



الهيئة السعودية للتخصصات الصحية  
Saudi Commission for Health Specialties

# Gynecologic Oncology



سُبْحَانَكَ اللَّهُمَّ عَمَّا يُشْرِكُونَ

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## I. INTRODUCTION

We are pleased to present this proposal for a national Fellowship Program for training Gynecologic Oncologists in Saudi Arabia. As the largest Gulf Country, Saudi Arabia's population numbers around 30 million, of which 45% is female. Gynecologic tumors are among the most common malignancies affecting Saudi women. By examining the Tumor Registry published in 2015, we identified that the three most common malignancies are ovarian, endometrial, and cervical cancers; together, they form almost 12% of all malignancies affecting the female population. Ovarian cancer is the 5<sup>th</sup> most common malignancy in Saudi women, while endometrial cancer is 6<sup>th</sup> and cervical cancer 12<sup>th</sup>. Combining all of the various forms of gynecologic malignancy, it is the 2<sup>nd</sup> commonest malignancy affecting Saudi females, behind only breast cancer.

Thus, it is very important to establish a national program for the continuous training of physicians from Saudi Arabia and other Gulf countries in this rare specialty. This will allow the establishment of new centers of gynecologic oncology in Saudi Arabia and other Gulf countries, together with the launch of screening programs for different neoplasms as soon as possible. Currently, Saudi Arabia has only two fellowship programs, both of which are hospital-based. Further to discussions in the Saudi Commission for Health Specialties (SCHS), it was decided to establish a formal national training program, in which other institutions, hospitals, and universities will be encouraged to participate.

This program will also ensure that sufficient training is provided to all trainees and candidates of the participating centers, with continued supervision from the SCHS Fellowship Committee. These centers will be adequately supervised, assisted, and recognized for training by different institutions throughout the kingdom. Moreover, these centers' senior staff will provide the necessary experience to guide and support each training program, with adequate monitoring and evaluation of training quality, certification, and recognition of fellows upon training completion at an acceptable level. Referring again to the Tumor Registry, in addition to the three most common malignancies of ovarian, endometrial, and cervical cancer, we have also identified a reasonable number of cases of vulvar cancer, vaginal cancer, and gestational trophoblastic disease.

### **Definition**

Gynecologic oncology is a subspecialty of obstetrics and gynecology concerned with the diagnosis and management of female genital tract cancers. Gynecologic oncology integrates multiple modes of therapy to improve the care of women presenting with genital tract cancer.

### **Goals and objectives**

The overall goal of the SCHS Fellowship Program in Gynecologic Oncology is to train fellows to become highly skilled, knowledgeable surgeons, capable of contributing to and advancing the field of gynecologic oncology.

### **Goals**

Upon completion of training, a fellow is expected to be a competent subspecialist in gynecologic oncology, capable of assuming the role of consultant in this discipline. Fellows must demonstrate the requisite knowledge, skills, and attitudes for effective, patient-centered care and service for a diverse population. In all aspects of specialist practice, the fellow must be able to address ethical issues and issues of gender, sexual orientation, age, culture, and ethnicity in a professional manner.



The curriculum objectives are designed to provide opportunities for each fellow to develop proficiency in the following: The skill to perform both radical and conservative surgical procedures, and the knowledge necessary to determine the most appropriate therapeutic regimen for different gynecologic malignancies. The knowledge of pathology and physiology required to surgically and medically manage women with gynecologic malignancies.

The ability to effectively integrate the principles, applications, and risks of surgical, radiation, and medical therapeutic modalities into a treatment plan appropriate for each patient. The research skills to design and execute innovative laboratory and clinical investigation strategies, based upon principles of sound scientific methodology, accurate data analysis, and effective communication of results. Excellent clinical skills in multidisciplinary cancer care, based on both biological principles and research methodology. Outstanding leadership qualities and effective interpersonal, communication, educational, and management skills.

### Program strengths

The centers joining the program should have the following strengths as regards training quality:

1. A strong and stable patient referral system throughout the country that is projected to expand through outreach efforts.
2. A diverse and sizable patient population, providing vast exposure to different diseases.
3. A comprehensive medical library.
4. Excellent training and teaching staff, covering all required subspecialties.
5. A state-of-the-art facility in which to evaluate and treat patients.
6. A computerized medical records system, accessible from the clinic, hospital, office, and home.

### Training center requirements

A hospital wishing to operate an accredited program in gynecologic oncology and to join the national fellowship program must sponsor accredited programs in gynecologic oncology, medical oncology, and radiation oncology. There must be an organized program of rotations and other educational experiences, both mandatory and elective, within each program, designed to provide opportunities for each resident to fulfill the educational requirements and achieve competence in the subspecialty.

#### Standard resources:

The required resources include: a teaching faculty, a sufficient number of patients and variety of conditions, physical and technical resources, and the ancillary facilities and services necessary to provide all program fellows with the opportunity to achieve the educational objectives and receive full training, as defined by the SCHS's specialty training requirements.

Learning environments must include experiences facilitating the acquisition of knowledge, skills, and attitudes relating to aspects of age, gender, sexual orientation, culture, and ethnicity appropriate to Gynecologic Oncology.

#### 1. Teaching Faculty

There must be at least three (3) full-time qualified teaching staff (consultant gyn-oncologists) to supervise fellows and provide teaching in the basic and clinical sciences related to the subspecialty.

## 2. Numbers and Variety of Patients

The number and variety of patients consistently available to the program must be sufficient to meet the residents' educational needs.

The minimum number of annual new cases for each program should be as follows:

- 50 cases of endometrial cancer.
- 50 cases of ovarian cancer.
- 10 cases of cervical cancer.
- 10 cases of vulvar and/or vaginal cancer.
- 20 cases of gestational trophoblastic neoplasia (GTN).

## 3. Number of beds

The gynecologic oncology service must have an adequate number of beds (no fewer than 10) organized for teaching the investigation and treatment of gynecologic malignancies.

## 4. Clinical Services Specific to Gynecologic Oncology

a. Inpatient:

- Gynecologic oncology services must have active participation from designated individuals providing such services as nutritional counseling, emotional support programs, and spiritual support.

b. Ambulatory services:

- Inpatient and outpatient gynecologic oncology teaching services should be integrated to provide continuity of observation both in and out of hospital.
- Fellows in gynecologic oncology must be assigned responsibilities in relevant ambulatory clinics on a regularly scheduled basis, which include outpatient clinics.

## 5. Pathology Experiences

There must be organized pathology experiences to allow fellows to meet the identified *Objectives of Training*.

## 6. Medical Oncology

There must be liaison with an accredited program in medical oncology, with adequate resources to allow fellows to obtain the experiences identified in the *Subspecialty Training Requirements* and to meet the objectives described in the *Objectives of Training*.

## 7. Radiation Oncology

There must be adequate facilities in an accredited program in radiation oncology to allow fellows to obtain experiences as identified in the *Subspecialty Training Requirements*.

## 8. Liaison with other specialties and subspecialties

There must be appropriate liaison with teaching services in anatomic and/or general pathology, anesthesiology, diagnostic radiology, internal medicine, general surgery, surgical oncology, palliative medicine, critical care medicine, and urology.

## Program criteria

To establish and successfully administer a fellowship training program, the following criteria must be fulfilled:

### 1) Implementation of a curriculum-based teaching program in the center, including:

- General and specific objectives.
- Training requirements.
- Number of fellows in each level.
- Program duration.
- Staff qualifications.
- Structure and content.
- Evaluation and promotion.
- Other necessary information.

### 2) Development of research-oriented activities within the program, allowing fellows sufficient exposure and participation.

### 3) Center requirements:

Approval of institutions as training centers should be based on the SCHS's requirements for the subspecialty training program in gynecologic oncology. The following criteria apply to each center seeking to join the fellowship program:

- A minimum number of three full-time certified consultants in gynecologic oncology should be active within the section.
- One fellow may be accepted from a center each year for every:
  - Seven (7) beds it allocates for the division; and
  - 100 surgeries it performs on gynecologic malignancies.
- A minimum of 200 surgeries on gynecologic malignancies should be performed by each center annually.
- Each center must have the following to be permitted to join the program:
  - Annual statistics.
  - Internal quality control and auditing.
  - Organized teaching sessions.
  - An available:
    - Radiotherapy unit.
    - Chemotherapy unit.
    - Pathology unit.
  - A multidisciplinary team regularly involved in the management of gynecologic malignancies.

### 4) Interviews

- Interviews for the program will be conducted annually in September – October at the SCHS.
- Interviewers will be drawn from among the members of the Fellowship Committee, upon call from the head of the committee.
- All applications from new candidates should be directed to the head of the committee, who will distribute them to the members for evaluation.

**5) Start date**

- The start date for the fellows will be between January 1 and March 1 annually.
- The precise start date will be at the discretion of each institution to allow reasonable flexibility for each center.
- Each center wishing to join the National Fellowship Program should submit a proposal, which must include:
  - The number of active consultants in the division, together with their CVs and certifications;
  - The total number of beds allocated for the service; and
  - The total number of surgeries performed in the three years prior to the application to join the program.
- The committee supervising the Fellowship Program will meet by invitation of the head of the committee once the papers for each center have been provided. The committee will discuss each application and give opinions on whether each center should be accepted or rejected.
- For each center, the total number of fellows accepted depends on the statistics given by the center and after review of the committee.
- On an annual basis, each recognized center would accept the number of fellows that have been allocated to that center in accordance with the statistics it provided.
- There will be arrangements for rotation of fellows between the different centers participating in the training program, in accordance with an agreement between the Program Directors of each center.
- The duration of the rotation in each center will also depend on the numbers and the statistics of patients it treats, to ensure that trainees have the best possible training experience in each center.

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## II. PROGRAM ACCREDITATION, ADMINISTRATION AND SUPERVISION

### Program supervision

SCHS supervises the overall administration of the Fellowship Program and is responsible for the following:

1. Ensuring that the training programs and fellows conform to the SCHS's rules and regulations.
2. Overseeing the smooth running of the program at all times.
3. Appointment of the Fellowship Committee Chairman with nominated other members from different hospitals.
4. Periodical evaluation of the Fellowship Program every three years.
5. Participation in establishing the criteria for recruitment, selection, and appointment of fellows.
6. Initial recruitment efforts, i.e., advertising available fellowship positions.
7. Certification of trainees on successful completion of fellowship training.
8. Continued communication with SCHS regarding accreditation of fellowship training programs and all other training-related issues.
9. Communication with other health care institutions pertaining to sponsorships, training extensions, training completions, and any other pertinent matters.

### Admission process

#### A. Eligibility

1. Candidates must have completed training in the specialty of obstetrics and gynecology, and must possess the Saudi Specialty Certificate (or equivalent). Candidates who passed the written examination and registered for the final part may also be accepted.
2. Candidates must have no fewer than five years of specialty training and experience.
3. Candidates must have passed the subspecialty's SCHS admission examination/interview, if required by the Fellowship Program.
4. Letters of recommendation and other required documentation should support the candidate's application.

#### B. Acceptance & Appointment

1. The Fellowship Committee performs the preliminary review of applications and verifies applicants' eligibility.
2. Interviews are conducted by the members of the Fellowship Committee and Program Directors of the Fellowship Program.
3. Sponsored fellows must submit a sponsorship letter confirming that their sponsorship covers full-time training for the entire duration of the program.
4. Acceptance of fellows for hospital employment requires the approval of the hospital administration. The Executive Director of Academic and Training Affairs at each center must approve acceptance of sponsored fellows.
5. Upon appointment, the fellow is required to register with the SCHS.

#### C. Orientation

The Program Director plans, schedules, and conducts the orientation of new fellows to familiarize them with hospital rules and regulations pertinent to the program, medical procedures, and other necessary information.

**D. Clinical Privileging**

Training programs generate Privileges Forms for fellows, including the procedures usually performed by them at different levels of training. Privileges are reviewed and approved by Medical Staff and Scientist Credentials and Clinical/Professional Privileges Committee. Individual Fellows are granted these privileges in full or part, as recommended by the Program Director and approved by the Chairman.

**E. Training Contract**

1. A fellow's training contract is effective from the date of training commencement. Their contract with the hospital shall cease upon completion of training.
2. A sponsored fellow will sign a "Letter of Understanding" confirming their awareness of applicable regulations.
3. Other stipulations in the training contract that are not covered by this policy manual shall also apply to the fellows.

**F. Duties of the Fellowship Committee**

1. Review the department's Fellowship Committee meetings.
2. Participate in the interviewing and selection of candidate fellows.
3. Review and issue recommendations upon fellows' evaluation reports, promotions, extension requests, program transfers, or any other related issues.
4. Propose revision(s) to the existing Fellowship Program curriculum; review and recommend new fellowship programs to the SCHS.
5. Inform Fellowship Program Directors and department chairmen of pertinent matters arising from the meetings.
6. Review fellows' examination results.
7. Organize the annual recognition of outstanding fellows.
8. Review issues among the section staff concerning fellows' acceptance, promotion, program completion, etc., and recommend actions to the SCHS.
9. Review and recommend disciplinary action.

**G. Program Director Duties**

The Fellowship Program Director is nominated by the Department Chairman, and appointed at each center recognized for training for a period of three years. The Program Director reports directly to the Fellowship Committee Chairman through the SCHS training committee. The Fellowship Program Director shall be responsible for the following:

1. Interviewing and recommending for acceptance candidate fellows.
2. Recommending short-term fellows for department capacity; accepting, processing, and evaluating short-term fellows; submitting annual report on short-term fellows to each center's Academic and Training Affairs by the end of the training year.
3. Fellows' orientation.
4. Fellows' registration with the SCHS (if applicable).
5. Fellows' compliance with the program curriculum.
6. Planning and organizing fellows' educational activities including monitoring of attendance, on-call duty, scheduling rotations, and monitoring of compliance with leave policy.
7. Adherence with performance evaluation process.
8. Counseling of fellows.
9. Administration of fellowship program examinations.
10. Periodical review of Fellowship Program curriculum, with recommendation of any changes to the SCHS.

11. Program representation with SCHS, reporting pertinent matters to the departmental fellowship committee.
12. Initiation of disciplinary action procedure (*Disciplinary Action and Due Process*).

#### **H. Each Center's Training Committee**

Each center approved by the SCHS to deliver a program (Agreement Programs) must have a training committee composed of four members, comprising:

1. A chairman: usually the Program Director.
2. Three other members: one from the same center and two from other institutions.

#### **I. Training Committee Functions**

1. Preparing the program curriculum.
2. Overseeing the process of acceptance for new fellows.
3. Supervising all academic training activities.
4. Planning and executing all examination activities pertaining to the program, in accordance with the accreditation body (usually the SCHS).
5. Reviewing and reporting all examination results to Academic & Training Affairs (ATA) and the accreditation body.

For SCHS-accredited programs, the SCHS's rules and regulations must be followed.

#### **Consultant Staff**

1. The consultant staff will closely supervise the fellows, promoting proficiency in clinical skills and procedures pertinent to the subspecialty.
2. They will also devote time to teaching fellows, monitoring their performance and progress, identifying their weaknesses, and providing counseling and guidance, as necessary.
3. The consultant staff will encourage research by fellows.
4. Consultants will participate in the evaluation process of fellows in a timely manner.

#### **Fellows' Duties**

1. Fellows must be committed to the training program and must achieve competence in the subspecialty. They will participate in teaching and clinical research.
2. It will be mandatory for fellows to abide by the rules and regulations of the institution and the SCHS (including prompt compliance with registration requirements).
3. A fellow's job description is as outlined in the curriculum of individual subspecialty training programs.

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### III. EDUCATIONAL EXPERIENCE

#### General principles

Three hours per week of protected time for formal training must be provided and planned on a regular basis. Protected time for formal teaching can include the following departmental activities:

#### **Didactic lectures/tutorial sessions, journal club, helping to:**

- Promote continuing professional development.
- Keep up-to-date with the literature.
- Disseminate information and facilitate debate about good practice.
- Ensure that professional practice is evidence-based.
- Learn and practice critical appraisal skills.
- Provide enjoyable educational and social occasions.

#### **Daily morning round, where the fellow will be responsible for:**

- Educating all attending residents, monitoring patient care, and reviewing.
- Management decisions and their outcomes.
- Developing competence in short presentations on all admitted patients in a scientific and informative manner.
- Developing confidence in systematically presenting long cases.
- Generating appropriate differential diagnoses and proper management plans.

#### **Grand rounds, where the fellow will learn how to:**

- Increase medical knowledge and skills, and, ultimately, improve patient care.
- Understand and apply current practice guidelines in the field of gynecologic oncology and its subspecialties.
- Describe the latest advances in the field of gynecologic oncology and ongoing new research in the field.
- Identify and explain areas of controversy in the field of gynecologic oncology.

#### **Morbidity and mortality reviews, where the fellow will be able to:**

- Identify areas of improvement for clinicians involved in case management.
- Prevent errors that lead to complications.
- Modify behavior and judgment based on previous experiences.
- Identify systems issues that may affect patient care, such as outdated policies.

#### **Tumor boards**

- Provide the knowledge, technical skills, and experience necessary for fellows to interpret and correlate clinical findings and laboratory data, such as radiological imaging, with pathological changes.
- Promote effective communication and sharing of expertise with peers and colleagues.
- Promote the development of investigative skills to better understand the pathologic processes applicable to both individual patients and the general patient population.
- Promote the acquisition of knowledge, provide experience in laboratory direction and management, and encourage fellows to assume a leadership role in the education of other physicians and allied health professionals.



### **Multidisciplinary meetings**

A mentor will be assigned for the training, which will follow the general rules and regulations of the SCHS. A record of the weekly teaching activities should be kept. Self-directed learning will be emphasized, with topics chosen by the mentor or fellow. Fellows must participate in the departmental learning activities for residents, interns, and students. Each week, fellows and attending physicians share responsibility for a resident teaching clinical round of patients, during which selected common gynecologic oncology topics are discussed and their management determined.

Fellows are asked to present a topic in detail to the gynecologic oncology service during the Monday morning conference. This presentation's purpose is to give each fellow an opportunity to critically review the literature on a particular subject, provide a relevant and concise summation, and field questions from the attending physicians. On a selected day, the Gynecologic Oncology Tumor Board convenes. Gynecologic oncology faculty members, fellows, the medical oncology team, radiation oncologists, radiologists, residents, and students attend this multidisciplinary conference. All pathology specimens are presented by the Department of Pathology and archived with their associated clinical histories to provide future self-study opportunities. Every other week the fellows and attending physicians meet for the Fellow's Journal Club, where they review landmark articles and studies related to a disease site or clinical scenario.

The purpose is to provide a comprehensive review of each disease site based on landmark studies. Fellows are assigned responsibility on a monthly basis. Articles are collated, summarized, and archived in digital format. The aim is to provide the fellows with all relevant data to assist with patient management and, later, board preparation.

Preparation, participation, and presentation at gynecologic oncology division conferences in the areas of morbidity reviews, research updates, and tumor board review. Participation and teaching in daily teaching rounds of all inpatients.

## **Training modules**

### **Module 1: General assessment of a gynecologic oncology patient**

#### **Knowledge Application**

- Broad knowledge of the pattern of presentation of gynecologic malignancies.
- Knowledge of the investigations required confirming the diagnosis of gynecologic malignancy.
- Assessment of new patient referrals to the clinic.
- Knowledge of the clinical pathways to implement for suspected gynecologic cancer.
- Preoperative investigation of patients, including radiology, general workup, and assessment of fitness for surgery.
- Understanding of the indications and limitations of screening for gynecologic cancer, including cervical cancer, ovarian cancer in general and high-risk populations for endometrial cancer.

#### **Clinical competency**

Take an appropriate history, including:

- Symptoms and presentation, with co-existing comorbidity.
- Family history and genetic susceptibility.
- Perform complete clinical examination.
- Counsel patients about the diagnosis, investigations, and appropriate treatments for gynecologic cancer, including the adverse effects and complications of treatment.

- Communicate to patients the results of investigations and treatment, including possible prognosis.
- Counsel appropriately about screening and interpret screening results.

**Professional skills and attitudes**

- Take a history and perform an appropriate examination;
- Counsel patients regarding a diagnosis of gynecologic malignancy and its subsequent management;
- Initiate preoperative workup and staging investigations;
- Identify high-risk surgical patients and liaise with anesthetists;
- Liaise with clinical oncology, medical oncology and palliative care colleagues when needed.
- Counseling skills and knowledge of screening processes.

**Training support**

- Observation of, assisting, and discussions with senior staff.
- Attending communication skills course.
- Specific task training and supervision.
- Completing appropriate postgraduate course.

<b>Date and Place of Interaction:</b>	
Trainer’s Name	Trainer’s Signature

**Module 2: Pre-, peri- and postoperative care objectives**

**Knowledge Evaluation**

- Type of surgery appropriate for each gynecologic cancer.
- Fluid and electrolyte balance, elemental feeding, and total parenteral nutrition (TPN).

**Clinical competency**

- Counsel patients regarding diagnosis, management, and risks of treatment.
- Recognize and manage intraoperative complications, postoperative care, and complications arising later (after completion of treatment).
- Manage the following clinical intraoperative problems when they occur:
  - Hemorrhage
  - Bowel resection
  - Unexpected finding
  - Inoperability
- Manage the following clinical postoperative problems:
  - Thrombosis
  - Infection
  - Bowel obstruction
  - Wound healing issues
- Inform patient of results appropriately.
- Order and interpret investigations.
- Order and supervise appropriate thrombo-prophylaxis

- Liaise with nutritional support team.

**Professional skills and attitudes:**

- Interpret preoperative investigations and liaise with the anesthetic department;
- Counsel patients regarding treatment options;
- Select and perform appropriate surgical management of gynecologic cancer according to a patient’s needs;
- Manage postoperative care and complications thereof;
- Counsel patients and relatives regarding diagnosis and investigations, and to discuss treatment options, including the advantages and disadvantages of each;
- Convey the decisions of multidisciplinary team meetings to patients and relatives, including prognosis and possible complications;
- Liaise with colleagues and other health professionals on coordinating investigations and management strategies pertinent to individual patients.

**Training support:**

- Direct supervision from senior colleagues.
- Attendance at multidisciplinary team meetings.
- Ward attendance.
- Supervision in operating theatre.
- Intensive care and high-dependency unit ward rounds.

Date and Place of Interaction:	
Trainer’s Name	Trainer’s Signature

**Module 3: Surgical skills in gynecologic oncology**

**Knowledge Evaluation**

Anatomy of the female abdomen and pelvis, including blood supply, lymphatic drainage, nervous system, and the course of the ureter.

**Clinical competency**

- Surgical diagnosis and management of gynecologic cancers:
  - Ovary
  - Endometrium
  - Cervix
  - Vulva
  - Vagina
  - Fallopian tube
- Liaison with surgical colleagues for assistance with complicated cases.

**Professional skills and attitudes:**

Ability to perform

- Hysterectomy (open and laparoscopically);
- Radical hysterectomy (open and laparoscopically);

- Pelvic lymph node dissection (open and laparoscopically);
- Para-aortic lymph node dissection (open);
- Infracolic and supracolic omentectomy;
- Peritoneal stripping;
- Biopsy from different sites;
- (With the assistance of surgical colleagues if necessary) exentriative surgery;
- Splenectomy;
- Bowel resection;
- Ileostomy/colostomy;
- Panniculectomy;
- Partial vaginectomy (vaginal and abdominal approach) and radical excision of the vagina.
- Ability to organize anterior, posterior, and total exenteration, including leading the surgical procedure

**Training support**

- Observation during surgeries and assisting as first/second assistant.
- Direct and indirect surgical supervision of surgical skills to appropriate competency by surgical staff.
- Specific task training and supervision.
- Appropriate courses, like animal labs and anatomy labs.

<b>Date and Place of Interaction:</b>	
Trainer’s Name	Trainer’s Signature

**Module 4: Ovarian cancer**

**Knowledge Evaluation**

- Etiology and clinical presentations of ovarian cancer.
- Pathology of ovarian cancer.
- Indications, techniques, limitations, and complications of surgical treatment of ovarian cancer.
- Surgical pathway of suspected ovarian cancer (imaging; tumor markers).
- Medical pathway of suspected ovarian cancer (histological and cytological diagnosis; neoadjuvant and adjuvant treatment).
- Multidisciplinary team meeting discussions and management planning.
- Radiological assessment for preoperative diagnosis and guided biopsy.
- Primary/interval debulking surgery.
- Fertility conserving surgery.
- Medical management of ascites, pleural effusions, and bowel obstruction.
- Consideration of all management options, including best supportive and palliative care.
- Knowledge of the physical and psychosexual morbidity of cancer diagnosis and treatment.

**Clinical competency**

- Counsel patient and relatives about:
  - Diagnosis and further therapy;
  - Surgical options and complications vs. medical options.

- Discuss results of surgery with patient and relatives.
- Perform appropriate surgery for diagnosis and surgical management of ovarian cancer, including optimal debulking surgery.
- Management of recurrent disease.
- Discharge from hospital and produce appropriate follow-up plan.
- Detect and manage physical and psychosexual morbidity (e.g., referral to lymphedema specialist nurse, psychotherapist, or counselor).

**Professional skills and attitudes**

Ability to:

- Counsel patients sensitively about the options available and to respect patient confidentiality;
- Explain clearly and openly about treatments, complications, and adverse effects of surgical treatment;
- Formulate and implement a plan of management and modify if necessary;
- Liaise effectively with colleagues in other disciplines, clinical and non- clinical;
- Appropriately stage ovarian cancer;
- Perform optimal debulking surgery for ovarian cancer;
- Decide appropriate surgery, including resection of bowel and formation of stoma;
- Select patients for conservative surgery, e.g. unfit, or stage-4 disease;
- Perform a laparoscopic assessment and biopsy in suspected advanced ovarian cancer to obtain histology;
- Counsel patients regarding entry into clinical trials.

**Training support**

- Observation of, assisting, and discussions with senior medical staff.
- Theatre attendance and medical oncology sessions.
- Clinical pathology meetings and multidisciplinary team meetings.
- Intensive care and high-dependency unit ward rounds.

<b>Date and Place of Interaction:</b>	
Trainer’s Name	Trainer’s Signature

**Module 5: Cancer of the uterus**

**Knowledge Evaluation**

- Etiological factors leading to endometrial cancer, including obesity, unopposed estrogen, and genetic predisposition.
- Histological types of endometrial cancer and prognostic implications.
- Preoperative investigation of patients, including radiology and assessment of fitness for surgery.
- Risks of major surgery (surgical, medical, and anesthetic).
- Preoperative care of patient undergoing major surgery for gynecologic cancer.
- Type of surgery appropriate for endometrial cancer.
- Role of radiotherapy in the treatment of endometrial cancer.

**Clinical competency:**

- Take a history and investigate patients with suspected and proven endometrial cancer.
- Histological diagnosis of endometrial cancer.
- Order and interpret investigations of endometrial cancer.
- Formulate a management plan.
- Ability to liaise with anesthesia department.
- Counsel patients regarding diagnosis, management, and risks of treatment.
- Perform appropriate surgery including:
  - Opening and closing midline and Pfannenstiel laparotomy;
  - Laparoscopic assessment of abdominal cavity;
  - Defining the ureter and gonadal vessels.
  - Pelvic node dissection/sampling;
  - Para-aortic node biopsy;
  - Panniculectomy.
  - Total hysterectomy with/without salpingo-oophorectomy.
- Recognize and manage intraoperative complications, postoperative care, and postoperative complications.
- Inform patient of results.
- Understand need for postoperative radiotherapy.
- Liaise with clinical oncology, including medical & surgical oncology.
- Recognition of recurrence of disease as early as possible.
- Investigation of suspected recurrent disease to confirm recurrence.
- Management of recurrent disease, including knowledge about all possible options.

**Professional skills and attitudes:**

Ability to:

- Take history and investigate appropriately;
- Recognize histological patterns of disease;
- Interpret preoperative investigations and liaise with anesthetic department;
- Counsel patients regarding treatment options and histology;
- Select and perform appropriate surgical management of endometrial cancer according to patient's needs;

Undertake:

- Total abdominal hysterectomy and bilateral salpingo-oophorectomy;
- Pelvic node dissection/sampling and para-aortic node biopsy;
- Laparoscopy-assisted vaginal hysterectomy;
- Manage postoperative care and complications;
- Define FIGO stage of tumor;
- Decide need for adjuvant therapy;
- Follow up patients appropriately.

**Training support:**

- Direct supervision from senior colleagues.
- Attendance at multidisciplinary meetings and tumor board meetings.
- Attendance at multidisciplinary team with radiologist to learn radiological evaluation of the patients.
- Ward round attendance.

- Supervision in operating theatre by senior staff.
- Intensive care and high-dependency unit ward rounds.
- Completing the Clinical oncology module.

<b>Date and Place of Interaction:</b>	
Trainer's Name	Trainer's Signature

**Module 6: Cervical cancer**

**Knowledge Evaluation**

- Detailed knowledge of the anatomy of the female pelvis, including the region's blood supply, nervous system, and lymphatic drainage.
- Knowledge of the course of the ureter throughout the pelvis.
- Understanding the epidemiology and etiology of cervical cancer.
- Understanding the pathophysiology of cervical intraepithelial neoplasm (CIN).
- Understanding the role of human papillomavirus (HPV) in the etiology and development of CIN and cervical cancer.
- Knowledge of the presentation and diagnosis of cervical cancer.
- Pathology of cervical cancer.
- Understanding the staging of cervical cancer.
- Knowledge of the management of all stages of cervical cancer, including surgery and chemo-radiation.
- In-depth knowledge of radiotherapy treatment principles and their appropriate application to cervical cancer.
- Knowledge of appropriate chemotherapy for cervical cancer.
- Knowledge of the complications and adverse effects of cervical cancer treatment, both short- and long-term.
- Knowledge of the pattern of disease recurrence and appropriate management thereof.
- Knowledge of the physical and psychosexual morbidity of cancer diagnosis and treatment.

**Clinical competency**

- Take an appropriate history.
- Perform a clinical examination.
- Perform a colposcopy.
- Perform cervical biopsy, including punch biopsy, large-loop excision of the transformation zone (LLETZ), and ablation therapy in appropriate cases.
- Perform clinical staging for invasive cervical cancer.
- Perform radical hysterectomy.
- Perform pelvic lymphadenectomy.
- Perform para-aortic lymph node biopsy.
- Counsel patients about the diagnosis, investigations, and appropriate treatments for cervical cancer, including the adverse effects and complications of each treatment.
- Communicate to patients' the results of investigations and treatment, including prognosis and palliative care.
- Interpret the results of radiological investigations appropriate to cervical cancer.

- Assist in the delivery of brachytherapy.
- Assist in the delivery of chemoradiation therapy.
- Manage adverse effects and recognize the complications of treatment.
- Diagnose, investigate, and manage recurrent cervical cancer.
- Select patients for exenterative surgery.
- Detect and manage physical and psychosexual morbidity (e.g., referral to lymphedema specialist nurse, psychotherapist, or counselor).

### Professional skills and attitudes

Ability to:

- Take history and examination;
- Perform colposcopy;
- Perform cervical biopsy and LLETZ;
- Perform clinical staging, including cystoscopy with biopsy;
- Perform fertility sparing procedures (trachelectomy, cone biopsy);
- Perform hysterectomy (open, vaginally, and laparoscopically);
- Perform radical hysterectomy (open and laparoscopically);
- Perform pelvic lymph node dissection (open and laparoscopically);
- Perform para-aortic lymph node dissection (open);
- Insert brachytherapy applicators;
- Assist with external beam radiotherapy and chemotherapy;
- Interpret:
  - Chest X-ray;
  - Intravenous urogram;
  - Pelvic MRI;
  - Computed tomography scans;
- Perform (with the assistance of surgical colleagues where necessary):
  - Exenterative surgery;
  - Urinary diversion procedures;
  - Ileostomy and colostomy;
- Organize anterior, posterior, and total exenteration, including leading the surgical procedure;
- Initiate discussion of management at multidisciplinary team meetings;
- Counsel patients and relatives regarding diagnosis and investigations, and discuss treatment options, including the advantages and disadvantages of each;
- Convey decisions of multidisciplinary teams to patients and relatives, including prognosis and palliative care;
- Liaise with colleagues and other health professionals on coordinating investigations and management strategies pertinent to individual patients.

### Training support

- Observing and assisting senior staff.
- Direct and indirect supervision of surgical skills to appropriate competency by surgical staff.
- Specific task training and supervision, e.g., on colposcopy and biopsy.
- Complete appropriate postgraduate course.
- Complete appropriate training modules:
  - Radiology
  - Radiotherapy
  - Chemotherapy



- Urology
- Palliative care
- Logbook of cases to record competency level at which each procedure performed.

Date and Place of Interaction:	
Trainer's Name	Trainer's Signature

## Module 7: Vulvar Cancer

### Knowledge Evaluation

- Anatomy of the vulva, femoral triangle, vaginal region, and lower abdominal wall, including the region's blood supply, nerve distribution, and lymph drainage.
- Epidemiology and etiology of vulvar cancer.
- Histopathology of vulvar cancer.
- Pattern of spread of vulvar cancer.
- Staging of vulvar cancer.
- Diagnosis of and investigations for vulvar cancer.
- Principles of treatment of all stages of vulvar cancer.
- Treatment complications and appropriate management of all stages of vulvar cancer.
- Pattern of recurrence of vulvar cancer.
- Recognition and management of recurrent vulvar cancer.
- Long-term complications of treatment of vulvar cancer, such as lymphocytes/lymphedema.
- Knowledge of the psychosexual morbidity of cancer diagnosis and treatment.

### Clinical competency

- Take an appropriate history.
- Perform:
  - Appropriate clinical investigations.
  - Vulva biopsy.
  - Vulvoscopy.
  - Wide local excision of the vulva.
  - Simple vulvectomy.
  - Radical vulvectomy.
  - Subfascial groin node dissection.
- Developments in the surgical treatment of vulvar cancer, including sentinel node removal and biopsy.
- Liaise with plastic surgeon regarding selected patients, such as those requiring major skin flaps to close vulvar wounds and those with malignant melanoma.
- Liaise with clinical oncology for possible adjuvant and neoadjuvant radiotherapy.
- Perioperative management of vulvar cancer patients.
- Manage recurrence of vulvar cancer.
- Long-term management of vulvar cancer patients.
- Detect and manage physical and psychosexual morbidity (e.g., referral to lymphedema specialist nurse, psychotherapist, or counselor).

**Professional skills and attitudes**

Ability to:

- Take history;
- Perform appropriate examination;
- Investigate and counsel patients regarding treatments;
- Competently select and perform diagnostic and therapeutic surgery for vulvar cancer;
- Perform sentinel node detection;
- Perform simple skin flaps;
- Manage patient’s postoperative care;
- Manage treatment complications.

**Training support**

- Observation of and discussions with senior staff.
- Logbook of competencies and experience.
- Case-based discussions.
- Multidisciplinary team attendances, including tumor board meetings and combined clinics.
- Surgical logbook.
- Completing radiotherapy/clinical oncology module
- Direct observation by senior staff.
- Attendance at plastic surgery lists (minimum of five OR sessions)

<b>Date and Place of Interaction:</b>	
Trainer’s Name	Trainer’s Signature

**Module 8: Vaginal cancer**

**Knowledge Evaluation**

- Etiology of vaginal cancer, including sarcoma botryoides, melanoma, and metastatic lesions.
- Knowledge of benign conditions affecting the vagina.
- Pathophysiology of vaginal intraepithelial neoplasia.
- Multifocal lower genital tract malignancy.
- Clinical presentation, investigation, and FIGO staging.
- Detailed management of vaginal cancer.
- Physical and psychosexual morbidity of cancer diagnosis and treatment.

**Clinical competency**

- Take a history and perform an appropriate examination.
- Perform vaginoscopy and vaginal biopsy.
- Arrange staging and imaging investigations.
- Arrange and aid the delivery of radiotherapy or chemotherapy.
- Counsel and obtain consent from patient.
- Perform partial vaginectomy.
- Perform radical vaginectomy.
- Detect and manage physical and psychosexual morbidity (e.g., referral to lymphedema specialist nurse, psychotherapist, or counselor).

**Professional skills and attitudes**

Ability to perform:

- Vaginal biopsy;
- Partial vaginectomy: abdominal approach and vaginal approach;
- Radical excision of vagina.

**Training support**

- Observation of and discussions with senior staff.
- Logbook of competences and experience.
- Case-based discussions.
- Multidisciplinary team attendances like tumor board meetings and combined clinics.
- Surgical logbook.
- Multidisciplinary team meeting.
- Completing radiotherapy/clinical oncology module.
- Direct observation by senior staff.

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Trainer's Name	Trainer's Signature

**Module 9: Medical oncology**

**Knowledge Evaluation**

- Relevant cell biology including:
  - Cell-cycle kinetics;
  - Log kills hypothesis;
  - Cycle and phase specificity.
  - Classes of chemotherapeutic agents and their action mechanisms.
  - Pharmacology of the main agents used in gynecologic cancers.
  - Principles of dose calculation and scheduling.
  - Understand the benefits and limitations of single-agent and combination chemotherapy.
  - Guidelines and definitions for evaluation of response.
  - Principles of phase I, II, and III clinical trials.
- Conversant with seminal chemotherapeutic trials in gynecologic cancers.
- Understand the concepts of adjuvant and neoadjuvant therapy.
- Short- and long-term toxicity, both general and drug-specific.
- Chemotherapeutic management of gestational trophoblastic disease.
- The role of hormonal and other agents.
- Therapeutic options for recurrent disease.

**Clinical competency**

- Take an appropriate history.
- Perform a clinical examination.
- Know the indications for chemotherapy.
- Assessment of response to chemotherapy.
- Know the limitations of chemotherapy and when to change or stop treatment.

- Recognition, assessment, and management of acute and chronic toxicity.

**Professional skills and attitudes**

Ability to:

- Discuss management at multidisciplinary team meetings, including the most appropriate chemotherapy regimen, according to a patient’s disease and medical status;
- Counsel patients about the basics of chemotherapy, including the adverse effects and complications of treatment;
- Liaise with colleagues and other health professionals on coordinating investigations and management strategies pertinent to individual patients;
- Recognize, investigate, and manage toxicity;
- Counsel patients about clinical trials.

**Training support**

- Observation of, assisting, and discussions with senior staff.
- Specific task training and supervision.
- Completing postgraduate courses.

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**Module 10: Radiation oncology**

**Knowledge Evaluation**

- Cell-cycle kinetics.
- Radiation effects.
- Recovery and repair of tissues.
- Potentiation of effects.
- Protection of vital organs.
- Sensitivity of different organs.
- Different types of radiation.
- Inverse square law.
- Time–dose relationships.
- Half-life isotopes.
- Ionization and modifying factors.
- Radiation units Isodose curves.
- Principles of fractionation.
- Orthovoltage and supravoltage.
- CT planning and dosimetry.
- Types of fields and types of sources and methods.
- Use of chemotherapy as an adjuvant.
- Complications, including radiation effects on:
  - Gastrointestinal tract
  - Urinary tract
  - Skin
  - Bone marrow

- Kidney
- Ureter
- Genital tract.

**Clinical competency**

- Understand the principles of radiotherapy.
- Understand how radiotherapy affects organs and the radio sensitivity of different cancers.
- Select patients for radiotherapy according to disease, tumor type, and stage.
- Understand how to prepare patients for radiotherapy.
- Counsel patient on how radiotherapy works, how it will affect them, and what complications may occur.
- Understand the difference between curative and palliative treatment.
- Management of long-term effects of radiotherapy, including vaginal stenosis, ovarian failure, edema, burns, and fistula.
- Recognition, investigations, and management of recurrent gynecologic cancer following primary radiotherapy and chemoradiation.

**Professional skills and attitudes**

- Ability to:
  - Select patients for radiotherapy;
  - Counsel patients regarding radiotherapy treatment;
  - Plan radiotherapy treatment;
  - Counsel patients regarding complications;
  - Recognize and manage adverse effects of radiotherapy:
    - Skin
    - Urinary tract
    - Gastrointestinal tract
    - Vagina
    - Dryness
    - Hormone replacement therapy
    - Use of dilators
    - Psychosexual;
- Recognize and manage major complications of radiotherapy in liaison with other colleagues, including:
  - Fistula
  - Vaginal stenosis
  - Edema
  - Osteopenia;
- Recognize and investigate tumor recurrence.

**Training support:**

- Multidisciplinary team meeting attendance.
- Combined oncology clinics.
- Radiotherapy planning clinics.
- Clinical oncology operating theatre sessions.
- Attendance with psychosexual counselors and clinical nurse specialist.

<b>Date and Place of Interaction:</b>	
Trainer's Name	Trainer's Signature

**Module 11: Urology**

**Knowledge Evaluation**

- Anatomy and physiology of the kidney, ureter, bladder, and urethra.
- Effects of gynecologic malignancy upon the urinary tract.
- Effects of treatment for gynecologic malignancy on the urinary tract: e.g., radical surgery, radiotherapy, etc.
- Communication with patients and family about the effects of gynecologic malignancy and treatments on the urinary system: e.g., fistula, obstruction, bladder disorders, etc.
- Interpret investigations ordered.
- Recognition and management of injury to urinary tract.
- Principles of repair of injury to:
  - Ureter
  - Bladder
  - Urethra.
  - Selection of patients who would benefit from intervention surgery involving the urinary tract: e.g., urethral stenting, fistula repair, and exentorative surgery.

**Clinical competency**

- Ability to appropriately investigate and diagnose disorders of the urinary tract in a gynecologic cancer setting.
- Appropriate ordering of investigation and liaison with the urology team.
- Investigation of diseases of the urinary tract:
- Urine testing (microscopy, culture, and sensitivity; biochemistry);
- Hematology;
- Ultrasound;
- X-ray;
- MRI;
- Cystoscopy;
- Ureteroscopy.
- Knowledge of damage to ureter and bladder due to disease process or surgery: e.g., fistula, obstruction, and surgical injury.
- Ability to perform:
  - Cystoscopy;
  - Repair to bladder;
  - Dissection of ureter.

**Professional skills and attitudes**

- Effectively manage patients with suspected disorders of the urinary tract.
- Order and interpret investigations of the urinary tract.
- Appropriate selection of patients for intervention surgery involving the urinary tract.

- Surgical procedures that gynecologic oncologists are expected to practice independently include:
- Insertion of suprapubic catheter;
  - Cystoscopy;
  - Surgical repair of bladder injury;
  - Straightforward repair of minor ureteric damage.
  - Gynecologic oncologists should have experience of these procedures but independent practice is not essential.
  - Extent of feasible practice will depend upon support available and experience.

**Training support**

- Working under senior supervision.
- Joint clinics radiotherapy module.
- Attendance at urodynamic clinic.
- Attendance at radiology department.
- Completing urology module (minimum of 10 sessions).
- Gynecologic multidisciplinary team and urology multidisciplinary team.

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**Module 12: Colorectal surgery**

**Knowledge Evaluation:**

- Anatomy and physiology of the gastrointestinal tract.
- Pathophysiology of intestinal function.
- Principles of surgery on gastrointestinal tract, including exposure handling and injury to tissues.
- Principles of resection and repair of intestinal tissues:
  - Primary repair;
  - Secondary repair;
  - Ileostomy;
  - Colostomy.
- Indications to perform bowel surgery in patients with gynecologic malignancies.
- Use of radiology in the investigation and management of gastrointestinal tract disorders.
- Appropriate selection of patients who will benefit from bowel surgery.
- Preoperative preparation required for a patient who may or will have bowel surgery.

**Clinical competency:**

- Perform rigid sigmoidoscopy for staging procedures.
- Counsel patients preoperatively and postoperatively regarding bowel surgery and stoma management, including benefits, risks, and complications.
- Perform laparotomy and identify abnormalities throughout abdominal cavity, including liver, spleen, omentum, appendix, peritoneum, pancreas, and large and small bowel.
- Oversee serosal injury to bowel.
- Repair mucosal injury to small bowel.

## EDUCATIONAL EXPERIENCE

- Select area to be resected and perform primary anastomosis of small bowel.
- Perform appendectomy.
- Select appropriate tissue and resect large bowel with formation of colostomy.
- Mark stoma site appropriately.
- Order and interpret appropriate investigations preoperatively.
- Order appropriate bowel preparation preoperatively.
- Select patients preoperatively and intraoperatively who will benefit from bowel surgery.
- Manage postoperative care of patients following bowel surgery.

### Professional skills and attitudes

- Ability to perform sigmoidoscopy.
- Ability to counsel patients regarding bowel surgery and stoma management, including preoperative preparation.
- Ability to select and mark stoma site.
- Surgical procedures that gynecologic oncologists are expected to practice independently include:
  - Exploration of abdominal organs;
  - Bowel surgery, including:
    - Oversee serosa;
    - Repair small bowel injury;
    - Resect and reanatomose small bowel;
    - Appendectomy;
    - Ileostomy;
    - Colostomy;
    - Resection of large bowel.

### Training support

- Colorectal outpatient clinic.
- Attend dietician ward rounds with colorectal team.
- Observation of and assisting senior staff.
- Senior staff supervision.
- Colorectal attachment (four weeks).
- Completing surgical anastomosis course.
- Attendance with stoma therapist.

Date and Place of Interaction:	
Trainer's Name	Trainer's Signature

## Module 13: Plastic surgery and wound care

### Knowledge Evaluation

- Physiology of wound healing and factors influencing healing.
- Surgical site infection.
- Recognize and manage wound dehiscence.
- Management of incisional hernia.



- Anatomy of the vulva, perineum, and groin.
- Techniques of vulvar repair and reconstruction.
- Vaginal reconstruction.

**Clinical competency**

- Management of surgical site infections.
- Management of recognized wound dehiscence.
- Management and performance of appropriate repair.
- Repair of incisional hernia, including use of mesh.
- Selection of patients for appropriate surgical intervention using:
  - Split-thickness skin graft;
  - Rotational flaps;
  - Advancement grafts;
  - Myocutaneous flaps.
  - Vaginal reconstruction.

**Professional skills and attitudes**

Ability to:

- Close wound, including choice of suture material;
- Diagnose infection, select antibiotics, and identify need for incision and drainage;
- Repair wound dehiscence;
- Repair incisional hernia: with/without mesh.

**Training support**

- Direct observation by senior staff.
- Attendance with tissue viability team and wound care team.
- Plastic surgery attachment (four weeks).

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**Module 14: Palliative care**

**Knowledge Evaluation**

- Role of palliative care team in gynecologic malignancy:
- How to break bad news to a patient.
- Symptoms associated with terminal malignancy.
- Causes of and patterns of pain.
- Therapies for pain relief and how they work:
  - Choice of appropriate analgesic;
  - Pain services available;
- Pathophysiology of nausea and vomiting.
- Anxiety and depression.
- Counseling for patient and family.
- Pathophysiology of edema:

- Therapies for relief of edema.
- Community support roles of:
  - General practitioner.
  - District nurse.
  - Cancer specialist nurse.
  - Role of palliative care in multidisciplinary team functions.

**Clinical competency**

- Effective and sympathetic communication skills.
- Recognize when a patient should have input into the management of their palliative care.
- Recognize and appropriately manage symptoms in a palliative care setting.
- Recognize anxiety, depression, and psychosexual problems, and involve appropriate teams in their management.
- Work within a palliative care team in a hospital, hospice, and the community.

**Professional skills and attitudes**

Ability to:

- Communicate with patients and give information about disease processes, including bad news;
- Appropriately involve members of the palliative care team in patient management;
- Manage patients' symptoms in liaison with the palliative care team;
- Work as part of a palliative care team in a hospital, hospice, and the community;
- Involve the palliative care team in a multidisciplinary team framework.

**Training support:**

- Advanced communication skills course.
- Working in a supervised environment with a senior team.
- Communicating with patients and managing their care on a day-to-day basis.
- Attend three palliative care clinics (at least one pain-based session).
- Working within a multidisciplinary team.

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**Module 15: Genetic predisposition to gynecologic cancer**

**Knowledge Evaluation**

- Background for a patient with a genetic predisposition to gynecologic cancer.
- Epidemiology and etiology of a genetic predisposition to gynecologic cancer.
- Molecular biology and histopathology of a genetic predisposition to gynecologic cancer.
- Clinical features and behavior of different genetic predispositions.
- Principles of managing different entities for these genetic predispositions.
- Principles and pitfalls in the assessment of the molecular biology techniques presently available
- Complexity of counseling and complications in the subsequent management of patients with a genetic predisposition to gynecologic cancer.

- Role of prophylactic surgery in the management of patients with a genetic predisposition to gynecologic cancer, and the specific problems for follow-up in relation to hormonal psychological and reproductive sequelae.

**Clinical competency**

- Take an appropriate history.
- Determine a patient’s pedigree.
- Counsel a well patient with a known predisposition to gynecologic cancer.
- Perform appropriate clinical examination and investigations.
- Perform prophylactic surgery involving laparoscopic techniques, as required.
- Work with other disciplines to ensure appropriate management.
- Liaise with the medical genetics department to assess risk of developing cancer.

**Professional skills and attitudes**

Ability to:

- Take history and perform appropriate physical examination;
- Counsel well patients regarding a diagnosis, and subsequently manage patients with a genetic predisposition to gynecologic cancer;
- Perform preoperative, intraoperative, and postoperative management, as required;
- Counsel patients on hormonal and other medication in relation to outcomes after screening or treatment;
- Organize appropriate investigations for screening if conservative approach taken;
- Recognize the “failsafe” requirement for conservative management;
- Counsel patients on the possible adverse effects of treatment;
- Manage treatment complications;
- Perform prophylactic surgery for gynecologic cancer.

**Training support**

- Observation of, assisting, and discussions with senior medical staff.
- Attachment to cancer genetics unit.

<b>Date and Place of Interaction:</b>	
Trainer’s Name	Trainer’s Signature

**Module 16: Radiology**

**Knowledge Evaluation**

- Main imaging modalities in gynecologic oncology:
- Physics;
- Indications and limitations of each modality.
- Intervention radiology:
  - Guided biopsies;
  - Stenting;
  - Filters;
  - Embolization.

**Clinical competency**

Assessment and interpretation with relevance to clinical scenario of the following:

- Standard plain ultrasound and with Doppler flow;
- CT scan;
- MRI;
- Nuclear imaging.
- Ability to recognize the indications for interventional radiology.

**Professional skills and attitudes**

Discussion of images with relevance to clinical scenario with radiologist/trainers.

**Training support**

- Attendance at multidisciplinary team meetings.
- Attendance at radiology department for relevant procedures.

Date and Place of Interaction:	
Trainer's Name	Trainer's Signature

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## IV. CLINICAL EXPERIENCE

- Gynecologic oncology services should be directed for patients with gynecologic malignancies or complicated general gynecologic cases.
- The fellow focuses his/her work on ancillary educational activities, including research, faculty clinics, chemotherapy, radiation, palliative care, and mentoring resident research projects.
- Clinical fellows undertake daily rounds with the residents, who supervise their performance of preoperative workup and postoperative care.
- Gynecologic oncology faculty members conduct daily rounds with the fellows and residents.
- All hospital admissions, emergency room consults, and the residents and fellows initially see hospital consults.
- The fellow and resident teams are responsible for the initial workup and evaluation of all these patients.
- Lines of supervision are clearly defined for the fellows and residents.
- Faculty members, fellows, residents, and nurses attend a round-table conference call to discuss all patients currently admitted.
- Complicated and/or problem patients are discussed in detail and patient care decisions are made at this time.
- All new patients are evaluated initially by the resident physician, and then presented to the fellow/assistant consultant physician.
- A faculty member is immediately available to the fellow for consultation or a second opinion.
- Surgery is scheduled for patients requiring it at the earliest opening. The fellow independently manages these patients surgically and postoperatively; however, all cases are scheduled to ensure the availability of a gynecologic oncology faculty member to provide intraoperative assistance.
- In addition to the outpatient clinics, a colposcopy clinic should be attended when available.
- The large referral clinic provides colposcopy and therapeutic services to patients and teaching experience for fellows and residents.
- The clinic is staffed and supervised by the first-year fellows.
- The fellow performs and/or supervises all procedures, and performs new and follow-up colposcopy evaluations.
- Residents and students from the gynecologic oncology service attend this clinic.
- The workload for the following day and the OR schedule are discussed and the residents and fellows make coverage assignments.
- Fellows are provided with ample office space, secretarial support, telephones, and computer access.
- Duty-hour policies are well established, followed, and closely monitored for residents and fellows.

### Surgical procedures list

Training fellows must know how to perform and be able to describe the following procedures, including indications, and peri-operative management. While fellows need not actually perform all of these procedures independently during the training period, where the opportunity arises, they should at least assist in the operation.

### Uterus

- Diagnostic uterine hysteroscopy.
- Operative uterine hysteroscopy.
- Dilatation and curettage (D&C).
- Total abdominal hysterectomy (TAH).
- Subtotal abdominal hysterectomy (STAH).
- Radical abdominal hysterectomy (RAH).
- Complicated myomectomy.
- Endometrial ablation.

### Ovary

- Abdominal ovarian cystectomy.
- Laparoscopic ovarian cystectomy.
- Abdominal salpingo-oophorectomy.
- Laparoscopic salpingo-oophorectomy.
- Ovarian transposition: laparoscopic or open.
- Ovarian biopsy – laparoscopic or open.
- Ovarian drilling.

### Fallopian Tube

- Laparoscopic salpingectomy.
- Abdominal salpingectomy.
- Surgical removal of tubo-ovarian abscess.
- Tubal ligation: laparoscopic or open.

### Cervix

- Cervical biopsy.
- Cervical conization: small and large cone.
- Cervical LEEP.
- Cervical cauterization.
- Trachelectomy: vaginal or abdominal.
- Surgical removal of nabothian cyst.

### Vagina

- Vaginal biopsy.
- Radical vaginectomy.
- Surgical removal of vaginal cyst.
- Vaginal dilatation.
- Vaginal repair.
- Surgical removal of vaginal septum.

### Vulva

- Vulvar biopsy.
- Skinning vulvectomy.
- Wide local excision of vulvar lesion.
- Radical vulvectomy.
- Vulvar repair and reconstruction.

### General Procedures

- All techniques for abdominal laparotomy.
- All techniques for abdominal and pelvic laparoscopy.
- All techniques for adhesiolysis.
- Surgical correction of uncomplicated abdominal hernia.
- Surgical correction of uncomplicated bowel injuries.
- Surgical correction of uncomplicated bladder or ureteric injury.
- Pelvic and para-aortic lymph nodes dissection and removal.

### Colposcopy

- Colposcopy is an integral part of the practice of any gyn oncologist. Therefore, training in colposcopy is a mandatory part of the program.
- Fellows will have the opportunity to learn colposcopy during their training in the clinic and the operating room.
- The colposcopy skills that fellows are required to obtain are as follows:
- Familiarity with the colposcopy suite and all equipment.
- Ability to recognize and describe in detail all the abnormal colposcopic patterns on the cervix.
- Familiarity with the documentation of abnormal colposcopic findings of the cervix.
- Ability to manage abnormal colposcopic findings.

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## V. ACADEMIC CURRICULUM TOPICS

### Lectures

#### General Lectures

- Introduction to gynecologic oncology with orientation to the program
- Basic physiology and pathophysiology
- Basic anatomy of the abdomen and pelvis
- Management of fluids and electrolytes disturbances
- Blood transfusion and blood products
- Basic pathology and cytology
- Peri-operative evaluation and management of patient
- Complications in gynecologic oncology

#### Specific Lectures

- Staging in gyn oncology for different site diseases
- Imaging in gyn oncology
- Role of radiation oncology in gyn oncology
- Role of medical oncology in gyn oncology
- Genetics in gyn oncology as regards hereditary disease
- Palliative care in gyn oncology
- Pain control in gyn oncology
- Immunotherapy in gyn oncology
- Targeted therapy in gyn oncology
- Cytoreductive surgery in gyn oncology
- Intra peritoneal chemotherapy
- Reconstructive surgery in gyn oncology
- Screening in gyn oncology

### Specific site diseases

#### Ovary

- Benign ovarian neoplasm with endometriosis
- Malignant ovarian neoplasm

#### Uterus

- Benign uterus neoplasm/fibroids
- Endometrial hyperplasia
- Malignant uterine neoplasm
- Uterine sarcoma

#### Cervix

- Colposcopy
- Pre-malignant cervical condition
- Cervical cancer

#### Vagina

- Pre-malignant vaginal condition
- Vaginal cancer



**Vulva**

- Pre-malignant vulvar disease
- Vulvar dystrophies
- Vulvar cancer

**Gestational trophoblastic neoplasia****Fertility preservation in gyn oncology****Gyn oncology in pregnancy****Learning resources****Textbooks**

- Clinical Gynecologic Oncology, 8th Ed., by Philip J. DiSaia & William T. Creasman
- Principles and Practice of Gynecologic Oncology, 6th Ed., by Richard Barakat FACS, Andrew Berchuck, Maurie Markman MD, & Marcus E. Randall MD FACR
- Gynecologic Oncology, 5th Ed., by Jonathan S. Berek MD MMS & Neville F. Hacker AM MD
- Gynecologic Cancer Surgery, 2nd Ed., by C. P. Morrow
- Te Linde's Atlas of Gynecologic Surgery, by Geoffrey W. Cundiff MD FACOG FACS FRCPSC, Ricardo Azziz MD MPH MBA, & Robert E Bristow MD MBA FACS
- Blaustein's Pathology of the Female Genital Tract, 6th Ed. (2011), by Robert J. Kurman, Lora Hedrick Ellenson, & Brigitte M. Ronnett

**Guidelines**

- Society of Gynecologic Oncology (SGO)
- American Society of Clinical Oncology (ASCO)
- European Society of Clinical Oncology (ESGO)
- Society of Gynecologic Oncology of Canada (GOC)

**Journals**

- Journal of Clinical Oncology
- Gynecologic Oncology
- International Journal of Gynecological Cancer
- Obstetrics & Gynecology
- American Journal of Obstetrics and Gynecology
- British Journal of Obstetrics and Gynecology

**Research**

One of the primary goals of the fellowship program is to promote a more advanced scientific thought process regarding gynecologic oncology research. This is currently accomplished through a multidimensional approach designed to enhance fellows' knowledge base, specifically in basic science and translational and clinical research. This approach currently takes advantage of multiple resources within the Division of Gynecologic Oncology, where training takes place.

Fellows have protected time to conduct research in an established basic science and clinical methodology under supervision and guidance. This process assists fellows to develop scientific presentation skills, and provides opportunities for mentors to give constructive criticism, helping fellows to address any encountered obstacles. Fellows are expected to keep meticulous records of their research projects, as is customary for all pre- and post-doctoral trainees.

Working under the direct supervision of mentors, fellows are guided through all aspects of the research project, data analysis, formulating an abstract, and writing a manuscript/thesis, with clear anticipation that their findings will be presented at a national scientific meeting and published in a peer-reviewed scientific journal.

In the second and third years of fellowship training, clinical research methodology is particularly emphasized. The Division of Gynecologic Oncology has a diverse portfolio of cases; these projects focus on important initiatives for enhancing understanding of the biology of female reproductive tract cancers, and devising more effective strategies for screening, prevention, and treatment of these cancers. Second and third year fellows have extensive exposure to many of these clinical research initiatives within their daily service duties.

In addition, second and third year fellows identify various specific projects of interest, and are guided by faculty members through the design, implementation, data collection and analysis, and abstract/publication preparation of each clinical research project. Fellows meet regularly with the Fellowship Director to review overall progress and research status. In addition, all fellows are encouraged to present their research at a national scientific meeting.

The effectiveness of these activities can be measured by the acceptance of fellow-generated abstracts at annual meeting programs of leading scientific organizations, including Society of Gynecologic Oncology (SGO), American Society of Clinical Oncology (ASCO), American Association for Cancer Research (AACR), American Society for Colposcopy and Cervical Pathology (ASCCP), and American College of Obstetricians and Gynecologists (ACOG), and by the publication of fellow-generated papers in peer-reviewed scientific journals.

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## VI. FELLOWS ROTATION SCHEDULE

### First Year (F1)

1. Eight months in the primary service (gynecologic oncology) to enable new fellows to establish good basic knowledge and skills
2. Two months in urology/colorectal surgery
3. One month in genetic clinic
4. One month in pathology/cytology

### Second Year (F2)

5. Eight months in the primary service (gynecologic oncology)
6. Two months in medical oncology
7. Two months in radiation oncology

### Third Year (F3)

8. Eight months in the primary service (gynecologic oncology)
9. Two months in surgical oncology/colorectal surgery
10. Two months' elective rotation

**Note: These competencies have been adapted from the CanMEDS training modules of the Royal College of Physicians and Surgeons of Canada.**

On completion of the surgical foundations for gyn oncology training, fellows will have acquired the core competencies of the seven key physician roles, as detailed in the CanMEDS framework:

Medical Expert
Communicator
Collaborator
Manager
Health Advocate
Scholar
Professional

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## VII. COMPETENCIES

### Medical expert

#### Definition

As Medical Experts, gynecologic oncologists should integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. Medical Expert is the central physician Role in the CanMEDS framework.

#### Key and Enabling Competencies:

Gynecologic oncologists should be able to:

- 1) Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, patient-centered medical care, including:
  - Perform a consultation effectively, including the presentation of well-documented assessments and recommendations in written and/or oral form in response to a request from another health care professional.
  - Demonstrate effective use of all CanMEDS competencies relevant to gynecologic oncology.
  - Identify and appropriately respond to relevant ethical issues arising in patient care.
  - Demonstrate the ability to effectively and appropriately prioritize professional duties when faced with multiple patients and problems.
  - Demonstrate compassionate and patient-centered care.
  - Recognize and respond to the ethical dimensions in medical decision-making.
  - Demonstrate medical expertise in situations other than patient care, such as providing expert legal testimony or advising governments, as needed.
- 2) Establish and maintain clinical knowledge, skills, and attitudes appropriate to gynecologic oncology:
  - Apply knowledge of the clinical, socio-behavioral, and fundamental biomedical sciences relevant to gynecologic oncology:
    - Describe the embryology, anatomy, histology, genetics, and physiology of the female urogenital tract, and the pelvic regions.
    - Describe the biological behavior and characteristics of malignant diseases of the vulva, vagina, cervix, uterine body, fallopian tube, and ovary.
    - Describe the epidemiology and etiology of cancer of the female genital tract.
    - Know the classification, staging, and evaluation of female genital cancers.
    - Describe the screening techniques used in gynecologic oncology, including but not limited to cervical cytology, and the principles of molecular oncology, epidemiology, and genetics, as they relate to hereditary cancer screening in gynecology.
    - Describe the indications for and principles of investigations in the evaluation of pre-invasive and invasive lesions of the female genital tract, including but not limited to:
      - Colposcopy and direct biopsy.
      - Needle core biopsy and true cut biopsies.
      - Reading and evaluation of ultrasound.
      - Reading and evaluation of computed tomography (CT) and magnetic resonance imaging (MRI).
      - Reading and evaluation of positron emission tomography (PET) nuclear imaging.
    - Describe the indications and contraindications, and possible complications of therapeutic and surgical techniques relevant to gynecologic oncology.
    - Describe the therapeutic modalities available for the treatment of all female genital neoplasia, both pre-invasive and invasive:

- Pre-invasive cancers
- Describe the mode of action, indications for, contraindications to, and results of local destructive techniques and local excisions on the vulva, vagina, cervix, and endometrium.
  - Invasive cancers
- Radiotherapy
  - Describe the indications for, limitations of, and complications of local, external, and isotope therapy.
  - Describe the indications for brachytherapy and the use of intra cavitory and interstitial applications.
  - Describe radiation-induced acute and chronic complications.
- Chemotherapy
  - Describe the indications for chemotherapy and the complications of drugs used in the treatment of gynecologic malignancies.
- Describe the prognosis of female genital cancers, the sites of recurrence, and their investigation and management.
- Demonstrate understanding of the principles of palliative care and symptom control as they relate to gynecologic oncology patients, including but not limited to:
  - Indications for, titration of, and toxicity management of non-opioid and opioid analgesics.
  - Use of anti-emetics for nausea and vomiting, as they relate to the cause of symptoms.
  - Indications for palliative chemotherapy.
  - Recognition of oncologic emergencies, including but not limited to spinal cord compression and superior vena cava (SVC) syndrome.
  - Recognition of psychosocial issues, anxiety, and depression.
  - Coordination of community and hospital resources to facilitate multidisciplinary and inter-professional approaches to patient care.
- Describe the principles of medical genetics as they relate to gynecologic malignancies, including but not limited to:
  - Oncogenes, tumor suppressor genes, DNA repair genes, and oncogenesis as it relates to gynecologic oncology.
  - Basic and clinical research in genetic manipulation.
- Describe the principles of medical oncology as they relate to gynecologic malignancies, including but not limited to:
  - Clinical pharmacology and toxicology as applied to cancer chemotherapy, including but not limited to cell biology, classes of chemotherapeutic agents and their mechanisms of action, and pharmacology of specific agents and their toxicity.
  - Targeted systemic immunotherapy.
  - Chemotherapeutic drug administration as primary therapy, adjuvant therapy, and chemoprevention.
- Describe the principles of pathology as they relate to gynecologic oncology, including but not limited to:
  - Direct visual and microscopic appearances of premalignant lesions of the female genital tract and the features that distinguish them from benign disorders.
  - Derivation, biological behavior, and characteristics of trophoblastic disease and malignant disease of the vulva, vagina, cervix, uterine body, fallopian tube, and ovary.
- Describe the principles of radiation oncology as they relate to gynecologic malignancies, including but not limited to:
  - Radiobiology and radiation physics.
  - Sources, therapeutic methods, and complications of radiation therapy.

- Modification and/or interaction of combined modality of treatment.
- Describe the CanMEDS framework of competencies relevant to gynecologic oncology
- Apply lifelong learning skills of the Scholar Role by implementing a personal program to maintain currency of and enhance areas of professional competence.
- Integrate the best evidence and best practices to enhance the quality of care and patient safety in gyn oncology.

### 3) Perform a complete and appropriate assessment of a patient

- Identify and effectively explore issues to be addressed in a patient encounter, including the patient's context and preferences.
- Elicit a history that is relevant, concise, and accurate to context and preferences, for the purposes of diagnosis, management, health promotion, and disease prevention.
- Perform a focused physical examination that is relevant and accurate for the purposes of diagnosis, management, health promotion, and disease prevention.
- Select medically appropriate investigative methods in a resource-effective and ethical manner:
  - Pre-treatment evaluation: pre-operative, pre-chemotherapy, and pre-research protocol.
  - Assessment of the potential for or likelihood of morbidity and mortality from female genital tract cancer, and therapy and utilization of methods to minimize and/or prevent the above
- Demonstrate effective clinical problem-solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnoses and management plans.

### 4) Use preventive and therapeutic interventions effectively

- Implement an effective management plan in collaboration with a patient and her family.
- Demonstrate effective, appropriate, and timely application of preventive and therapeutic interventions relevant to gynecologic oncology, including but not limited to:
  - Perform appropriate colposcopic investigation and management of abnormal cervical screening tests.
  - Demonstrate understanding of the indications for prophylactic surgery in women with hereditary cancer syndromes.
  - Demonstrate the appropriate investigation and management of therapy complications.
  - Prescribe chemotherapy, including but not limited to intravenous, oral, and intra peritoneal agents, and the use of antiemetics.
  - Demonstrate understanding of the fundamental principles of interstitial and intra cavity brachytherapy, and external beam radiation.
- Ensure appropriate informed consent is obtained for therapies.
- Ensure patients receive appropriate end-of-life care, including but not limited to:
  - Management of bowel obstruction, both surgical and medical, and indications for both.
  - Management of ascites.
  - Management of shortness of breath.

### 5) Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic

- Demonstrate effective, appropriate, and timely performance of diagnostic procedures relevant to gynecologic oncology, including but not limited to:
  - Colposcopy.
  - Conization, including but not limited to loop electrosurgical excision procedure (LEEP) and laser ablative procedure.

- Diagnostic excision of the cervix.
- Biopsy of cervix, vulva, vagina, endometrium, pelvic masses, and lymph nodes, including fine needle aspiration.
- Proctosigmoidoscopy.
- Paracentesis and thoracentesis.
- Demonstrate effective, appropriate, and timely performance of therapeutic and surgical procedures relevant to gynecologic oncology, including but not limited to:
  - Preparation of the patient for all surgeries, including but not limited to positioning and to creating and maintaining a sterile field.
  - Vaginectomy.
  - Abdominal Hysterectomy and radical hysterectomy:
    - Vaginal/laparoscopic-assisted vaginal hysterectomy.
    - Radical vaginal/laparoscopic-assisted radical vaginal hysterectomy/robotic-assisted vaginal radical hysterectomy.
    - Lymphadenectomy: pelvic and para-aortic.
    - Open pelvic & open para-aortic or laparoscopic pelvic & laparoscopic para-aortic lymphadenectomy.
  - Radical vulvectomy/wide local excision:
    - Groin node dissection.
    - Sentinel groin node dissection.
  - Debulking procedures for the treatment of advanced ovarian cancer:
    - Peritoneal resection.
  - Pelvic Exenteration:
    - Anterior, posterior, and total (anterior and posterior).
  - Gastrointestinal (GI) procedures:
    - Small bowel resection/bypass/anastomosis, large bowel resection/anastomosis/colostomy, and feeding using jejunostomy/gastrostomy.
  - Management of wound dehiscence/evisceration.
- Describe the principles, indications, perioperative management, and possible complications of the following procedures:
  - Genitourinary (GU) procedures:
    - Ileal conduit or continent urinary diversion, ureteral anastomosis, vesico-vaginal fistula repair, and cystoscopy
  - Advanced debulking surgery:
    - Splenectomy.
    - Diaphragm resection.
  - Vaginal reconstruction:
    - Myocutaneous flap.
    - Skin graft: full thickness/split thickness.
- Ensure appropriate informed consent is obtained for procedures.
- Appropriately document and disseminate information related to procedures performed and their outcomes.
- Ensure adequate follow-up is arranged for procedures performed.

- 6) Seek appropriate consultation from other health professionals, recognizing their own expertise limit
  - Demonstrate insight into their own expertise limitations.
  - Demonstrate effective, appropriate, and timely consultation of other health professionals as needed for optimal patient care.
  - Arrange appropriate follow-up care services for patients and their families/caregivers.

## Communicator

### Definition

As *Communicators*, gynecologic oncologists effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

- 1) Develop rapport, trust, and ethical therapeutic relationships with patients and families
  - Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence, and improved clinical outcomes.
  - Establish positive therapeutic relationships with patients and their families, characterized by understanding, trust, respect, honesty, and empathy:
    - Demonstrate respect and understanding of factors including but not limited to age, religion, ethno-cultural background, and socioeconomic status, which may affect the patient's experience and decision-making related to gynecologic malignancies.
  - Respect patient confidentiality, privacy, and autonomy.
  - Listen effectively and respond in an appropriate manner.
  - Be aware of and responsive to nonverbal cues.
  - Effectively facilitate a structured clinical encounter.
- 2) Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals
  - Gather information about a disease and about a patient's beliefs, concerns, expectations, and illness experience:
    - Discuss fertility preservation in women with gynecologic cancers.
  - Seek out and synthesize relevant information from other sources, such as a patient's family, caregivers, and other professionals.
- 3) Convey relevant information and explanations accurately to patients and families, colleagues, and other professionals
  - Deliver information to a patient and family, colleagues, and other professionals in a humane manner and in such a way that it is understandable and encourages discussion and participation in decision-making:
    - Conduct patient/family meetings, demonstrating an ability to deliver bad news in a sensitive and appropriate manner
- 4) Develop a common understanding on issues, problems, and plans with patients, families, and other professionals to develop a shared care plan
  - Identify and effectively explore problems to be addressed from a patient encounter, including the patient's context, responses, concerns, and preferences.
  - Respect diversity and differences, including but not limited to the impact of gender, religion, and cultural beliefs on decision-making.



- Encourage discussion, questions, and interaction in the encounter.
- Engage patients, families, and relevant health professionals in shared decision-making to develop a care plan.
- Address challenging communication issues effectively, including but not limited to obtaining informed consent, delivering bad news, and addressing anger, confusion, and misunderstandings.

#### 5) Convey effective oral and written information about a medical encounter

- Maintain clear, concise, accurate, and appropriate records of clinical encounters and plans.
- Present oral reports of clinical encounter and plan effectively.
- Convey medical information appropriately to ensure safe transfer of care.
- Effectively present information concerning a medical issue to the public or media.

## Collaborator

### Definition

As *Collaborators*, gynecologic oncologists work effectively within a health care team to achieve optimal patient care.

#### 1) Participate effectively and appropriately in an inter-professional health care team

- Describe the subspecialist's roles and responsibilities to other professionals.
- Describe the roles and responsibilities of other professionals within the health care team.
- Recognize and respect the diverse roles, responsibilities, and competencies of other professionals in relation to their own.
- Work with others to assess, plan, provide, and integrate care for individuals and groups of patients:
  - Develop a care plan for a patient, including investigation, treatment, and continuing care, in collaboration with a tumor board or other inter professional team.
  - Demonstrate the ability to coordinate community and hospital resources, and to facilitate a multidisciplinary approach to the care of a palliative patient.
- Work with others to assess, plan, provide, and review other tasks, such as research problems, educational work, program review, or administrative responsibilities.
- Participate effectively in inter-professional team meetings, including but not limited to tumor boards and ward rounds.
- Enter into interdependent relationships with other professions for the provision of quality care.
- Describe the principles of team dynamics.
- Respect team ethics, including confidentiality, resource allocation, and professionalism.
- Demonstrate leadership in a health care team, as appropriate.

#### 2) Work effectively with other health professionals to prevent, negotiate, and resolve inter-professional conflict

- Demonstrate a respectful attitude towards colleagues and members of an inter-professional team.
- Work with other professionals to prevent conflicts.
- Employ collaborative negotiation to resolve conflicts.
- Respect differences and address misunderstandings and scope of practice limits in other professions.
- Reflect on inter-professional team function.

## Manager

### Definition

As *Managers*, gynecologic oncologists are integral participants in health care organizations, organizing sustainable practices, making decisions concerning the allocation of resources, and contributing to the effectiveness of the health care system.

- 1) Participate in activities that contribute to the effectiveness of their health care organizations and systems
  - Work collaboratively with others in their organizations.
  - Participate in systemic quality process evaluation and improvement, including patient safety initiatives:
    - Demonstrate understanding of the principles of quality assurance and administration, and the importance of the principles of cost effectiveness and continuous quality assurance/improvement relevant to gynecologic care.
  - Describe the structure and function of the health care system as it relates to gynecologic oncology, including the roles of physicians.
  - Describe the principles of health care financing, including physician remuneration, budgeting, and organizational funding.
- 2) Manage their practice and career effectively
  - Set priorities and manage time to balance patient care, practice requirements, outside activities, and personal life:
    - Manage work schedules appropriately, including operating room time and clinic scheduling.
  - Manage a practice, including finances and human resources.
  - Implement processes to ensure personal practice improvement.
  - Employ information technology appropriately for patient care.
- 3) Allocate health care resources appropriately
  - Recognize the importance of just allocation of health care resources, balancing effectiveness, efficiency, and access with optimal patient care:
    - Demonstrate understanding of the balance of resource allocation in screening, including but not limited to cervical cancer screening.
  - Apply evidence and management processes for cost-appropriate care.
- 4) Serve in administration and leadership roles
  - Chair and/or participate effectively in committees and meetings.
  - Lead or implement change in health care.
  - Plan relevant elements of health care delivery, such as work schedules.

## Health advocate

### Definition

As *Health Advocates*, gynecologic oncologists use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

1) Respond to individual patient health needs and issues as part of patient care

- Identify the health needs of an individual patient and her ability to access services in the health and social system.
- Identify opportunities for health advocacy, health promotion, and disease prevention with individuals to whom they provide care:
  - Promote and support policies that improve health outcomes for the patient, including but not limited to cervical cancer prevention via primary and secondary prevention, safe sex, smoking cessation, and genetic testing for hereditary cancer syndromes.
- Demonstrate appreciation of the possibility of competing interests between individual health advocacy issues and the community at large.

2) Respond to the health needs of the communities they serve

- Describe the practice communities they serve.
- Identify opportunities for health advocacy, health promotion, and disease prevention in the communities they serve, and respond appropriately.
- Demonstrate appreciation of the possibility of competing interests between served communities and other populations.

3) Identify the determinants of health for the populations they serve

- Identify the determinants of health of the populations they serve, including resource availability and barriers to accessing care.
- Identify vulnerable or marginalized populations within those served and respond appropriately.

4) Promote the health of individual patients, communities, and populations

- Describe an approach to implementing a change in a health determinant of served populations.
- Describe how public policy impacts on the health of served populations.
- Identify points of influence in the health care system and its structure.
- Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity, and idealism.
- Demonstrate appreciation of the conflict possibility inherent in their combined role as a health advocate for a patient or community and as a manager or gatekeeper.
- Describe the medical profession's role in collectively advocating for health and patient safety.

## Scholar

### Definition

As *Scholars*, gynecologic oncologists demonstrate lifelong commitment to reflective learning, as well as the creation, dissemination, application, and translation of medical knowledge.

Gynecologic oncologists are able to:

1) Maintain and enhance professional activities through ongoing learning

- Describe the principles of maintaining competencies.
- Describe the principles and strategies for implementing a personal knowledge management system.
- Recognize and reflect learning issues in practice.
- Conduct a personal practice audit.
- Pose an appropriate learning question.
- Access and interpret relevant evidence.

- Integrate new learning into practice.
- Evaluate the impact of any change in practice.
- Document the learning process.

2) Critically evaluate medical information and its sources, and apply this appropriately to practice decisions

- Describe the principles of critical appraisal.
- Critically appraise retrieved evidence in order to address a clinical question.
- Integrate critical appraisal conclusions into clinical care:
  - Facilitate the learning of patients, families, students, residents, other health professionals, the public, and others.
  - Describe the principles of learning relevant to medical education.
  - Identify collaboratively the learning needs and desired learning outcomes of others.
  - Select effective teaching strategies and content to facilitate others' learning:
    - Apply principles of adult learning in teaching
    - Demonstrate ability to effectively teach, supervises, and evaluates junior trainees and students in the clinical setting.
  - Deliver effective lectures or presentations.
  - Assess and reflect on teaching encounters.
  - Provide effective feedback.
  - Describe the principles of ethics with respect to teaching.

3) Contribute to the development, dissemination, and translation of new knowledge and practices

## Professional

### Definition

As *Professionals*, gynecologic oncologists are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behavior.

1) Demonstrate a commitment to their patients, profession, and society through ethical practice

- Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect, and altruism.
- Demonstrate commitment to delivering the highest quality care and maintenance of competence.
- Recognize and appropriately respond to ethical issues encountered in practice.
- Recognize and manage real or perceived conflicts of interest.
- Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law.
- Maintain appropriate boundaries with patients.

2) Demonstrate commitment to their patients, profession, and society through participation in profession-led regulation

- Demonstrate knowledge and understanding of professional, legal, and ethical codes of gynecologic oncology practice, including but not limited to:
  - Withholding and withdrawal of treatment.
  - Informed consent.
  - Advance directives.

- Confidentiality.
- End-of-life care.
- Conflicts of interest.
- Resource allocation.
- Research ethics.
- Fulfill the regulatory and legal obligations required of current practice.
- Demonstrate accountability to professional regulatory bodies.
- Recognize and respond appropriately to others' unprofessional behaviors in practice.
- Participate in peer review.

### 3) Demonstrate commitment to physician health and sustainable practice

- Balance personal and professional priorities to ensure personal health and sustainable practice.
- Strive to heighten personal and professional awareness and insight.
- Recognize other professionals in need and respond appropriately.

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## VIII. EVALUATION ASSESSMENT AND CERTIFICATION

The evaluation and assessment of fellows throughout the program is conducted in accordance with the SCHS's training and examination rules and regulations, as detailed below.

### Annual promotion assessment

This assessment is conducted towards the end of each training year throughout the program, in line with the rules and regulations of SCFHS and includes the following:

#### End-of-year in-training evaluation report

This is a summative evaluation report prepared for each fellow at the end of each year based on end-of-rotation reports. It might also involve oral clinical exams and completing other academic or clinical assignment(s).

These academic or clinical assignments should be documented on an annual basis. Evaluations will be based on accomplishing the minimum requirements of the procedures and clinical skills, as determined by the program.

#### 1) End of rotation evaluation and completion of training module

To verify fulfillment of the CanMEDS competencies, based on end-of-rotation evaluation, and completion of each rotation-training module (detailed at the end of this proposal), fellows' performance will be evaluated jointly by relevant staff in respect of the following:

- Performance during daily work.
- Performance and participation in academic, clinical, and surgical activities during each rotation.
- Performance in a 10–20-minute direct observation assessment of trainee-patient interactions. Trainers are encouraged to perform at least one assessment (preferably towards the end of) each clinical rotation.
- Trainers should provide timely and specific feedback to the trainee after each assessment of a trainee-patient encounter.
- Performance of diagnostic and therapeutic procedural skills by the trainee: timely and specific feedback for the trainee after each procedure is mandatory.
- The CanMEDS-based competencies end-of-rotation evaluation form must be completed within two weeks of the end of each rotation (preferably in electronic format), and signed by at least two consultants.
- The evaluation form will be submitted to the Training Supervisory Committee of the SCHS within four weeks following the end of the rotation.

#### End-of-year examination

The end of year examination will be undertaken at the end of each training year. The number of examined items, eligibility, and passing score will be in accordance with the SCHS's training and examination rules and regulations.

#### Final in-training evaluation report (FITER)/Comprehensive competency report (CCR)

A final in-training evaluation report (FITER)/comprehensive competency report (CCR) will be completed by the Fellowship Committee.

The final examination comprises two parts:

### **1. Written examination**

This examination assesses candidates' theoretical knowledge base (including recent advances) and problem-solving capabilities in the specialty of gyn oncology. It is delivered through multiple choice questions and held at least once annually.

The number of exam items, eligibility, and passing score will be in accordance with the SCHS's training and examination rules and regulations.

### **2. Clinical examination**

This examination assesses a broad range of high-level clinical skills, including data gathering, patient management, and communication and counseling. The examination is held at least once annually, preferably in an objective structured clinical examination (OSCE) format, or as a clinical case discussion and evaluation.

Exam eligibility and passing score will be in accordance with the SCHS's training and examination rules and regulations. The promotion of the fellow from one year to the other will be in accordance with the guidelines published by the Saudi Commission for Health Specialties (published on the SCFHS website).

## **Certification**

Training completion will only be certified upon a fellow's successful completion of all program requirements. Candidates passing all components of the final specialty examination are awarded the "Saudi Board in Gynecologic Oncology" certificate.

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## IX. FELLOWSHIP PROGRAM MANUAL

Each fellowship program is detailed in a manual in accordance with the SCHS programs. It includes the general and specific objectives, structure, rules, and regulations. This manual act as a blueprint and will be distributed to the new candidates at the beginning of the program.

### On-call duty

On-call duty shall be governed by departmental and/or the subspecialty requirements in accordance with the rules and regulations of SCFHS.

### Examinations

A. Programs under the SCHS must follow its examination rules (Refer to the rules and regulations of SCFHS at the website).

A program must include annual and final examinations:

- Annual examinations will be undertaken at the end of each academic year.
- Training committees are responsible for preparing and executing such examinations, which can be written, oral, or both.
- The final examination is usually both written and oral.

### Promotion

- The SCHS Fellowship Committee will approve a fellow's promotion to the next level of training provided they fulfill the following conditions:
  - Satisfactory performance evaluation.
  - An attendance record of at least 75% for the required educational activities.
  - Passing the biannual examination.
- Any fellow not meeting the above criteria for promotion will be placed on probation for six months.
- Should they fail to meet the conditions for promotion during this probation period, a fellow must repeat their current training level.
- Any fellow failing to meet the promotion criteria during this repeated year of training will be removed from the Fellowship Program.

### Program completion

- Completion of the Fellowship Program will be based on satisfactory performance evaluation, completion of 36 months of training in gynecologic oncology, and passing the final graduation examination.
- The fellow must complete one research, quality assurance, or educational project relevant to gynecologic oncology during their training period.
- The Program Director will prepare each fellow's final evaluation summary, covering the entire training period. This will be submitted to the SCHS between two and three weeks prior to training completion.
- The fellow's sponsor (if applicable) must be informed that the fellow has completed the Fellowship Program, and provided with a copy of the final evaluation.



## Program interruption

Note: The rules and regulations of the SCFHS applied in the policy of training will be implemented for this program, and are as follows:

- Any interruption(s) within a training year without a valid excuse will result in a fellow's removal from the program.
- A training year with interruption of no more than three months, with a valid excuse and upon approval by the SCHS, will be considered a full training year.
- However, the fellow must compensate for their absence during the remaining period, or immediately after completion of the training program.
- A training year will be repeated if interrupted (with a valid excuse) for any length of time over three months. The fellow will repeat the training level from the beginning of the subsequent academic year.

## Training extension

Any training extension request must be submitted to the training committee six months prior to completion of the program. A fellow's overall performance evaluation and justification for the extension must accompany the request.

## Program transfer

Transfer from one program to another may be allowed in accordance to the rules and regulations of SCFHS policy of training (copy attached as addendum).

### The following guidelines will apply:

- An application should be submitted at least three months prior to the start date of the new program.
- The fellow must obtain approval from the current program and must fulfill the acceptance criteria of the program to which they wish to transfer.
- The fellow will compete for a position along with the other candidates for that academic year.
- Sponsored fellows will need approval from their sponsors. If applicable, approval from the SCHS will also be required.
- The fellow will start in the program to which they transfer at the first-year level.

## Annual leave

- Fellows enrolled in the SCHS Fellowship Program are entitled to 30 days' vacation leave and ten days of Ramadan, Hajj, or National holidays per year and will be allowed in accordance to the rules and regulations of SCFHS policy of training.
- Fellows are entitled to one paid professional leave each year (seven days). Sponsored fellows, however, are entitled to only one paid professional leave during their entire training period.
- Sponsored fellows may be granted "single days" of professional leave for the other years of their stay in the program.
- Other leave entitlements are as stipulated in the training contract.
- Carry-over of more than 14 leave days to the next year, and leave without pay, are not allowed. The fellow shall compensate for any sick leave or maternity leave.
- The sick leave policy is as stipulated in the training contract.

- The department's Program Director and the chairman must approve leave.

### Disciplinary action

- Fellows must perform their duties in a manner consistent with the training program's expectations and policies.
- They must conform to institutional and departmental regulations concerning patient care, interpersonal relationships, and legal and ethical conduct.
- A fellow exhibiting poor performance or misconduct will be thoroughly discussed by the departmental fellowship committee initially, and then by the SCHS Fellowship Committee.
- This will be implemented in accordance to the rules and regulations of SCFHS policy of training.

### Disciplinary action procedure

**This will be in accordance to the rules and regulations of SCFHS.**

#### Verbal warning

The Program Director will give a verbal reprimand and warning to the fellow concerned. A statement should be included in that fellow's file in the department, indicating:

- that this verbal warning has been given;
- the nature of the offense;
- whether the offense committed was a first offense.

#### Written warning

A letter of warning from the Program Director, through the departmental fellowship committee chairman and department chairman, shall be issued to the fellow. A copy of this warning is forwarded to the fellow's sponsor and to the SCSHS.

- A written warning must indicate the nature of the offense.
- Whether it is a first offense or the repetition of a previous offence for which a warning was issued.
- Based on the seriousness of the offense, a first written warning may be given to the fellow, with a copy sent to the academic affairs & SCHS.
- A final warning letter must clearly state that it is a final warning, clearly indicating the consequences of repeating the offense.

**Note: Refer to the SCFHS website for details.**

### Probation

- In an attempt to correct a deficiency or sanction a committed offense, a fellow may be placed on probation for a maximum period of 90 days.
- The departmental fellowship committee will decide on the length and effective (i.e., start) date of the probation period.
- A fellow may not be placed on probation more than twice during the training program, and the combined number of days for both should not exceed 90 days.

### **Suspension**

- Based on the severity of an offense, as outlined below, a fellow may be suspended from duty without pay for a maximum of 30 days.
- The departmental fellowship committee will determine the length and effective date of the suspension period.
- A suspension will be recommended to the SCHS by the Program Director through the departmental fellowship committee chairman and the department chairman, clearly detailing the reasons for the recommendation.
- A fellow will be placed on probation immediately on completion of a suspension period.
- A fellow may be subjected to suspension only once during an entire program.

#### **A suspension will be enforced in any of the following events:**

- The fellow has not shown sufficient improvement subsequent to a warning and/or probation period.
- The fellow has committed a serious offense, compromising patient care standards and jeopardizing patient welfare.
- The fellow has exhibited unethical or illegal conduct.

### **Dismissal**

- Should all rehabilitative attempts fail, the Program Director, through the departmental fellowship committee chairman and department chairman, may recommend a fellow's dismissal from the program and the hospital.
- The SCHS will review these recommendations and take the final decision.
- The CEO, based on the hospital's Employee Relations Manual, will effect dismissal from the hospital.
- Dismissal from the Fellowship Program will be referred to the sponsor-institution and/or the SCHS, as appropriate.

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## X. APPENDICES

### Appendix A

#### Implementation Plan For The Fellowship Program

The following points will be implemented by the Fellowship Committee to ensure the smooth and efficient running (organization) of the Fellowship Program in the different institutions involved in delivering the training.

#### Shared Vision

A common vision about the goals and objectives of the program should be shared among the Program Directors, the faculties involved, and the trainees applying to join the program. This will be disseminated to provide clear vision of the objectives that should be achieved by trainees by the end of the program.

#### Teamwork

An efficient culture of joint teamwork should be established at the training centers, with the involvement of different department and faculty members in the fellows' training processes. A multidisciplinary approach should be the aim for the treatment provided to every patient, with joint decision-making and joint application of the treatment plan.

#### Supportive Environment

A supportive environment must be provided for all the trainees during their training. This will be created by the Fellowship Program Directors and by the faculties involved in the training, through the provision of continuous education and support for the fellows. This will include, for example, providing educational materials and conducting educational meetings on a regular basis. Further, faculties will be responsible for actively involving the trainees in different clinical, surgical, and academic activities within their department, accompanied by appropriate feedback about the progress of their training.

#### Communication

Communication with trainees should be open and supportive at all times, providing them with continuous positive reinforcement and feedback. They will be informed of their performance and progress on a regular basis, which between 6 to 12 months of their training with clear discussion of their evaluation for the specific period.

A two-way communication should be practiced, whereby the Program Director receives feedback from the trainees about the level of training they are receiving in each discipline and the degree of involvement they are committed to.

#### Effective Leadership

The involved faculties and Program Directors should set leadership examples for trainees during the training process. They should help to initiate a leadership mindset in trainees, to prepare them for future leadership roles in the centers they intend to join. Trainees should also be nurtured to assume roles as leaders in the health community, providing appropriate care for their patients.

### **Fellowship Outcome**

By the end of the training process, the outcome should be clear for both trainers and trainees.

Becoming a safe and competent gynecologic oncologist should be the aim for each trainee, with the essential knowledge, skills, attitude, and ability to provide the expected level of care for patients under their care.

The involved faculties and all their trainees should continuously reinforce this objective during the training process, and encouragement should be continuously given to achieve this positive outcome.

### **Workshops and Training Modules**

To ensure complete understanding of and commitment toward the training process, the SCHS Fellowship Committee, in collaboration with the Program Directors and the faculties that will deliver the training program, will conduct workshops.

We have adapted 16 training modules from Canada's Royal College of Physicians and Surgeons and from the UK's Royal College of Obstetricians and Gynaecologists to be implemented during the training period. Each discipline will have its own training module, which will be distributed to the faculties during the workshops, to be discussed with all the members involved in the training process to obtain their feedback.

By the beginning of each rotation, all new disciplinary modules will be distributed to the fellows to inform them of the skills they will gain during the course of the training program. They will also be informed of the aim, goals, and objectives that they should achieve by the end of the rotation.

The module details will also help fellows to understand how they will be evaluated at the end of each discipline's teaching. All 16 training modules are provided at the end of this Fellowship Program proposal.

## Appendix B

### Workshops for Program Directors

After meeting with the Program Directors, including the current Fellowship Director of Gynecologic Oncology and the Directors of the different subspecialty programs in which fellows are expected to participate, we agreed that we should start by providing three rounds of (3) workshops, as detailed below.

#### **First Workshops**

- Introduction to the principles of CanMEDS.
- How to objectively assess fellows during their training.
- How to objectively assess their progress in their program.
- How to evaluate their performance, knowledge, and skills during training.

We discovered that, unfortunately, many of the Program Directors have not had the opportunity to receive training in the principles of CanMEDS, and they lack awareness of objective assessment, results, and tools to utilize for evaluating the training process of trainees.

We seek help from the Saudi Commission Subspecialties Training Department and from our hospital's ATA to nominate people able to help us to provide these workshops for the Program Directors.

#### **Second Workshops**

Our plan is to conduct an introductory workshop for the training program at national level. We plan to gather all Program Directors from the different subspecialties in one or two workshops, according to their availabilities, where we will introduce the program and discuss with them the best ways to ensure the flow of fellows through the different rotations they are supposed to undergo. We will also discuss how to ensure maximum benefits for the fellows during the different rotations in each different subspecialty in the training program.

The Program Directors from the different subspecialties will be encouraged to:

- Give their inputs into the program.
- Facilitate the rotations of fellows in their subspecialties.
- Supervise fellows' training during the period they will spend within their department.
- Follow up with the involved staff of those departments
- Provide an objective assessment of the fellows at the end of their rotation, according to the modules created for each rotation in the different subspecialties. (These modules are set out at the end of this proposal.)

#### **Third Workshops**

We plan to conduct many workshops for the different Program Directors from the different subspecialties, to review and discuss the modules we have developed through adopting from the curricula of Canada's Royal College of Physicians and Surgeons of Canada and the UK's Royal College of Obstetricians and Gynaecologists.

Those modules are intended to provide methods for objective assessment of the fellows during each rotation in the different subspecialties. The Program Directors for each subspecialty will be responsible for applying those modules' contents during each fellow's rotation, and providing them with feedback at the end of their rotation in each subspecialty.

To provide sufficient opportunity to review each of the 16 different modules, we decided that each workshop would discuss three to four modules over a period of about two hours. This will enable each module to be finalized and allow the Program Directors to understand the best way to deliver each module for the fellows during their training.

The end of each module will evaluate each fellow's log book for his rotation in that specialty. In addition, there will be a teaching sessions and a short one-to-one discussion between each fellow and their supervising trainer. Each Program Director will be responsible for providing some of the questions to be incorporated in the final exams that each fellow must pass to graduate.

**Note: These modules were adopted with modifications from those developed by the Royal College of Obstetricians and Gynaecologists (UK) for its Gynaecological Oncology Curriculum 2013. The information was sourced from the college's website.**