(1) INTRODUCTION

A specialist in obstetrics/gynecology is a physician with special education and expertise in the field of women’s’ health and reproduction. He/she has the appropriate medical, surgical and obstetrical knowledge and skills for the prevention, diagnosis and management of a broad range of conditions affecting women's reproductive and gynecological health. As well as providing clinical care and education in normal and complicated obstetrics and gynecology, he/she may contribute significantly to research.

The specialty of obstetrics and gynecology can be divided into two parts. Obstetrics focuses on the care and treatment before and during pregnancy, and after the child is born. Gynecology is concerned with the treatment of diseases and disorders of the female reproductive system. Because of the areas of overlap the specialties are generally practiced together. Preventative measures and testing make up a large part of an obstetrician/gynecologist’s practice.

The subspecialties of obstetrics and gynecology are:

Critical Care Medicine
- works in the hospital ICU with various specialists to utilize recognized techniques for vital life support and to care for a patient with a critical illness.

Gynecologist/ Oncologist
- is trained in the comprehensive management of patients with cancers that affect the female reproductive system.

Maternal/ Fetal Medicine
- cares for and consults on patients with high-risk pregnancies. This specialty requires expertise in the most current diagnostic and treatment techniques that are used in the care of patients with high-risk pregnancies.

Reproductive Endocrinologist
- or an REI specialist is an obstetrician /gynecologist who has been trained in the management of the complex problems relating to reproductive endocrinology and infertility.

There are five years of approved residency required. This period will include:

1. One year of basic clinical training.
2. Twelve months of core experience in General Obstetrics and Gynecology. This period must be spent in general obstetrics and gynecology at a level of responsibility equivalent to at least 2nd or 3rd year of residency, in addition to any time spent in obstetrics and gynecology in the first postgraduate year.
3. Nine months of subspecialty experience. This period will be spent in the 3 major subspecialty areas of obstetrics and gynecology, preferably following the 12 months of core obstetrics and gynecology.
A 12 month period must be spent in **selective rotations** which *may* include:

a) At least **4 of the following:**
   - Community based Obstetrics & Gynecology
   - Gynecologic Pathology
   - Clinical Epidemiology
   - Colposcopy
   - Critical care
   - Maternal-Fetal Medicine
   - Gynecologic Oncology
   - Gynecologic Urology
   - Ob Gyn Ultrasound
   - Sexual Medicine
   - Research in Obstetrics and Gynecology
   - Ambulatory Obstetrics and Gynecology
   - Reproductive Endocrinology & Infertility
   - Other selective pre-approved by the local program
   - General Surgery

**OR**

b) A minimum of 12 months specialization within obstetrics and gynecology in one of the following streams:
   - bioethics
   - medical education
   - clinical investigator program

**OR**

c) Those who have completed four years of residency in Obstetrics and Gynecology in accredited American programs may fulfill the requirements of this Section 4 with **one of the following options:**

   - One year of ABOG-accredited clinical fellowship in Gynecologic Oncology, Maternal-Fetal Medicine, or Reproductive Endocrinology and Infertility, or Urogynecology/Reconstructive Pelvic Surgery.
   - Current ABOG certification as a Diplomate in Obstetrics and Gynecology by examination.

4. **Three months of elective rotations.** This period of training will be in an area to be chosen by the resident in consultation with his/her program director. This may or may not be in an area included in electives listed in 4a).

5. **One year of senior residency experience.** In the senior year, the resident will assume responsibility, under supervision, approximating and consolidating consultant skills. He/she will provide care for ambulatory patients and in-patients with complex problems and will have administrative and educational responsibilities for a significant portion of the year. This year must include a minimum of 6 months in general obstetrics and gynecology.
(2) OBSTETRICS & GYNECOLOGY PROGRAMS ACROSS CANADA

100140 — Memorial University
150540 — Dalhousie University
352540 — McGill University
403040 — University of Ottawa
453540 — Queen's University
504040 — University of Toronto
554540 — McMaster University
605040 — University of Western Ontario
655540 — University of Manitoba
706040 — University of Saskatchewan
756540 — University of Alberta
807040 — University of Calgary
857540 — University of British Columbia

(3) UNIVERSITY OF MANITOBA PROGRAM

Program Contact

Dr. Denise Black
Women's Hospital
Dept of OB/GYNE
Room WR120
735 Notre Dame Avenue
Winnipeg MB R3E 0L8
Tel: (204) 787-1988
E-mail: kzeller@hsc.mb.ca

Web Sites: Obstetrics, Gynecology and Reproductive Sciences
http://city.net/countries/canada/manitoba/winnipeg

PROGRAM INFORMATION

Approximate Quota: 4

Number of applicants 2005/2006: 50
Number of interviews 2005/2006: 24
Average out-of-town applicants matched 2004-2006: 60%

Resources

The postgraduate program in Obstetrics & Gynecology at the University of Manitoba is centered at two sites. Both Women's Hospital and St. Boniface General Hospital are tertiary care centres in the City of Winnipeg.
Approximately 9,000 primary care and tertiary care obstetrical patients are delivered between the two hospitals. There are approximately 4,000 gynecologic surgeries - major and minor, laparoscopic and hysteroscopic. In addition, there is ample exposure to ambulatory clinics in general obstetrics and gynecology, as well as specialty clinics in oncology, colposcopy, adolescent gynecology, reproductive endocrinology, etc.

A computer lab is based within Women's Hospital at Health Sciences Centre. It houses five computers with full access to the internet, Medline searches, etc.

**Quick Facts**

- Residents may have a total of 6 off electives during PGY-2 to PGY-5. Residents may travel inter-provincially and/or internationally, with prior approval from the Program Director.
- The program has a total of 16 GFT's at St. Boniface General Hospital and Women's Hospital. On average, the program has 24 residents, PGY-1 through PGY-5.

*There are no mandatory rural rotations.*

**Curriculum**

The program in Obstetrics & Gynecology at the University of Manitoba is a five-year program that enables trainees to meet the specialty training requirements of the Royal College of Physicians & Surgeons of Canada.

PGY-1 provides a broad-based multidisciplinary year that is relevant to the specialty and is preparing for the LMCC Part II. Regardless of rotations that the PGY-1 trainee is on, efforts will be made for them to attend obstetrics and gynecology grand rounds, journal clubs, weekly Friday afternoon resident seminars and other resident functions. The University of Manitoba also provides a core curriculum - ethics, epidemiology, biostatistics, critical appraisal, research design, introduction to teaching, medico-legal issues, lifestyle issues and health care overview - directed primarily to PGY-1’s.

PGY-2 to 5 enables trainees to meet the specialty training requirements of the Royal College of Physicians & Surgeons of Canada. The educational objectives are based on those outlined by the Council of Resident Education in Obstetrics & Gynecology (CREOG). The program is designed to give the trainee a level of knowledge, clinical expertise, skills and professional attitudes that will allow him/her to be capable of independent practice as a consultant in Obstetrics & Gynecology (see schema below).

There is protected time for weekly Friday afternoon seminars to teach the educational objectives. There are weekly grand rounds using a television link between the two teaching units. There are also journal clubs, weekly perinatal high-risk rounds and weekly gynecology/gynecologic oncology rounds.

Trainees will rotate through gynecologic oncology, fetal maternal medicine, endocrinology, adolescent gynecology and a community-based experience. There will be elective time to help the trainees develop their own interests. Some examples of electives include colposcopy, urogynecology, intensive care, etc.

*There will be a graduated responsibility during training.*

**PGY-1**

This year will be a basic clinical training year and will include four weeks of pediatrics, medical endocrinology, vacation, eight week rotations of medicine, surgery, elective, and sixteen weeks obstetrics and gynecology. This is designed to be a broad-based program, which will allow the
candidate to get adequate exposure for the Part II of the Medical Council of Canada Qualifying Examination.

**PGY-2**
PGY-2 will be twenty-four weeks of obstetrics and twenty-four weeks of gynecology and four weeks of vacation.

**PGY-3 and 4**
PGY 3 and 4 will be twelve weeks of fetal maternal medicine, twelve weeks of reproductive endocrinology, twelve weeks of gynecologic oncology, twenty weeks obstetrics/gynecology core, plus twenty-four elective weeks. Sixteen weeks of these elective weeks are off service electives, and eight weeks are on service electives. Adolescent obstetrics and gynecology is a four week rotation. Four weeks of holidays is provided in each of PGY-3 and PGY-4.

**PGY-5**
In PGY-5 the resident will function as a senior resident, mainly on obstetrics and gynecology. There will be four weeks of pathology. An 8-week rotation through various sub-specialties will be timed to consolidate training prior to the COE in obstetrics & gynecology.

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4) **OBSTETRICS & GYNECOLOGY PRACTITIONER’S SURVEY**

There are 58 obstetrician/gynecologists in Manitoba. All were sent surveys, of which 28 responded. The information provided is not complete.

**What is your special focus?**

- Oncology
- Maternal/fetal medicine
- Pediatric and adolescent gynecology

**How much do you interact professionally with other physicians?**

(1-on my own most of the time, 10- as a part of a team most of the time)

![Survey graph]

**Are you in a solo practice or group practice?**

- Solo: 7
- Group: 21

**If in a group, how many doctors do you share a practice with?**

- 1 to 3: 11
- 4 to 6: 3
- 7 to 10: 3
- Above 10: 3
How many patients do you see on an average per day?

How many hours per week - not including call time? (i.e. including CME, clinical work, administration, teaching)

How much do you need to use manual/mechanical activities for highly skilled tasks? i.e. doing procedures, performing operations (1-never, 10-most of the time)

Overall, how satisfied are you with your career? (1- dissatisfied, 10- very satisfied)
What is the most appealing aspect of your job?

- I provide for my family
- Fun - I love to go to birthday parties
- Deals with young, healthy adults, where most of the problems can be solved successfully so there is good satisfaction for both doctor and patient
- Surgery, prevention, new techniques, innovative approaches
- Research
- Good outcomes
- Grateful patients
- Looking after people and problem solving
- Variety of activities
- I love presenting parents with their new baby
- Delivering babies
- Dealing with young women at critical times in their life
- Teaching
- People/ challenges/ attainment and rise of skills
- Variety, challenge, patient and students' appreciation
- Remuneration
- Enjoy patient contact, being able to make a significant contribution, timely application of specific skills
- Gratifying clinical work, intellectual stimulation, wonderful colleagues
- Teach others, learn endlessly, intellectual challenge
- Sense of worth to others and self
- Surgical component, managing infertility, both medical, surgically and by assisted reproductive technologies
- Being involved in their significant life events - birth of their child
- Teaching students, residents, fellows, clinical patient contact
- Looking after long time patients
- Able to help patients with their difficulties and delivering healthy babies and healthy moms
- Healthy people with their health problems; good surgical outcomes; teaching students.

What is the least appealing aspect of your job?

- Disrespect
- Nothing
- Paperwork
- Call hours
- Dictations to referring physicians
- Medico legal situations
- Meetings
- Dealing with incompetent staff
- Bad outcome, angry patients, night work
- Trying to get things for them that they need
- The way some patients expect you to be "absolutely everything" to them
- Unpredictable hours for deliveries
- Lack of consideration of lifestyle
- Bureaucrats/ paperwork, lack of input
- Long hours, fatigue, frustration over lack of money for health care (long waiting for tests, cancelled OR time, limited equipment budgets, etc
- Stress, dealing with adverse outcomes, stress of always needing to do your best
- Long, unpredictable hours, some days that cause conflict and family needs
- Administration
- Unpredictability and long hours are wearing
- Completing medical forms and writing letters
- Ungrateful patients
• Dealing with people who don't want your help, but tell you what to do. Not enough respect.

PATIENT CHARACTERISTICS

Presenting complaints most often seen?

• Family planning 8
• Pregnancy/ labor 9
• Dysfunctional/ abnormal bleeding/ menorrhagia 15
• Abdominal/ pelvic pain 11
• Consults for menstrual abnormalities 6
• Well woman care 6
• Consults for menopause/ HRT 6
• Infertility 3
• STD 2
• Prolapse 3
• Urinary incontinence 2
• Post menopausal bleeding 2
• Infections 2
• Uterine fibroids 2
• High-risk pregnancies
• Sexual dysfunction 2
• Endometriosis
• Vulvar disease 2
• Hypertension in pregnancy
• Pelvic mass/ malignancies 3
• High-risk, spina bifida/ Down syndrome/ fetal 3
• Abnormal PAP test 2
• Vaginal discharge 2
• Abdominal distention 2
• Polycystic ovarian syndrome
• Perineal/ perianal pain and irritation
• Gynecological problems of all ages
• Vulvar, vaginal problems 2
• Inflammation
• Prenatal care

PERSONAL

What were your main reasons for choosing your specialty?

• Dealing with healthy people and not making money on their misfortunes, but giving them something that they wanted
• Obstetrics
• Variety of clinical settings and problems: office? OR/ labor floor/ colposcopy, etc
• Great combination of medicine and surgery, do not have to deal with males
• I have a high energy level and enjoy teaching
• I like obstetrics and surgery, interested in women's health and women's issues
• Clinical work is very satisfying and work is never dull
• Bona fide interesting
• I love obstetrics
• I am fascinated with reproductive issues and social issues related to reproduction and sexual health
• Obstetrics is fun
• Loved it in my rotating internship and medical student years.
Mentoring by a senior resident and attending.
Excited by the diversity of the field. Perception of job satisfaction by attendings
Challenging oncology tend to be compliant and personable.
Obstetrics is generally a happy specialty; enjoy working with women patients
Patients are generally healthy and outcome is generally good.
I like surgery and doing prenatal care and delivery.

What were the major factors that guided your decision to choose this specialty?
- Friend/family: 4
- Clerkship experience: 15
- Medical school experience: 9
- Doctor's example: 20
- Type of patient: 17
- Lifestyle: 1
- Residency: 2
- Others
- Research before medicine
- Also awarded gold medal in obstetrics on graduation from medical school

Most important?
- Clerkship experience: 7
- Type of work and patient: 5
- Positive physician example: 2
- Father was an obstetrician
- Personal interest in women's health
- Med school experiences
- Surgery and research
- Doing deliveries as a medical student

What qualities do you think a student needs for this specialty or area of practice?
- Imperturbability
- Good communication skills: 2
- Good lecturer and teacher
- Empathy: 2
- Sense of humanity
- Must be healthy to work long hours
- You must enjoy long hours, but great satisfaction
- Patience, desire to work hard and advocate for patients
- Ability to control his or her practice so that they can have a life
- Intellect, interest, manual dexterity, drive
- Surgical skills, critical thinking, creativity, ability to put people at ease, a sense of humor is a good idea
- Need to be excited about work; it is stressful but very rewarding, need to feel strongly about working in women's health
- Need to enjoy procedures, need ability to make decisions quickly/accurately; cope with stress
- Must enjoy the stimulation of intrapartum care
- Must have good fine motor and problem solving skills
- Be able to tolerate off-hours work
- Perseverance, hard working
- High energy level
- Manual dexterity
- Interest in subject matter
- Dedication: 2
- Common sense, industry, initiative
• Interest, intelligence, motivation, endurance, ability to think and analyze independently
• Ability to recognize own limits and seek help when needed
• Compassion, confidence, patience, good surgical skills
• Ability to multitask, be organized under pressure, love of hands-on work
• They need to know the truth about the College, lawyers, PTS, politics
• Stamina, insurance, courage
• Stamina (physical and psychological)
• Judgment based on knowledge and evidence
• An element of compulsiveness
• Pleasant in interpersonal communications, especially with colleagues and patients
• Empathy and consideration to patients feelings and problems
• Patience, maturity, sense of humor, compassion 2
• Compassion, be able to handle stress, know how to get along with others
• Must be comfortable dealing with women
• To be compassionate and to be able to make quick decisions
• Need to be a good listener and communicate with patients, like long hours and obstetrics.

What advice would you have for a student considering this specialty or area of practice?

• Be sure you can cope with the real demands, stresses of the specialty
• Consider lifestyle in Obs + Gyne compared with others as challenging careers but with better lifestyles
• There is room for varied interests and lifestyles
• Don't rule out this based on lifestyle issues if specialty really appeals to you
• Get as much exposure as you can
• Speak to attendings and residents about their experiences, good and bad
• Like and want to help others, this is a service profession
• Think carefully
• Good variety
• Good mix of medicine, surgery, and psychosocial
• Very satisfying
• Short, acute care with good rewards
• New blend between a medical and surgical pattern of practice. There is never a dull moment
• If you love the work that you are doing, you will be able to find ways to have a good lifestyle in a career that requires long and unpredictable hours
• There is not money enough to take away the stress of wondering when it will all come down.
• Paranoia? Yes, you will know what I mean after 5 years of practice.
• Long hours
• Family life-LESS
• Better to be in a call schedule
• If it is what you feel you would like to do then great, I wouldn't change it for anything

• Join in, given the demands of this specialty, make sure you have the support of your immediate family who should be aware of the demands of this specialty
• Lifestyle is determined by you (after residency) you can choose to work part-time, participate in call groups with 24 hour sign out, etc.
• Do not feel that career will be more important than family, that is every individual's choice
• Try to achieve in your professional and personal life.
• Don't go into it until there is an interest in the field.
• You have to know that you will like it.
• Think about the level of satisfaction that you personally desire from manual/technical skills, delivering a baby, etc.
• How well do you function when sleep deprived?
• How much predictability do you need in your life?
• Are you a black-and-white (surgical) thinker or a concepts and ideas person?
• OB-GYN, although it combines both medical and surgical and midwifery knowledge bases, is to a large extent a surgical specialty.
• Be prepared to work long hours.
• The specialty is one of the most demanding from the point of being needed instantly, with long hours; need to be prepared for this.

Planning your future as a doctor in Manitoba