

Pediatric and Adolescent Gynecology Fellowship Objectives

The purpose of the Pediatric and Adolescent (PAG) Fellowship will be to allow a Fellows to gain additional clinical and surgical experience/knowledge in pediatric and adolescent gynecology all the while providing support and guidance as necessary. It is hoped that this experience will increase their efficiency and confidence as they prepare to enter practices of their own (Medical Expert, Communicator, Scholar, Professional, Collaborator, Manager).

During the Fellowship, the Fellow will have the opportunity to expand their pediatric/adolescent Gynecology Experience acquired during Residency.

Duration: 1 Year (13 Blocks) with a maximum of 1 week of Conference Leave and 4 weeks of Vacation.

Site: Alberta Children's Hospital
Foothills Medical Center
South Health Campus

Preceptor (s): Fellowship Director: Dr. S McQuillan
Associated Consultants: Drs. P.Brain and J.Mannerfelt,

Assessment: Direct or indirect observation by PAG faculty or subspecialty Faculty in Pediatric Surgery/Pediatric Urology of the physical examination and counseling and indirect observation of history, documentation, and management plan via daily evaluations and a summative report and meeting with the Fellowship Director on a q3month basis.

Successful completion of The Pediatric and Adolescent Gynecology Fellowship requires all outcomes to have been met including presenting Research at an Accredited Conference and submission of an original article for publication and finally, completion of the FIJIG Pediatric and Adolescent Gynecology Fellowship Exam (which is held twice a year at international FIGIJ Conferences).

Assessment Plan:

- At this stage, the trainee/fellow 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.

Specific Objectives

The major objective of the Fellowship is to allow the Fellow to demonstrate competencies in two major areas: Medical Expert and Manager.

The Following **Entrustable Professional Activities** (EPA) should be included from the Royal College of Physician And Surgeons of Canada and expanded upon,

- a. Assessing and initiating management for patients with reproductive challenges (including but not exclusive of Turner's Syndrome, Premature Ovarian

Insufficiency, Oncology patients, congenital/acquired uterine anomalies, etc...) to assist with fertility preservation decision making

- b. Diagnosing and managing pediatric and adolescent patients with common gynecologic conditions

Key Features:

- Providing medical care and surgical counseling to patients presenting with reproductive challenges in PAG (with consideration of social, legal, ethical and familial values).
- May be observed in the inpatient, outpatient, operative rooms and emergency room settings

Medical Expert (Procedural)

Observed by Staff to be able to appropriately and independently perform or demonstrate the following (except point 10):

- 1) Exam Under Anesthesia/Vaginoplasty
- 2) Cystoscopy
- 3) Insertion and removal of an intrauterine contraceptive devices under anesthetic and in office
- 4) Ovarian Detorsion +/- ovarian pexy
- 5) Ovarian Cystectomy
- 6) SalpingoOophorectomy
- 7) Diagnostic Laparoscopy
- 8) Hymenorrhaphy
- 9) Hemi Hysterectomy – laparoscopic or open
- 10) Vaginoplasty – including dilatation, and surgical management with assistance

Medical Expert (Knowledge)

Observed by Staff to be able to consistently demonstrate appropriate management of ALL the following clinical scenarios:

- 2) Function independently as a consultant and clearly demonstrate an extensive level of requisite knowledge in all areas necessary to function as a specialist in Gynecology with an interest Pediatric and Adolescents (PAG)
- 3) Apply a broad base and depth of knowledge in clinical and biomedical sciences in reproductive endocrinology to manage patients with PAG and obstetrical presentations
- 4) Demonstrate the ability to perform a thorough patient evaluation and present a comprehensive assessment and recommendation in verbal and written form to the preceptor and ultimately back to the referring physician (Synthesize patient information to determine diagnosis)
- 5) Address the impact of the medical conditions on the patient's ability to pursue life goals and purposes
- 6) Use shared decision-making in the consent process, taking risk and uncertainty into consideration
- 7) 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
- 8) Listen effectively to patients and parents concerns, develop rapport and establish trust with patients/families through continuity of care

- 9) Develop an understanding of the patient/parent's issues/problems and generate a coordinated plan of care (patient-centered management plan) that on occasion may involve the input of other medical professionals and considers all of the patient's health problems and context Provide compassionate, patient-centered care with regards to basic legal and ethical dilemmas encountered in a general GYN practice with an interest in PAG
- 10) Demonstrate insight with regards to limitations of scope of practice and surgical/medical expertise and where to seek extra help (Involvement in the North American Society of Pediatric and Adolescent Gynecology (NASPAG) or The Federation of International Gynecology for Infants/Juvenile (FIGIJ) is strongly encouraged)
- 11) Appropriate decision-making and management around transfers of care for gynecologic patient from community to tertiary care center for further assessment
- 12) Pre-operative (medical and surgical options, components of informed consent, pre-operative assessment), peri-operative (prophylaxis, anesthesia, pain), intra-operative (safety; positioning; equipment trouble-shooting), and post-operative care and management of common PAG problems

Collaborator:

Observed by Staff to demonstrate the following:

- 1) Ensures that all patient care management plans are clearly documented and/or verbalized to the entire care team - including Administrative Staff, Nursing, Medical Staff, Consultants, Primary Care Staff Teams, and Allied Health Care Providers. This includes office patient management (need for pre-op assessment, investigation, OR bookings, consultation letters back to referring physicians), intra-operative management (ability to work with surgical nursing staff, assistants, aides), and post-operative patient care (OR notes, rounding notes, post-op care instructions)
- 2) Effective consultation with primary and specialist care practitioners within the community
- 3) Determine when care should be transferred to another physician or health care professional

Scholar:

Self-assessment of ALL of the following to review with Preceptor at end of the Fellowship:

- i) Attendance of regional rounds or tertiary-centre tele-linked rounds
- ii) Consistent logging of cases and procedures (particularly of anticipated outcomes) to provide to Preceptor for discussion; as well as to provide supporting documentation for summative assessment
- iii) Familiarity with current SOGC/NASPAG guidelines/relevant evidence-based literature of PAG topics.
- iv) Participation in a literature review of a common topic in PAG and submit for publication
- v) Participation in an original research project and presentation at an international conference

Communicator:

- 1) 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
- 2) Convey information about diagnosis and prognosis clearly and compassionately
- 3) Document clinical encounters to adequately convey findings, clinical reasoning and the rationale for decisions
- 4) Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
- 5) Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately
- 6) Use communication skills and strategies that help the patient and family make informed decisions regarding their health
- 7) Creation of a patient/parent handout on a topic commonly seen in PAG.

Manager

Observed by Staff

- 1) Demonstrate the ability to work collaboratively in a multitude of settings- office, hospital, and the operating room. The office setting will be used to evaluate the ability of the resident to interact closely with nursing staff to maintain the delivery of efficient and high quality health care
- 2) Triage emergency patients and waiting lists in addition to reviewing normal/abnormal test results
- 3) Employ new information technology to improve patient care. This will potentially include the use of the electronic medical record and immediate access to the internet for researching of topics and new information
- 4) Practice making decisions about allocating resources, which may affect the functioning of the practice and delivery of health care.
- 5) Set priorities and manage time to achieve balance in professional and personal life

Professional:

- 1) Ensure professional dress code and conduct within the work environment.

Health Advocate:

- 1) Understand that in a universal health care system that resources are limited and that practicing evidence based medicine ensures that resources are being allocated appropriately (Consider costs when choosing care options).
- 2) Apply the principles of behavioral change during conversations with patients about adopting healthy behaviors