., cardiac, GI, renal, pulmonary); 1st or 2nd stage dystocia; intrapartum hemorrhage; uterine rupture; shock; eclampsia; other
- If "other" indicate diagnosis: [free text]
- Fetal complication (select all that apply): not applicable; preterm delivery (gestational age <32 weeks); multiples; intrauterine fetal death; malposition; cord prolapse; atypical/abnormal fetal heart rate tracing
- Manual rotation: yes; no

Basis for formal entrustment decisions:

Collect 10 observations of achievement

- Must be a diversity of maternal and fetal cases
- At least 3 different maternal complications
- At least 3 different fetal complications
- At least 5 faculty observations
- At least 3 observers

When is unsupervised practice expected to be achieved: end of PGY3

Relevant Milestones:

- 1** PC 6.3.a Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology **ME 1.4**
- 2** PC 1.3.a **Perform clinical assessments that address all relevant issues ME 1.5**
- 3** **P 3.3.a Carry out professional duties in the face of multiple, competing demands ME 1.6**
- 4** PC 1.3.b Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves **ME 1.7**

- 5 **PC 6.2.b Seek assistance in situations that are complex, novel, or involve uncertainty ME 1.7**
- 6 **ICS 2.4 Share concerns, in a constructive and respectful manner, with patients and their families about goals of care that are not felt to be achievable ME 2.3**
- 7 **PC 1.4.b Develop and implement patient-centered management plans that consider all of the patient's health problems and context ME 2.4**
- 8 **SBP 1.2.a Apply the principles of situational awareness to clinical practice ME 5.2**
- 9 **ICS 1.1.a Communicate using a patient-centered approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion COM 1.1**
- 10 **SBP 6.2 Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly COM 1.3**
- 11 **ICS 1.3.a Convey information about diagnosis and prognosis clearly and compassionately COM 3.1**
- 12 **ICS 4.3.a Document clinical encounters to adequately convey findings, clinical reasoning and the rationale for decisions COM 5.1**
- 13 **PC 3.3.b Receive and appropriately respond to input from other health care professionals COL 1.1**
- 14 **ICS 3.3.a Communicate effectively with physicians and other colleagues in the health care professions COL 1.3**
- 15 **SBP 4.3 Organize the handover of care to the most appropriate physician or health care professional COL 3.2**
- 16 **SBP 6.3 Apply evidence and management processes to achieve cost-appropriate care L 2.2**

Obstetrics & Gynecology

EPA 16: Managing complex vaginal deliveries

Key Features: This EPA focuses on the recognition and management of maternal and fetal conditions that may complicate delivery and necessitate intervention.

- This EPA includes selecting and counselling patients, performing the technical skills of vacuum and forceps deliveries, vaginal delivery of multiple gestation, shoulder dystocia, and repairs of 3rd and 4th degree tears.

Assessment Plan:

Direct observation by OB/GYN faculty, Maternal Fetal Medicine faculty, entrusted resident/fellow or simulation educators

Assessment form collects information on

- Complication: shoulder dystocia; vaginal breech, multiple delivery; postpartum hemorrhage (PPH); 3rd or 4th degree tear; other
- If 'other' please indicate complication: [free text]
- Setting: clinical; simulation
- Procedure: vacuum; outlet forceps (non-rotation); low forceps (non-rotation); perineal laceration; shoulder dystocia; internal podalic version; breech extraction

Basis for formal entrustment decisions:

Collect 10 observations of achievement

- At least 1 shoulder dystocia
- At least 1 vaginal breech (may be in simulation)
- At least 1 twin delivery
- At least 1 postpartum hemorrhage (PPH)
- At least 1 repair of either a 3rd or 4th degree tear
- At least 5 low forceps (non-rotation) or vacuum (At least 1 of forceps)
- At least 5 observed by faculty
- At least 3 different observers

When is unsupervised practice expected to be achieved: end of PGY3

Relevant Milestones:

- 1** PC 1.3.b Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves **ME 1.7**
- 2** **ICS 2.4 Share concerns, in a constructive and respectful manner, with patients and their families about goals of care that are not felt to be achievable ME 2.3**
- 3** PC 3.3.b Describe the steps of the procedure, potential risks, and means to avoid/overcome them **ME 3.2**
- 4** **MK 2.4 Integrate required information to reach diagnosis and determine correct procedure required ME 3.1**

- 5 **ICS 2.4 Use shared decision-making in the consent process, taking risk and uncertainty into consideration ME 3.2**
- 6 **PC 3.3.b Prepare and position the patient correctly, gather required instruments, apply knowledge of the approach and anticipate probable complications ME 3.4**
- 7 **PC 3.3.b Perform the steps of the procedure efficiently, avoiding pitfalls and respecting soft tissues ME 3.4**
- 8 **ICS 4.3.a Document the procedure ME 3.4**
- 9 **PC 4.3 Establish and implement a plan for care following delivery ME 3.4**
- 10 **SBP 1.2.a Apply the principles of situational awareness to clinical practice ME 5.2**
- 11 **SBP 6.2 Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly COM 1.3**
- 12 **ICS 1.3.a Debrief the delivery with the patient and family in a timely, honest, and transparent manner COM 3.1**
- 13 **ICS 3.3.a Communicate effectively with physicians and other colleagues in the health care professions COL 1.3**
- 14 **ICS 3.2.a Delegate tasks and responsibilities in an appropriate and respectful manner COL 2.1**
- 15 **P 4.2 Demonstrate an ability to regulate attention, emotions, thoughts, and behaviors while maintaining capacity to perform professional tasks P 4.1**

Obstetrics & Gynecology

EPA 17: Performing complex cesarean sections

Key Features: This EPA focuses on the technical skills of performing cesarean sections in any complex situation.

Assessment Plan:

Direct observation by OB/GYN faculty, or entrusted resident/fellow

Assessment form collects information on:

- Type of cesarean section: classical; multiple pregnancy; 2nd stage; morbidly obese patient; extensive extension; abnormal placentation (e.g., accreta, previa); difficult repeat cesarean section; STAT cesarean section; transverse lie; other
- If "other" please indicate type of cesarean: [free text]
- Complication management: repair of extensive extension; surgical management of postpartum hemorrhage; uterine dehiscence/rupture repair; management of extensive intra-abdominal adhesions/ scar tissue; not applicable

Basis for formal entrustment decisions:

Collect 10 observations of achievement

- At least 1 difficult 2nd stage cesarean section
- At least 1 morbidly obese patient
- At least 1 abnormal placentation (placenta previa)
- At least 1 difficult repeat CS
- At least 1 STAT cesarean section
- At least 1 transverse lie
- At least 1 repair of extensive extension at the time of a cesarean section
- At least 5 different faculty observers
- At least 5 by faculty

When is unsupervised practice expected to be achieved: end of PGY3

Relevant Milestones:

- 1 MK 1.3.a** Apply knowledge of surgical anatomy, steps of the procedure, potential intraoperative risks and means to avoid/overcome them **ME 1.4**
- 2 PC 6.2.b** Recognize urgent or difficult problems that may need the involvement of more experienced colleagues and seek their assistance **ME 1.5**
- 3 MK 2.4** Integrate required information to reach diagnosis and determine correct procedure required **ME 3.1**
- 4 ICS 2.4** Use shared decision-making in the consent process, taking risk and uncertainty into consideration **ME 3.2**
- 5 PC 5.4** Perform the steps of the procedure efficiently, avoiding pitfalls and respecting soft tissues **ME 3.4**

- 6 **PC 6.2.b Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered ME 3.4**
- 7 PC 4.3 Establish and implement a plan for care following delivery **ME 3.4**
- 8 **SBP 1.2.a Apply the principles of situational awareness to clinical practice ME 5.2**
- 9 **P 3.3.a Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner COM 3.1**
- 10 **ICS 4.3.a Document the procedure ME 3.4**
- 11 ICS 3.3.a Communicate effectively with physicians and other colleagues in the health care professions **COL 1.3**
- 12 P 4.2 **Demonstrate an ability to regulate attention, emotions, thoughts, and behaviors while maintaining capacity to perform professional tasks P 4.1**

Obstetrics & Gynecology

EPA 18: Diagnosing and managing postpartum complications

Key Features: This EPA includes recognition, prevention, and management of postpartum complications.

Assessment Plan:

Direct observation or case discussion, with review of clinic notes by OB/GYN faculty, or entrusted resident/fellow, simulation educator, or other specialists

Assessment form collects information on:

- Patient presentation (select all that apply): delayed postpartum hemorrhage; infection; perineal complications, vaginal hematoma; mastitis; endometritis; venous thromboembolism/pulmonary embolus; septic thrombophlebitis; psychosocial comorbidities; postpartum psychiatric disorders (e.g., psychosis, depression)
- Observation: direct; indirect
- Setting: office setting; postpartum ward; triage/ER; simulation

Basis for formal entrustment decisions:

Collect 5 observations of achievement

- At least 1 wound complication
- At least 1 delayed postpartum hemorrhage
- At least 3 observed by OB/GYN faculty
- At least 2 different observers

When is unsupervised practice expected to be achieved: end of PGY2

Relevant Milestones:

- 1** PC 6.3.a Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology **ME 1.4**
- 2** **PC 4.3 Perform clinical assessments that address all relevant issues ME 1.5**
- 3** **PC 1.4.b Develop and implement patient-centered management plans that consider all of the patient's health problems and context ME 2.4**
- 4** **ICS 1.3.a** Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately **COM 1.5**
- 5** **ICS 1.3.a Convey information about diagnosis and prognosis clearly and compassionately COM 3.1**
- 6** **ICS 4.3.a Document clinical encounters to adequately convey findings, clinical reasoning and the rationale for decisions COM 5.1**
- 7** ICS 3.3.a Communicate effectively with physicians and other colleagues in the health care professions **COL 1.3**
- 8** **PC 4.4 Determine the need and timing of referral to another physician or health care professional ME 4.1**

Obstetrics & Gynecology

EPA 19: Performing obstetric and gynecologic ultrasound

Key Features: This EPA focuses on selection, performance, and interpretation of point-of-care obstetric and gynecologic ultrasound (US) to guide assessment and ongoing management.

- This EPA includes transabdominal and transvaginal US
 - Obstetric US:
 - biophysical profile (BPP), standard or modified (cord Doppler)
 - fetal position and number
 - placental location
 - fetal viability
 - basic fetal biometry (biparietal diameter (BPD), head circumference (HC), abdominal circumference (AC), femur length (FL))
 - cervical length
 - Gynecologic US:
 - confirm intrauterine pregnancy o crown rump length (CRL)
 - free fluid in pelvis/abdomen

Assessment Plan:

Direct observation and/or review of images by OB/GYN or MFM faculty or entrusted fellow

Assessment form collects information on

- Setting: ER; inpatient; gynecology clinic; diagnostic imaging; ultrasound unit; simulation
- Obstetrics cases (select all that apply): not applicable; standard BPP; modified BPP (cord Doppler); fetal position and number; placental location; fetal viability; basic fetal biometry (BPD, HC, AC, FL); cervical length
- Gynecology cases (select all that apply): not applicable; confirm intrauterine pregnancy; crown rump length (CRL); free fluid in pelvis/abdomen; US guided curettage
- Free fluid: not applicable; normal; abnormal
- Observation: direct; image review

Basis for formal entrustment decisions:

Collect 15 observations of achievement

- At least 5 normal amount of free fluid
- At least 5 obstetrics case
- At least 5 gynecology case
- At least 3 direct observation of each type of case (obstetric & gynecologic)
- No more than 2 simulations including 1 obstetric, and 1 gynecologic case

When is unsupervised practice expected to be achieved: end of PGY2

Relevant Milestones:

- 1 PC 6.3.a Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology **ME 1.4**
- 2 Perform ultrasound assessments that address the breadth of issues in each case **ME 1.5**
- 3 **Adjust instrument settings appropriately to optimize image quality ME 3.4**
- 4 **Obtain standard views ME 3.4**
- 5 **Recognize clinically significant findings in an US examination ME 2.2**
- 6 PC 6.2.b Seek assistance in situations that are complex, novel, or involve uncertainty **ME 1.7**
- 7 **MK 2.3 Develop a specific differential diagnosis relevant to the patient's presentation ME 2.2**
- 8 SBP 1.2.a Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety **COM 1.2**
- 9 **ICS 1.3.a Convey information about diagnosis and prognosis clearly and compassionately COM 3.1**
- 10 **SBP 4.3 Determine the need and timing of referral to another physician or health care professional ME 4.1**
- 11 ICS 3.3.a Communicate effectively with physicians and other colleagues in the health care professions **COL 1.3**

Obstetrics & Gynecology

EPA 20: Providing definitive management for patients with acute gynecologic emergencies

Key Features: This EPA focuses on diagnosing, managing, counselling, and coordinating care for patients with acute gynecologic emergencies.

Assessment Plan:

Direct or indirect observation by OB/GYN faculty or entrusted fellow

Assessment form collects information on:

- Setting: emergency department; inpatient ward; outpatient clinic
- Patient presentation: acute intra-abdominal process; severe ovarian hyperstimulation syndrome; acute uterine bleeding; early pregnancy complications
- Observation: direct; indirect

Basis for formal entrustment decisions:

Collect 5 observations of achievement

- At least 3 direct observation by faculty
- At least 3 different observers

When is unsupervised practice expected to be achieved: end of PGY3

Relevant Milestones:

- 1** PC 6.3.a Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology **ME 1.4**
- 2** **PC 13.2 Perform clinical assessments that address all relevant issues ME 1.5**
- 3** **ICS 1.2 Actively listen and respond to patient cues COM 2.1**
- 4** **PC 13.2** Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves **ME 1.7**
- 5** **PC 13.3** Prioritize issues to be addressed in the patient encounter **ME 2.1**
- 6** **PC 13.3** Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion **ME 2.2**
- 7** **ICS 2.4** Share concerns, in a constructive and respectful manner, with patients and their families about goals of care that are not felt to be achievable **ME 2.3**
- 8** **PC 13.3 Develop and implement plans for definitive management of acute gynecologic emergencies ME 2.4**
- 9** **PC 13.3 Determine the most appropriate procedures or therapies for the purpose of assessment and/or management ME 3.1**
- 10** **PC 7.3** Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy **ME 3.1**

- 11 ICS 1.3.a** Convey information about diagnosis and prognosis clearly and compassionately
COM 3.1
- 12 ICS 4.3.a Document clinical encounters to adequately convey findings, clinical reasoning and the rationale for decisions COM 5.1**
- 13 ICS 3.3.a** Communicate effectively with physicians and other colleagues in the health care professions **COL 1.3**
- 14 SBP 4.3 Organize the handover of care to the most appropriate physician or health care professional COL 3.2**

Obstetrics & Gynecology

EPA 21: 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 OB/GYN faculty, or entrusted fellow

Assessment 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

Basis for formal entrustment decisions:

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

When is unsupervised practice expected to be achieved: end of PGY3

Relevant Milestones:

- 1** MK 1.4.b Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology **ME 1.4**
- 2** **PC 13.2 Perform clinical assessments that address all relevant issues ME 1.5**
- 3** **PC 13.4 Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves ME 1.7**

- 4 **PC 13.4** 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 **ME 2.1**
- 5 **PC 13.4** **Develop and implement patient-centered management plans that consider all of the patient's health problems and context** **ME 2.4**
- 6 **PC 13.4** **Determine the most appropriate procedures or therapies for the purpose of assessment and/or management** **ME 3.1**
- 7 **PC 7.3** **Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy** **ME 3.1**
- 8 **PC 13.4** **Perform common procedures in a skillful, fluid, and safe manner with minimal assistance** **ME 3.4**
- 9 **ICS 1.1.a** **Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe** **COM 4.1**
- 10 **ICS 4.3.a** **Document clinical encounters to adequately convey findings, clinical reasoning and the rationale for decisions** **COM 5.1**
- 11 **SBP 3.2** **Consult as needed with other health care professionals, including other physicians** **COL 1.2**
- 12 **SBP 6.3** **Use clinical judgment to minimize wasteful practices** **L 2.1**
- 13 **SBP 6.3** **Apply evidence and guidelines with respect to resource utilization in common clinical scenarios** **L 2.2**
- 14 **SBP 5.2** **Incorporate disease prevention, health promotion, and health surveillance activities into interactions with individual patients** **HA 1.3**

Obstetrics & Gynecology

EPA 22: Assessing and initiating management for patients with reproductive challenges

Key Features: This EPA includes providing medical care and surgical counselling to patients presenting with reproductive challenges.

- This EPA may be observed in the inpatient, outpatient, and emergency room settings
- This EPA includes management of patients with consideration of social, legal and ethical use of artificial reproductive technologies (ART).
- 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 and/or multidisciplinary care.

Assessment Plan:

Direct or indirect observation by OB/GYN faculty or gynecologic reproductive endocrinology and infertility (GREI) entrusted fellow.

Assessment form collects information on:

- Patient presentation: infertility; fertility preservation; recurrent pregnancy loss; complications following artificial reproductive technologies (ART)
- Etiology: endometriosis; anovulation/amenorrhea; congenital uterine anomaly; social; tubal factor; male factor infertility; complications from treatment; ovarian hyperstimulation syndrome (OHSS); other

Basis for formal entrustment decisions:

Collect 10 observations of achievement

- At least 5 recurrent pregnancy loss
- At least 5 cases of infertility of different etiologies
- At least 2 different observers
- At least 2 observed by faculty

When is unsupervised practice expected to be achieved: end of PGY3

Relevant Milestones:

- 1** MK 1.4.b Apply a broad base and depth of knowledge in reproductive endocrinology to manage patients with reproductive challenges **ME 1.4**
- 2** MK 2.2 **Synthesize patient information to determine diagnosis ME 2.2**
- 3** **ICS 2.4 Develop a plan to address reproductive challenges, in collaboration with a patient with inclusion of her partner ME 2.4**
- 4** **ICS 2.4** Use shared decision-making in the consent process, taking risk and uncertainty into consideration **ME 3.2**
- 5** PC 13.3 Establish plans for ongoing care for the patient, taking into consideration her clinical state, circumstances, preferences, and actions, as well as available resources, best practices, and research evidence **ME 4.1**

- 6 SBP 6.2 Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly **COM 1.3**
- 7 **ICS 1.3.a Convey information about diagnosis and prognosis clearly and compassionately COM 3.1**
- 8 **ICS 4.3.a** Document clinical encounters to adequately convey findings, clinical reasoning and the rationale for decisions **COM 5.1**
- 9 **SBP 6.3 Consider costs when choosing care options L 2.1**

Obstetrics & Gynecology

EPA 23: Diagnosing and managing pediatric and adolescent patients with common gynecologic conditions

Key Features: This EPA includes diagnosis, management, and counselling.

- This EPA requires direct observation of the physical exam and counseling of the patient and family and allows for indirect observation of patient history and documentation.

Assessment Plan:

Direct observation of the physical examination and counselling and indirect observation of history, documentation, and management plan by OB/GYN faculty, entrusted fellow, pediatrician, endocrinologist.

Assessment form collects information on:

- Setting: outpatient; emergency department; inpatient
- Patient presentation: labial agglutination; vaginal discharge; vulvovaginitis; simple straddle injuries; sexual health counselling; abnormal uterine bleeding; amenorrhea; other menstrual irregularities; adnexal masses; delayed/precocious puberty; obstructive Mullerian anomalies; other
- Pre-pubertal patient: yes; no
- Observation: direct; indirect

Basis for formal entrustment decisions:

Collect 5 observations of achievement

- At least 5 different patient presentations
- At least 3 pre-pubertal presentation
- At least 2 OB/GYN faculty

When is unsupervised practice expected to be achieved: end of PGY2

Relevant Milestones:

- 1** MK 1.4.b Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage pediatric patients with obstetric or gynecologic presentations **ME 1.4**
- 2** SBP 1.2.a **Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety COM 1.2**
- 3** **PC 13.2 Perform clinical assessments that address all relevant issues ME 1.5**
- 4** **PC 13.4 Develop and implement patient-centered management plans that consider all of the patient's health problems and context ME 2.4**
- 5** **ICS 1.3.a** Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately **COM 1.5**
- 6** **ICS 2.3 Use communication skills and strategies that help the patient and family make informed decisions regarding their health COM 4.3**

7 **ICS 4.3.a** Document clinical encounters to adequately convey findings, clinical reasoning and the rationale for decisions **COM 5.1**

Obstetrics & Gynecology

EPA 24: Providing care for patients with pelvic floor dysfunction

Key Features: This EPA focuses on providing conservative medical care and surgical counselling to patients presenting with pelvic floor dysfunction 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 or multidisciplinary care.

Assessment Plan:

Direct observation by OB/GYN faculty and uro-gynecology entrusted fellow

Assessment form collects information on:

- Setting: inpatient; outpatient; operating room
- Patient presentation: pelvic organ prolapse (POP); urinary incontinence (UI) stress; urinary incontinence (UI) urge; lower urinary tract symptoms (LUTS); anal incontinence and defecatory dysfunction; fistulas
- Management: pessary fitting; cystoscopy; urodynamic interpretation; primary surgical correction of stress incontinence; other
- If "other" indicate management: [free text]

Basis for formal entrustment decisions:

Collect 10 observations of achievement

- A variety of at least 5 patient presentations
- At least 2 POP
- At least 2 urinary incontinence presentation with primary surgical correction of stress incontinence
- At least 2 cystoscopy
- At least 2 pessary fitting
- At least 2 urodynamic interpretation

When is unsupervised practice expected to be achieved: end of PGY3

Relevant Milestones:

- 1 MK 1.4.b Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in urogynecology **ME 1.4**
- 2 **PC 13.2 Perform clinical assessments that address all relevant issues ME 1.5**
- 3 **PC 13.4 Develop and implement patient-centered management plans that consider all of the patient's health problems and context ME 2.4**
- 4 **PBLI 1.3 Ensure that patients are informed about the risks and benefits of each treatment option in the context of best evidence and guidelines ME 3.2**

5 PC 8.2 Perform cystoscopy in a skillful, fluid, and safe manner with minimal assistance ME 3.4

6 PC 10.2 Perform pessary fitting in a skillful, fluid, and safe manner with minimal assistance ME 3.4

7 ICS 4.3.a Document clinical encounters to adequately convey findings, clinical reasoning and the rationale for decisions COM 5.1

Obstetrics & Gynecology

EPA 25: Assessing, diagnosing and managing patients with chronic pelvic pain and sexual health concerns

Key Features: This EPA includes counselling and consideration of multi-disciplinary options of management (physiotherapy, etc.) as well as medical and surgical options.

Assessment Plan:

Direct observation by OB/GYN faculty, entrusted fellow, chronic pain specialist, or other health professional.

Assessment form collects information on:

- Patient presentation: chronic pelvic pain; sexual health concern
- Diagnosis: vulvodynia; levator hypertonicity; myofascial pain; female sexual dysfunction; other
- If 'other' please indicate diagnosis: [free text]

Basis for formal entrustment decisions:

Collect 4 observations of achievement

- At least 2 chronic pelvic pain
- At least 2 cases of sexual dysfunction

When is unsupervised practice expected to be achieved: end of PGY3

Relevant Milestones:

- 1 MK 1.4.b Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patients presenting with chronic pain or sexual concerns **ME 1.4**
- 2 **PC 13.2 Perform clinical assessments that address all relevant issues ME 1.5**
- 3 **ME 2.3 Address the impact of the medical condition on the patient's ability to pursue life goals and purposes**
- 4 **PC 13.4 Develop and implement patient-centered management plans that consider all of the patient's health problems and context ME 2.4**
- 5 **ICS 1.3.a Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately COM 1.5**
- 6 **ICS 1.2 Actively listen and respond to patient cues COM 2.1**
- 7 **ICS 1.3.a Convey information about diagnosis and prognosis clearly and compassionately COM 3.1**
- 8 **SBP 3.2 Consult as needed with other health care professionals, including other physicians COL 1.2**

Obstetrics & Gynecology

EPA 26: Assessing and managing patients with gynecologic malignancies

Key Features: This EPA focuses on clinical assessment of malignant gynecologic conditions, including recognizing the risk factors for gynecologic malignancies, initial investigations, and procedures (including biopsies, paracentesis), counselling regarding initial surgical or medical management, prioritizing referrals/assessment, post-treatment follow-up, and palliative care.

- This EPA includes basic counselling regarding indications and common side effects of radiation therapy and chemotherapy.

Assessment Plan:

Direct observation by gynecology-oncologist, or gynecology-oncology subspecialty trainee

Assessment form collects information on:

- Setting: outpatient; inpatient; emergency room
- Tumor site: ovarian/fallopian tube/primary peritoneal; endometrial/sarcoma; cervix; vulva/vagina; gestational trophoblastic disease (GTD); other
- If 'other' please indicate disease: [free text]
- Palliation: yes; no

Basis for formal entrustment decisions:

Collect 10 observations of achievement

- At least 2 cervical cancer
- At least 3 complex adnexal mass/ovarian cancer
- At least 3 endometrial cancer
- At least 2 palliation
- At least 2 different faculty observers

When is unsupervised practice expected to be achieved: end of PGY3

Relevant Milestones:

- 1** MK 1.4.b Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology **ME 1.4**
- 2** SBP 1.2.a Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety **COM 1.2**
- 3** **PC 13.2 Perform clinical assessments that address all relevant issues ME 1.5**
- 4** **MK 2.2 Select appropriate investigations and interpret the results ME 2.2**
- 5** **ICS 1.3.a Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately COM 1.5**
- 6** **ICS 1.3.a Convey information about diagnosis and prognosis clearly and compassionately COM 3.1**
- 7** **PBLI 1.3 Integrate best evidence and clinical expertise into decision-making S 3.4**

- 8 **ICS 2.4** Use shared decision-making in the consent process, taking risk and uncertainty into consideration **ME 3.2**
- 9 **PC 13.4** **Develop and implement patient-centered management plans that consider all of the patient's health problems and context** **ME 2.4**
- 10 **ICS 4.3.a** Document clinical encounters to adequately convey findings, clinical reasoning and the rationale for decisions **COM 5.1**
- 11 **SBP 6.3** Use clinical judgment to minimize wasteful practices **L 2.1**

Obstetrics & Gynecology

EPA 27: Performing advanced hysteroscopy

Key Features: This EPA includes performing complex diagnostic and operative hysteroscopy, including patient positioning, selection and appropriate use of instruments and distention medium, risk reduction, and injury prevention and recognition.

- This EPA may be observed in the operating room, or outpatient hysteroscopy suites.

Assessment Plan:

Direct observation by OB/GYN faculty, or entrusted fellow

Assessment form collects information on:

- Procedure: endometrial resection; endometrial ablation; myomectomy; septoplasty of partial/complete septum; lysis of intrauterine adhesions; other

Basis for formal entrustment decisions:

Collect 20 observations of achievement

- At least 5 endometrial ablation (resectoscopic or rollerball)
- At least 5 myomectomies
- At least 5 endometrial polypectomy
- At least 2 septoplasty
- At least 1 management of Asherman
- At least 2 different observers

When is unsupervised practice expected to be achieved: end of PGY3

Relevant Milestones:

- 1 MK 1.3.a** Apply knowledge of surgical anatomy, steps of the procedure, potential intraoperative risks and means to avoid/overcome them **ME 1.4**
- 2 PC 8.2** Apply knowledge of the principles of electrosurgery **ME 1.4**
- 3 ME 3.1** Describe the indications, risks and complications of advanced hysteroscopy
- 4 ICS 2.4** Obtain and document informed consent, explaining to the patient the risks, benefits, alternatives and rationale for the proposed treatment options **ME 3.2**
- 5 PC 7.3 Demonstrate effective procedure preparation, including the use of a preprocedural time-out or safe surgical checklist as appropriate ME 3.4**
- 6 PC 8.1 Assemble required equipment ME 3.4**
- 7 PC 8.3 Select and manage distension media ME 3.4**
- 8 PC 8.3 Interpret hysteroscopic findings ME 3.4**
- 9 PC 8.4 Orient spatially without hesitation and position instruments where intended ME 3.4**
- 10 PC 8.4 Demonstrate intraoperative judgment, fluidity of movement, and forward progression ME 3.4**
- 11 PC 8.4 Identify and trouble-shoot equipment issues ME 3.4**

- 12 ICS 3.3.b Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered ME 3.4**
- 13 SBP 3.3 Communicate effectively and professionally with the OR team COL 1.2**
- 14 PC 7.3 Establish and implement a plan for post-procedure care, including postoperative orders ME 3.4**
- 15 ICS 4.4.a Document the surgical encounter to adequately convey the procedure and outcome COM 5.1**
- 16 SBP 1.2.a Apply the principles of situational awareness to clinical practice ME 5.2**
- 17 P 3.3.a Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner COM 3.1**
- 18 P 4.2 Demonstrate an ability to regulate attention, emotions, thoughts, and behaviors while maintaining capacity to perform professional tasks P 4.1**

Obstetrics & Gynecology

EPA 28: Performing major vaginal and vulvar procedures

Key Features: This EPA focuses on performing major vaginal procedures, including patient positioning, selection and appropriate use of instruments, risk reduction, and injury recognition.

- This EPA includes vaginal hysterectomy, anterior and posterior repair, simple vulvectomy, cervical conization, perineorrhaphy, or colpocleisis.

Assessment Plan:

Direct observation by OB/GYN faculty or entrusted resident/fellow, may include feedback from anesthesiologist.

Assessment form collects information on:

- Procedure: vaginal hysterectomy; anterior and posterior repair; simple vulvectomy; cervical conization; perineorrhaphy; colpocleisis

Basis for formal entrustment decisions:

Collect 10 observations of achievement

- At least 2 vaginal hysterectomy
- At least 2 anterior and posterior repair
- At most 2 cervical conization
- At least 3 different faculty

When is unsupervised practice expected to be achieved: end of PGY4

Relevant Milestones:

- 1 MK 1.3.a Apply knowledge of surgical anatomy, steps of the procedure, potential intraoperative risks and means to avoid/overcome them ME 1.4**
- 2 PC 10.1 Describe the indications, risks and complications of major vaginal procedures ME 3.1**
- 3 ICS 2.4 Obtain and document informed consent, explaining to the patient the risks, alternatives and the rationale for the proposed treatment options ME 3.2**
- 4 PC 7.3 Demonstrate effective procedure preparation, including the use of a preprocedural time-out or safe surgical checklist as appropriate ME 3.4**
- 5 Orient spatially without hesitation and position instruments where intended ME 3.4**
- 6 PC 10.4 Perform safe dissection of relevant structures and tissue layers with gentle tissue handling ME 3.4**
- 7 PC 10.3 Demonstrate intraoperative judgment, fluidity of movement, and forward progression ME 3.4**
- 8 ICS 3.3.b Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered ME 3.4**
- 9 SBP 3.3 Communicate effectively and professionally with the OR team COL 1.2**

- 10 PC 7.3 Establish and implement a plan for post-procedure care, including postoperative orders ME 3.4**
- 11 ICS 4.4.a Document the surgical encounter to adequately convey the procedure and outcome COM 5.1**
- 12 SBP 1.2.a Apply the principles of situational awareness to clinical practice ME 5.2**
- 13 P 3.3.a Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner COM 3.1**
- 14 P 4.2 Demonstrate an ability to regulate attention, emotions, thoughts, and behaviors while maintaining capacity to perform professional tasks P 4.1**

Obstetrics & Gynecology

EPA 29: Performing major laparoscopic gynecologic procedures

Key Features: This EPA focuses on performing major gynecologic laparoscopic procedures, including patient positioning, selection and appropriate use of instruments, risk reduction, and injury recognition.

- This EPA includes laparoscopic salpingostomy/salpingectomy, laparoscopic ovarian cystectomy, salpingo-oophorectomy, laparoscopic treatment of endometriosis, laparoscopic-assisted vaginal hysterectomy (LAVH), and total laparoscopic hysterectomy (TLH).

Assessment Plan:

Direct observation by gynecologist or entrusted fellow, may include feedback from anesthesiologist.

Assessment form collects information on:

- Procedure: laparoscopic salpingostomy/salpingectomy; laparoscopic ovarian cystectomy; salpingo-oophorectomy; laparoscopic treatment of endometriosis; laparoscopic-assisted vaginal hysterectomy (LAVH); total laparoscopic hysterectomy (TLH)

Basis for formal entrustment decisions:

Collect 20 observations of achievement

- At least 5 laparoscopic hysterectomies (LAVH or TLH)
- At least 5 laparoscopic salpingostomy/salpingectomy
- At least 5 laparoscopic ovarian cystectomy
- At least 2 laparoscopic myomectomies
- At least 3 laparoscopic excision/coagulation of endometriosis
- At least 2 different observers

When is unsupervised practice expected to be achieved: end of PGY4

Relevant Milestones:

- 1 MK 1.3.a** Apply knowledge of surgical anatomy, steps of the procedure, potential intraoperative risks and means to avoid/overcome them **ME 1.4**
- 2 PC 9.1** Apply knowledge of the principles of electrosurgery **ME 1.4**
- 3 ME 3.1** Describe the indications, risks and complications of advanced laparoscopy
- 4 ICS 2.4** Obtain and document informed consent, explaining to the patient the risks, benefits, alternatives and the rationale for the proposed treatment options **ME 3.2**
- 5 PC 7.3 Demonstrate effective procedure preparation, including the use of a preprocedural time-out or safe surgical checklist as appropriate ME 3.4**
- 6 PC 9.2 Assemble required equipment ME 3.4**
- 7 PC 9.3 Identify laparoscopic anatomical landmarks ME 3.4**
- 8 PC 9.2 Place laparoscopic ports ME 3.4**
- 9 Orient spatially without hesitation and position instruments where intended ME 3.4**

- 10 PC 9.4 **Perform safe dissection of relevant structures and tissue layers with gentle tissue handling ME 3.4**
- 11 PC 9.3 **Interpret laparoscopic findings ME 3.4**
- 12 PC 9.4 **Demonstrate intraoperative judgment, fluidity of movement, and forward progression ME 3.4**
- 13 PC 9.4 **Identify and trouble-shoot equipment issues ME 3.4**
- 14 ICS 3.3.b **Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered ME 3.4**
- 15 SBP 3.3 **Communicate effectively and professionally with the OR team COL 1.2**
- 16 PC 7.3 **Establish and implement a plan for post-procedure care, including postoperative orders ME 3.4**
- 17 ICS 4.4.a **Document the surgical encounter to adequately convey the procedure and outcome COM 5.1**
- 18 SBP 1.2.a **Apply the principles of situational awareness to clinical practice ME 5.2**
- 19 P 3.3.a **Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner COM 3.1**
- 20 P 4.2 **Demonstrate an ability to regulate attention, emotions, thoughts, and behaviors while maintaining capacity to perform professional tasks P 4.1**

Obstetrics & Gynecology

EPA 30: Performing major open abdominal gynecologic procedures

Key Features: This EPA focuses on performing open major gynecologic surgeries, including surgical checklist, patient positioning, selection and appropriate use of instruments, risk reduction, and injury recognition.

- This EPA includes total abdominal hysterectomy, subtotal abdominal hysterectomy, salpingo-oophorectomy/oophorectomy, ovarian cystectomy, abdominal myomectomy, omentectomy, peritoneal biopsy, conversion from planned laparoscopy, repair of incisional dehiscence, adhesiolysis.

Assessment Plan:

Direct observation by OB/GYN faculty, or entrusted fellow, may include feedback from anesthesiologist.

Assessment form collects information on:

- Procedure: total abdominal hysterectomy; subtotal abdominal hysterectomy; salpingo-oophorectomy/oophorectomy; ovarian cystectomy; abdominal myomectomy; omentectomy; peritoneal biopsy; conversion from planned laparoscopy; repair of incisional dehiscence; adhesiolysis

Basis for formal entrustment decisions:

Collect 10 observations of achievement

- At least 2 total abdominal hysterectomies
- At least 2 myomectomy
- At least 2 different observers

When is unsupervised practice expected to be achieved: end of PGY4

Relevant Milestones:

- 1 MK 1.3.a** Apply knowledge of surgical anatomy, steps of the procedure, potential intraoperative risks and means to avoid/overcome them **ME 1.4**
- 2 PC 11.3** Describe the indications, risks and complications of laparotomy and open gynecologic surgery **ME 3.1**
- 3 ICS 2.4** Obtain and document informed consent, explaining to the patient the risks, benefits, alternatives and the rationale for the proposed treatment options **ME 3.2**
- 4 PC 7.3** **Demonstrate effective procedure preparation, including the use of a preprocedural time-out or safe surgical checklist as appropriate** **ME 3.4**
- 5 PC 9.2** **Assemble required equipment** **ME 3.4**
- 6 MK 1.4.a** **Interpret findings of examination under anesthesia** **ME 3.4**
- 7 Orient spatially without hesitation and position instruments where intended** **ME 3.4**
- 8 PC 11.4** **Perform safe dissection of relevant structures and tissue layers with gentle tissue handling** **ME 3.4**

- 9 **PC 11.4 Demonstrate intraoperative judgment, fluidity of movement, and forward progression ME 3.4**
- 10 **SBP 1.2.a Apply the principles of situational awareness to clinical practice ME 5.2**
- 11 **ICS 3.3.b Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered ME 3.4**
- 12 **SBP 3.3 Communicate effectively and professionally with the OR team COL 1.2**
- 13 **PC 7.3 Establish and implement a plan for post-procedure care, including postoperative orders ME 3.4**
- 14 **ICS 4.4.a Document the surgical encounter to adequately convey the procedure and outcome COM 5.1**
- 15 **P 3.3.a Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner COM 3.1**
- 16 **P 4.2 Demonstrate an ability to regulate attention, emotions, thoughts, and behaviors while maintaining capacity to perform professional tasks P 4.1**

Obstetrics & Gynecology

EPA 31: Managing patients with surgical complications

Key Features: This EPA includes recognizing, investigating, and managing patients with intraoperative and postoperative complications.

- This EPA may be observed in simulation.

Assessment Plan:

Direct observation by OB/GYN faculty, entrusted fellow, or supervising surgeons in other disciplines

Assessment form collects information on:

- Complication: bowel obstruction; bowel injury; infection; perioperative bleeding; genitourinary complication; thromboembolic disease; wound complication; nerve injury; uterine perforation; vascular injury; other
- If 'other' indicate complication:[free text]

Basis for formal entrustment decisions:

Collect 10 observations of achievement

- At least 5 different complications
- At least 3 faculty observers
- At least 3 different observers

When is unsupervised practice expected to be achieved: end of PGY3

Relevant Milestones:

- 1** MK 1.4.b Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage surgical complications **ME 1.4**
- 2** **PC 13.2 Perform clinical assessments that address all relevant issues ME 1.5**
- 3** **PC 13.4** Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves **ME 1.7**
- 4** **PC 13.4 Develop and implement patient-centered management plans that consider all of the patient's health problems and context ME 2.4**
- 5** **SBP 1.2.a and b Recognize and respond to harm from health care delivery, including patient safety incidents ME 5.1**
- 6** **P 3.3.a Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner COM 3.1**
- 7** **SBP 1.3.b Communicate the reasons for unanticipated clinical outcomes to patients and disclose patient safety incidents COM 3.2**
- 8** **SBP 3.2 Consult as needed with other health care professionals, including other physicians COL 1.2**
- 9** **SBP 4.3 Organize the handover of care to the most appropriate physician or health care professional COL 3.2**

10 SBP 1.4.b Model a just culture to promote openness and increased reporting **L 1.2**

Obstetrics & Gynecology – Transition to Practice

EPA 32: Managing the birthing unit

Key Features: This EPA focuses on managing a birthing unit and includes prioritizing patient care, delegating responsibility, coordinating unit activities in collaboration with the charge nurse, communicating with senior physicians and consulting other health care team members.

- This EPA includes working effectively with and receiving input from interprofessional health care team members.

Assessment plan:

Direct and indirect observation by OB/GYN faculty

Assessment form collects information on

- Complexity of day: low; medium; high

Basis for formal entrustment decisions:

Collect 4 observations of achievement

- At least two days of high complexity
- At least 2 different observers

When is unsupervised practice expected to be achieved: end of PGY3

Relevant Milestones:

- 1 ME 1.1 Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of most responsible physician**
- 2 MK 1.4.b Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology ME 1.4**
- 3 P 3.3.a Carry out professional duties in the face of multiple, competing demands ME 1.6**
- 4 PC 14.2 Prioritize patients on the basis of clinical presentations ME 1.6**
- 5 L 2.1 Allocate health care resources for optimal patient care**
- 6 ICS 3.2.a Delegate tasks and responsibilities in an appropriate and respectful manner COL 2.1**
- 7 ICS 3.3.a Respond appropriately to input from other health care professionals COL 1.1**
- 8 P 1.3 Manage disagreements and emotionally charged conversations COM 1.5**
- 9 SBP 1.3.b Disclose adverse events to patients and their families accurately and appropriately COM 3.2**
- 10 SBP 1.4.b Model a just culture to promote openness and increased reporting L 1.2**

Obstetrics & Gynecology - Transition to Practice

EPA 33: Managing complex patients, including those requiring longitudinal care

Key Features: This EPA focuses on assessing and managing patients independently, including complex obstetric and gynecologic conditions.

- This EPA includes providing continuity of care and collaboration with others.
- The observation of this EPA is based on the longitudinal care for individual patients.

Assessment plan:

Direct observation and case discussion with review of clinical documentation and communication by OB/GYN faculty

Assessment form collects information on

- Case: gynecology; obstetrics

Basis for formal entrustment decisions:

Collect 4 observations of achievement- 2 in obstetrics and 2 in gynecology

- A variety of obstetrics and gynecology cases
- At least 2 different observers

When is unsupervised practice expected to be achieved: end of PGY3

Relevant Milestones:

- 1 ME 1.1 Demonstrate a commitment to high-quality care of their patients**
- 2 MK 1.4.b Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in obstetrics and gynecology ME 1.4**
- 3 PC 14.3 Prioritize a procedure or therapy, taking into account clinical urgency, potential for deterioration, and available resources ME 3.3**
- 4 SBP 3.3 Implement a patient-centered care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation ME 4.1**
- 5 ICS 4.2.b Document clinical encounters in an accurate, complete, timely and accessible manner, and in compliance with legal and privacy requirements COM 5.1**
- 6 ICS 3.3.a Communicate effectively with physicians and other colleagues in the health care professions COL 1.3**
- 7 SBP 5.2 Incorporate disease prevention, health promotion, and health surveillance activities into interactions with individual patients HA 1.3**
- 8 P 3.3.a Demonstrate accountability to patients, society, and the profession by recognizing and responding to societal expectations of the profession P 2.1**
- 9 P 2.4. Fulfil and adhere to the professional and ethical codes, standards of practice, and laws governing practice P 3.1**

Obstetrics & Gynecology: Transition to Practice

EPA 34: Discussing difficult news

Key Features: This EPA focuses on the application of advanced communication and conflict resolution skills to address difficult situations that may involve patients, families, and/or members of the health care team.

- These situations may include but are not limited to discussing unexpected or serious diagnoses, adverse events, new diagnosis of cancer, changes in health status, or transitions to different goals of treatment including palliative care.
- This EPA may include working with an interpreter (complex skill set).
- This EPA can be assessed in any inpatient or outpatient clinical setting.

Assessment Plan:

Direct observation by supervisor or simulation supervisor

Assessment form collects information on:

- Communication scenario: unexpected diagnosis (e.g., stillbirth); mismatched expectations (i.e., patient perceives serious when diagnosis is not serious); adverse event; new diagnosis of incurable disease/cancer; progressive disease; therapy modification; transition to palliative care; other
- If "other" indicate scenario: [free text]
- Simulation: yes; no
- Setting: [free text]

Basis for formal entrustment decisions:

Collect 10 observations of achievement

- At least 2 early pregnancy loss,
- At least 2 cancer diagnosis,
- At least 2 surgical complications ,
- At least 2 still birth,
- At least 2 infertility related
- A mix of communication scenarios
- At least 2 different observers

When is unsupervised practice expected to be achieved: end of PGY4

Relevant Milestones:

- 1 ICS 1.3.a** Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately **COM 1.5**
- 2 ICS 2.4 Respond to patients' non-verbal communication and use appropriate nonverbal behaviors to enhance communication COM 1.4**
- 3 ICS 2.4 Share information and explanations that are clear and accurate while checking for understanding COM 3.1**

- 4 **P 1.3 Establish boundaries as needed in emotional situations COM 1.5**
- 5 **ICS 1.2.b Communicate in a manner that is respectful, non-judgmental and culturally aware COM 4.1**
- 6 **ICS 2.3 Answer questions regarding care delivery, treatment decisions and/or prognosis in a respectful manner COM 4.3**
- 7 ICS 1.4.a Intervene when behaviors toward colleagues and/or learners undermine a respectful environment **P 1.1**

Obstetrics & Gynecology: Transition to Practice

EPA 35: Teaching and managing learners

Key Features: This includes demonstrating formal and informal teaching of junior trainees, performing assessments, and providing feedback for junior trainees and may include formal participation in the undergraduate medical education curriculum.

It also includes demonstrating administrative capabilities, which may include developing resident schedules, and committee work.

- Achievement requires documentation of teaching and administrative responsibilities.
- The observations of teaching should be provided by at least 3 junior learners, and at least 2 faculty.
- The observation of administrative responsibilities should state the duties performed.

Assessment Plan:

Part A: Teaching

Direct observation by junior learners and OB/GYN faculty over a period of time (e.g., 2-week rotation)

Use assessment form

Basis for formal entrustment decisions:

Collect 5 observations of achievement

- At least 3 from junior learners (medical students, interns, residents)
- At least 2 from faculty

Part B: Administrative responsibilities

Indirect observation by OB/GYN faculty, with input from other faculty, learners, or administrative staff (e.g., clerk, administrative assistant) as appropriate

Use assessment form

Basis for formal entrustment decisions:

Collect 1 observation of achievement

