

ADVANCED TRAINING PROGRAM VULVOVAGINAL HEALTH CanMED Competencies

Medical Expert

Knowledge

- Knowledge of the anatomy, embryology and physiology of the vulva and vagina.
- Knowledge of skin micro structure and pathology.
- Knowledge of examination techniques: colposcopy, biopsy techniques, local anesthetic properties and preparation.
- Knowledge of the changes in the vulva and vagina across a woman's lifespan and awareness of the physiological versus pathological appearances.
- Knowledge of benign, pre-malignant and malignant disorders of the vulva.
- Recognize risk factors for lower genital tract diseases (eg. VIN, Crohn's, Immunosuppression).
- Knowledge of the negative impact of vulvar disorders on a woman's and her partner's quality of life.

Clinical skills

- Given a woman with chronic vulvar discomfort, demonstrate proficiency in obtaining a comprehensive history that recognizes the biopsychosocial factors affecting a woman's health.
- Be comfortable and competent in obtaining a detailed psychosexual history; including all aspects of their sexual response including relationship functioning and within the context of their current and past relationship history; and mood, anxiety, stress, and other relevant psychiatric factors, and the relationship of these factors to the patient's vulvar discomfort.
- Given a woman presenting with a vulvar concern (symptoms, or lesions); be proficient in performing a sensitive genital and pelvic examination.
- Apply techniques and strategies to reduce a woman's anxiety and or physical discomfort (eg. lidocaine);

- Perform a systematic and thorough examination of the external genitalia (vulvar, perineum, perianal areas) including all mucocutaneous surfaces (assessing skin, anatomy, inflammation, and or lesions).
- Apply correct dermatological and morphological terms when describing lesions and generating a differential diagnosis.
- Perform a Q-tip test, in which the vulvar vestibule is palpated and the patient's subjective experience of pain is assessed via a 0-10 numeric rating scale.
- Perform a speculum exam and colposcopy of the vagina and cervix as appropriate.
- Assess the patient's pelvic floor including resting tone, tenderness, reflexive vaginismus, and ability to voluntarily contract and relax the pelvic floor; and
- Assess the pelvis for abdominal wall trigger points, and/or pelvic pathology.
- Given a clinical assessment that excludes organic causes for a woman's chronic pain, generate a working clinical diagnosis and classify her vulvar pain according to recent ISSVD terminology.
- Counsel and educate a woman with a vulvar disorder regarding the etiology, and natural history of the disorder.
- Counsel regarding skin care and vulvar symptom management.
- Using a biopsychosocial/sexual framework; outline a therapeutic approach to a woman with a chronic vulvar disorder.
- For each therapeutic intervention (eg. educational, medical, physical, psychological, and surgical therapies. Specifically, for each therapy be able to counsel a patient regarding:
 - What the therapy is;
 - How it works (mechanism of action);
 - Likelihood of success;
 - Benefits;
 - Risks;
 - Side effects; and the
 - Natural history of the disease if the patient decides not to pursue any therapy.
- Specifically, counsel a patient on how to use topical steroid therapy appropriately.
- Specifically, counsel a postmenopausal woman on how to use local estrogen therapy appropriately.
- Recognize and address factors that affect patient adherence to medical therapy.

- Counsel a patient on how to use of vaginal inserts to address associated vaginismus.
- Counsel a patient on how to perform a Kegel's and reverse Kegel's maneuver and the role of this maneuver in reducing sexual pain.
- Counsel/educate a patient on the impact of sexual pain on a woman's sexual response.
- Given a woman with provoked vestibulodynia; assess eligibility for participation in the standard group-based therapy.
- Determining which patients are appropriate versus not appropriate for the standard program;
- Determining which patients will likely benefit versus not benefit from the program.

Technical skills

- Colposcopy of the lower genital tract
- Skin biopsy techniques (snip, slice, punch, elliptical)
 - Administer local anaesthetic
 - Determine where and what technique to use to obtain sample
 - Control bleeding

Procedural skills (Gynecology) – (while there may be opportunity to participate in the following procedures; we cannot guarantee exposure to all procedures during training). The candidate should be familiar with the indications for each procedure and the steps of each procedure.)

- Wide local excision of skin lesions <3cm and >3 cm
- Simple vulvectomy
- Excision of benign vulvar masses (eg. lipoma)
- Lysis of adhesions of introital stenosis
- Lysis of adhesions of vaginal stenosis
- Marsupialization of pseudocyst of clitoris
- Electrocautery/excision of genital warts
- Laser vaporization (CO2) of vulvar and vaginal lesions

Communicator

- Be able to convey patients' diagnoses, prognosis, management/treatment plans and follow up in a comprehensive and empathetic fashion.
- Be able to explain procedures clearly and obtain informed consent .
- Accurately answer patient questions within the resident's knowledge level, and defer to staff when beyond the resident's level of training.
- Establish therapeutic relationships with patients and their partners.
- Communicate effectively with other team members.
- Demonstrate excellent record keeping.
- Dictate a clear and concise consultation letter to the referring physician in a timely manner providing a most likely diagnosis, differential diagnosis, investigation and treatment plan, clear follow up recommendations and cme where appropriate.

Collaborator

- Include women and their family/partners in treatment and treatment planning as deemed appropriate.
- Consult and discuss patient cases appropriately with other physicians and health care professionals in the Centre.
- Be effectiveness in liaising with colleagues in other disciplines, particularly dermatology, genitourinary medicine and psychosexual medicine.
- Contribute effectively to interdisciplinary team activities including monthly team meetings and/or program evaluation.
- Depending on the short-term training goals of the resident, a research project may be identified and carried out in collaboration with the supervising clinician.

Manager

- Utilize resources (eg. the multidisciplinary team members) effectively to balance patient care, learning needs, and outside activities.
- Demonstrate understanding of the need to allocate finite health care resources responsibly.

Health Advocate

- Identify important determinants of health affecting patients with vulvar disorders.

- Recognize the role of the physician as an advocate for those issues.

Scholar

- Complete readings from an assigned reading list on vulvar disorders, and access relevant up to date literature in helping to resolve clinical problems. This includes reading the MVP patient and clinician manuals, relevant review and research articles, clinical care guidelines, and any recommended textbooks.
- Complete a basic and/or advanced formal training program in Colposcopy/Advanced Vulvar Disorders. (ISSVD, ASSCP, online courses)
- Critically appraise sources of scholarly information on vulvar disorders.
- Participate in the Vulvar Dermatology Study Groups (3-4 meetings per year)
- Deliver one Grand Rounds CME presentation on vulvar disorders.
- Complete a research project and present the findings at a National/International Meeting.

Professional

- Deliver the highest quality care with integrity, honesty and compassion.
- Exhibit appropriate personal and interpersonal professional behaviours.
- Practice medicine ethically and in a manner consistent with the obligations of a physician.
- Awareness of data storage and protection requirements.
- Awareness of patient privacy concerns regarding digital photography.

Optional Colposcopy Objectives- refer to BC Colposcopy

<http://www.bccolposcopy.ca/accredited-colposcopists/51-core-competencies/>

Optional Sexual Medicine Objectives

- To be able to take the history of the sexual complaints with view to deciding whether sexual disorder is present and if so what type.
- To assess the unconsummated relationship. (Genital penetration pain syndrome).

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- To explain human sex response cycles with view to explaining the causes of loss of sexual desire and arousal and the possible therapeutic interventions.
- To counsel a patient regarding the evidence for role of testosterone, and testosterone replacement, in loss sexual arousal and desire in women. Counsel a patient regarding the success, benefits, risk and side effects associated with transdermal testosterone
- To provide sensate focus guidelines when appropriate.