

Pediatric and Adolescent Gynecology

The Pediatric and Adolescent Gynecology (PAG) Fellowship at CHEO (Children's Hospital of Eastern Ontario), University of Ottawa is a one-year program. The possibility of a second year (non-funded) exists to do a Masters (Public Health, Clinical Epidemiology or Medical Education).

Location: CHEO, The Ottawa Hospital (TOH), and St. Mary's Home.

The fellowship comprises of 3 themes: Clinical, Academic and Research.

Clinical Component:

The Fellowship will focus on the diagnosis and management of congenital reproductive tract anomalies, pediatric and adolescent gynecologic malignancies, gynecologic disorders in medically ill children, reproductive endocrinopathies affecting children, common problems in pediatric gynecology, adolescent pregnancy and surgical techniques, pre and postoperative care in pediatric patients.

The year will comprise of 10 blocks of core PAG, 1 block of Pediatric Surgery, 1 block of Endocrinology and/or Ambulatory Clinics and 1 block of Elective.

During the PAG core blocks, the fellow will attend:

- 2-4 PAG clinics (half days) per week (Clinics are either in person or virtual)
- Fellows' clinics 1-2x/week (in-person or virtual) in parallel with an attending staff (start time in the year will depend on each fellow's progression).
- A half day of adolescent obstetrics and contraception at the multidisciplinary community center (St. Mary's Home). There is a possibility for this to be a fellow run clinic in the latter half of the academic year.
- 1 Half-day clinic per week of Gender Diversity clinic
- Twice per month, there will be a combined Endocrinology-Gynecology clinic. These are either in-person or virtual.
- Five (5) times per year, there will be a combine Hematology-Gynecology clinic. These are either in-person or virtual.
- Weekly Benign Adult Gynecology Clinics at the Riverside Campus that encompass transition from CHEO patients and patients with conditions related to PAG (ex: Mullerian anomalies, POI, DSDs, complex contraception, amenorrhea, PCOS, etc.)
- Once every 2 months, Women with Bleeding Disorders clinic at the Riverside Campus.
- Participate in multidisciplinary clinical meetings
 - PAG rounds (2x/block)
 - Disorder of sexual differentiation (DSD) Rounds (bi-monthly)
 - Radiology-Gynecology Rounds (every 2-3 months)
 - Tumor board (prn).
 - Grand Rounds
 - TOH ObGyn Grand Rounds
 - CHEO Surgery Grand Rounds
 - CHEO Pediatric Grand Rounds

During the year, the fellow will rotate through the Pediatric Surgery Service for one block (4 weeks).

The fellow will also participate in an Ambulatory rotation (4 weeks) comprised of clinics in Endocrinology, Adolescent Medicine, Hematology/Oncology, Dermatology, Child protection, and other services as per fellow's interest. These may be grouped into 1 block or distributed during the PAG blocks.

Finally, the fellow will have the opportunity to have an elective block (4 weeks) in the latter part academic year. The possibilities include are MIS (minimally invasive surgery), outside elective to explore other PAG opportunities, simulation, research, or other choice that would be relevant for career development.

Surgical exposure includes:

- OR 1 day per month (elective cases)
- Surgical emergency cases when on call
- During pediatric surgery block
- During elective time (MIS or other PAG program)
- Surgical simulation program

Call responsibilities for the fellow include:

- Daytime: done by PAG resident; may be called to review cases with resident. If there is no resident on PAG block or they are away/post-call, then fellow is first call during the day.
- Nighttime: 1 in 3 home call rota for PAG at CHEO. When not on call, will be given the opportunity to attend interesting cases in OR (not mandatory).
- During the Pediatric Surgery Rotation, the fellow will participate in the call rota at the level of a resident. There may be additional Pediatric Surgery Call throughout the year.

Locum calls: Moonlighting may be possible as long as it does not interfere with performance (clinical and academic/research) of the fellowship. Your fellowship director must be informed and approve the moonlighting activities.

Academic Component:

The fellow will be invited/ expected to

- Attend weekly Grand Rounds (Pediatric surgery, Adult Ob/Gyn, or Pediatric)
- Present PAG rounds once per 4 weeks
- Participate as PAG examiner in Ob/Gyn OSCE twice per year
- Participate in yearly PAG lectures series residents in Ob/Gyn, Pediatrics as well as for fellows in REI and Pediatric Emergency
- Participate in PAG simulation program
- Participate in Health Advocacy Curriculum
- Attend the bi-monthly Ob/Gyn journal club (epidemiology teaching)
- Have protected time and funding to attend a PAG conference (NASPAG or CANPAGO SOGC) if fellow is presenting research

Research Component:

It is expected that the fellow will participate in a research project throughout the year. The research may be in the following domains: clinical, health advocacy or medical education related to PAG. Preparation and submission of research abstract with aim at presentation at NASPAG (+/- CANPAGO SOGC) and University of Ottawa research day (Ob/Gyn and Pediatric Surgery) and manuscript preparation is also expected. Weekly protected time (1- 2 half days per week) with possibility of a research block elective is available.

Pediatric Gynecology Rotation Objectives

The Fellow is expected to develop the knowledge and skills appropriate to professionally function in the following roles:

- Medical Expert
- Communicator
- Collaborator
- Leader
- Health Advocate
- Scholar
- Professional

Medical Expert

Knowledge of Anatomy and Physiology

- Develop an understanding of reproductive anatomy including:
 - Normal embryology of the female and male reproductive tract
 - Maturational changes in the reproductive tract from infancy to maturity
 - Relation of congenital anomalies to embryology
 - Understand the effect of endocrinology and common endocrinology dysfunction on reproductive maturation including:
 - Thyroid abnormalities
 - Normal maturation and regulation of the hypothalamic pituitary axis from infancy through puberty
 - Adrenal steroidogenesis and enzyme deficiencies associated with congenital adrenal hyperplasia

Data Gathering

- Be able to obtain a complete history from a child and or parent including developmental, social and medical assessment
- Be able to conduct the physical assessment including growth, development (Tanner Staging) and reproductive tract (age dependent technique) and draw appropriate conclusions from the clinical examination

Clinical Reasoning, Management and Judgment/Diagnostic and Therapeutic

- The fellow will be responsible for the assessment of patients in the outpatient clinic as well as planning the diagnostic and therapeutic approach.
- As such the fellow should manage common and uncommon pediatric and adolescent gynecology disorders:
 - Abdominal/pelvic pain
 - Abnormal genital bleeding

- Adolescent adherence to therapy
 - Adolescent Sexuality
 - Ambiguous genitalia
 - Amenorrhea
 - Congenital anomalies of the reproductive tract
 - Contraception (including compliance, and the medically complex patient)
 - Delayed puberty
 - Dysmenorrhea
 - Eating disorders and their effect on menstrual cycles
 - Endometriosis
 - Gender identity disorders
 - Genital injuries
 - Gonadal dysgenesis
 - Hirsutism
 - Labial agglutination
 - Menorrhagia
 - Pediatric urology – common urologic complaints such as dysfunctional voiding
 - Pelvic or abdominal mass
 - Pediatric and Adolescent Gynecologic Malignancies
 - Precocious puberty/adrenarche/thelarche
 - Prepubertal vulvovaginitis
 - Pediatric dermatologic conditions affecting the genital tract
 - Prescribing to the Pediatric Population (pharmacodynamics of children)
 - Sexual abuse
 - Sexually transmitted diseases
 - Transitional Planning for adolescents embarking on adult care
 - Vaginal agenesis
 - Vulvar disorders
- The fellow will follow patients to get feedback on their management.

Procedural skills

- The fellow will be offered to attend elective operative cases and to monitor the patient postoperatively with the residents and attending staff.
- Depending on the initial skill level of the Fellow, expectations for the surgical aspect of the fellowship year will vary.
- The Fellow will be able to participate in the surgical procedures necessary for surgical reconstruction of the genital tract as it pertains to congenital reproductive anomalies in the pediatric and adolescent age group and genital trauma.
- The Fellow will be able to participate in surgical therapy of pediatric and adolescent gynecologic malignancies.
- The Fellow be able to participate in the operative laparoscopic management of benign ovarian cysts, endometriosis, gonadectomy, ectopic pregnancy and diagnostic procedures.
- The Fellow will be able to perform examination under anaesthesia including vaginoscopy and cystoscopy in the pediatric and adolescent population.

- Included in surgical management, is the preoperative and postoperative care of pediatric and adolescent patients: fluid management, analgesia etc.

Communicator

Physician/Patient Relationship

- The fellow should demonstrate the ability to elicit the trust and cooperation of the child and her family during his/her interactions in ambulatory care settings, the emergency department, and perioperatively.

Verbal Communication Skills

- The fellow should demonstrate appropriate communication skills when interacting with clinic administrative staff and other members of the multidisciplinary health care team.

Collaborator

Team Relations

- The fellow should demonstrate the ability to collaborate with the DSD (disorder of sexual differentiation) team in the evaluation of patients.
- Similarly, the fellow should demonstrate the ability to collaborate with pediatric surgery, radiology, urology, hematology/oncology team as appropriate.
- The fellow will develop strong collegial relationships with the Gynecology Team, including Senior Secretary, Clinic Nurse, Patient Information Clerk, and Junior House staff.

Manager

Time Management

- The fellow should demonstrate an ability to assess patients in an efficient manner in the ambulatory clinics.

Resources and Allocation

The fellow should be able to discuss the cost-effective plan for investigation and management of pediatric and gynecology disorders.

- The fellow should be able to determine the appropriate setting for patient management (ambulatory clinic or inpatient care) of pediatric and adolescent gynecology disorders.

Administrative Skills

- The fellow should demonstrate the ability to coordinate ambulatory patient care including communication with consulting services, follow up of investigations, responding to patient/family queries and timely completion of health records.

Health Advocate

Determinants of Health/Health Advocacy

- The fellow should be able to appreciate the unique developmental and social pressures that affect pediatric and adolescent patients and their families, including:
 - Cultural influences on puberty, sexuality, contraception and pregnancy
 - Social and psychological development through childhood and adolescence and how this affects care and counseling

Scholar/ Critical Appraisal

Self-Directed Learning

- The fellow should develop a critical approach to the literature regarding investigation, therapeutics, and health care delivery with respect to pediatric and adolescent gynecologic care.

Research

- The fellow will present at minimum a Pediatric and Adolescent gynecology round, twice during their year with an attending staff mentor.

Teaching Skills

- The fellow will demonstrate the ability to impart new information in the clinical situation to pediatric/adolescent patients and their families.
- The fellow is responsible to teach medical students and residents in the ambulatory care settings and during the performance of inpatient consults/emergency consults.
- The fellow will present at minimum a Pediatric and Adolescent gynecology round, twice during their year with an attending staff mentor.

Professional

Responsibility

- The fellow will be expected to
 - be punctual during clinical duties
 - be available to the administrative staff and health care team
 - participate in the management of the pediatric and gynecology patients in the clinic in conjunction with the staff, pediatric and gynecology resident and clinic nurse.

Self-Assessment Skills/Insight

- The fellow should demonstrate the ability to communicate with attending staff and request assistance in patient management when appropriate.
- The fellow should consult ancillary services when required to enhance patient care.
- The fellow should develop an individual learning plan with regards to pediatric and adolescent gynecology knowledge basis, with assistance of the attending staff.

Ethics

- The fellow should be aware of the medicolegal issues and ethical issues with respect to patient confidentiality
- The fellow should be aware of the role of child protective agencies with regards to sexual abuse.

Written Skills and Record Keeping

- The fellow shall document interactions with patients and families in the ambulatory clinic setting and in telephone interactions.
- The fellow shall complete Health Records in a timely manner.

Tania Dumont, MD, FRCSC
Pediatric and Adolescent Gynecology (PAG) Fellowship Program Director
Children's Hospital of Eastern Ontario
University of Ottawa