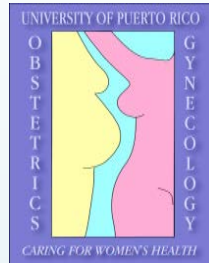


UNIVERSITY OF PUERTO RICO

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY



EDUCATIONAL GOALS AND OBJECTIVES

BY

ROTATION

RESIDENT LEVEL

AND

ACGME COMPETENCIES

2011-2012

# University District Hospital Labor Room (LR)

## PGY-1

### Rotation description:

The Obstetric rotation are designed to teach the resident the skill of managing a pregnancy from conception to delivery giving the experience, knowledge, training and surgical care to produce competent physicians who are able to evaluate, diagnose, treat and serve as consultants on normal and abnormal pregnancies. In this rotation the resident acquires the basic skills necessary for management of routine and high-risk obstetrical patients during the intrapartum and postpartum periods. The skills involved in the management of labor and the performance of vaginal, operative vaginal and operative deliveries develops in the Labor Room.

### Patient Care

#### Goal

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. By completion of the PGY-1 year, the resident should demonstrate skillful management of intrapartum and postpartum patients, as described within the context of the ACGME core competencies.

#### Objectives

##### Clinical Skills

1. Conduct focused patient histories and physical examinations, including:
  - a. Comprehensive primary care examination
  - b. Focused examination of the obstetrical patient
  - c. Serial cervical examination of parturients
  - d. Accurate assessment of presenting fetal part and position
  - e. Ultrasonographic examination of the fetus
2. Evaluate symptoms and physical findings in pregnant patients to distinguish physiologic from pathologic findings
3. Perform uncomplicated spontaneous vaginal deliveries
4. Demonstrate level-appropriate skills in operative vaginal delivery

##### Management Skills

1. Multi-task and triage the care of all antepartum and intrapartum patients in the labor and delivery area
2. Optimize the use of obstetrical anesthesia per patient preference and clinical situation
3. Anticipate adverse pregnancy outcomes and prepare strategies to effectively manage them in a timely fashion
4. Respond to acute intrapartum emergencies with appropriate interventions and recommendations for staff
5. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s)
6. Supervise and lend guidance to medical student and nursing student education

### Medical Knowledge

#### Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. By completion of the PGY-1 year, the resident should demonstrate skillful management of intrapartum and postpartum patients, as described within the context of the ACGME core competencies.

#### Objectives

1. Describe the major physiologic changes in each organ system during pregnancy
2. Describe the impact of pregnancy on maternal medical conditions, and conversely, the impact of various maternal medical conditions upon pregnancy outcome
3. Order and interpret common diagnostic tests in the context of the normal physiologic changes of pregnancy
4. Demonstrate accurate and timely interpretation of intrapartum fetal heart rate patterns and implement appropriate interventions for such
5. Perform and interpret assessments of fetal well-being, including: non-stress testing, contraction stress testing, biophysical profile, fetal scalp stimulation.

6. Describe the normal course of labor; identify abnormalities of labor and describe methods of labor augmentation
7. Describe appropriate indications for induction of labor, methods of cervical ripening / labor induction, and potential complications for each
8. Counsel parturients regarding various forms of obstetrical anesthesia, including: local, intravenous, pudendal, epidural, spinal and general
9. Demonstrate understanding of pharmacologic agents commonly used in obstetrics: labor inducing agents, tocolytics, analgesics, antibiotics, insulin, heparin, etc.
10. Evaluate and provide immediate care for the newborn, including: neonatal resuscitation, Apgar score assignment, and cord blood analysis
11. Describe maternal complications that may arise in the postpartum period and methods for their resolution
12. Provide basic supportive care of the postpartum patient, including: contraceptive needs, emotional evaluation and lactation consultation

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to :

### **Objectives**

1. Formulate and answer important clinical questions that arise from patient care interactions
2. Use personal experience with challenging patients to optimize future relationships with patients
3. Incorporate feedback from evaluations to improve skill base
4. Keep an updated patient log as detailed in the ACGME website
5. Use of information technology: UpToDate, PubMed literature search, Cochrane Database, etc.

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

### **Objectives**

1. Order diagnostic tests with attention to cost-effectiveness and clinical relevance
2. Effectively use consultants and ancillary services personnel to create an effective patient care team
3. Demonstrate judicious and efficient resource utilization
5. Demonstrate an understanding for the roles and responsibilities of healthcare team members
6. Participate in quality improvement activities of the department

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. By completion of the PGY-1 year, residents are expected to demonstrate:

### **Objectives**

1. Demonstrate responsibility for the welfare of all patients on the labor and delivery and postpartum units
2. Demonstrate accountability for one's actions and clinical decisions
3. Acknowledge errors or omissions in patient care, and work toward timely resolution or alleviation of such
4. Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals
5. Advocate for patients within the healthcare system
6. Maintain sensitivity to issues of diversity, with patients and with staff
7. Uphold the ethical principles of our specialty, as detailed by ACOG
8. Participate actively in the education of fellow residents and medical students

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. By completion of the PGY-1 year, the resident are expected to:

### **Objectives**

1. Present pertinent obstetrical history and physical findings to team members and consultants in a clear, concise fashion
2. Demonstrate caring and respectful interactions with the obstetrical patient and her family
3. Counsel patients in language and manner appropriate to their educational and emotional / maturity level
4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s)
5. Interact respectfully and professionally with all members of the patient care team, including: attending physicians, nursing staff, resident staff, medical students, social services, translators, etc.

### **Teaching Methods**

The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty in a one to one basis instruction, teaching rounds with faculty, didactic lectures, and research. The PGY-1 resident will review the curriculum prior to the first day of the rotation. The curriculum is part of the Handbook of the Resident that is given to them at the beginning of each academic year.

### **Assessment Method (residents)**

The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician(s). The program count on written evaluations of faculty, peers, ancillary personnel, and patients, most available through E-Value system. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies. Cognitive assessment of the residents' obstetrical skills is achieved by the obstetrical score from the CREOG examination.

### **Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

### **Level of Supervision**

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

### **Educational Resources**

- Williams' Obstetrics by Cunningham, 23<sup>rd</sup> Edition.
- ACOG Practice Bulletin
- UpToDate Clinical Reference Library

# University District Hospital Antepartum Clinic

## PGY-1

### Rotation description:

The Obstetric rotations are designed to teach the resident the skill of managing a pregnancy from conception to delivery giving the experience, knowledge, training and surgical care to produce competent physicians who are able to evaluate, diagnose, treat and consult on normal and abnormal pregnancies. Prenatal care, of high and low risk pregnancies, is performed weekly during the Maternal Infant Care (MIC) clinics. The diagnosis and management of antenatal medical complications occurs in the MIC clinic as well as in caring for these patients on the antepartum ward service. In this rotation the resident develops the educational foundation necessary for management of high-risk antepartum patients in both the inpatient and outpatient setting. Residents acquire the knowledge to properly counsel patients regarding their risk for various medical and obstetrical conditions, as well as make recommendations for their management / treatment and possible future interventions. Residents participate in the performance of invasive prenatal diagnostic techniques (amniocentesis, cvs, fetal blood sampling).

### Patient Care

#### Goal

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. By completion of the PGY-1 year, the resident should demonstrate skillful management of antepartum ward and low and high risk pregnancies, as described within the context of the ACGME core competencies.

#### Objectives

##### Clinical Skills

1. Elicit a history for inherited disorders, ethnic- or race-specific risks, and teratogen exposure.
2. Demonstrate the ability to counsel a patient regarding...
  - a. the impact of pregnancy on maternal medical conditions
  - b. the impact of maternal medical conditions upon pregnancy outcome
  - c. future reproduction and the long-term health implications of patients with a chronic medical condition
  - d. management options for a pregnancy with an abnormal fetus
  - e. risks for recurrence of adverse fetal outcomes and interventions possible for subsequent pregnancies
  - f. fetal effects of indicated diagnostic studies utilizing radiation
  - g. indications for, and limitations of, noninvasive diagnostic screening tests for fetal aneuploidy and structural malformations
  - h. risks and benefits of various methods of invasive fetal testing
3. Order and interpret appropriate maternal and fetal/neonatal tests to evaluate possible causes of adverse pregnancy outcomes.
4. Perform and interpret antepartum diagnostic tests accurately and integrate the interpretation of such tests into clinical management algorithms.

##### Management Skills

1. Assess, diagnose, and manage fetal and/or maternal complications of all antepartum inpatients on the Obstetrics Unit .
2. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s).
3. Monitor and manage the blood sugar of High Risk Ob outpatients with diabetes.
4. Accurately assess the obstetrical patient with multiple gestation, including fetal growth assessment, fetal position, and delivery plan

### Medical Knowledge

#### Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. By completion of the

PGY-1 year, the resident should demonstrate skillful management of antepartum ward and low and high risk pregnancies, as described within the context of the ACGME core competencies.

### **Objectives**

1. Describe the basic structure and replication of DNA, and the clinical significance of karyotype abnormalities.
2. Distinguish between various forms of genetic inheritance and describe the clinical significance of heritable diseases.
3. Describe the possible teratogenic effects of various prescription and non-prescription drugs.
4. Describe the indications for, and limitations of, noninvasive diagnostic screening tests for fetal aneuploidy and structural malformations.
5. Describe the risks and benefits of various methods of invasive fetal testing, including: amniocentesis, CVS, PUBS.
6. Detail appropriate medical and surgical management for patients with medical complications of pregnancy.
7. Describe the factors that predispose to multiple gestation, and demonstrate understanding of the different types of twinning.
8. Describe modalities used to determine fetal lung maturity status.
9. Describe the association between genital tract infection and adverse perinatal outcomes.
10. Demonstrate knowledge of the White Classification of diabetes in pregnancy, interpret screening tests for gestational diabetes, and demonstrate understanding of methods of blood sugar control (diet and medical).

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. The resident is expected to develop skills and habits to be able to :

### **Objectives**

1. Formulate and answer important clinical questions that arise from patient care interactions
2. Use personal experience with challenging patients to optimize future relationships with patients
3. Incorporate feedback from evaluations to improve skill base
4. Keep an updated patient log as detailed in the ACGME website
5. Participate in quality assurance activities (M&M) of the department
6. Use of information technology: UpToDate, PubMed literature search, Cochrane Database, etc.

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. By completion of the PGY-1 year, the residents are expected to:

### **Objectives**

1. Order diagnostic tests with attention to cost-effectiveness and clinical relevance
2. Effectively use consultants and ancillary services personnel to create an effective patient care team
3. Follow clinical pathways as detailed in triage and L&D protocols
4. Demonstrate judicious and efficient resource utilization
5. Demonstrate an understanding for the roles and responsibilities of healthcare team members
6. Participate in quality improvement activities of the department

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

### **Objectives**

1. Demonstrate responsibility for the welfare of all patients on the antepartum unit
2. Demonstrate accountability for one's actions and clinical decisions
3. Acknowledge errors or omissions in patient care, and work toward timely resolution of such
4. Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals
5. Advocate for patients within the healthcare system
6. Maintain sensitivity to issues of diversity, with patients and with staff

7. Uphold the ethical principles of our specialty, as detailed by ACOG
8. Participate actively in the education of fellow residents and medical students

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

### **Objectives**

1. Present pertinent obstetrical history and physical findings to team members and consultants in a clear, concise fashion
2. Demonstrate caring and respectful interactions with the obstetrical patient and her family
3. Counsel patients in language and manner appropriate to their educational and emotional / maturity level
4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s)
5. Interact respectfully and professionally with all members of the patient care team, including: attending physicians, nursing staff, resident staff, medical students, social services, translators, etc.
6. Counsel other health care professionals about fetal effects of indicated diagnostic studies utilizing radiation.

## **Teaching Methods**

The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty in a one to one basis instruction, teaching rounds with faculty, didactic lectures, and research. The PGY-1 resident will review the curriculum prior to the first day of the rotation. The curriculum is part of the Handbook of the Resident that is given to them at the beginning of each academic year.

## **Assessment Method (residents)**

All residents are expected to maintain a level of competence consistent with the ACGME and this program. The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician(s). The program count on written evaluations of faculty, peers, ancillary personnel, and patients, available through E-Value system. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies. Cognitive assessment of the residents' obstetrical skills is achieved by the obstetrical score from the CREOG examination.

## **Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

## **Level of Supervision**

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

## **Educational Resources**

- Williams' Obstetrics by Cunningham, 23<sup>rd</sup> Edition.
- Gabbe, High Risk Obstetrics
- ACOG Practice Bulletin
- UpToDate Clinical Reference Library

# University District Hospital Night Floater (FL)

## PGY-1

### **Rotation description:**

The PGY-1 Night Floater experience is a key part of the residents' development of the ability to function as an independent gynecologist/obstetrician. In this rotation the resident acquires the skills necessary for management of routine and high-risk obstetrical patients during the intrapartum and postpartum periods and develops more advanced skills in the management of gynecologic patients and patients presenting to the emergency department with gynecologic complaints. They also develop skills required to competently supervise and educate junior residents. Residents develop competence with performance of advanced obstetrical procedures as well as major and minor gynecologic surgeries.

### **Patient Care**

#### **Goal**

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. By completion of the PGY-1 year, the resident should demonstrate skillful management of intrapartum, postpartum and gynecologic patients, as described within the context of the ACGME core competencies. The resident should be able to:

#### **Objectives**

##### **Clinical Skills**

1. Perform uncomplicated operative vaginal deliveries with attending physician supervision.
2. Demonstrate skillful repair of third and fourth degree perineal lacerations, cervical and vaginal lacerations.
3. Appropriately manage obstetrical emergencies
  - a. obstetrical hemorrhage
  - b. shoulder dystocia
  - c. fetal bradycardia
  - d. uterine rupture
  - e. trauma
4. Perform external cephalic version with attention to potential maternal and/or fetal complications.
5. Demonstrate level-appropriate skills in cesarean delivery.
6. Demonstrate competence as a surgical assistant during the performance of cesarean section.
7. Perform a comprehensive work up for intrauterine fetal demise, and properly manage labor induction or uterine evacuation for the patient with an IUFD.
8. Accurately assess the obstetrical patient with multiple gestation, including fetal growth assessment, fetal positioning, and delivery plan.
9. Manage an infected or dehisced operative incision, and demonstrate adequate wound care treatment.

##### **Management Skills**

1. Multi-task and triage the care of all antepartum and intrapartum patients in the labor and delivery unit.
2. Multi-task and manage intern and medical student staff for the best utilization of manpower.
3. Respond to acute intrapartum emergencies with appropriate interventions and recommendations for staff.
4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s).
5. Supervise and lend guidance to intern, medical student and nursing student education.
6. Obtain a focused gynecologic history and pelvic exam to investigate several clinical disorders such as:
  - a. Abnormal bleeding
  - b. Pelvic pain
  - c. Pelvic mass
  - d. Sexually transmitted diseases
  - e. Pelvic inflammatory disease
  - f. Endometriosis
7. Counsel patients regarding planned surgical procedures including risks and benefits and obtain a valid and meaningful informed consent
8. Manage and counsel patients about post-operative recovery care
9. Perform outpatient procedural skills such as endometrial biopsy, and word catheter insertion
10. Utilize all types of contraceptive technology and guide patients in choices which are both medically



- appropriate and acceptable to the patient
11. Utilize sonography in the management of disorders in the first trimester of pregnancy
  12. Function as the primary assistant in the performance of more advanced gynecologic surgical procedures
  13. The resident will develop a level of in the following procedures
    - a. Dilation and curettage
    - b. placement of fetal scalp electrode
    - c. placement of intrauterine pressure catheter
    - d. vaginal delivery
    - e. operative vaginal delivery
    - f. episiotomy and repair
    - g. repair of vaginal, perineal and cervical lacerations

## **Medical Knowledge**

### **Goal**

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. By completion of the PGY-1 year, the resident should demonstrate skillful management of intrapartum and postpartum patients, as described within the context of the ACGME core competencies.

### **Objectives**

1. Describe the basic structure and replication of DNA, and the clinical significance of karyotype abnormalities.
2. Distinguish between various forms of genetic inheritance and describe the clinical significance of heritable diseases.
3. Describe the possible teratogenic effects of various prescription and non-prescription drugs.
4. Describe the indications for, and limitations of, noninvasive diagnostic screening tests for fetal aneuploidy and structural malformations.
5. Describe the risks and benefits of various methods of invasive fetal testing, including: amniocentesis, CVS, PUBS.
6. Detail appropriate medical and surgical management for patients with medical complications of pregnancy.
7. Describe the factors that predispose to multiple gestation, and demonstrate understanding of the different types of twinning.
8. Describe modalities used to determine fetal lung maturity status.
9. Describe the association between genital tract infection and adverse perinatal outcomes.
10. Demonstrate knowledge of the White Classification of diabetes in pregnancy, interpret screening tests for gestational diabetes, and demonstrate understanding of methods of blood sugar control (diet and medical).

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. By completion of the PGY-1 year, the resident should demonstrate skillful management of intrapartum and postpartum patients, as described within the context of the ACGME core competencies. Residents are expected to develop skills and habits to be able to :

### **Objectives**

1. Formulate and answer important clinical questions that arise from patient care interactions
2. Use personal experience with challenging patients to optimize future relationships with patients
3. Incorporate feedback from evaluations to improve skill base
4. Keep an updated patient log as detailed in the ACGME website
5. Participate in quality assurance activities (PBLI conference) of the department
6. Use of information technology: UpToDate, PubMed literature search, Cochrane Database, etc.

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. By completion of the PGY-1 year, the resident should demonstrate skillful management of intrapartum and postpartum patients, as described within the context of the ACGME core competencies. Residents are expected to:

## **Objectives**

1. Order diagnostic tests with attention to cost-effectiveness and clinical relevance
2. Effectively use consultants and ancillary services personnel to create an effective patient care team
3. Follow clinical pathways as detailed in triage and L&D protocols
4. Demonstrate judicious and efficient resource utilization
5. Demonstrate an understanding for the roles and responsibilities of healthcare team members
6. Participate in quality improvement activities of the department

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. By completion of the PGY-1 year, residents are expected to demonstrate:

### **Objectives**

1. Demonstrate responsibility for the welfare of all patients on the labor and delivery and postpartum units
2. Demonstrate accountability for one's actions and clinical decisions
3. Acknowledge errors or omissions in patient care, and work toward timely resolution or alleviation of such
4. Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals
5. Advocate for patients within the healthcare system
6. Maintain sensitivity to issues of diversity, with patients and with staff
7. Uphold the ethical principles of our specialty, as detailed by ACOG
8. Participate actively in the education of fellow residents and medical students

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. By completion of the PGY-1 year, the resident are expected to:

### **Objectives**

1. Present pertinent obstetrical history and physical findings to team members and consultants in a clear, concise fashion
2. Demonstrate caring and respectful interactions with the obstetrical patient and her family
3. Counsel patients in language and manner appropriate to their educational and emotional / maturity level
4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s)
5. Interact respectfully and professionally with all members of the patient care team, including: attending physicians, nursing staff, resident staff, medical students, social services, translators, etc.

## **Teaching Methods**

The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty in a one to one basis instruction, teaching rounds with faculty, didactic lectures, and research. The PGY-1 resident will review the curriculum prior to the first day of the rotation. The curriculum is part of the Handbook of the Resident that is given to them at the beginning of each academic year.

## **Assessment Method (residents)**

All residents are expected to maintain a level of competence consistent with the ACGME and this program. The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician(s). The program count on written evaluations of faculty, peers, ancillary personnel, and patients, available through E-Value system. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies. Cognitive assessment of the residents' skills is achieved by the obstetrical score from the CREOG examination.

### **Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

### **Level of Supervision**

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

### **Educational Resources**

#### **List the educational resources**

- Williams' Obstetrics by Cunningham, 23<sup>rd</sup> Edition.
- William's Gynecology, 2008
- Novak's Gynecology 14th Edition, 2006
- Comprehensive Gynecology, 5th Edition, 2007
- TeLinde's Operative Gynecology, 10th Edition, 2008
- ACOG Practice Bulletin
- UpToDate Clinical Reference Library

## **University District Hospital Gynecology (GYN)**

### **PGY-1**

#### **Description of Rotation: University District Hospital Gynecology (GYN)**

Gynecology, care of the non-pregnant and early pregnant female, encompasses a broad scope of primary, preventive, acute, and surgical medicine. Clinical and surgical expertises are the core components of being proficient in gynecological care. However, to become proficient in clinical and surgical medicine, the physician must become an avid student of evidence-based medicine on a continuing basis in addition to becoming a skillful interviewer, time manager, office manager and psychologist. This rotation is designed to provide a broad surgical experience in gynecologic conditions with academic as well as private attending physicians. This, however, must be well balanced with clinic rotations; as this is where surgical cases are generated. The practice of gynecology specifically includes the management of urinary incontinence and infections, and the evaluation and medical management of breast disorders. The program strives to produce well trained, experienced, competent pelvic surgeons. The importance of learning the skills of surgery and the art of patient care is vital to becoming a competent gynecologist. Every care should be made to maintain the integrity of patient trust, confidentiality and dignity. Many problems encountered in gynecologic process are susceptible to more than one plan of management, and the plan chosen will be deeply influenced by the patient's desires, values and beliefs. The physician who provides gynecologic care must therefore be extremely sensitive to these desires and beliefs, to their social and cultural context, and to physical constraints upon the patients wishes (e.g. a menopausal patient or a patient with cancer who wishes to conceive). All patients will be treated appropriately regardless of race, religion, social standing or situation. All residents are expected to be a patient advocate; should they see a patient being treated in any fashion that contradicts these ideals, they should intervene on the patient's behalf.

#### **Patient Care**

##### **Goal**

This rotation represents the introduction of the PGY I resident to the management of the gynecologic patient who presents for surgery, inpatient management or assessment of acute gynecologic complaints to the emergency department. During this rotation the resident will begin to develop the basic cognitive, attitudinal, technical and psychomotor skills necessary for the diagnosis and management of gynecologic problems. He/She should be able to:

**Objectives****Clinical Skills**

1. Obtain a focused gynecologic history and pelvic exam to investigate several clinical disorders such as:
  - a. Abnormal bleeding
  - b. Pelvic pain
  - c. Pelvic mass
  - d. Sexually transmitted diseases
  - e. Pelvic inflammatory disease
  - f. Endometriosis
2. Counsel patients regarding planned surgical procedures including risks and benefits and obtain a valid and meaningful informed consent
3. Manage and counsel patients about post-operative recovery care
4. Perform outpatient procedural skills such as endometrial biopsy, and word catheter insertion
5. Utilize all types of contraceptive technology and guide patients in choices which are both medically appropriate and acceptable to the patient
6. Utilize sonography in the management of disorders in the first trimester of pregnancy
7. Demonstrate appropriate skills in some gynecologic procedures including hysteroscopy, D&C, D&E, and laparoscopic sterilization
8. Function as the primary assistant in the performance of more advanced gynecologic surgical procedures
9. Conduct detailed preoperative assessment with consideration to the needs of special patient groups such as:
  - a. Children and adolescents
  - b. Elderly
  - c. Patients with co-existing medical conditions such as cardiopulmonary disease or coagulation disorders

**Management Skills**

1. Develop an evidence based care plan for his/her Continuity Clinic patients
2. Perform, interpret, and utilize lab tests and other diagnostic procedures (e.g. ultrasound, CT scan, MRI) in the management of a variety of clinical diagnosis such as;
  - a. Abnormal bleeding
  - b. Pelvic pain
  - c. Sexually transmitted diseases
  - d. Pelvic inflammatory disease
  - e. Endometriosis
3. Provide comprehensive postoperative care including fluid and electrolyte management and appropriate pain control based on the surgical procedure, the degree of patient discomfort and co-existing morbidities
4. Respond to intraoperative and postoperative emergencies with appropriate interventions and recommendations for staff
5. Assist in the management of common postoperative complications such as;
  - a. Fever
  - b. Gastrointestinal ileus/obstruction
  - c. Infection
  - d. Wound complications
  - e. Fluid electrolyte imbalance
  - f. Respiratory problems
  - g. Thromboembolism

**Medical Knowledge****Goal**

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. By the completion of the PGY I Gynecology rotation the resident should demonstrate be able to:

**Objectives**

1. Describe the etiology diagnosis and management for common gynecologic problems including: abnormal/dysfunctional bleeding, threatened abortion, pelvic pain, evaluation of the pelvic mass, first trimester pregnancy loss, and sexually transmitted disease.
2. Describe the principle causes of abnormal uterine bleeding and distinguish abnormal uterine bleeding from dysfunctional uterine bleeding

3. List the laboratory and diagnostic tests which are helpful in the management of abnormal/dysfunctional bleeding
4. Outline the therapeutic modalities for the treatment of abnormal/dysfunctional uterine bleeding using both surgical and non-surgical methods
5. Describe the common vulvovaginitides
6. Identify the common benign vulvar lesions
7. Discuss the pathogenesis, epidemiology, diagnosis and treatment of sexually transmitted disease including; chlamydia, gonorrhea, syphilis, hepatitis B, hepatitis C, human immunodeficiency virus (HIV), herpes simplex, and HPV
8. Outline the diagnostic criteria for pelvic inflammatory disease and discuss appropriate therapeutic intervention
9. Outline the major causes of the pelvic mass and the diagnostic tests which assist in the evaluation of same
10. Define chronic pelvic pain; outline the various causes; list the tests useful in establishing the diagnosis; and discuss the indications for surgical and non-surgical intervention
11. Summarize the theories of pathogenesis of endometriosis and the typical clinical history of a patient with endometriosis
12. Describe the treatment both medical and surgical of endometriosis
13. Discuss first trimester pregnancy loss including the differential diagnosis, the principle causes, the use of appropriate laboratory/ultrasound testing and the clinical management
14. Describe the major factors that predispose to ectopic pregnancy and discuss the diagnostic tests that assists in the diagnosis of ectopic pregnancy
15. Summarize indications and compose appropriate preparation plans for pre-op gynecologic patients including bowel prep, antibiotic use, and thromboembolism prophylaxis

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to :

### **Objectives**

1. Formulate and answer important questions that arise from patient care and demonstrate improved gynecologic skills that arise from these inquiries
2. Incorporate formative and summative feedback to improve knowledge and skill base
3. Maintain an updated gynecologic procedural log as detailed on the ACGME website
4. Participate in gynecologic quality assurance activities (M&M) of the department
5. Use personal experience with difficult and challenging patients to optimize future relationships with patients

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

### **Objectives**

1. Organize appropriate consultations (e.g. anesthesia, internal medicine, cardiology) for the comprehensive care of the outpatient and inpatient gynecologic patient

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

### **Objectives**

1. Conduct all patient interactions (outpatient and inpatient gynecology) with sensitivity, respect, and compassion
2. Provide patient centered gynecologic care in a non-judgmental fashion that is responsive to the emotional, educational and social needs of the patient
3. Demonstrate accountability for one's action and clinical decisions

4. Demonstrate truthful and timely disclosure of adverse events to the patient and designated individuals
5. Acknowledge errors in omission in the pre-operative, intraoperative, and postoperative care of the surgical patient and work toward remediation of these errors
6. Participate in the gynecologic education of the attending staff, fellow residents, medical students and nursing staff

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

### **Objectives**

1. Present pertinent history and physical findings to gynecologic team members and consultants in a clear concise fashion
2. Counsel patients in language and manner that is appropriate to her educational background and emotional needs
3. Inform patients and designated individuals of pertinent medical developments and complications
4. Update the gynecologic care team (attending physicians, fellow residents, anesthesiologists, medical student and nursing staff) on the status of patient(s)

## **Teaching Methods**

The resident will review the curriculum prior to the first day of the rotation. The curriculum is part of the Handbook of the resident that is given to them at the beginning of the academic year. The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty, teaching rounds with faculty, didactic lectures, and research. The PGY I resident will actively participate in Gyn Continuity Clinic (once weekly), Pre-op Clinic, Daily rounds, Morbidity and Mortality conference, Weekly "Professor's rounds", and attendance at a wide variety of gynecologic procedures. All procedures are performed under direct supervision by an Attending Physician. This provides the opportunity for immediate formative feedback. Resident surgical experience will be progressive and gradual with demonstration of level appropriate skills, the resident will progress from assisting at minor surgical procedures (e.g. hysteroscopy, D&C) to major abdominal/vaginal procedures.

## **Assessment Method (residents)**

All residents are expected to maintain a level of competence consistent with the ACGME and this program. The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods, including: CREOG in-service examinations, evaluations, and direct observation. The program count on written evaluations of faculty, peers, ancillary personnel, and patients. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies.

## **Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

## **Level of Supervision**

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects. Residents of first, second and third year are supervised by upper level residents in the rotation.

## Educational Resources

- William's Gynecology, 2008
- Novak's Gynecology 14th Edition, 2006
- Comprehensive Gynecology, 5th Edition, 2007
- TeLinde's Operative Gynecology, 10th Edition, 2008
- ACOG Practice Bulletin

## UPR Hospital Carolina Ob-Gyn (HUPR) PGY-1

### Description of Rotation:

The PGY-1 Ob-Gyn experience at the UPR Hospital, Carolina is a crucial component of the residency program. In this rotation the resident acquires the basic skills necessary for management of routine and high-risk obstetrical patients during the intrapartum and postpartum periods and develops basic skills in the management of patients presenting to the emergency department with gynecologic complaints. Residents develop competence with performance of spontaneous vaginal delivery and minor gynecologic surgeries.

### Patient Care

#### Goal

By completion of the PGY-1 year, the resident should demonstrate skillful management of intrapartum, postpartum and gynecologic patients, as described within the context of the ACGME core competencies. The resident should be able to:

#### Objectives

##### Clinical Skills

1. Conduct focused patient histories and physical examinations, including:
  - a. Comprehensive primary care examination
  - b. Focused examination of the obstetrical or gynecologic patient
  - c. Serial cervical examination of parturients
  - d. Clinical pelvimetry
  - e. Leopold's Maneuvers / estimated fetal weight
  - f. Accurate assessment of presenting fetal part and position
  - g. Ultrasonographic examination of the fetus
2. Evaluate symptoms and physical findings in pregnant patients to distinguish physiologic from pathologic findings
3. Perform uncomplicated spontaneous vaginal deliveries
4. Demonstrate level-appropriate skills in operative vaginal delivery
5. Demonstrate the ability to perform:
  - a. Incision & Drainage of a Bartholin's abscess with placement of a Word catheter
  - b. Endometrial aspiration biopsy
  - c. Vulvar biopsy
  - d. Hysteroscopy
  - e. Dilation and Curettage
  - f. Suction Curettage
  - g. Diagnostic laparoscopy
  - h. Laparoscopic sterilization
  - i. Surgical management of ectopic pregnancy
6. The resident will be able to recognize and initiate management of common post-operative problems such as infection, ileus, hemorrhage, and fluid and electrolyte imbalances.

##### Management Skills

1. Multi-task and triage the care of all antepartum and intrapartum patients in the labor and delivery area and gynecologic patient in the emergency department or on the gyn service.
2. Optimize the use of obstetrical anesthesia per patient preference and clinical situation
3. Anticipate adverse pregnancy outcomes and prepare strategies to effectively manage them in a timely fashion

4. Respond to acute intrapartum emergencies or unstable gynecologic patients in the emergency department or on the gyn service with appropriate interventions and recommendations for staff
5. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s)
6. Supervise and lend guidance to medical student and nursing student education

## **Medical Knowledge**

### **Goal**

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. By the completion of the PGY I UPR Hospital Carolina rotation the resident should demonstrate to be able to:

### **Objectives**

1. Describe the major physiologic changes in each organ system during pregnancy
2. Describe the impact of pregnancy on maternal medical conditions, and conversely, the impact of various maternal medical conditions upon pregnancy outcome
3. Order and interpret common diagnostic tests in the context of the normal physiologic changes of pregnancy
4. Demonstrate accurate and timely interpretation of intrapartum fetal heart rate patterns and implement appropriate interventions for such
5. Perform and interpret assessments of fetal well-being, including: non-stress testing, contraction stress testing, biophysical profile, fetal scalp stimulation, vibroacoustic stimulation, scalp pH testing
6. Describe the normal course of labor; identify abnormalities of labor and describe methods of labor augmentation
7. Describe appropriate indications for induction of labor, methods of cervical ripening / labor induction, and potential complications for each
8. Counsel parturients regarding various forms of obstetrical anesthesia, including: local, intravenous, pudendal, epidural, spinal and general
9. Demonstrate understanding of pharmacologic agents commonly used in obstetrics: labor inducing agents, tocolytics, analgesics, antibiotics, insulin, heparin, etc.
10. Evaluate and provide immediate care for the newborn, including: neonatal resuscitation, Apgar score assignment, and cord blood analysis
11. Describe maternal complications that may arise in the postpartum period and methods for their resolution
12. Provide basic supportive care of the postpartum patient, including: contraceptive needs, emotional evaluation and lactation consultation
13. The resident will be able to diagnose and develop a management plan for patients with:
  - a. upper and lower genital tract infections
  - b. threatened, incomplete, inevitable and missed abortion
  - c. ectopic pregnancy
  - d. dysfunctional uterine bleeding
  - e. contraceptive needs

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to :

### **Objectives**

1. Formulate and answer important clinical questions that arise from patient care interactions
2. Use personal experience with challenging patients to optimize future relationships with patients
3. Incorporate feedback from evaluations to improve skill base
4. Keep an updated patient log as detailed in the ACGME website
5. Participate in quality assurance activities (PBLI conference) of the department
6. Use of information technology: UpToDate, PubMed literature search, Cochrane Database, etc.

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:



**Objectives**

1. Order diagnostic tests with attention to cost-effectiveness and clinical relevance
2. Effectively use consultants and ancillary services personnel to create an effective patient care team
3. Follow clinical pathways as detailed in triage and L&D protocols
4. Demonstrate judicious and efficient resource utilization
5. Demonstrate an understanding for the roles and responsibilities of healthcare team members
6. Participate in quality improvement activities of the department

**Professionalism****Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

**Objectives**

1. Demonstrate responsibility for the welfare of all patients on the labor and delivery and postpartum units
2. Demonstrate accountability for one's actions and clinical decisions
3. Acknowledge errors or omissions in patient care, and work toward timely resolution or alleviation of such
4. Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals
5. Advocate for patients within the healthcare system
6. Maintain sensitivity to issues of diversity, with patients and with staff
7. Uphold the ethical principles of our specialty, as detailed by ACOG
8. Participate actively in the education of fellow residents and medical students

**Interpersonal and Communication Skills****Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

**Objectives**

1. Present pertinent obstetrical history and physical findings to team members and consultants in a clear, concise fashion
2. Demonstrate caring and respectful interactions with the obstetrical patient and her family
3. Counsel patients in language and manner appropriate to their educational and emotional / maturity level
4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s)
5. Interact respectfully and professionally with all members of the patient care team, including: attending physicians, nursing staff, resident staff, medical students, social services, translators, etc.

**Teaching Methods**

The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty in a one to one basis instruction, teaching rounds with faculty, didactic lectures, and research. The PGY-1 resident will review the curriculum prior to the first day of the rotation. The curriculum is part of the Handbook of the Resident that is given to them at the beginning of each academic year.

**Assessment Method (residents)**

All residents are expected to maintain a level of competence consistent with the ACGME and this program. The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods, including: CREOG in-service examinations, evaluations, and direct observation. The program count on written evaluations of faculty, peers, ancillary personnel, and patients. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies.

**Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

## Level of Supervision

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects. Residents of first, second and third year are supervised by upper level residents in the rotation.

## Educational Resources

- Williams' Obstetrics by Cunningham, 23<sup>rd</sup> Edition.
- William's Gynecology, 2008
- Novak's Gynecology 14th Edition, 2006
- Comprehensive Gynecology, 5th Edition, 2007
- TeLinde's Operative Gynecology, 10th Edition, 2008
- ACOG Practice Bulletin
- UpToDate Clinical Reference Library

## UPR Hospital Carolina Ob-Gyn Floater (FHUPR) PGY-1

### Description of Rotation:

The PGY-1 Ob-Gyn experience at the UPR Hospital, Carolina is a crucial component of the residency program. In this rotation the resident acquires the basic skills necessary for management of routine and high-risk obstetrical patients during the intrapartum and postpartum periods and develops basic skills in the management of patients presenting to the emergency department with gynecologic complaints. Residents develop competence with performance of spontaneous vaginal delivery and minor gynecologic surgeries.

### Patient Care

#### Goal

By completion of the PGY-1 year, the resident should demonstrate skillful management of intrapartum, postpartum and gynecologic patients, as described within the context of the ACGME core competencies. The resident should be able to:

#### Objectives

##### Clinical Skills

1. Perform uncomplicated operative vaginal deliveries with attending physician supervision.
2. Demonstrate skillful repair of third and fourth degree perineal lacerations, cervical and vaginal lacerations.
3. Appropriately manage obstetrical emergencies
  - a. obstetrical hemorrhage
  - b. shoulder dystocia
  - c. fetal bradycardia
  - d. uterine rupture
  - e. trauma
4. Perform external cephalic version with attention to potential maternal and/or fetal complications.
5. Demonstrate level-appropriate skills in cesarean delivery.
6. Demonstrate competence as a surgical assistant during the performance of cesarean hysterectomy.
7. Perform a comprehensive work up for intrauterine fetal demise, and properly manage labor induction or uterine evacuation for the patient with an IUFD.
8. Accurately assess the obstetrical patient with multiple gestation, including fetal growth assessment, fetal positioning, and delivery plan.
9. Deliver routine prenatal care to high risk obstetrical patients in the outpatient setting
10. Manage an infected or dehisced operative incision, and demonstrate adequate wound care treatment.

##### Management Skills

1. Multi-task and triage the care of all antepartum and intrapartum patients in the labor and delivery unit.
2. Multi-task and manage intern and medical student staff for the best utilization of manpower.

3. Respond to acute intrapartum emergencies with appropriate interventions and recommendations for staff.
4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s).
5. Supervise and lend guidance to intern, medical student and nursing student education.
6. Obtain a focused gynecologic history and pelvic exam to investigate several clinical disorders such as:
  - a. Abnormal bleeding
  - b. Pelvic pain
  - c. Pelvic mass
  - d. Sexually transmitted diseases
  - e. Pelvic inflammatory disease
  - f. Endometriosis
7. Counsel patients regarding planned surgical procedures including risks and benefits and obtain a valid and meaningful informed consent
8. Manage and counsel patients about post-operative recovery care
9. Perform outpatient procedural skills such as endometrial biopsy, and word catheter insertion
10. Utilize all types of contraceptive technology and guide patients in choices which are both medically appropriate and acceptable to the patient
11. Utilize sonography in the management of disorders in the first trimester of pregnancy
12. Function as the primary assistant in the performance of more advanced gynecologic surgical procedures
13. The resident will develop a level of surgical expertise which will allow him/her to function as a senior resident responsible for guiding junior residents through a case for the following procedures
  - a. Dilation and curettage
  - b. Diagnostic laparoscopy
  - c. Marsupialization of a Bartholin's gland abscess
  - d. Laparotomy
  - e. Ovarian cystectomy
  - f. Operative laparoscopy

## Medical Knowledge

### Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. By the completion of the PGY I UPR Hospital Carolina Floater rotation the resident should demonstrate to be able to:

### Objectives

1. Describe the impact of pregnancy on maternal medical conditions, and conversely, the impact of various maternal medical conditions upon pregnancy outcome.
2. Implement appropriate medical and surgical management for patients with medical complications of pregnancy.
3. Describe the risk factors for, etiologies of, complications of, and management of late trimester pregnancy loss intrauterine growth restriction, intrauterine fetal demise, preterm labor and PPRM.
4. Perform and interpret assessments of fetal well-being, including: non-stress testing, contraction stress testing, biophysical profile, fetal scalp stimulation, vibroacoustic stimulation, scalp pH testing.
5. Describe the factors that predispose to multiple gestation, diagnose multiple gestation by physical findings and sonographic examination, manage complications associated with multiple gestation, and develop proper delivery plans for such.
6. Describe the appropriate criteria for and contraindications to VBAC, and recognize and treat possible complications.
7. Describe the etiology diagnosis and management for common gynecologic problems including: abnormal/dysfunctional bleeding, threatened abortion, pelvic pain, evaluation of the pelvic mass, first trimester pregnancy loss, and sexually transmitted disease.
8. Describe the principle causes of abnormal uterine bleeding and distinguish abnormal uterine bleeding from dysfunctional uterine bleeding
9. List the laboratory and diagnostic tests which are helpful in the management of abnormal/dysfunctional bleeding
10. Outline the therapeutic modalities for the treatment of abnormal/dysfunctional uterine bleeding using both surgical and non-surgical methods
11. Describe the common vulvovaginitides
12. Identify the common benign vulvar lesions

13. Discuss the pathogenesis, epidemiology, diagnosis and treatment of sexually transmitted disease including; chlamydia, gonorrhea, syphilis, hepatitis B, hepatitis C, human immunodeficiency virus (HIV), herpes simplex, and HPV
14. Outline the diagnostic criteria for pelvic inflammatory disease and discuss appropriate therapeutic intervention
15. Outline the major causes of the pelvic mass and the diagnostic tests which assist in the evaluation of same
16. Define chronic pelvic pain; outline the various causes; list the tests useful in establishing the diagnosis; and discuss the indications for surgical and non-surgical intervention
17. Summarize the theories of pathogenesis of endometriosis and the typical clinical history of a patient with endometriosis
18. Describe the treatment both medical and surgical of endometriosis
19. Discuss first trimester pregnancy loss including the differential diagnosis, the principle causes, the use of appropriate laboratory/ultrasound testing and the clinical management
20. Describe the major factors that predispose to ectopic pregnancy and discuss the diagnostic tests that assists in the diagnosis of ectopic pregnancy
21. Summarize indications and compose appropriate preparation plans for pre-op gynecologic patients including bowel prep, antibiotic use, and thromboembolism prophylaxis

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to :

### **Objectives**

1. Formulate and answer important clinical questions that arise from patient care interactions
2. Use personal experience with challenging patients to optimize future relationships with patients
3. Incorporate feedback from evaluations to improve skill base
4. Keep an updated patient log as detailed in the ACGME website
5. Participate in quality assurance activities (PBLI conference) of the department
6. Use of information technology: UpToDate, PubMed literature search, Cochrane Database, etc.

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

### **Objectives**

1. Order diagnostic tests with attention to cost-effectiveness and clinical relevance
2. Effectively use consultants and ancillary services personnel to create an effective patient care team
3. Follow clinical pathways as detailed in triage and L&D protocols
4. Demonstrate judicious and efficient resource utilization
5. Demonstrate an understanding for the roles and responsibilities of healthcare team members
6. Participate in quality improvement activities of the department

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

### **Objectives**

1. Demonstrate responsibility for the welfare of all patients on the labor and delivery and postpartum units
2. Demonstrate accountability for one's actions and clinical decisions
3. Acknowledge errors or omissions in patient care, and work toward timely resolution or alleviation of such
4. Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals
5. Advocate for patients within the healthcare system
6. Maintain sensitivity to issues of diversity, with patients and with staff
7. Uphold the ethical principles of our specialty, as detailed by ACOG
8. Participate actively in the education of fellow residents and medical students

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

### **Objectives**

1. Present pertinent obstetrical history and physical findings to team members and consultants in a clear, concise fashion
2. Demonstrate caring and respectful interactions with the obstetrical patient and her family
3. Counsel patients in language and manner appropriate to their educational and emotional / maturity level
4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s)
5. Interact respectfully and professionally with all members of the patient care team, including: attending physicians, nursing staff, resident staff, medical students, social services, translators, etc.

## **Teaching Methods**

The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty in a one to one basis instruction, teaching rounds with faculty, didactic lectures, and research. The PGY-1 resident will review the curriculum prior to the first day of the rotation. The curriculum is part of the Handbook of the Resident that is given to them at the beginning of each academic year.

## **Assessment Method (residents)**

All residents are expected to maintain a level of competence consistent with the ACGME and this program. The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods, including: CREOG in-service examinations, evaluations, and direct observation. The program count on written evaluations of faculty, peers, ancillary personnel, and patients. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies.

## **Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

## **Level of Supervision**

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects. Residents of first, second and third year are supervised by upper level residents in the rotation.

## **Educational Resources**

- Williams' Obstetrics by Cunningham, 23<sup>rd</sup> Edition.
- William's Gynecology, 2008
- Novak's Gynecology 14th Edition, 2006
- Comprehensive Gynecology, 5th Edition, 2007
- TeLinde's Operative Gynecology, 10th Edition, 2008
- ACOG Practice Bulletin
- UpToDate Clinical Reference Library

## University District Hospital Labor Room (LR)

### PGY-2

#### Rotation:

The PGY-2 obstetrical experience further builds upon those skills developed during the first year. In this rotation the resident perfects the basic skills necessary for management of routine and high-risk obstetrical patients during the intrapartum and postpartum periods. Residents become competent with performance of operative vaginal delivery, cesarean sections, and multiple gestations. In addition, managerial responsibilities are developed, as the PGY-2 resident is responsible for supervising and educating interns and medical students rotating on the labor and delivery unit.

#### Patient Care

##### Goal

By completion of the PGY-2 year, the resident should demonstrate skillful management of antepartum, intrapartum, and postpartum patients, as described within the context of the six core competencies. The resident should be able to:

##### Objectives

##### Clinical Skills

1. Perform uncomplicated operative vaginal deliveries with attending physician supervision.
2. Demonstrate skillful repair of third and fourth degree perineal lacerations, cervical and vaginal lacerations.
3. Appropriately manage obstetrical emergencies
  - a. obstetrical hemorrhage
  - b. shoulder dystocia
  - c. fetal bradycardia
  - d. uterine rupture
  - e. trauma
4. Perform external cephalic version with attention to potential maternal and/or fetal complications.
5. Demonstrate level-appropriate skills in cesarean delivery.
6. Demonstrate competence as a surgical assistant during the performance of cesarean hysterectomy.
7. Perform a comprehensive work up for intrauterine fetal demise, and properly manage labor induction or uterine evacuation for the patient with an IUFD.
8. Accurately assess the obstetrical patient with multiple gestation, including fetal growth assessment, fetal positioning, and delivery plan.
9. Deliver routine prenatal care to high risk obstetrical patients in the outpatient setting
10. Manage an infected or dehisced operative incision, and demonstrate adequate wound care treatment.

##### Management Skills

1. Multi-task and triage the care of all antepartum and intrapartum patients in the labor and delivery unit.
2. Multi-task and manage intern and medical student staff for the best utilization of manpower.
3. Respond to acute intrapartum emergencies with appropriate interventions and recommendations for staff.
4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s).
5. Supervise and lend guidance to intern, medical student and nursing student education.
6. Supervise and lend guidance to medical student and nursing student education

#### Medical Knowledge

##### Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. By completion of the PGY-2 year, the resident should demonstrate skillful management of intrapartum and postpartum patients, as described within the context of the ACGME core competencies.

##### Objectives

1. Describe the impact of pregnancy on maternal medical conditions, and conversely, the impact of various maternal medical conditions upon pregnancy outcome.
2. Implement appropriate medical and surgical management for patients with medical complications of pregnancy.
3. Describe the risk factors for, etiologies of, complications of, and management of late trimester pregnancy loss, intrauterine growth restriction, intrauterine fetal demise, preterm labor and PPRM.

4. Perform and interpret assessments of fetal well-being, including: non-stress testing, contraction stress testing, biophysical profile, fetal scalp stimulation, vibroacoustic stimulation, scalp pH testing.
5. Describe the factors that predispose to multiple gestation, diagnose multiple gestation by physical findings and sonographic examination, manage complications associated with multiple gestation, and develop proper delivery plans for such.
6. Describe the appropriate criteria for and contraindications to VBAC, and recognize and treat possible complications.

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. By completion of the PGY-2 year, the resident should demonstrate skillful management of intrapartum and postpartum patients, as described within the context of the ACGME core competencies. Residents are expected to develop skills and habits to be able to :

### **Objectives**

1. Formulate and answer important clinical questions that arise from patient care interactions
2. Use personal experience with challenging patients to optimize future relationships with patients
3. Incorporate feedback from evaluations to improve skill base
4. Keep an updated patient log as detailed in the ACGME website
5. Participate in quality assurance activities (PBLI conference) of the department
6. Use of information technology: UpToDate, PubMed literature search, Cochrane Database, etc.

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. By completion of the PGY-2 year, the resident is expected to:

### **Objectives**

1. Order diagnostic tests with attention to cost-effectiveness and clinical relevance
2. Effectively use consultants and ancillary services personnel to create an effective patient care team
3. Follow clinical pathways as detailed in triage and L&D protocols
4. Demonstrate judicious and efficient resource utilization
5. Demonstrate an understanding for the roles and responsibilities of healthcare team members
6. Participate in quality improvement activities of the department

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. By completion of the PGY-2 year, residents are expected to demonstrate:

### **Objectives**

1. Demonstrate responsibility for the welfare of all patients on the labor and delivery and postpartum units
2. Demonstrate accountability for one's actions and clinical decisions
3. Acknowledge errors or omissions in patient care, and work toward timely resolution or alleviation of such
4. Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals
5. Advocate for patients within the healthcare system
6. Maintain sensitivity to issues of diversity, with patients and with staff
7. Uphold the ethical principles of our specialty, as detailed by ACOG
8. Participate actively in the education of fellow residents and medical students

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. By completion of the PGY-2 year, the resident are expected to:

**Objectives**

1. Present pertinent obstetrical history and physical findings to team members and consultants in a clear, concise fashion
2. Demonstrate caring and respectful interactions with the obstetrical patient and her family
3. Counsel patients in language and manner appropriate to their educational and emotional / maturity level
4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s)
5. Interact respectfully and professionally with all members of the patient care team, including: attending physicians, nursing staff, resident staff, medical students, social services, translators, etc.

**Teaching Methods**

The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty in a one to one basis instruction, teaching rounds with faculty, didactic lectures, and research. The PGY-2 resident will review the curriculum prior to the first day of the rotation. PGY-2 residents interact with and are responsible for the care of all patients in the inpatient hospital setting. A wide variety of both normal / physiologic and abnormal obstetrical pathology is encountered in these antepartum, intrapartum, and postpartum patients.

**Assessment Method (residents)**

The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods. PGY-2 residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician(s). The program count on written evaluations of faculty, peers, ancillary personnel, and patients, available through E-Value system. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies. Cognitive assessment of the residents' obstetrical skills is achieved by the obstetrical score from the CREOG examination.

**Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

**Level of Supervision**

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

**Educational Resources**

- Williams' Obstetrics by Cunningham, 23<sup>rd</sup> Edition.
- ACOG Practice Bulletin
- UpToDate Clinical Reference Library



# University District Hospital Antepartum Clinic (APW)

## PGY-2

### Rotation:

The Obstetric rotations are designed to teach the resident the skill of managing a pregnancy from conception to delivery giving the experience, knowledge, training and surgical care to produce competent physicians who are able to evaluate, diagnose, treat and consult on normal and abnormal pregnancies. Prenatal care, of high and low risk pregnancies, is performed weekly during the Maternal Infant Care (MIC) clinics. The diagnosis and management of antenatal medical complications occurs in the MIC clinic as well as in caring for these patients on the antepartum ward service. In this rotation the resident develops the educational foundation necessary for management of high-risk antepartum patients in both the inpatient and outpatient setting. Residents acquire the knowledge to properly counsel patients regarding their risk for various medical and obstetrical conditions, as well as make recommendations for their management / treatment and possible future interventions. Residents participate in the performance of invasive prenatal diagnostic techniques (amniocentesis, cvs, fetal blood sampling).

### Patient Care

#### Goal

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. By completion of the PGY-2 year, the resident should demonstrate skillful management of antepartum ward and low and high risk pregnancies, as described within the context of the ACGME core competencies.

#### Objectives

##### Clinical Skills

1. Elicit a history for inherited disorders, ethnic- or race-specific risks, and teratogen exposure.
2. Demonstrate the ability to counsel a patient regarding...
  - a. the impact of pregnancy on maternal medical conditions
  - b. the impact of maternal medical conditions upon pregnancy outcome
  - c. future reproduction and the long-term health implications of patients with a chronic medical condition
  - d. management options for a pregnancy with an abnormal fetus
  - e. risks subsequent occurrence of ad pregnancies
  - f. fetal effects of indicated diagnostic studies utilizing radiation
  - g. indications for, and limitations of, noninvasive diagnostic screening tests for fetal aneuploidy and structural malformations
  - h. risks and benefits of various methods of invasive fetal testing
3. Order and interpret appropriate maternal and fetal/neonatal tests to evaluate possible causes of adverse pregnancy outcomes.
4. Perform and interpret antepartum diagnostic tests accurately and integrate the interpretation of such tests into clinical management algorithms.

##### Management Skills

1. Assess, diagnose, and manage fetal and/or maternal complications of all antepartum inpatients on the Obstetrics Unit .
2. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s).
3. Monitor and manage the blood sugar of High Risk Ob outpatients with diabetes.
4. Accurately assess the obstetrical patient with multiple gestation, including fetal growth assessment, fetal position, and delivery plan.

### Medical Knowledge

#### Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. The resident should demonstrate skillful management of antepartum ward and low and high risk pregnancies, as described within the context of the ACGME core competencies.

### **Objectives**

1. Describe the basic structure and replication of DNA, and the clinical significance of karyotype abnormalities.
2. Distinguish between various forms of genetic inheritance and describe the clinical significance of heritable diseases.
3. Describe the possible teratogenic effects of various prescription and non-prescription drugs.
4. Describe the indications for, and limitations of, noninvasive diagnostic screening tests for fetal aneuploidy and structural malformations.
5. Describe the risks and benefits of various methods of invasive fetal testing, including: amniocentesis, CVS, PUBS.
6. Detail appropriate medical and surgical management for patients with medical complications of pregnancy.
7. Describe the factors that predispose to multiple gestation, and demonstrate understanding of the different types of twinning.
8. Describe modalities used to determine fetal lung maturity status.
9. Describe the association between genital tract infection and adverse perinatal outcomes.
10. Demonstrate knowledge of the White Classification of diabetes in pregnancy, interpret screening tests for gestational diabetes, and demonstrate understanding of methods of blood sugar control (diet and medical).

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. The resident is expected to develop skills and habits to be able to :

### **Objectives**

1. Formulate and answer important clinical questions that arise from patient care interactions
2. Use personal experience with challenging patients to optimize future relationships with patients
3. Incorporate feedback from evaluations to improve skill base
4. Keep an updated patient log as detailed in the ACGME website
5. Participate in quality assurance activities (M&M) of the department
6. Use of information technology: UpToDate, PubMed literature search, Cochrane Database, etc.

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. The residents are expected to:

### **Objectives**

1. Order diagnostic tests with attention to cost-effectiveness and clinical relevance
2. Effectively use consultants and ancillary services personnel to create an effective patient care team
3. Follow clinical pathways as detailed in triage and L&D protocols
4. Demonstrate judicious and efficient resource utilization
5. Demonstrate an understanding for the roles and responsibilities of healthcare team members
6. Participate in quality improvement activities of the department

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

### **Objectives**

1. Demonstrate responsibility for the welfare of all patients on the antepartum unit
2. Demonstrate accountability for one's actions and clinical decisions
3. Acknowledge errors or omissions in patient care, and work toward timely resolution or alleviation of such
4. Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals
5. Advocate for patients within the healthcare system
6. Maintain sensitivity to issues of diversity, with patients and with staff
7. Uphold the ethical principles of our specialty, as detailed by ACOG

8. Participate actively in the education of fellow residents and medical students

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

### **Objectives**

1. Present pertinent obstetrical history and physical findings to team members and consultants in a clear, concise fashion
2. Demonstrate caring and respectful interactions with the obstetrical patient and her family
3. Counsel patients in language and manner appropriate to their educational and emotional / maturity level
4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s)
5. Interact respectfully and professionally with all members of the patient care team, including: attending physicians, nursing staff, resident staff, medical students, social services, translators, etc.
6. Counsel other health care professionals about fetal effects of indicated diagnostic studies utilizing radiation.

## **Teaching Methods**

The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty in a one to one basis instruction, teaching rounds with faculty, didactic lectures, and research. The PGY-2 resident will review the curriculum prior to the first day of the rotation. The curriculum is part of the Handbook of the Resident that is given to them at the beginning of each academic year.

## **Assessment Method (residents)**

All residents are expected to maintain a level of competence consistent with the ACGME and this program. The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician(s). The program count on written evaluations of faculty, peers, ancillary personnel, and patients, available through E-Value system. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies. Cognitive assessment of the residents' obstetrical skills is achieved by the obstetrical score from the CREOG examination.

## **Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

## **Level of Supervision**

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

## **Educational Resources**

- Williams' Obstetrics by Cunningham, 23<sup>rd</sup> Edition.
- ACOG Practice Bulletin
- UpToDate Clinical Reference Library

## **University District Hospital Night Floater (FL) PGY-2**

### **Rotation:**

In this rotation the resident acquires the skills necessary for management of routine and high-risk obstetrical patients during the intrapartum and postpartum periods and develops more advanced skills in the management of gynecologic patients and patients presenting to the emergency room with gynecologic complaints. They also develop skills required to competently supervise and educate junior residents. Residents develop competence with performance of advanced obstetrical procedures as well as major and minor gynecologic surgeries. During this rotation, the night float team is responsible for the entire OB/GYN service during the 12 hour night time shift. They also supervise interns and medical students on the team. The primary responsibility of the PGY 2 physician is to provide clinical care in the Labor and Delivery area. PGY 2 evaluates patients presenting to triage area, admits patients, develops care plans, executes care plans and is the primary clinical care provider in L&D, intrapartum, and antepartum clinical areas. The PGY 2 resident is also responsible for responding to in-hospital requests for consultation from the wards and emergency room. Supervision is provided by the PGY 3 or PGY 4 and an in-house Ob/Gyn attending.

### **Patient Care**

#### **Goal**

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. The resident should demonstrate skillful management of intrapartum, postpartum and gynecologic patients, as described within the context of the ACGME core competencies. The resident should be able to:

#### **Objectives**

##### **Clinical Skills**

1. Perform uncomplicated operative vaginal deliveries with attending physician supervision.
2. Demonstrate skillful repair of third and fourth degree perineal lacerations, cervical and vaginal lacerations.
3. Appropriately manage obstetrical emergencies
  - a. obstetrical hemorrhage
  - b. shoulder dystocia
  - c. fetal bradycardia
  - d. uterine rupture
  - e. trauma
4. Perform external cephalic version with attention to potential maternal and/or fetal complications.
5. Demonstrate level-appropriate skills in cesarean delivery.
6. Demonstrate competence as a surgical assistant during the performance of cesarean hysterectomy.
7. Perform a comprehensive work up for intrauterine fetal demise, and properly manage labor induction or uterine evacuation for the patient with an IUFD.
8. Accurately assess the obstetrical patient with multiple gestation, including fetal growth assessment, fetal positioning, and delivery plan.
9. Deliver routine prenatal care to high risk obstetrical patients in the outpatient setting
10. Manage an infected or dehisced operative incision, and demonstrate adequate wound care treatment.

##### **Management Skills**

1. Multi-task and triage the care of all antepartum and intrapartum patients in the labor and delivery unit.
2. Multi-task and manage intern and medical student staff for the best utilization of manpower.
3. Respond to acute intrapartum emergencies with appropriate interventions and recommendations for staff.
4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s).
5. Supervise and lend guidance to intern, medical student and nursing student education.
6. Obtain a focused gynecologic history and pelvic exam to investigate several clinical disorders such as:
  - a. Abnormal bleeding
  - b. Pelvic pain
  - c. Pelvic mass
  - d. Sexually transmitted diseases
  - e. Pelvic inflammatory disease
  - f. Endometriosis
7. Counsel patients regarding planned surgical procedures including risks and benefits and obtain a valid and

- meaningful informed consent
8. Manage and counsel patients about post-operative recovery care
  9. Perform outpatient procedural skills such as endometrial biopsy, and word catheter insertion
  10. Utilize all types of contraceptive technology and guide patients in choices which are both medically appropriate and acceptable to the patient
  11. Utilize sonography in the management of disorders in the first trimester of pregnancy
  12. Function as the primary assistant in the performance of more advanced gynecologic surgical procedures
  13. The resident will develop a level of surgical expertise which will allow him/her to function as a senior resident responsible for guiding junior residents through a case for the following procedures
    - a. Dilation and curettage
    - b. Diagnostic laparoscopy
    - c. Marsupialization of a Bartholin's gland abscess
    - d. Laparotomy
    - e. Ovarian cystectomy
    - f. Operative laparoscopy

## **Medical Knowledge**

### **Goal**

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. By completion of the PGY-2 year, the resident should demonstrate skillful management of intrapartum and postpartum patients, as described within the context of the ACGME core competencies.

### **Objectives**

1. Describe the basic structure and replication of DNA, and the clinical significance of karyotype abnormalities.
2. Distinguish between various forms of genetic inheritance and describe the clinical significance of heritable diseases.
3. Describe the possible teratogenic effects of various prescription and non-prescription drugs.
4. Describe the indications for, and limitations of, noninvasive diagnostic screening tests for fetal aneuploidy and structural malformations.
5. Describe the risks and benefits of various methods of invasive fetal testing, including: amniocentesis, CVS, PUBS.
6. Detail appropriate medical and surgical management for patients with medical complications of pregnancy.
7. Describe the factors that predispose to multiple gestation, and demonstrate understanding of the different types of twinning.
8. Describe modalities used to determine fetal lung maturity status.
9. Describe the association between genital tract infection and adverse perinatal outcomes.
10. Demonstrate knowledge of the White Classification of diabetes in pregnancy, interpret screening tests for gestational diabetes, and demonstrate understanding of methods of blood sugar control (diet and medical).

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to :

### **Objectives**

1. Formulate and answer important clinical questions that arise from patient care interactions
2. Use personal experience with challenging patients to optimize future relationships with patients
3. Incorporate feedback from evaluations to improve skill base
4. Keep an updated patient log as detailed in the ACGME website
5. Participate in quality assurance activities (PBLI conference) of the department
6. Use of information technology: UpToDate, PubMed literature search, Cochrane Database, etc.

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. By completion of the PGY-2 year, the resident should demonstrate skillful management of intrapartum and postpartum patients, as described within the context of the ACGME core competencies. Residents are

expected to:

### **Objectives**

1. Order diagnostic tests with attention to cost-effectiveness and clinical relevance
2. Effectively use consultants and ancillary services personnel to create an effective patient care team
3. Follow clinical pathways as detailed in triage and L&D protocols
4. Demonstrate judicious and efficient resource utilization
5. Demonstrate an understanding for the roles and responsibilities of healthcare team members
6. Participate in quality improvement activities of the department

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. By completion of the PGY-2 year, residents are expected to demonstrate:

### **Objectives**

1. Demonstrate responsibility for the welfare of all patients on the labor and delivery and postpartum units
2. Demonstrate accountability for one's actions and clinical decisions
3. Acknowledge errors or omissions in patient care, and work toward timely resolution or alleviation of such
4. Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals
5. Advocate for patients within the healthcare system
6. Maintain sensitivity to issues of diversity, with patients and with staff
7. Uphold the ethical principles of our specialty, as detailed by ACOG
8. Participate actively in the education of fellow residents and medical students

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. By completion of the PGY-2 year, the resident are expected to:

### **Objectives**

1. Present pertinent obstetrical history and physical findings to team members and consultants in a clear, concise fashion
2. Demonstrate caring and respectful interactions with the obstetrical patient and her family
3. Counsel patients in language and manner appropriate to their educational and emotional / maturity level
4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s)
5. Interact respectfully and professionally with all members of the patient care team, including: attending physicians, nursing staff, resident staff, medical students, social services, translators, etc.

## **Teaching Methods**

The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty in a one to one basis instruction, teaching rounds with faculty, didactic lectures, and research. The PGY-2 resident will review the curriculum prior to the first day of the rotation. The curriculum is part of the Handbook of the Resident that is given to them at the beginning of each academic year.

## **Assessment Method (residents)**

All residents are expected to maintain a level of competence consistent with the ACGME and this program. The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician(s). The program count on written evaluations of faculty, peers, ancillary personnel, and patients, available through E-Value system. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies. Cognitive assessment of the residents' skills is achieved by the obstetrical score from the CREOG examination.

### **Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

### **Level of Supervision**

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

### **Educational Resources**

- Williams' Obstetrics by Cunningham, 23<sup>rd</sup> Edition.
- William's Gynecology, 2008
- Novak's Gynecology 14th Edition, 2006
- Comprehensive Gynecology, 5th Edition, 2007
- TeLinde's Operative Gynecology, 10th Edition, 2008
- ACOG Practice Bulletin
- UpToDate Clinical Reference Library

## **: University District Hospital Gynecology (GYN) PGY-2**

### **Description of Rotation**

Gynecology, care of the non-pregnant and early pregnant female, encompasses a broad scope of primary, preventive, acute, and surgical medicine. Clinical and surgical expertises are the core components of being proficient in gynecological care. However, to become proficient in clinical and surgical medicine, the physician must become an avid student of evidence-based medicine on a continuing basis in addition to becoming a skillful interviewer, time manager, office manager and psychologist. This rotation is designed to provide a broad surgical experience in gynecologic conditions with academic as well as private attending physicians. This, however, must be well balanced with clinic rotations; as this is where surgical cases are generated. The practice of gynecology specifically includes the management of urinary incontinence and infections, and the evaluation and medical management of breast disorders. The program strives to produce well trained, experienced, competent pelvic surgeons. The importance of learning the skills of surgery and the art of patient care is vital to becoming a competent gynecologist.

## **Patient Care**

### **Goal**

During this rotation the resident will begin to develop the basic cognitive, attitudinal, technical and psychomotor skills necessary for the diagnosis and management of gynecologic problems. He/She should be able to:

### **Objectives**

#### **Clinical Skills**

1. Obtain a focused gynecologic history and pelvic exam to investigate several clinical disorders such as:
  - a. Abnormal bleeding
  - b. Pelvic pain
  - c. Pelvic mass
  - d. Sexually transmitted diseases
  - e. Pelvic inflammatory disease
  - f. Endometriosis
2. Counsel patients regarding planned surgical procedures including risks and benefits and obtain a valid and meaningful informed consent
3. Manage and counsel patients about post-operative recovery care
4. Perform outpatient procedural skills such as endometrial biopsy, and word catheter insertion
5. Utilize all types of contraceptive technology and guide patients in choices which are both medically appropriate and acceptable to the patient
6. Utilize sonography in the management of disorders in the first trimester of pregnancy
7. Demonstrate appropriate skills in some gynecologic procedures including hysteroscopy, D&C, D&E, and laparoscopic sterilization
8. Function as the primary assistant in the performance of more advanced gynecologic surgical procedures
9. Conduct detailed preoperative assessment with consideration to the needs of special patient groups such as:
  - a. Children and adolescents
  - b. Elderly
  - c. Patients with co-existing medical conditions such as cardiopulmonary disease or coagulation disorders

#### **Management Skills**

1. Develop an evidence based care plan for his/her Continuity Clinic patients
2. Perform, interpret, and utilize lab tests and other diagnostic procedures (e.g. ultrasound, CT scan, MRI) in the management of a variety of clinical diagnosis such as;
  - a. Abnormal bleeding
  - b. Pelvic pain
  - c. Sexually transmitted diseases
  - d. Pelvic inflammatory disease
  - e. Endometriosis
3. Provide comprehensive postoperative care including fluid and electrolyte management and appropriate pain control based on the surgical procedure, the degree of patient discomfort and co-existing morbidities
4. Respond to intraoperative and postoperative emergencies with appropriate interventions and recommendations for staff
5. Assist in the management of common postoperative complications such as;
  - a. Fever
  - b. Gastrointestinal ileus/obstruction
  - c. Infection
  - d. Wound complications
  - e. Fluid electrolyte imbalance
  - f. Respiratory problems
  - g. Thromboembolism

## **Medical Knowledge**

### **Goal**

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. The resident should demonstrate be able to:



## **Objectives**

1. Describe the etiology diagnosis and management for common gynecologic problems including: abnormal/dysfunctional bleeding, threatened abortion, pelvic pain, evaluation of the pelvic mass, first trimester pregnancy loss, and sexually transmitted disease.
2. Describe the principle causes of abnormal uterine bleeding and distinguish abnormal uterine bleeding from dysfunctional uterine bleeding
3. List the laboratory and diagnostic tests which are helpful in the management of abnormal/dysfunctional bleeding
4. Outline the therapeutic modalities for the treatment of abnormal/dysfunctional uterine bleeding using both surgical and non-surgical methods
5. Describe the common vulvovaginitides
6. Identify the common benign vulvar lesions
7. Discuss the pathogenesis, epidemiology, diagnosis and treatment of sexually transmitted disease including; chlamydia, gonorrhea, syphilis, hepatitis B, hepatitis C, human immunodeficiency virus (HIV), herpes simplex, and HPV
8. Outline the diagnostic criteria for pelvic inflammatory disease and discuss appropriate therapeutic intervention
9. Outline the major causes of the pelvic mass and the diagnostic tests which assist in the evaluation of same
10. Define chronic pelvic pain; outline the various causes; list the tests useful in establishing the diagnosis; and discuss the indications for surgical and non-surgical intervention
11. Summarize the theories of pathogenesis of endometriosis and the typical clinical history of a patient with endometriosis
12. Describe the treatment both medical and surgical of endometriosis
13. Discuss first trimester pregnancy loss including the differential diagnosis, the principle causes, the use of appropriate laboratory/ultrasound testing and the clinical management
14. Describe the major factors that predispose to ectopic pregnancy and discuss the diagnostic tests that assists in the diagnosis of ectopic pregnancy
15. Summarize indications and compose appropriate preparation plans for pre-op gynecologic patients including bowel prep, antibiotic use, and thromboembolism prophylaxis

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to :

### **Objectives**

1. Formulate and answer important questions that arise from patient care and demonstrate improved gynecologic skills that arise from these inquiries
2. Incorporate formative and summative feedback to improve knowledge and skill base
3. Maintain an updated gynecologic procedural log as detailed on the ACGME website
4. Participate in gynecologic quality assurance activities (M&M) of the department
5. Use personal experience with difficult and challenging patients to optimize future relationships with patients

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

### **Objectives**

1. Organize appropriate consultations (e.g. anesthesia, internal medicine, cardiology) for the comprehensive care of the outpatient and inpatient gynecologic patient

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

**Objectives**

1. Conduct all patient interactions (outpatient and inpatient gynecology) with sensitivity, respect, and compassion
2. Provide patient centered gynecologic care in a non-judgmental fashion that is responsive to the emotional, educational and social needs of the patient
3. Demonstrate accountability for one's action and clinical decisions
4. Demonstrate truthful and timely disclosure of adverse events to the patient and designated individuals
5. Acknowledge errors in omission in the pre-operative, intraoperative, and postoperative care of the surgical patient and work toward remediation of these errors
6. Participate in the gynecologic education of the attending staff, fellow residents, medical students and nursing staff

**Interpersonal and Communication Skills****Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

**Objectives**

1. Present pertinent history and physical findings to gynecologic team members and consultants in a clear concise fashion
2. Counsel patients in language and manner that is appropriate to her educational background and emotional needs
3. Inform patients and designated individuals of pertinent medical developments and complications
4. Update the gynecologic care team (attending physicians, fellow residents, anesthesiologists, medical student and nursing staff) on the status of patient(s)

**Teaching Methods**

The resident will review the curriculum prior to the first day of the rotation. The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty, teaching rounds with faculty, didactic lectures, and research. All procedures are performed under direct supervision by an Attending Physician. This provides the opportunity for immediate formative feedback. Resident surgical experience will be progressive and gradual with demonstration of level appropriate skills, the resident will progress from assisting at minor surgical procedures (e.g. hysteroscopy, D&C) to major abdominal/vaginal procedures

**Assessment Method (residents)**

All residents are expected to maintain a level of competence consistent with the ACGME and this program. The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods, including: CREOG in-service examinations, evaluations, and direct observation. The program count on written evaluations of faculty, peers, ancillary personnel, and patients. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies.

**Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

**Level of Supervision**

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects. Residents of first, second and third year are supervised by upper level residents in the rotation.

## Educational Resources

- William's Gynecology, 2008
- Novak's Gynecology 14th Edition, 2006
- Comprehensive Gynecology, 5th Edition, 2007
- TeLinde's Operative Gynecology, 10th Edition, 2008
- ACOG Practice Bulletin

## UPR Hospital Carolina Ob-Gyn (HUPR) PGY-2

### Description of Rotation:

The PGY-2 Ob-Gyn experience at the UPR Hospital, Carolina is a crucial component of the residency program. In this rotation the resident acquires the basic skills necessary for management of routine and high-risk obstetrical patients during the intrapartum and postpartum periods and develops basic skills in the management of patients presenting to the emergency room with gynecologic complaints. Residents develop competence with performance of spontaneous vaginal delivery and minor gynecologic surgeries.

### Patient Care

#### Goal

By completion of the PGY-2 year, the resident should demonstrate skillful management of intrapartum, postpartum and gynecologic patients, as described within the context of the ACGME core competencies. The resident should be able to:

#### Objectives

##### Clinical Skills

1. Conduct focused patient histories and physical examinations, including:
  - a. Comprehensive primary care examination
  - b. Focused examination of the obstetrical or gynecologic patient
  - c. Serial cervical examination of parturients
  - d. Clinical pelvimetry
  - e. Leopold's Maneuvers / estimated fetal weight
  - f. Accurate assessment of presenting fetal part and position
  - g. Ultrasonographic examination of the fetus
2. Evaluate symptoms and physical findings in pregnant patients to distinguish physiologic from pathologic findings
3. Perform uncomplicated spontaneous vaginal deliveries
4. Demonstrate level-appropriate skills in operative vaginal delivery
5. Demonstrate the ability to perform:
  - a. Incision & Drainage of a Bartholin's abscess with placement of a Word catheter
  - b. Endometrial aspiration biopsy
  - c. Vulvar biopsy
  - d. Hysteroscopy
  - e. Dilatation and Curettage
  - f. Suction Curettage
  - g. Diagnostic laparoscopy
  - h. Laparoscopic sterilization
  - i. Surgical management of ectopic pregnancy
6. The resident will be able to recognize and initiate management of common post-operative problems such as infection, ileus, hemorrhage, and fluid and electrolyte imbalances.

##### Management Skills

1. Multi-task and triage the care of all antepartum and intrapartum patients in the labor and delivery area and gynecologic patient in the emergency department or on the gyn service.
2. Optimize the use of obstetrical anesthesia per patient preference and clinical situation
3. Respond to acute intrapartum emergencies or unstable gynecologic patients in the emergency department or on the gyn service with appropriate interventions and recommendations for staff

4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s)
5. Supervise and lend guidance to medical student and nursing student education

## **Medical Knowledge**

### **Goal**

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. By the completion of the PGY-2 UPR Hospital Carolina rotation the resident should demonstrate to be able to:

### **Objectives**

1. Describe the major physiologic changes in each organ system during pregnancy
2. Describe the impact of pregnancy on maternal medical conditions, and conversely, the impact of various maternal medical conditions upon pregnancy outcome
3. Order and interpret common diagnostic tests in the context of the normal physiologic changes of pregnancy
4. Demonstrate accurate and timely interpretation of intrapartum fetal heart rate patterns and implement appropriate interventions for such
5. Perform and interpret assessments of fetal well-being, including: non-stress testing, contraction stress testing, biophysical profile, fetal scalp stimulation, vibroacoustic stimulation, scalp pH testing
6. Describe the normal course of labor; identify abnormalities of labor and describe methods of labor augmentation
7. Describe appropriate indications for induction of labor, methods of cervical ripening / labor induction, and potential complications for each
8. Counsel parturients regarding various forms of obstetrical anesthesia, including: local, intravenous, pudendal, epidural, spinal and general
9. Demonstrate understanding of pharmacologic agents commonly used in obstetrics: labor inducing agents, tocolytics, analgesics, antibiotics, insulin, heparin, etc.
10. Evaluate and provide immediate care for the newborn, including: neonatal resuscitation, Apgar score assignment, and cord blood analysis
11. Describe maternal complications that may arise in the postpartum period and methods for their resolution
12. Provide basic supportive care of the postpartum patient, including: contraceptive needs, emotional evaluation and lactation consultation
13. The resident will be able to diagnose and develop a management plan for patients with:
  - a. upper and lower genital tract infections
  - b. threatened, incomplete, inevitable and missed abortion
  - c. ectopic pregnancy
  - d. dysfunctional uterine bleeding
  - e. contraceptive needs

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to :

### **Objectives**

1. Formulate and answer important clinical questions that arise from patient care interactions
2. Use personal experience with challenging patients to optimize future relationships with patients
3. Incorporate feedback from evaluations to improve skill base
4. Keep an updated patient log as detailed in the ACGME website
5. Participate in quality assurance activities (PBLI conference) of the department
6. Use of information technology: UpToDate, PubMed literature search, Cochrane Database, etc.

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

### **Objectives**

1. Order diagnostic tests with attention to cost-effectiveness and clinical relevance

2. Effectively use consultants and ancillary services personnel to create an effective patient care team
3. Follow clinical pathways as detailed in triage and L&D protocols
4. Demonstrate judicious and efficient resource utilization
5. Demonstrate an understanding for the roles and responsibilities of healthcare team members
6. Participate in quality improvement activities of the department

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

### **Objectives**

1. Demonstrate responsibility for the welfare of all patients on the labor and delivery and postpartum units
2. Demonstrate accountability for one's actions and clinical decisions
3. Acknowledge errors or omissions in patient care, and work toward timely resolution or alleviation of such
4. Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals
5. Advocate for patients within the healthcare system
6. Maintain sensitivity to issues of diversity, with patients and with staff
7. Uphold the ethical principles of our specialty, as detailed by ACOG
8. Participate actively in the education of fellow residents and medical students

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

### **Objectives**

1. Present pertinent obstetrical history and physical findings to team members and consultants in a clear, concise fashion
2. Demonstrate caring and respectful interactions with the obstetrical patient and her family
3. Counsel patients in language and manner appropriate to their educational and emotional / maturity level
4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s)
5. Interact respectfully and professionally with all members of the patient care team, including: attending physicians, nursing staff, resident staff, medical students, social services, translators, etc.

## **Teaching Methods**

The resident will review the curriculum prior to the first day of the rotation. The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty, teaching rounds with faculty, didactic lectures, and research. All procedures are performed under direct supervision by an Attending Physician. This provides the opportunity for immediate formative feedback. PGY-2 residents interact with and are responsible for the care of all patients presenting to the triage area of Labor and Delivery and the inpatient management of all laboring and post-partum patients.

## **Assessment Method (residents)**

All residents are expected to maintain a level of competence consistent with the ACGME and this program. The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods, including: CREOG in-service examinations, evaluations, and direct observation. The program count on written evaluations of faculty, peers, ancillary personnel, and patients. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies.

## **Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

## Level of Supervision

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects. Residents of first, second and third year are supervised by upper level residents in the rotation.

## Educational Resources

- Williams' Obstetrics by Cunningham, 23<sup>rd</sup> Edition.
- William's Gynecology, 2008
- Novak's Gynecology 14th Edition, 2006
- Comprehensive Gynecology, 5th Edition, 2007
- TeLinde's Operative Gynecology, 10th Edition, 2008
- ACOG Practice Bulletin
- UpToDate Clinical Reference Library

## UPR Hospital Carolina Ob-Gyn Floater(FHUPR) PGY-2

### Description of Rotation:

The PGY-2 Ob-Gyn experience at the UPR Hospital, Carolina is a crucial component of the residency program. In this rotation the resident acquires the basic skills necessary for management of routine and high-risk obstetrical patients during the intrapartum and postpartum periods and develops basic skills in the management of patients presenting to the emergency department with gynecologic complaints. Residents develop competence with performance of spontaneous vaginal delivery and minor gynecologic surgeries.

### Patient Care

#### Goal

By completion of the PGY-2 year, the resident should demonstrate skillful management of intrapartum, postpartum and gynecologic patients, as described within the context of the ACGME core competencies. The resident should be able to:

#### Objectives

##### Clinical Skills

1. Perform uncomplicated operative vaginal deliveries with attending physician supervision.
2. Demonstrate skillful repair of third and fourth degree perineal lacerations, cervical and vaginal lacerations.
3. Appropriately manage obstetrical emergencies
  - a. obstetrical hemorrhage
  - b. shoulder dystocia
  - c. fetal bradycardia
  - d. uterine rupture
  - e. trauma
4. Perform external cephalic version with attention to potential maternal and/or fetal complications.
5. Demonstrate level-appropriate skills in cesarean delivery.
6. Demonstrate competence as a surgical assistant during the performance of cesarean hysterectomy.
7. Perform a comprehensive work up for intrauterine fetal demise, and properly manage labor induction or uterine evacuation for the patient with an IUFD.
8. Accurately assess the obstetrical patient with multiple gestation, including fetal growth assessment, fetal positioning, and delivery plan.
9. Deliver routine prenatal care to high risk obstetrical patients in the outpatient setting
10. Manage an infected or dehisced operative incision, and demonstrate adequate wound care treatment.

##### Management Skills

1. Multi-task and triage the care of all antepartum and intrapartum patients in the labor and delivery unit.
2. Multi-task and manage intern and medical student staff for the best utilization of manpower.

3. Respond to acute intrapartum emergencies with appropriate interventions and recommendations for staff.
4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s).
5. Supervise and lend guidance to intern, medical student and nursing student education.
6. Obtain a focused gynecologic history and pelvic exam to investigate several clinical disorders such as:
  - a. Abnormal bleeding
  - b. Pelvic pain
  - c. Pelvic mass
  - d. Sexually transmitted diseases
  - e. Pelvic inflammatory disease
  - f. Endometriosis
7. Counsel patients regarding planned surgical procedures including risks and benefits and obtain a valid and meaningful informed consent
8. Manage and counsel patients about post-operative recovery care
9. Perform outpatient procedural skills such as endometrial biopsy, and word catheter insertion
10. Utilize all types of contraceptive technology and guide patients in choices which are both medically appropriate and acceptable to the patient
11. Utilize sonography in the management of disorders in the first trimester of pregnancy
12. Function as the primary assistant in the performance of more advanced gynecologic surgical procedures
13. The resident will develop a level of surgical expertise which will allow him/her to function as a senior resident responsible for guiding junior residents through a case for the following procedures
  - a. Dilation and curettage
  - b. Diagnostic laparoscopy
  - c. Marsupialization of a Bartholin's gland abscess
  - d. Laparotomy
  - e. Ovarian cystectomy
  - f. Operative laparoscopy

## Medical Knowledge

### Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. By the completion of the PGY-2 UPR Hospital Carolina Floater rotation the resident should demonstrate to be able to:

### Objectives

1. Describe the impact of pregnancy on maternal medical conditions, and conversely, the impact of various maternal medical conditions upon pregnancy outcome.
2. Implement appropriate medical and surgical management for patients with medical complications of pregnancy.
3. Describe the risk factors for, etiologies of, complications of, and management of late trimester pregnancy loss, intrauterine growth restriction, intrauterine fetal demise, preterm labor and PPRM.
4. Perform and interpret assessments of fetal well-being, including: non-stress testing, contraction stress testing, biophysical profile, fetal scalp stimulation, vibroacoustic stimulation, scalp pH testing.
5. Describe the factors that predispose to multiple gestation, diagnose multiple gestation by physical findings and sonographic examination, manage complications associated with multiple gestation, and develop proper delivery plans for such.
6. Describe the appropriate criteria for and contraindications to VBAC, and recognize and treat possible complications.
7. Describe the etiology diagnosis and management for common gynecologic problems including: abnormal/dysfunctional bleeding, threatened abortion, pelvic pain, evaluation of the pelvic mass, first trimester pregnancy loss, and sexually transmitted disease.
8. Describe the principle causes of abnormal uterine bleeding and distinguish abnormal uterine bleeding from dysfunctional uterine bleeding
9. List the laboratory and diagnostic tests which are helpful in the management of abnormal/dysfunctional bleeding
10. Outline the therapeutic modalities for the treatment of abnormal/dysfunctional uterine bleeding using both surgical and non-surgical methods
11. Describe the common vulvovaginitides
12. Identify the common benign vulvar lesions
13. Discuss the pathogenesis, epidemiology, diagnosis and treatment of sexually transmitted disease including;

chlamydia, gonorrhea, syphilis, hepatitis B, hepatitis C, human immunodeficiency virus (HIV), herpes simplex, and HPV

14. Outline the diagnostic criteria for pelvic inflammatory disease and discuss appropriate therapeutic intervention
15. Outline the major causes of the pelvic mass and the diagnostic tests which assist in the evaluation of same
16. Define chronic pelvic pain; outline the various causes; list the tests useful in establishing the diagnosis; and discuss the indications for surgical and non-surgical intervention
17. Summarize the theories of pathogenesis of endometriosis and the typical clinical history of a patient with endometriosis
18. Describe the treatment both medical and surgical of endometriosis
19. Discuss first trimester pregnancy loss including the differential diagnosis, the principle causes, the use of appropriate laboratory/ultrasound testing and the clinical management
20. Describe the major factors that predispose to ectopic pregnancy and discuss the diagnostic tests that assists in the diagnosis of ectopic pregnancy
21. Summarize indications and compose appropriate preparation plans for pre-op gynecologic patients including bowel prep, antibiotic use, and thromboembolism prophylaxis

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to :

### **Objectives**

1. Formulate and answer important clinical questions that arise from patient care interactions
2. Use personal experience with challenging patients to optimize future relationships with patients
3. Incorporate feedback from evaluations to improve skill base
4. Keep an updated patient log as detailed in the ACGME website
5. Participate in quality assurance activities (PBLI conference) of the department
6. Use of information technology: UpToDate, PubMed literature search, Cochrane Database, etc.

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

### **Objectives**

1. Order diagnostic tests with attention to cost-effectiveness and clinical relevance
2. Effectively use consultants and ancillary services personnel to create an effective patient care team
3. Follow clinical pathways as detailed in triage and L&D protocols
4. Demonstrate judicious and efficient resource utilization
5. Demonstrate an understanding for the roles and responsibilities of healthcare team members
6. Participate in quality improvement activities of the department

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

### **Objectives**

1. Demonstrate responsibility for the welfare of all patients on the labor and delivery and postpartum units
2. Demonstrate accountability for one's actions and clinical decisions
3. Acknowledge errors or omissions in patient care, and work toward timely resolution or alleviation of such
4. Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals
5. Advocate for patients within the healthcare system
6. Maintain sensitivity to issues of diversity, with patients and with staff
7. Uphold the ethical principles of our specialty, as detailed by ACOG
8. Participate actively in the education of fellow residents and medical students



## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

### **Objectives**

1. Present pertinent obstetrical history and physical findings to team members and consultants in a clear, concise fashion
2. Demonstrate caring and respectful interactions with the obstetrical patient and her family
3. Counsel patients in language and manner appropriate to their educational and emotional / maturity level
4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s)
5. Interact respectfully and professionally with all members of the patient care team, including: attending physicians, nursing staff, resident staff, medical students, social services, translators, etc.

## **Teaching Methods**

The resident will review the curriculum prior to the first day of the rotation. The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty, teaching rounds with faculty, didactic lectures, and research. All procedures are performed under direct supervision by an Attending Physician. This provides the opportunity for immediate formative feedback. PGY-2 residents interact with and are responsible for the care of all patients presenting to the triage area of Labor and Delivery and the inpatient management of all laboring and post-partum patients. In addition, the PGY-2 will perform the initial assessment of all gynecologic patients on the inpatient service for whom there are medical needs that require attention and for patients in the Emergency Room who require gynecologic evaluation. A wide variety of both normal / physiologic and abnormal obstetrical and gynecologic pathology is encountered in these patients. The PGY-2 resident will assist in the management of a variety of medical conditions complicating pregnancy.

## **Assessment Method (residents)**

All residents are expected to maintain a level of competence consistent with the ACGME and this program. The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods, including: CREOG in-service examinations, evaluations, and direct observation. The program counts on written evaluations of faculty, peers, ancillary personnel, and patients. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies.

## **Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

## **Level of Supervision**

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects. Residents of first, second and third year are supervised by upper level residents in the rotation.

## **Educational Resources**

- Williams' Obstetrics by Cunningham, 23<sup>rd</sup> Edition.
- William's Gynecology, 2008
- Novak's Gynecology 14th Edition, 2006
- Comprehensive Gynecology, 5th Edition, 2007
- TeLinde's Operative Gynecology, 10th Edition, 2008
- ACOG Practice Bulletin
- UpToDate Clinical Reference Library

## University District Hospital Labor Room (LR) PGY-3

### Rotation description:

The PGY-3 obstetrical experience further builds upon those skills developed during the first year. In this rotation the resident perfects the basic skills necessary for management of routine and high-risk obstetrical patients during the intrapartum and postpartum periods. Residents become competent with performance of operative vaginal delivery, cesarean sections, and multiple gestations. In addition, managerial responsibilities are developed, as the PGY-3 resident is responsible for supervising and educating interns and medical students rotating on the labor and delivery unit.

### Patient Care

#### Goal

By completion of the PGY-3 year, the resident should demonstrate skillful management of antepartum, intrapartum, and postpartum patients, as described within the context of the six core competencies. The resident should be able to:

#### Objectives

##### Clinical Skills

1. Perform uncomplicated operative vaginal deliveries with attending physician supervision.
2. Demonstrate skillful repair of third and fourth degree perineal lacerations, cervical and vaginal lacerations.
3. Appropriately manage obstetrical emergencies
  - a. obstetrical hemorrhage
  - b. shoulder dystocia
  - c. fetal bradycardia
  - d. uterine rupture
  - e. trauma
4. Perform external cephalic version with attention to potential maternal and/or fetal complications.
5. Demonstrate level-appropriate skills in cesarean delivery.
6. Demonstrate competence as a surgical assistant during the performance of cesarean hysterectomy.
7. Perform a comprehensive work up for intrauterine fetal demise, and properly manage labor induction or uterine evacuation for the patient with an IUD.
8. Accurately assess the obstetrical patient with multiple gestation, including fetal growth assessment, fetal positioning, and delivery plan.
9. Deliver routine prenatal care to high risk obstetrical patients in the outpatient setting
10. Manage an infected or dehiscent operative incision, and demonstrate adequate wound care treatment.

##### Management Skills

1. Multi-task and triage the care of all antepartum and intrapartum patients in the labor and delivery unit.
2. Multi-task and manage intern and medical student staff for the best utilization of manpower.
3. Respond to acute intrapartum emergencies with appropriate interventions and recommendations for staff.
4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s).
5. Supervise and lend guidance to intern, medical student and nursing student education.
6. Supervise and lend guidance to medical student and nursing student education

### Medical Knowledge

#### Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. By completion of the PGY-3 year, the resident should demonstrate skillful management of intrapartum and postpartum patients, as described within the context of the ACGME core competencies.

#### Objectives

1. Describe the impact of pregnancy on maternal medical conditions, and conversely, the impact of various maternal medical conditions upon pregnancy outcome.
2. Implement appropriate medical and surgical management for patients with medical complications of pregnancy.

3. Describe the risk factors for, etiologies of, complications of, and management of late trimester pregnancy loss, intrauterine growth restriction, intrauterine fetal demise, preterm labor and PPROM.
4. Perform and interpret assessments of fetal well-being, including: non-stress testing, contraction stress testing, biophysical profile, fetal scalp stimulation, vibroacoustic stimulation, scalp pH testing.
5. Describe the factors that predispose to multiple gestation, diagnose multiple gestation by physical findings and sonographic examination, manage complications associated with multiple gestation, and develop proper delivery plans for such.
6. Describe the appropriate criteria for and contraindications to VBAC, and recognize and treat possible complications.

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to :

### **Objectives**

1. Formulate and answer important clinical questions that arise from patient care interactions
2. Use personal experience with challenging patients to optimize future relationships with patients
3. Incorporate feedback from evaluations to improve skill base
4. Keep an updated patient log as detailed in the ACGME website
5. Participate in quality assurance activities (PBLI conference) of the department
6. Use of information technology: UpToDate, PubMed literature search, Cochrane Database, etc.

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

### **Objectives**

1. Order diagnostic tests with attention to cost-effectiveness and clinical relevance
2. Effectively use consultants and ancillary services personnel to create an effective patient care team
3. Follow clinical pathways as detailed in triage and L&D protocols
4. Demonstrate judicious and efficient resource utilization
5. Demonstrate an understanding for the roles and responsibilities of healthcare team members
6. Participate in quality improvement activities of the department

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. By completion of the PGY-3 year, residents are expected to demonstrate:

### **Objectives**

1. Demonstrate responsibility for the welfare of all patients on the labor and delivery and postpartum units
2. Demonstrate accountability for one's actions and clinical decisions
3. Acknowledge errors or omissions in patient care, and work toward timely resolution or alleviation of such
4. Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals
5. Advocate for patients within the healthcare system
6. Maintain sensitivity to issues of diversity, with patients and with staff
7. Uphold the ethical principles of our specialty, as detailed by ACOG
8. Participate actively in the education of fellow residents and medical students

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. By completion of the PGY-3 year, the resident are expected to:

**Objectives**

1. Present pertinent obstetrical history and physical findings to team members and consultants in a clear, concise fashion
2. Demonstrate caring and respectful interactions with the obstetrical patient and her family
3. Counsel patients in language and manner appropriate to their educational and emotional / maturity level
4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s)
5. Interact respectfully and professionally with all members of the patient care team, including: attending physicians, nursing staff, resident staff, medical students, social services, translators, etc.

**Teaching Methods**

The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty in a one to one basis instruction, teaching rounds with faculty, didactic lectures, and research. The PGY-3 resident will review the curriculum prior to the first day of the rotation. PGY-3 residents interact with and are responsible for the care of all patients in the inpatient hospital setting. A wide variety of both normal / physiologic and abnormal obstetrical pathology is encountered in these antepartum, intrapartum, and postpartum patients.

**Assessment Method (residents)**

The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods. PGY-3 residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician(s). The program count on written evaluations of faculty, peers, ancillary personnel, and patients, available through E-Value system. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies. Cognitive assessment of the residents' obstetrical skills is achieved by the obstetrical score from the CREOG examination.

**Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

**Level of Supervision**

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

**Educational Resources**

- Williams' Obstetrics by Cunningham, 23<sup>rd</sup> Edition.
- ACOG Practice Bulletin
- UpToDate Clinical Reference Library

# University District Hospital Antepartum Clinic (APW)

## PGY-3

### Rotation:

The Obstetric rotations are designed to teach the resident the skill of managing a pregnancy from conception to delivery giving the experience, knowledge, training and surgical care to produce competent physicians who are able to evaluate, diagnose, treat and consult on normal and abnormal pregnancies. Prenatal care, of high and low risk pregnancies, is performed weekly during the Maternal Infant Care (MIC) clinics. The diagnosis and management of antenatal medical complications occurs in the MIC clinic as well as in caring for these patients on the antepartum ward service. In this rotation the resident develops the educational foundation necessary for management of high-risk antepartum patients in both the inpatient and outpatient setting. Residents acquire the knowledge to properly counsel patients regarding their risk for various medical and obstetrical conditions, as well as make recommendations for their management / treatment and possible future interventions. Residents participate in the performance of invasive prenatal diagnostic techniques (amniocentesis, cvs, fetal blood sampling).

### Patient Care

#### Goal

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. By completion of the PGY-3 year, the resident should demonstrate skillful management of antepartum ward and low and high risk pregnancies, as described within the context of the ACGME core competencies.

#### Objectives

##### Clinical Skills

1. Elicit a history for inherited disorders, ethnic- or race-specific risks, and teratogen exposure.
2. Demonstrate the ability to counsel a patient regarding...
  - a. the impact of pregnancy on maternal medical conditions
  - b. the impact of maternal medical conditions upon pregnancy outcome
  - c. future reproduction and the long-term health implications of patients with a chronic medical condition
  - d. management options for a pregnancy with an abnormal fetus
  - e. risks for r pregnancies
  - f. fetal effects of indicated diagnostic
  - g. indications for, and limitations of, noninvasive diagnostic screening tests for fetal aneuploidy and structural malformations
  - h. risks and benefits of various method
3. Order and interpret appropriate maternal and fetal/neonatal tests to evaluate possible causes of adverse pregnancy outcomes.
4. Perform and interpret antepartum diagnostic tests accurately and integrate the interpretation of such tests into clinical management algorithms.

##### Management Skills

1. Assess, diagnose, and manage fetal and/or maternal complications of all antepartum inpatients on the Obstetrics Unit .
2. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s).
3. Monitor and manage the blood sugar of High Risk Ob outpatients with diabetes.
4. Accurately assess the obstetrical patient with multiple gestation, including fetal growth assessment, fetal position, and delivery plan.

### Medical Knowledge

#### Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. By completion of the PGY-3 year, the resident should demonstrate skillful management of antepartum ward and low and high risk pregnancies, as described within the context of the ACGME core competencies.

## **Objectives**

1. Describe the basic structure and replication of DNA, and the clinical significance of karyotype abnormalities.
2. Distinguish between various forms of genetic inheritance and describe the clinical significance of heritable diseases.
3. Describe the possible teratogenic effects of various prescription and non-prescription drugs.
4. Describe the indications for, and limitations of, noninvasive diagnostic screening tests for fetal aneuploidy and structural malformations.
5. Describe the risks and benefits of various methods of invasive fetal testing, including: amniocentesis, CVS, PUBS.
6. Detail appropriate medical and surgical management for patients with medical complications of pregnancy.
7. Describe the factors that predispose to multiple gestation, and demonstrate understanding of the different types of twinning.
8. Describe modalities used to determine fetal lung maturity status.
9. Describe the association between genital tract infection and adverse perinatal outcomes.
10. Demonstrate knowledge of the White Classification of diabetes in pregnancy, interpret screening tests for gestational diabetes, and demonstrate understanding of methods of blood sugar control (diet and medical).

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. By completion of the PGY-3 year, the resident is expected to develop skills and habits to be able to :

### **Objectives**

1. Formulate and answer important clinical questions that arise from patient care interactions
2. Use personal experience with challenging patients to optimize future relationships with patients
3. Incorporate feedback from evaluations to improve skill base
4. Keep an updated patient log as detailed in the ACGME website
5. Participate in quality assurance activities (M&M) of the department
6. Use of information technology: UpToDate, PubMed literature search, Cochrane Database, etc.

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. By completion of the PGY-3 year, the residents are expected to:

### **Objectives**

1. Order diagnostic tests with attention to cost-effectiveness and clinical relevance
2. Effectively use consultants and ancillary services personnel to create an effective patient care team
3. Follow clinical pathways as detailed in triage and L&D protocols
4. Demonstrate judicious and efficient resource utilization
5. Demonstrate an understanding for the roles and responsibilities of healthcare team members
6. Participate in quality improvement activities of the department

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

### **Objectives**

1. Demonstrate responsibility for the welfare of all patients on the antepartum unit
2. Demonstrate accountability for one's actions and clinical decisions
3. Acknowledge errors or omissions in patient care, and work toward timely resolution or alleviation of such
4. Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals
5. Advocate for patients within the healthcare system
6. Maintain sensitivity to issues of diversity, with patients and with staff
7. Uphold the ethical principles of our specialty, as detailed by ACOG
8. Participate actively in the education of fellow residents and medical students

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

### **Objectives**

1. Present pertinent obstetrical history and physical findings to team members and consultants in a clear, concise fashion
2. Demonstrate caring and respectful interactions with the obstetrical patient and her family
3. Counsel patients in language and manner appropriate to their educational and emotional / maturity level
4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s)
5. Interact respectfully and professionally with all members of the patient care team, including: attending physicians, nursing staff, resident staff, medical students, social services, translators, etc.
6. Counsel other health care professionals about fetal effects of indicated diagnostic studies utilizing radiation.

### **Teaching Methods**

The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty in a one to one basis instruction, teaching rounds with faculty, didactic lectures, and research. The PGY-3 resident will review the curriculum prior to the first day of the rotation.

### **Assessment Method (residents)**

All residents are expected to maintain a level of competence consistent with the ACGME and this program. The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician(s). The program count on written evaluations of faculty, peers, ancillary personnel, and patients, available through E-Value system. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies. Cognitive assessment of the residents' obstetrical skills is achieved by the obstetrical score from the CREOG examination.

### **Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

### **Level of Supervision**

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

### **Educational Resources**

- Williams' Obstetrics by Cunningham, 23<sup>rd</sup> Edition.
- ACOG Practice Bulletin
- UpToDate Clinical Reference Library

## **University District Hospital Night Floater (FL) PGY-3**

### **Rotation:**

The PGY-3 Ob-Gyn Floater experience is a key part of the residents' development of the ability to function as an independent gynecologist/obstetrician. In this rotation the resident acquires the skills necessary for management of routine and high-risk obstetrical patients during the intrapartum and postpartum periods and develops more advanced skills in the management of gynecologic patients and patients presenting to the emergency department with gynecologic complaints. They also develop skills required to competently supervise and educate junior residents. Residents develop competence with performance of advanced obstetrical procedures as well as major and minor gynecologic surgeries.

### **Patient Care**

#### **Goal**

By completion of the PGY-3 year, the resident should demonstrate skillful management of intrapartum, postpartum and gynecologic patients, as described within the context of the ACGME core competencies. The resident should be able to:

#### **Objectives**

##### **Clinical Skills**

1. Perform uncomplicated operative vaginal deliveries with attending physician supervision.
2. Demonstrate skillful repair of third and fourth degree perineal lacerations, cervical and vaginal lacerations.
3. Appropriately manage obstetrical emergencies
  - a. obstetrical hemorrhage
  - b. shoulder dystocia
  - c. fetal bradycardia
  - d. uterine rupture
  - e. trauma
4. Perform external cephalic version with attention to potential maternal and/or fetal complications.
5. Demonstrate level-appropriate skills in cesarean delivery.
6. Demonstrate competence as a surgical assistant during the performance of cesarean hysterectomy.
7. Perform a comprehensive work up for intrauterine fetal demise, and properly manage labor induction or uterine evacuation for the patient with an IUFD.
8. Accurately assess the obstetrical patient with multiple gestation, including fetal growth assessment, fetal positioning, and delivery plan.
9. Deliver routine prenatal care to high risk obstetrical patients in the outpatient setting
10. Manage an infected or dehisced operative incision, and demonstrate adequate wound care treatment.

##### **Management Skills**

1. Multi-task and triage the care of all antepartum and intrapartum patients in the labor and delivery unit.
2. Multi-task and manage intern and medical student staff for the best utilization of manpower.
3. Respond to acute intrapartum emergencies with appropriate interventions and recommendations for staff.
4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s).
5. Supervise and lend guidance to intern, medical student and nursing student education.
6. Obtain a focused gynecologic history and pelvic exam to investigate several clinical disorders such as:
  - a. Abnormal bleeding
  - b. Pelvic pain
  - c. Pelvic mass
  - d. Sexually transmitted diseases
  - e. Pelvic inflammatory disease
  - f. Endometriosis
7. Counsel patients regarding planned surgical procedures including risks and benefits and obtain a valid and meaningful informed consent
8. Manage and counsel patients about post-operative recovery care
9. Perform outpatient procedural skills such as endometrial biopsy, and word catheter insertion
10. Utilize all types of contraceptive technology and guide patients in choices which are both medically appropriate and acceptable to the patient
11. Utilize sonography in the management of disorders in the first trimester of pregnancy



12. Function as the primary assistant in the performance of more advanced gynecologic surgical procedures
13. The resident will develop a level of surgical expertise which will allow him/her to function as a senior resident responsible for guiding junior residents through a case for the following procedures
  - a. Dilation and curettage
  - b. Diagnostic laparoscopy
  - c. Marsupialization of a Bartholin's gland abscess
  - d. Laparotomy
  - e. Ovarian cystectomy
  - f. Operative laparoscopy

## **Medical Knowledge**

### **Goal**

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. By completion of the PGY-3 year, the resident should demonstrate skillful management of intrapartum and postpartum patients, as described within the context of the ACGME core competencies.

### **Objectives**

1. Describe the impact of pregnancy on maternal medical conditions, and conversely, the impact of various maternal medical conditions upon pregnancy outcome.
2. Implement appropriate medical and surgical management for patients with medical complications of pregnancy.
3. Describe the risk factors for, etiologies of, complications of, and management of late trimester pregnancy loss, intrauterine growth restriction, intrauterine fetal demise, preterm labor and PPRM.
4. Perform and interpret assessments of fetal well-being, including: non-stress testing, contraction stress testing, biophysical profile, fetal scalp stimulation, vibroacoustic stimulation, scalp pH testing.
5. Describe the factors that predispose to multiple gestation, diagnose multiple gestation by physical findings and sonographic examination, manage complications associated with multiple gestation, and develop proper delivery plans for such.
6. Describe the appropriate criteria for and contraindications to VBAC, and recognize and treat possible complications.
7. Describe the etiology diagnosis and management for common gynecologic problems including: abnormal/dysfunctional bleeding, threatened abortion, pelvic pain, evaluation of the pelvic mass, first trimester pregnancy loss, and sexually transmitted disease.
8. Describe the principle causes of abnormal uterine bleeding and distinguish abnormal uterine bleeding from dysfunctional uterine bleeding
9. List the laboratory and diagnostic tests which are helpful in the management of abnormal/dysfunctional bleeding
10. Outline the therapeutic modalities for the treatment of abnormal/dysfunctional uterine bleeding using both surgical and non-surgical methods
11. Describe the common vulvovaginitides
12. Identify the common benign vulvar lesions
13. Discuss the pathogenesis, epidemiology, diagnosis and treatment of sexually transmitted disease including; chlamydia, gonorrhea, syphilis, hepatitis B, hepatitis C, human immunodeficiency virus (HIV), herpes simplex, and HPV
14. Outline the diagnostic criteria for pelvic inflammatory disease and discuss appropriate therapeutic intervention
15. Outline the major causes of the pelvic mass and the diagnostic tests which assist in the evaluation of same
16. Define chronic pelvic pain; outline the various causes; list the tests useful in establishing the diagnosis; and discuss the indications for surgical and non-surgical intervention
17. Summarize the theories of pathogenesis of endometriosis and the typical clinical history of a patient with endometriosis
18. Describe the treatment both medical and surgical of endometriosis
19. Discuss first trimester pregnancy loss including the differential diagnosis, the principle causes, the use of appropriate laboratory/ultrasound testing and the clinical management
20. Describe the major factors that predispose to ectopic pregnancy and discuss the diagnostic tests that assists in the diagnosis of ectopic pregnancy
21. Summarize indications and compose appropriate preparation plans for pre-op gynecologic patients including bowel prep, antibiotic use, and thromboembolism prophylaxis

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. By completion of the PGY-2 year, the resident should demonstrate skillful management of intrapartum and postpartum patients, as described within the context of the ACGME core competencies. Residents are expected to develop skills and habits to be able to :

### **Objectives**

1. Formulate and answer important clinical questions that arise from patient care interactions
2. Use personal experience with challenging patients to optimize future relationships with patients
3. Incorporate feedback from evaluations to improve skill base
4. Keep an updated patient log as detailed in the ACGME website
5. Participate in quality assurance activities (PBLI conference) of the department
6. Use of information technology: UpToDate, PubMed literature search, Cochrane Database, etc.

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. By completion of the PGY-3 year, the resident should demonstrate skillful management of intrapartum and postpartum patients, as described within the context of the ACGME core competencies. Residents are expected to:

### **Objectives**

1. Order diagnostic tests with attention to cost-effectiveness and clinical relevance
2. Effectively use consultants and ancillary services personnel to create an effective patient care team
3. Follow clinical pathways as detailed in triage and L&D protocols
4. Demonstrate judicious and efficient resource utilization
5. Demonstrate an understanding for the roles and responsibilities of healthcare team members
6. Participate in quality improvement activities of the department

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. By completion of the PGY-3 year, residents are expected to demonstrate:

### **Objectives**

1. Demonstrate responsibility for the welfare of all patients on the labor and delivery and postpartum units
2. Demonstrate accountability for one's actions and clinical decisions
3. Acknowledge errors or omissions in patient care, and work toward timely resolution or alleviation of such
4. Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals
5. Advocate for patients within the healthcare system
6. Maintain sensitivity to issues of diversity, with patients and with staff
7. Uphold the ethical principles of our specialty, as detailed by ACOG
8. Participate actively in the education of fellow residents and medical students

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. By completion of the PGY-3 year, the resident are expected to:

### **Objectives**

1. Present pertinent obstetrical history and physical findings to team members and consultants in a clear, concise fashion
2. Demonstrate caring and respectful interactions with the obstetrical patient and her family
3. Counsel patients in language and manner appropriate to their educational and emotional / maturity level
4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s)

5. Interact respectfully and professionally with all members of the patient care team, including: attending physicians, nursing staff, resident staff, medical students, social services, translators, etc.

### **Teaching Methods**

The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty in a one to one basis instruction, teaching rounds with faculty, didactic lectures, and research. The PGY-3 resident will review the curriculum prior to the first day of the rotation.

### **Assessment Method (residents)**

All residents are expected to maintain a level of competence consistent with the ACGME and this program. The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician(s). The program count on written evaluations of faculty, peers, ancillary personnel, and patients, available through E-Value system. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies. Cognitive assessment of the residents' skills is achieved by the obstetrical score from the CREOG examination.

### **Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

### **Level of Supervision**

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

### **Educational Resources**

- Williams' Obstetrics by Cunningham, 23<sup>rd</sup> Edition.
- William's Gynecology, 2008
- Novak's Gynecology 14th Edition, 2006
- Comprehensive Gynecology, 5th Edition, 2007
- TeLinde's Operative Gynecology, 10th Edition, 2008
- ACOG Practice Bulletin
- UpToDate Clinical Reference Library

# University District Hospital Gynecology (GYN) PGY-3

## **Description of Rotation:)**

Gynecology, care of the non-pregnant and early pregnant female, encompasses a broad scope of primary, preventive, acute, and surgical medicine. Clinical and surgical expertises are the core components of being proficient in gynecological care. However, to become proficient in clinical and surgical medicine, the physician must become an avid student of evidence-based medicine on a continuing basis in addition to becoming a skillful interviewer, time manager, office manager and psychologist. This rotation is designed to provide a broad surgical experience in gynecologic conditions with academic as well as private attending physicians. This, however, must be well balanced with clinic rotations; as this is where surgical cases are generated. The practice of gynecology specifically includes the management of urinary incontinence and infections, and the evaluation and medical management of breast disorders. The program strives to produce well trained, experienced, competent pelvic surgeons. The importance of learning the skills of surgery and the art of patient care is vital to becoming a competent gynecologist.

## **Patient Care**

### **Goal**

This rotation is the introduction of the PGY-3 resident to the management of the gynecologic patient who presents for surgery, inpatient management or assessment of acute gynecologic complaints to the emergency department. The resident will begin to develop the basic cognitive, attitudinal, technical and psychomotor skills necessary for the diagnosis and management of gynecologic problems. The resident should be able to:

### **Objectives**

#### **Clinical Skills**

1. Obtain a focused gynecologic history and pelvic exam to investigate several clinical disorders such as:
  - a. Abnormal bleeding
  - b. Pelvic pain
  - c. Pelvic mass
  - d. Sexually transmitted diseases
  - e. Pelvic inflammatory disease
  - f. Endometriosis
2. Counsel patients regarding planned surgical procedures including risks and benefits and obtain a valid and meaningful informed consent
3. Manage and counsel patients about post-operative recovery care
4. Perform outpatient procedural skills such as endometrial biopsy, and word catheter insertion
5. Utilize all types of contraceptive technology and guide patients in choices which are both medically appropriate and acceptable to the patient
6. Utilize sonography in the management of disorders in the first trimester of pregnancy
7. Function as the primary assistant in the performance of more advanced gynecologic surgical procedures
8. The resident will demonstrate competence in performing
  - a. Operative laparoscopy
  - b. Complicated total abdominal hysterectomy
  - c. Appendectomy
  - d. Repair of bowel or bladder injuries
  - e. Surgery for pelvic inflammatory disease
9. The resident will develop a level of surgical expertise which will allow him/her to function as a senior resident responsible for guiding junior residents through a case for the following procedures
  - a. Marsupialization of a Bartholin's gland abscess
  - b. Laparoscopic tubal ligation
  - c. Ovarian cystectomy
  - e. Colposcopy and cervical biopsy

#### **Management Skills**

1. Develop an evidence based care plan for his/her patients
2. Perform, interpret, and utilize lab tests and other diagnostic procedures (e.g. ultrasound, CT scan, MRI) in the management of a variety of clinical diagnosis such as;

- a. Abnormal bleeding
  - b. Pelvic pain
  - c. Sexually transmitted diseases
  - d. Pelvic inflammatory disease
  - e. Endometriosis
3. Provide comprehensive postoperative care including fluid and electrolyte management and appropriate pain control based on the surgical procedure, the degree of patient discomfort and co-existing morbidities
  4. Respond to intraoperative and postoperative emergencies with appropriate interventions and recommendations for staff
  5. Assist in the management of common postoperative complications such as;
    - a. Fever
    - b. Gastrointestinal ileus/obstruction
    - c. Infection
    - d. Wound complications
    - e. Fluid electrolyte imbalance
    - f. Respiratory problems
    - g. Thromboembolism

## Medical Knowledge

### Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. By the completion of the PGY-3 Gynecology rotation the resident should demonstrate be able to:

### Objectives

1. Describe the etiology diagnosis and management for common gynecologic problems including: abnormal/dysfunctional bleeding, threatened abortion, pelvic pain, evaluation of the pelvic mass, first trimester pregnancy loss, and sexually transmitted disease.
2. Describe the principle causes of abnormal uterine bleeding and distinguish abnormal uterine bleeding from dysfunctional uterine bleeding
3. List the laboratory and diagnostic tests which are helpful in the management of abnormal/dysfunctional bleeding
4. Outline the therapeutic modalities for the treatment of abnormal/dysfunctional uterine bleeding using both surgical and non-surgical methods
5. Describe the common vulvovaginitides
6. Identify the common benign vulvar lesions
7. Discuss the pathogenesis, epidemiology, diagnosis and treatment of sexually transmitted disease including; chlamydia, gonorrhea, syphilis, hepatitis B, hepatitis C, human immunodeficiency virus (HIV), herpes simplex, and HPV
8. Outline the diagnostic criteria for pelvic inflammatory disease and discuss appropriate therapeutic intervention
9. Outline the major causes of the pelvic mass and the diagnostic tests which assist in the evaluation of same
10. Define chronic pelvic pain; outline the various causes; list the tests useful in establishing the diagnosis; and discuss the indications for surgical and non-surgical intervention
11. Summarize the theories of pathogenesis of endometriosis and the typical clinical history of a patient with endometriosis
12. Describe the treatment both medical and surgical of endometriosis
13. Discuss first trimester pregnancy loss including the differential diagnosis, the principle causes, the use of appropriate laboratory/ultrasound testing and the clinical management
14. Describe the major factors that predispose to ectopic pregnancy and discuss the diagnostic tests that assists in the diagnosis of ectopic pregnancy
15. Summarize indications and compose appropriate preparation plans for pre-op gynecologic patients including bowel prep, antibiotic use, and thromboembolism prophylaxis

## Practice- Based Learning and Improvement

### Goal

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to :

### **Objectives**

1. Formulate and answer important questions that arise from patient care and demonstrate improved gynecologic skills that arise from these inquiries
2. Incorporate formative and summative feedback to improve knowledge and skill base
3. Maintain an updated gynecologic procedural log as detailed on the ACGME website
4. Participate in gynecologic quality assurance activities (M&M) of the department
5. Use personal experience with difficult and challenging patients to optimize future relationships with patients

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

### **Objectives**

1. Organize appropriate consultations (e.g. anesthesia, internal medicine, cardiology) for the comprehensive care of the outpatient and inpatient gynecologic patient

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

### **Objectives**

1. Conduct all patient interactions (outpatient and inpatient gynecology) with sensitivity, respect, and compassion
2. Provide patient centered gynecologic care in a non-judgmental fashion that is responsive to the emotional, educational and social needs of the patient
3. Demonstrate accountability for one's action and clinical decisions
4. Demonstrate truthful and timely disclosure of adverse events to the patient and designated individuals
5. Acknowledge errors in omission in the pre-operative, intraoperative, and postoperative care of the surgical patient and work toward remediation of these errors
6. Participate in the gynecologic education of the attending staff, fellow residents, medical students and nursing staff

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

### **Objectives**

1. Present pertinent history and physical findings to gynecologic team members and consultants in a clear concise fashion
2. Counsel patients in language and manner that is appropriate to her educational background and emotional needs
3. Inform patients and designated individuals of pertinent medical developments and complications
4. Update the gynecologic care team (attending physicians, fellow residents, anesthesiologists, medical student and nursing staff) on the status of patient(s)

## **Teaching Methods**

The resident will review the curriculum prior to the first day of the rotation. The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty, teaching rounds with faculty, didactic lectures, and research. The PGY-3 resident will actively participate in Gyn Continuity Clinic, (once weekly), Pre-op Clinic, Daily rounds, Morbidity and Mortality conference, Weekly "Professor's rounds", and attendance at a wide variety of gynecologic procedures. All procedures are performed under direct supervision by an Attending Physician. This provides the opportunity for immediate formative feedback. Resident surgical experience will be progressive and gradual with demonstration of level appropriate skills, the resident will progress from assisting at minor surgical procedures (e.g. hysteroscopy, D&C) to major abdominal/vaginal procedures

### **Assessment Method (residents)**

All residents are expected to maintain a level of competence consistent with the ACGME and this program. The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods, including: CREOG in-service examinations, evaluations, and direct observation. The program count on written evaluations of faculty, peers, ancillary personnel, and patients. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies.

### **Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

### **Level of Supervision**

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects. Residents of first, second and third year are supervised by upper level residents in the rotation.

### **Educational Resources**

- William's Gynecology, 2008
- Novak's Gynecology 14th Edition, 2006
- Comprehensive Gynecology, 5th Edition, 2007
- TeLinde's Operative Gynecology, 10th Edition, 2008
- ACOG Practice Bulletin

# **Reproductive Endocrinology and Infertility**

## **PGY-3**

### **Description of Rotation**

Reproductive Endocrinology and Infertility, or care of the female with congenital or acquired infertility, recurrent pregnancy loss or complex infertility issues encompasses a broad scope of care of the female patient including: infertility, endocrinology, congenital malformations of the genital tract, molecular abnormalities, and assisted reproductive technologies. To understand the full scope of care of reproductive endocrinology, residents at all levels participate in Reproductive Endocrinology and Infertility Clinics. Third and Fourth year residents are involved in surgical cases and have rotation at private office of the Reproductive Endocrinology and Infertility faculty. In this rotation the resident acquires the basic skills necessary for management of patients with gyn endocrine complaints and infertility. Residents develop competence with performance of a comprehensive medical and social history and a directed physical examination. In addition they learn to perform transvaginal ultrasound examinations for assessment of the uterus, fallopian tubes and ovaries and learn to perform minor gynecologic surgeries. Caring for and treating the couple with infertility requires a vast knowledge of the endocrinology, embryology, pathology and physiology of the reproductive tract. In addition, these patients usually have a significant psychological or psychosocial burden already. The resident should be developing methods to address this complex, sometimes devastating issues with patients.

### **Patient Care**

#### **Goal**

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. By completion of the PGY-3 year, the resident should demonstrate skills needed for the initial evaluation of patients with gynecologic endocrine complaints or infertility, as described within the context of the ACGME core competencies. The resident should be able to:

#### **Objectives**

##### **Clinical Skills**

1. Perform diagnostic laparoscopy and hysteroscopy and recognize pelvic anatomy as well as the common disorders detected by these techniques.
2. Perform and describe the indications for hysterosalpingography, postcoital testing, semen analysis and use of clomiphene citrate and gonadotropins in ovulation induction.
3. Perform transvaginal ultrasonography and be able to detect endometrial growth and follicular development during the menstrual cycle.

### **Medical Knowledge**

#### **Goal**

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. The resident should be able to:

#### **Objectives**

1. Describe the development and maturation of the hypothalamic-pituitary-ovarian axis from conception through menopause.
2. Describe the normal development and disorders of mullerian, ovarian and genital development and their genetic basis.
3. Describe the physiology of the normal menstrual cycle, gamete transport in the female reproductive tract, fertilization and implantation.
4. Describe the biosyntheses, metabolism and mechanism of action, as well as the role of hypothalamic, pituitary, ovarian, adrenal and thyroid hormones.
5. Discuss the mechanisms of action, indications for, physiologic and anatomic changes resulting from and complications associated with the use of exogenous estrogens, progesterone/progestins, androgens, oral contraceptives, dopamine agonists, clomiphene, and other SERMs, gonadotropins, and GnRH-antagonists.
6. Discuss the basic causes, pathophysiology, evaluation and treatment of:
  - a. infertility
  - b. primary and secondary amenorrhea
  - c. hyperprolactinemia
  - d. chronic anovulation and oligo-ovulation



- e. androgen excess disorders (hirsutism)
- f. the menopausal transition and menopause
- g. osteoporosis
- h. premenstrual syndrome
- i. endometriosis

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to :

### **Objectives**

1. Formulate and answer important clinical questions that arise from patient care interactions
2. Use personal experience with challenging patients to optimize future relationships with patients
3. Incorporate feedback from evaluations to improve skill base
4. Keep an updated patient log as detailed in the ACGME website
5. Participate in quality assurance activities (PBLI conference) of the department
6. Use of information technology: UpToDate, PubMed literature search, Cochrane Database, etc.

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

### **Objectives**

1. Order diagnostic tests with attention to cost-effectiveness and clinical relevance
2. Effectively use consultants and ancillary services personnel to create an effective patient care team
3. Demonstrate judicious and efficient resource utilization
4. Demonstrate an understanding for the roles and responsibilities of healthcare team members
5. Participate in quality improvement activities of the department

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

### **Objectives**

1. Demonstrate responsibility for the welfare of all patients on the REI service
2. Demonstrate accountability for one's actions and clinical decisions
3. Acknowledge errors or omissions in patient care, and work toward timely resolution or alleviation of such
4. Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals
5. Advocate for patients within the healthcare system
6. Maintain sensitivity to issues of diversity, with patients and with staff
7. Uphold the ethical principles of our specialty, as detailed by ACOG
8. Participate actively in the education of fellow residents and medical students

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

### **Objectives**

1. Present pertinent medical history and physical findings to team members and consultants in a clear, concise fashion
2. Demonstrate caring and respectful interactions with the patient and her family
3. Counsel patients in language and manner appropriate to their educational and emotional / maturity level
4. Interact respectfully and professionally with all members of the patient care team, including: attending physicians, nursing staff, resident staff, medical students, social services, translators, etc.

## **Teaching Methods**

The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty, teaching rounds with faculty, didactic lectures, and research. All procedures are performed under direct supervision by an Attending Physician. This provides the opportunity for immediate formative feedback. Resident surgical experience will be progressive and gradual with demonstration of level appropriate skills.

## **Assessment Method (residents)**

All residents are expected to maintain a level of competence consistent with the ACGME and this program. The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods, including: CREOG in-service examinations, evaluations, and direct observation. The program count on written evaluations of faculty, peers, ancillary personnel, and patients. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies.

## **Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

## **Level of Supervision**

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects. Residents of first, second and third year are supervised by upper level residents in the rotation.

## **Educational Resources**

- Clinical Gynecologic Endocrinology and Infertility, Leo Sperof, 8va Edición 2010 (Sept.)
- ACOG Practice Bulletin

# **Gynecology Oncology PGY-3**

## **Description of Rotation:**

Gynecologic oncology, or care of the female with malignancies of the urogenital and reproductive systems involves a broad scope of clinical (radiation, chemotherapy) care, surgical care, critical care, medicine, and palliative care. To understand the impact of the diagnosis of malignancy, the treatment of malignancy and assistance and comfort care, the resident will rotate through the gynecologic oncology service in their 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> Gyn rotation. The resident will work under the mentorship of two Gynecologic oncologists. Each PGY-3 resident has the responsibility for working in a cooperative manner with the PGY4 and gyn onc fellows, as well as supervising and teaching the PGY 1 and PGY 2 residents and third and fourth year medical students. The educational goals are that upon completion of residency, each resident will have a comprehensive knowledge base in the diagnosis and in the medical and surgical management of gynecologic cancers. He or she will be well prepared for general practice of obstetrics and gynecology and will be able to serve patients and the medical community in screening for gynecologic cancers and making appropriate referrals for subspecialty care. He or she would likewise be well prepared to enter post-residency training in this subspecialty area. Surgical skills and problem solving will be well developed. At the core of this educational experience for the third year resident is a set of cognitive and behavioral objectives outlined below, which will serve to assist the resident in the above areas. Many problems encountered in gynecologic oncology process are susceptible to more than one plan of management, and the plan chosen will be deeply

influenced by the patient's desires, values and beliefs. The physician who provides gynecologic oncology care must therefore be extremely sensitive to these desires and beliefs, to their social and cultural context, and to physical constraints upon the patient wishes. All patients will be treated appropriately regardless of race, religion, social standing or situation

## **Patient Care**

### **Goal**

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. At the conclusion of the PGY 3 the resident will have acquired basic skills in GYN Oncology and will be able to:

### **Objectives**

1. Develop patient assessment techniques and clinical skills specific to GYN Oncology through history taking, physical examination, choice of diagnostic studies, development of differential diagnoses, development of management plans and follow-up care.
2. Manage postoperative complications, serious medical and psychiatric conditions common in the gynecologic oncology population.
3. Perform surgery at a level of "competence with supervision" relevant to the GYN Oncology population, including an understanding of retroperitoneal anatomy, surgical planes, principles of oncologic surgery, and techniques for improving exposure, repairing bowel, ureteral injuries and for hemostasis.
4. Participate in the evaluation, surgical procedures and management of patients with vulvar cancers, demonstrating knowledge of the history and epidemiology of vulvar disorders and their relationship to cancer, staging of vulvar cancer, treatment options, follow-up care.
5. Participate in the evaluation, surgical procedures and management of patients with vaginal cancer, demonstrating knowledge of history and epidemiology of vaginal cancers, staging of these cancers, treatment options, follow-up care and management of recurrence.
6. Participate in the evaluation, surgical procedures and management of patients with cervical intraepithelial neoplasia and cervical cancer, demonstrating knowledge of relationships to the human papillomavirus, cigarette smoking, sexual activity, staging of cervical cancer, follow-up care and management of recurrence.
7. Participate in the evaluation, surgical procedures and management of patients with endometrial hyperplasia, adenocarcinoma and the sarcomas demonstrating knowledge of evaluation techniques, treatment options, follow-up care and management of recurrence.
8. Participate in the evaluation, surgical procedures and management of patients with fallopian tube carcinoma demonstrating knowledge of evaluation methodologies, staging of fallopian tube cancer, treatment options, follow-up care and management of recurrence.
9. Participate in the evaluation, surgical procedures and management of patients with ovarian cancer, demonstrating knowledge of evaluation methods, staging of ovarian cancer, treatment options, follow-up care and management of recurrence.
10. Participate in the evaluation, surgical procedures and management of patients with hydatidiform mole, choriocarcinoma and placental site tumors, demonstrating knowledge of evaluation methods, treatment options, follow-up care and management of recurrence.
11. Participate in the evaluation of patients with breast cancer through the use of mammography, breast aspiration, fine needle and open biopsy, understanding of treatment options, follow-up care and management of recurrence.
12. Provide terminal care to patients, demonstrating knowledge of the use of analgesics and other methods of pain control, the principles of palliative care/symptom relief, the ethical and legal principles related to end-of-life issues.

## **Medical Knowledge**

### **Goal**

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents are expected to:

### **Objectives**

1. Fundamental knowledge in premalignant and malignant gynecologic diseases.
2. Be able to describe the usual course, diagnosis, staging, and treatment for vulvar, vaginal, uterine, ovarian, gestational trophoblastic and breast cancer.
3. Understand mechanism of action and side effects of classes of chemotherapy.

4. Understand mechanism of action and side effects of radiation therapy.
5. Appropriately use self-learning (hospital library, OB/GYN library, videotapes, CD-ROMs, and Internet searches).
6. Participate in Gyn Oncology literature review

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to :

### **Objectives**

1. Actively seeks new information pertaining to patient care
2. Accesses effectiveness of own practice and seeks to improve when necessary
3. Demonstrates ability to gather medical information efficiently and effectively

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

### **Objectives**

1. Describe how Gynecologic Oncology care is provided in other settings: private practice, private University, HMO and Cancer Center settings.
2. Discuss resource utilization in cancer screening, evaluation, treatment, and end-of-life care.
3. Collaborate with multiple members of healthcare team (pharmacist, nutritionist, wound care, social work, Discharge planning) to improve patient care
4. Order diagnostic tests and procedures with understanding of cost effectiveness and clinical relevance
5. Demonstrates ability to access consultants as needed

## **Professionalism**

### **Goal**

### **Objectives**

1. Punctual for morning duties, rounds, and responsibilities
2. Demonstrates respect and sensitivity to patient, patient's families, and health care team
3. Demonstrates respect for patients of various cultural and religious backgrounds
4. Maintains medical records in a timely and accurate fashion

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

### **Objectives**

1. Effectively and efficiently communicate with health care team (MD's, RN's, etc) for patient care
2. Communicate respectfully with patient and patient family
3. Effectively presents patients at daily rounds to attending and team

## **Teaching Methods**

The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty, teaching rounds with faculty, didactic lectures, and research.

## **Assessment Method (residents)**

All residents are expected to maintain a level of competence consistent with the ACGME and this program. The core competencies will be adhered to throughout the training curriculum. Competence and level of

**: Pavia, Santurce/Auxilio Mutuo Hospital (OPD)**  
**PGY-3**

**Description of Rotation**

This rotation is designed to provide a broad surgical experience in gynecologic conditions with academic as well as private attending physicians. This, however, must be well balanced with clinic rotations; as this is where surgical cases are generated. The practice of gynecology specifically includes the management of urinary incontinence and infections, and the evaluation and medical management of breast disorders. The program strives to produce well trained, experienced, competent pelvic surgeons. The importance of learning the skills of surgery and the art of patient care is vital to becoming a competent gynecologist.

education will be assessed through various methods, including: CREOG in-service examinations, evaluations, and direct observation. The program count on written evaluations of faculty, peers, ancillary personnel, and patients. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies.

**Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

**Level of Supervision**

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects. Residents of first, second and third year are supervised by upper level residents in the rotation.

**Educational Resources**

- Clinical Gynecologic Oncology 7<sup>th</sup> Edition, 2007
- Practical Gynecologic Oncology, 2005, Now Berek and Hacker's Gynecologic Oncology 5<sup>th</sup> Ed.2009
- ACOG Practice Bulletin

## **Patient Care**

### **Goal**

During this rotation the resident will begin to develop the basic cognitive, attitudinal, technical and psychomotor skills necessary for the diagnosis and management of gynecologic problems. By the completion of the PGY-3 OPD rotation, the resident should demonstrate:

### **Objectives**

#### **Clinical Skills**

1. Obtain a focused gynecologic history and pelvic exam to investigate several clinical disorders such as:
  - a. Abnormal bleeding
  - b. Pelvic pain
  - c. Pelvic mass
  - d. Sexually transmitted diseases
  - e. Pelvic inflammatory disease
  - f. Endometriosis
2. Counsel patients regarding planned surgical procedures including risks and benefits and obtain a valid and meaningful informed consent
3. Manage and counsel patients about post-operative recovery care
4. Perform outpatient procedural skills such as endometrial biopsy, and word catheter insertion
5. Utilize all types of contraceptive technology and guide patients in choices which are both medically appropriate and acceptable to the patient
6. Utilize sonography in the management of disorders in the first trimester of pregnancy
7. Function as the primary assistant in the performance of more advanced gynecologic surgical procedures
8. The resident will demonstrate competence in performing
  - a. Operative laparoscopy
  - b. Complicated total abdominal hysterectomy
  - c. Appendectomy
  - d. Repair of bowel or bladder injuries
  - e. Surgery for pelvic inflammatory disease
9. The resident will develop a level of surgical expertise which will allow him/her to function as a senior resident responsible for guiding junior residents through a case for the following procedures
  - a. Marsupialization of a Bartholin's gland abscess
  - b. Laparoscopic tubal ligation
  - c. Ovarian cystectomy
  - e. Colposcopy and cervical biopsy

#### **Management Skills**

1. Develop an evidence based care plan for his/her patients
2. Perform, interpret, and utilize lab tests and other diagnostic procedures (e.g. ultrasound, CT scan, MRI) in the management of a variety of clinical diagnosis such as;
  - a. Abnormal bleeding
  - b. Pelvic pain
  - c. Sexually transmitted diseases
  - d. Pelvic inflammatory disease
  - e. Endometriosis
3. Provide comprehensive postoperative care including fluid and electrolyte management and appropriate pain control based on the surgical procedure, the degree of patient discomfort and co-existing morbidities
4. Respond to intraoperative and postoperative emergencies with appropriate interventions and recommendations for staff
5. Assist in the management of common postoperative complications such as;
  - a. Fever
  - b. Gastrointestinal ileus/obstruction
  - c. Infection
  - d. Wound complications
  - e. Fluid electrolyte imbalance
  - f. Respiratory problems
  - g. Thromboembolism

## Medical Knowledge

### Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. By the completion of the PGY-3 Gynecology rotation the resident should demonstrate be able to:

### Objectives

1. Describe the etiology diagnosis and management for common gynecologic problems including: abnormal/dysfunctional bleeding, threatened abortion, pelvic pain, evaluation of the pelvic mass, first trimester pregnancy loss, and sexually transmitted disease.
2. Describe the principle causes of abnormal uterine bleeding and distinguish abnormal uterine bleeding from dysfunctional uterine bleeding
3. List the laboratory and diagnostic tests which are helpful in the management of abnormal/dysfunctional bleeding
4. Outline the therapeutic modalities for the treatment of abnormal/dysfunctional uterine bleeding using both surgical and non-surgical methods
5. Describe the common vulvovaginitides
6. Identify the common benign vulvar lesions
7. Discuss the pathogenesis, epidemiology, diagnosis and treatment of sexually transmitted disease including; chlamydia, gonorrhea, syphilis, hepatitis B, hepatitis C, human immunodeficiency virus (HIV), herpes simplex, and HPV
8. Outline the diagnostic criteria for pelvic inflammatory disease and discuss appropriate therapeutic intervention
9. Outline the major causes of the pelvic mass and the diagnostic tests which assist in the evaluation of same
10. Define chronic pelvic pain; outline the various causes; list the tests useful in establishing the diagnosis; and discuss the indications for surgical and non-surgical intervention
11. Summarize the theories of pathogenesis of endometriosis and the typical clinical history of a patient with endometriosis
12. Describe the treatment both medical and surgical of endometriosis
13. Discuss first trimester pregnancy loss including the differential diagnosis, the principle causes, the use of appropriate laboratory/ultrasound testing and the clinical management
14. Describe the major factors that predispose to ectopic pregnancy and discuss the diagnostic tests that assists in the diagnosis of ectopic pregnancy
15. Summarize indications and compose appropriate preparation plans for pre-op gynecologic patients including bowel prep, antibiotic use, and thromboembolism prophylaxis

## Practice- Based Learning and Improvement

### Goal

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to :

### Objectives

1. Formulate and answer important questions that arise from patient care and demonstrate improved gynecologic skills that arise from these inquiries
2. Incorporate formative and summative feedback to improve knowledge and skill base
3. Maintain an updated gynecologic procedural log as detailed on the ACGME website
4. Participate in gynecologic quality assurance activities (M&M) of the department
5. Use personal experience with difficult and challenging patients to optimize future relationships with patients

## Systems Based Practice

### Goal

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

### Objectives

1. Organize appropriate consultations (e.g. anesthesia, internal medicine, cardiology) for the comprehensive care of the outpatient and inpatient gynecologic patient
2. Practice high quality and cost-effective health care

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

### **Objectives**

1. Conduct all patient interactions (outpatient and inpatient gynecology) with sensitivity, respect, and compassion
2. Provide patient centered gynecologic care in a non-judgmental fashion that is responsive to the emotional, educational and social needs of the patient
3. Demonstrate accountability for one's action and clinical decisions
4. Demonstrate truthful and timely disclosure of adverse events to the patient and designated individuals
5. Acknowledge errors in omission in the pre-operative, intraoperative, and postoperative care of the surgical patient and work toward remediation of these errors
6. Participate in the gynecologic education of the attending staff, fellow residents, medical students and nursing staff

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

### **Objectives**

1. Present pertinent history and physical findings to gynecologic team members and consultants in a clear concise fashion
2. Counsel patients in language and manner that is appropriate to her educational background and emotional needs
3. Inform patients and designated individuals of pertinent medical developments and complications
4. Update the gynecologic care team (attending physicians, fellow residents, anesthesiologists, medical student and nursing staff) on the status of patient(s)

## **Teaching Methods**

The resident will review the curriculum prior to the first day of the rotation. The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty, teaching rounds with faculty, didactic lectures, and research. The PGY-3 resident will actively participate in Gyn Continuity Clinic (once weekly), Pre-op Clinic, Daily rounds, Morbidity and Mortality conference, Weekly "Professor's rounds" and attendance at a wide variety of gynecologic procedures. All procedures are performed under direct supervision by an Attending Physician. This provides the opportunity for immediate formative feedback. Resident surgical experience will be progressive and gradual with demonstration of level appropriate skills, the resident will progress from assisting at minor surgical procedures (e.g. hysteroscopy, D&C) to major abdominal/vaginal procedures

## **Assessment Method (residents)**

All residents are expected to maintain a level of competence consistent with the ACGME and this program. The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods, including: CREOG in-service examinations, evaluations, and direct observation. The program count on written evaluations of faculty, peers, ancillary personnel, and patients. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies.

## **Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.



## Level of Supervision

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects. Residents of first, second and third year are supervised by upper level residents in the rotation.

## Educational Resources

### List the educational resources

- William's Gynecology, 2008
- Novak's Gynecology 14th Edition, 2006
- Comprehensive Gynecology, 5th Edition, 2007
- TeLinde's Operative Gynecology, 10th Edition, 2008
- ACOG Practice Bulletin

## University District Hospital Labor Room (LR) PGY-4

### Rotation description:

The PGY-4 obstetrical experience is the culmination of the knowledge base and clinical skill sets developed during the preceding three years. In this rotation the chief resident perfects their management of routine and high-risk obstetrical patients during the antepartum, intrapartum and postpartum periods. Mastery of obstetric and surgical procedures is accomplished during this time. The resident is afforded the most technically difficult procedures and supervisory responsibilities are also developed. The chief resident is responsible for the direction and training of all junior residents and medical students rotating on the obstetrics service. The resident continues to practice and further perfect the same competencies achieved during the preceding three years of training, but now performs at a higher level of excellence. By completion of the PGY-4 year, the resident will possess the ability and confidence to function as an independent practitioner of obstetrics.

### Patient Care

#### Goal

By completion of the PGY-4 year, the resident should demonstrate skillful management of antepartum, intrapartum, and postpartum patients, as described within the context of the six core competencies. In addition to the competencies listed in the curricula of the PGY 1-3 years, the fourth year resident should also be able to:

#### Objectives

##### Clinical Skills

1. Perform all obstetric procedures competently and independently (but with appropriate attending physician supervision) as to be credentialed for future attending level appointment.
2. Appropriately manage both routine and high-risk obstetrical patients during the antepartum, intrapartum, and postpartum periods.

##### Management Skills

1. Multi-task and triage the care of all patients cared for on the labor and delivery suite as well as those on the obstetrical inpatient floors
2. Supervise and manage junior resident and medical student staff for the best utilization of manpower.
3. Continually update the patient care team (attending physicians, junior residents, nursing staff, NICU staff, anesthesia, etc) on status of patient(s).

### Medical Knowledge

#### Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. In addition to the competencies listed in the curricula of the PGY 1-3 years, the fourth year resident should also be able to:

### **Objectives**

1. Possess a sufficient knowledge base as to function as an independent practitioner of obstetrics.
2. Successfully complete the ABOG written examination at the completion of the PGY-4 year.
3. Counsel patients regarding disease mechanisms, risk factors, pregnancy physiology, fetal anomalies, obstetric complications, care interventions, obstetrical and/or surgical procedures, and postpartum care.

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to :

### **Objectives**

1. Formulate and answer important clinical questions that arise from patient care interactions
2. Use personal experience with challenging patients to optimize future relationships with patients
3. Incorporate feedback from evaluations to improve skill base
4. Keep an updated patient log as detailed in the ACGME website
5. Participate in quality assurance activities (PBLI conference) of the department
6. Use of information technology: UpToDate, PubMed literature search, Cochrane Database, etc.

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

### **Objectives**

1. Order diagnostic tests with attention to cost-effectiveness and clinical relevance
2. Effectively use consultants and ancillary services personnel to create an effective patient care team
3. Follow clinical pathways as detailed in triage and L&D protocols
4. Demonstrate judicious and efficient resource utilization
5. Demonstrate an understanding for the roles and responsibilities of healthcare team members
6. Participate in quality improvement activities of the department

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. By completion of the PGY-4 year, residents are expected to demonstrate:

### **Objectives**

1. Demonstrate responsibility for the welfare of all patients on the labor and delivery and postpartum units
2. Demonstrate accountability for one's actions and clinical decisions
3. Acknowledge errors or omissions in patient care, and work toward timely resolution or alleviation of such
4. Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals
5. Advocate for patients within the healthcare system
6. Maintain sensitivity to issues of diversity, with patients and with staff
7. Uphold the ethical principles of our specialty, as detailed by ACOG
8. Participate actively in the education of fellow residents and medical students

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. By completion of the PGY-4 year, the resident are expected to:

### **Objectives**

1. Present pertinent obstetrical history and physical findings to team members and consultants in a clear, concise fashion
2. Demonstrate caring and respectful interactions with the obstetrical patient and her family

3. Counsel patients in language and manner appropriate to their educational and emotional / maturity level
4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s)
5. Interact respectfully and professionally with all members of the patient care team, including: attending physicians, nursing staff, resident staff, medical students, social services, translators, etc.

### **Teaching Methods**

The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty in a one to one basis instruction, teaching rounds with faculty, didactic lectures, and research. The PGY-4 resident will review the curriculum prior to the first day of the rotation. PGY-4 residents interact with and are responsible for the care of all patients in the inpatient hospital setting. A wide variety of both normal / physiologic and abnormal obstetrical pathology is encountered in these antepartum, intrapartum, and postpartum patients.

### **Assessment Method (residents)**

The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods. PGY-4 residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician(s). The program count on written evaluations of faculty, peers, ancillary personnel, and patients, available through E-Value system. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies. Cognitive assessment of the residents' obstetrical skills is achieved by the obstetrical score from the CREOG examination.

### **Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

### **Level of Supervision**

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

### **Educational Resources**

- Williams' Obstetrics by Cunningham, 23<sup>rd</sup> Edition.
- ACOG Practice Bulletin
- UpToDate Clinical Reference Library

# University District Hospital. Antepartum Clinic (APW) Ultrasound PGY-4

## Rotation:

The goal of the ultrasound rotation is to provide residents with opportunities to become proficient in ultrasound techniques as well as diagnosis of normal and abnormal pre-natal conditions. Residents develop competence with performance of a comprehensive first trimester pregnancy ultrasound as well as in the performance of tests of fetal wellbeing and basic obstetrical ultrasound examinations. In addition they learn skills needed to correctly counsel patients about a variety of genetic conditions and fetal anomalies. This rotation provides a month-long experience in obstetric sonography and genetics during which the resident will function under the supervision of the Maternal Fetal Medicine faculty and the Ob sonographers. This rotation provides an intense experience in prenatal diagnostic techniques for evaluation of aneuploidy, birth defects and fetal well-being.

## Patient Care

### Goal

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. By completion of the PGY-4 year, the resident should demonstrate skills needed for the initial ultrasound evaluation of obstetric patients, as described within the context of the ACGME core competencies. The resident should be able to:

### Objectives

#### Clinical Skills

1. Be able to perform and describe the indications, contraindications, advantages, and disadvantages of antepartum diagnostic tests, such as:
  - a. Nonstress test
  - b. Biophysical profile
  - c. Amniotic fluid volume assessment
  - d. Doppler velocimetry
2. The resident will verbalize how ultrasound is used to establish dating criteria in each trimester of pregnancy.
3. The resident will demonstrate correct sonographic attainment of fetal biometry measurements.
4. The resident will be able to identify and obtain the correct views for a basic obstetrical ultrasound including:
  - a. Fetal lie
  - b. Amniotic fluid volume
  - c. Cardiac activity
  - d. Placental position
  - e. Fetal biometry
  - f. Fetal number
5. The resident will become familiar with the standard views obtained during a comprehensive fetal anomaly ultrasound.
6. The resident will be able to formulate a detailed differential diagnosis and management plan for a variety of fetal anomalies base on sonographic findings. Examples of these anomalies include:
  - a. Intrauterine growth restriction
  - b. Open neural tube defects
  - c. Anterior abdominal wall defects
  - d. Cardiac defects
7. The resident will learn techniques for screening and diagnostic evaluation of aneuploidy together with the risks and limitations of these procedures

## Medical Knowledge

### Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. By completion of the PGY-4 year, the resident should demonstrate skillful management of Ultrasound technique as described within the context of the ACGME core competencies.

### **Objectives**

1. Describe the clinical significance of karyotype abnormalities, such as:
  - a. Trisomy
  - b. Monosomy
  - c. Deletions
  - d. Inversions
2. Describe the clinical significance of heritable diseases, such as cystic fibrosis, Tay-Sachs disease, and hemophilia.

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. By completion of the PGY-4 year, the resident is expected to develop skills and habits to be able to :

### **Objectives**

1. Formulate and answer important clinical questions that arise from patient care interactions
2. Use personal experience with challenging patients to optimize future relationships with patients
3. Incorporate feedback from evaluations to improve skill base
4. Keep an updated patient log as detailed in the ACGME website
5. Participate in quality assurance activities of the department

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. By completion of the PGY-4 year, the residents are expected to:

### **Objectives**

1. Order diagnostic tests with attention to cost-effectiveness and clinical relevance
2. Effectively use consultants and ancillary services personnel to create an effective patient care team
3. Follow clinical pathways as detailed in triage and L&D protocols
4. Demonstrate judicious and efficient resource utilization
5. Demonstrate an understanding for the roles and responsibilities of healthcare team members
6. Participate in quality improvement activities of the department

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

### **Objectives**

1. Maintain sensitivity to issues of diversity, with patients and with staff
2. Participate actively in the education of fellow residents and medical students

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

### **Objectives**

1. Demonstrate caring and respectful interactions with the patient and her family
2. Counsel patients in language and manner appropriate to their educational and emotional / maturity level
3. Interact respectfully and professionally with all members of the patient care team, including: attending physicians, nursing staff, resident staff, medical students, sonographers, etc.

## **Teaching Methods**

The training is a combination of hands-on clinical work under the supervision of faculty in a one to one basis instruction, teaching rounds with faculty, didactic lectures, and research. The PY-4 resident will review the curriculum prior to the first day of the rotation.

## **Assessment Method (residents)**

All residents are expected to maintain a level of competence consistent with the ACGME and this program. The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician(s). The program count on written evaluations of faculty, peers, ancillary personnel, and patients, available through E-Value system. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies. Cognitive assessment of the residents' obstetrical skills is achieved by the obstetrical score from the CREOG examination.

## **Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

## **Level of Supervision**

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

## **Educational Resources**

- Williams' Obstetrics by Cunningham, 23<sup>rd</sup> Edition.
- ACOG Practice Bulletin
- UpToDate Clinical Reference Library

## University District Hospital Night Floater (FL) PGY-4

### **Rotation: )**

The PGY-4 Ob-Gyn Floater experience is a key part of the residents' development of the ability to function as an independent gynecologist/obstetrician. In this rotation the resident acquires the skills necessary for management of routine and high-risk obstetrical patients during the intrapartum and postpartum periods and develops more advanced skills in the management of gynecologic patients and patients presenting to the emergency department with gynecologic complaints. They also develop skills required to competently supervise and educate junior residents. Residents develop competence with performance of advanced obstetrical procedures as well as major and minor gynecologic surgeries.

### **Patient Care**

#### **Goal**

By completion of the PGY-4 year, the resident should demonstrate skillful management of intrapartum, postpartum and gynecologic patients, as described within the context of the ACGME core competencies. The resident should be able to:

#### **Objectives**

##### **Clinical Skills**

1. Perform uncomplicated operative vaginal deliveries with attending physician supervision.
2. Demonstrate skillful repair of third and fourth degree perineal lacerations, cervical and vaginal lacerations.
3. Appropriately manage obstetrical emergencies
  - a. obstetrical hemorrhage
  - b. shoulder dystocia
  - c. fetal bradycardia
  - d. uterine rupture
  - e. trauma
4. Perform external cephalic version with attention to potential maternal and/or fetal complications.
5. Demonstrate level-appropriate skills in cesarean delivery.
6. Demonstrate competence as a surgical assistant during the performance of cesarean hysterectomy.
7. Perform a comprehensive work up for intrauterine fetal demise, and properly manage labor induction or uterine evacuation for the patient with an IUFD.
8. Accurately assess the obstetrical patient with multiple gestation, including fetal growth assessment, fetal positioning, and delivery plan.
9. Deliver routine prenatal care to high risk obstetrical patients in the outpatient setting
10. Manage an infected or dehisced operative incision, and demonstrate adequate wound care treatment.

##### **Management Skills**

1. Multi-task and triage the care of all antepartum and intrapartum patients in the labor and delivery unit.
2. Multi-task and manage intern and medical student staff for the best utilization of manpower.
3. Respond to acute intrapartum emergencies with appropriate interventions and recommendations for staff.
4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s).
5. Supervise and lend guidance to intern, medical student and nursing student education.
6. Obtain a focused gynecologic history and pelvic exam to investigate several clinical disorders such as:
  - a. Abnormal bleeding
  - b. Pelvic pain
  - c. Pelvic mass
  - d. Sexually transmitted diseases
  - e. Pelvic inflammatory disease
  - f. Endometriosis
7. Counsel patients regarding planned surgical procedures including risks and benefits and obtain a valid and meaningful informed consent
8. Manage and counsel patients about post-operative recovery care
9. Perform outpatient procedural skills such as endometrial biopsy, and word catheter insertion
10. Utilize all types of contraceptive technology and guide patients in choices which are both medically appropriate and acceptable to the patient
11. Utilize sonography in the management of disorders in the first trimester of pregnancy

12. Function as the primary assistant in the performance of more advanced gynecologic surgical procedures
13. The resident will develop a level of surgical expertise which will allow him/her to function as a senior resident responsible for guiding junior residents through a case for the following procedures
  - a. Dilation and curettage
  - b. Diagnostic laparoscopy
  - c. Marsupialization of a Bartholin's gland abscess
  - d. Laparotomy
  - e. Ovarian cystectomy
  - f. Operative laparoscopy

## Medical Knowledge

### Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. By completion of the PGY-4 year, the resident should demonstrate skillful management of intrapartum and postpartum patients, as described within the context of the ACGME core competencies.

### Objectives

1. Describe the impact of pregnancy on maternal medical conditions, and conversely, the impact of various maternal medical conditions upon pregnancy outcome.
2. Implement appropriate medical and surgical management for patients with medical complications of pregnancy.
3. Describe the risk factors for, etiologies of, complications of, and management of late trimester pregnancy loss, intrauterine growth restriction, intrauterine fetal demise, preterm labor and PPRM.
4. Perform and interpret assessments of fetal well-being, including: non-stress testing, contraction stress testing, biophysical profile, fetal scalp stimulation, vibroacoustic stimulation, scalp pH testing.
5. Describe the factors that predispose to multiple gestation, diagnose multiple gestation by physical findings and sonographic examination, manage complications associated with multiple gestation, and develop proper delivery plans for such.
6. Describe the appropriate criteria for and contraindications to VBAC, and recognize and treat possible complications.
7. Describe the etiology diagnosis and management for common gynecologic problems including: abnormal/dysfunctional bleeding, threatened abortion, pelvic pain, evaluation of the pelvic mass, first trimester pregnancy loss, and sexually transmitted disease.
8. Describe the principle causes of abnormal uterine bleeding and distinguish abnormal uterine bleeding from dysfunctional uterine bleeding
9. List the laboratory and diagnostic tests which are helpful in the management of abnormal/dysfunctional bleeding
10. Outline the therapeutic modalities for the treatment of abnormal/dysfunctional uterine bleeding using both surgical and non-surgical methods
11. Describe the common vulvovaginitides
12. Identify the common benign vulvar lesions
13. Discuss the pathogenesis, epidemiology, diagnosis and treatment of sexually transmitted disease including; chlamydia, gonorrhea, syphilis, hepatitis B, hepatitis C, human immunodeficiency virus (HIV), herpes simplex, and HPV
14. Outline the diagnostic criteria for pelvic inflammatory disease and discuss appropriate therapeutic intervention
15. Outline the major causes of the pelvic mass and the diagnostic tests which assist in the evaluation of same
16. Define chronic pelvic pain; outline the various causes; list the tests useful in establishing the diagnosis; and discuss the indications for surgical and non-surgical intervention
17. Summarize the theories of pathogenesis of endometriosis and the typical clinical history of a patient with endometriosis
18. Describe the treatment both medical and surgical of endometriosis
19. Discuss first trimester pregnancy loss including the differential diagnosis, the principle causes, the use of appropriate laboratory/ultrasound testing and the clinical management
20. Describe the major factors that predispose to ectopic pregnancy and discuss the diagnostic tests that assists in the diagnosis of ectopic pregnancy
21. Summarize indications and compose appropriate preparation plans for pre-op gynecologic patients including bowel prep, antibiotic use, and thromboembolism prophylaxis



## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. By completion of the PGY-4 year, the resident should demonstrate skillful management of intrapartum and postpartum patients, as described within the context of the ACGME core competencies. Residents are expected to develop skills and habits to be able to :

### **Objectives**

1. Formulate and answer important clinical questions that arise from patient care interactions
2. Use personal experience with challenging patients to optimize future relationships with patients
3. Incorporate feedback from evaluations to improve skill base
4. Keep an updated patient log as detailed in the ACGME website
5. Participate in quality assurance activities (PBLI conference) of the department
6. Use of information technology: UpToDate, PubMed literature search, Cochrane Database, etc.

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. By completion of the PGY-4 year, the resident should demonstrate skillful management of intrapartum and postpartum patients, as described within the context of the ACGME core competencies. Residents are expected to:

### **Objectives**

1. Order diagnostic tests with attention to cost-effectiveness and clinical relevance
2. Effectively use consultants and ancillary services personnel to create an effective patient care team
3. Follow clinical pathways as detailed in triage and L&D protocols
4. Demonstrate judicious and efficient resource utilization
5. Demonstrate an understanding for the roles and responsibilities of healthcare team members
6. Participate in quality improvement activities of the department

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. By completion of the PGY-4 year, residents are expected to demonstrate:

### **Objectives**

1. Demonstrate responsibility for the welfare of all patients on the labor and delivery and postpartum units
2. Demonstrate accountability for one's actions and clinical decisions
3. Acknowledge errors or omissions in patient care, and work toward timely resolution or alleviation of such
4. Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals
5. Advocate for patients within the healthcare system
6. Maintain sensitivity to issues of diversity, with patients and with staff
7. Uphold the ethical principles of our specialty, as detailed by ACOG
8. Participate actively in the education of fellow residents and medical students

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. By completion of the PGY-4 year, the resident are expected to:

### **Objectives**

1. Present pertinent obstetrical history and physical findings to team members and consultants in a clear, concise fashion
2. Demonstrate caring and respectful interactions with the obstetrical patient and her family
3. Counsel patients in language and manner appropriate to their educational and emotional / maturity level
4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on

status of patient(s)

5. Interact respectfully and professionally with all members of the patient care team, including: attending physicians, nursing staff, resident staff, medical students, social services, translators, etc.

### **Teaching Methods**

The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty in a one to one basis instruction, teaching rounds with faculty, didactic lectures, and research. The PGY-4 resident will review the curriculum prior to the first day of the rotation.

### **Assessment Method (residents)**

All residents are expected to maintain a level of competence consistent with the ACGME and this program. The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician(s). The program count on written evaluations of faculty, peers, ancillary personnel, and patients, available through E-Value system. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies. Cognitive assessment of the residents' skills is achieved by the obstetrical score from the CREOG examination.

### **Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

### **Level of Supervision**

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

### **Educational Resources**

- Williams' Obstetrics by Cunningham, 23<sup>rd</sup> Edition.
- William's Gynecology, 2008
- Novak's Gynecology 14th Edition, 2006
- Comprehensive Gynecology, 5th Edition, 2007
- TeLinde's Operative Gynecology, 10th Edition, 2008
- ACOG Practice Bulletin
- UpToDate Clinical Reference Library

# University District Hospital Gynecology (GYN PGY-4

## **Description of Rotation:)**

Gynecology, care of the non-pregnant and early pregnant female, encompasses a broad scope of primary, preventive, acute, and surgical medicine. Clinical and surgical expertises are the core components of being proficient in gynecological care. However, to become proficient in clinical and surgical medicine, the physician must become an avid student of evidence-based medicine on a continuing basis in addition to becoming a skillful interviewer, time manager, office manager and psychologist. This rotation is designed to provide a broad surgical experience in gynecologic conditions with academic as well as private attending physicians. This, however, must be well balanced with clinic rotations; as this is where surgical cases are generated. The practice of gynecology specifically includes the management of urinary incontinence and infections, and the evaluation and medical management of breast disorders. The program strives to produce well trained, experienced, competent pelvic surgeons. The importance of learning the skills of surgery and the art of patient care is vital to becoming a competent gynecologist.

## **Patient Care**

### **Goal**

This rotation is to master the PGY-4 resident to the management of the gynecologic patient who presents for surgery, inpatient management or assessment of acute gynecologic complaints to the emergency department. The resident will develop the basic cognitive, attitudinal, technical and psychomotor skills necessary for the diagnosis and management of gynecologic problems. The resident should be able to:

### **Objectives**

#### **Clinical Skills**

1. Obtain a focused gynecologic history and pelvic exam to investigate several clinical disorders such as:
  - a. Abnormal bleeding
  - b. Pelvic pain
  - c. Pelvic mass
  - d. Sexually transmitted diseases
  - e. Pelvic inflammatory disease
  - f. Endometriosis
2. Counsel patients regarding planned surgical procedures including risks and benefits and obtain a valid and meaningful informed consent
3. Manage and counsel patients about post-operative recovery care
4. Perform outpatient procedural skills such as endometrial biopsy, and word catheter insertion
5. Utilize all types of contraceptive technology and guide patients in choices which are both medically appropriate and acceptable to the patient
6. Utilize sonography in the management of disorders in the first trimester of pregnancy
7. Function as the primary assistant in the performance of more advanced gynecologic surgical procedures
8. The resident will demonstrate competence in performing
  - a. Operative laparoscopy
  - b. Complicated total abdominal hysterectomy
  - c. Appendectomy
  - d. Repair of bowel or bladder injuries
  - e. Surgery for pelvic inflammatory disease
9. The resident will develop a level of surgical expertise which will allow him/her to function as a independent gynecology practitioner.

#### **Management Skills**

1. Develop an evidence based care plan for his/her patients
2. Perform, interpret, and utilize lab tests and other diagnostic procedures (e.g. ultrasound, CT scan, MRI) in the management of a variety of clinical diagnosis such as;
  - a. Abnormal bleeding
  - b. Pelvic pain
  - c. Sexually transmitted diseases
  - d. Pelvic inflammatory disease
  - e. Endometriosis

3. Provide comprehensive postoperative care including fluid and electrolyte management and appropriate pain control based on the surgical procedure, the degree of patient discomfort and co-existing morbidities
4. Respond to intraoperative and postoperative emergencies with appropriate interventions and recommendations for staff
5. Assist in the management of common postoperative complications such as;
  - a. Fever
  - b. Gastrointestinal ileus/obstruction
  - c. Infection
  - d. Wound complications
  - e. Fluid electrolyte imbalance
  - f. Respiratory problems
  - g. Thromboembolism

## Medical Knowledge

### Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. By the completion of the PGY-4 Gynecology rotation the resident should demonstrate be able to:

### Objectives

1. Describe the etiology diagnosis and management for common gynecologic problems including: abnormal/dysfunctional bleeding, threatened abortion, pelvic pain, evaluation of the pelvic mass, first trimester pregnancy loss, and sexually transmitted disease.
2. Describe the principle causes of abnormal uterine bleeding and distinguish abnormal uterine bleeding from dysfunctional uterine bleeding
3. List the laboratory and diagnostic tests which are helpful in the management of abnormal/dysfunctional bleeding
4. Outline the therapeutic modalities for the treatment of abnormal/dysfunctional uterine bleeding using both surgical and non-surgical methods
5. Describe the common vulvovaginitides
6. Identify the common benign vulvar lesions
7. Discuss the pathogenesis, epidemiology, diagnosis and treatment of sexually transmitted disease including; chlamydia, gonorrhea, syphilis, hepatitis B, hepatitis C, human immunodeficiency virus (HIV), herpes simplex, and HPV
8. Outline the diagnostic criteria for pelvic inflammatory disease and discuss appropriate therapeutic intervention
9. Outline the major causes of the pelvic mass and the diagnostic tests which assist in the evaluation of same
10. Define chronic pelvic pain; outline the various causes; list the tests useful in establishing the diagnosis; and discuss the indications for surgical and non-surgical intervention
11. Summarize the theories of pathogenesis of endometriosis and the typical clinical history of a patient with endometriosis
12. Describe the treatment both medical and surgical of endometriosis
13. Discuss first trimester pregnancy loss including the differential diagnosis, the principle causes, the use of appropriate laboratory/ultrasound testing and the clinical management
14. Describe the major factors that predispose to ectopic pregnancy and discuss the diagnostic tests that assists in the diagnosis of ectopic pregnancy
15. Summarize indications and compose appropriate preparation plans for pre-op gynecologic patients including bowel prep, antibiotic use, and thromboembolism prophylaxis

## Practice- Based Learning and Improvement

### Goal

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to :

### Objectives

1. Formulate and answer important questions that arise from patient care and demonstrate improved gynecologic skills that arise from these inquiries
2. Incorporate formative and summative feedback to improve knowledge and skill base
3. Maintain an updated gynecologic procedural log as detailed on the ACGME website

4. Participate in gynecologic quality assurance activities (M&M) of the department
5. Use personal experience with difficult and challenging patients to optimize future relationships with patients

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

### **Objectives**

1. Organize appropriate consultations (e.g. anesthesia, internal medicine, cardiology) for the comprehensive care of the outpatient and inpatient gynecologic patient

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

### **Objectives**

1. Conduct all patient interactions (outpatient and inpatient gynecology) with sensitivity, respect, and compassion
2. Provide patient centered gynecologic care in a non-judgmental fashion that is responsive to the emotional, educational and social needs of the patient
3. Demonstrate accountability for one's action and clinical decisions
4. Demonstrate truthful and timely disclosure of adverse events to the patient and designated individuals
5. Acknowledge errors in omission in the pre-operative, intraoperative, and postoperative care of the surgical patient and work toward remediation of these errors
6. Participate in the gynecologic education of the attending staff, fellow residents, medical students and nursing staff

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

### **Objectives**

1. Present pertinent history and physical findings to gynecologic team members and consultants in a clear concise fashion
2. Counsel patients in language and manner that is appropriate to her educational background and emotional needs
3. Inform patients and designated individuals of pertinent medical developments and complications
4. Update the gynecologic care team (attending physicians, fellow residents, anesthesiologists, medical student and nursing staff) on the status of patient(s)

## **Teaching Methods**

The resident will review the curriculum prior to the first day of the rotation. The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty, teaching rounds with faculty, didactic lectures, and research. The PGY-4 resident will actively participate in Gyn Continuity Clinic, (once weekly), Pre-op Clinic, Daily rounds, Morbidity and Mortality conference, Weekly "Professor's rounds", and attendance at a wide variety of gynecologic procedures. All procedures are performed under direct supervision by an Attending Physician. This provides the opportunity for immediate formative feedback. Resident surgical experience will be progressive and gradual with demonstration of level appropriate skills, the resident will progress to master all the procedures in order to function as independent gynecologic practitioner.

## **Assessment Method (residents)**

All residents are expected to maintain a level of competence consistent with the ACGME and this program. The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods, including: CREOG in-service examinations, evaluations, and direct observation. The program count on written evaluations of faculty, peers, ancillary personnel, and

patients. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies.

### **Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

### **Level of Supervision**

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects. Residents of first, second and third year are supervised by upper level residents in the rotation.

### **Educational Resources**

- William's Gynecology, 2008
- Novak's Gynecology 14th Edition, 2006
- Comprehensive Gynecology, 5th Edition, 2007
- TeLinde's Operative Gynecology, 10th Edition, 2008
- ACOG Practice Bulletin

## **Reproductive Endocrinology and Infertility PGY-4**

### **Description of Rotation**

Reproductive Endocrinology and Infertility, or care of the female with congenital or acquired infertility, recurrent pregnancy loss or complex infertility issues encompasses a broad scope of care of the female patient including: infertility, endocrinology, congenital malformations of the genital tract, molecular abnormalities, and assisted reproductive technologies. To understand the full scope of care of reproductive endocrinology, residents at all levels participate in Reproductive Endocrinology and Infertility Clinics. Third and Fourth year residents are involved in surgical cases and have rotation at private office of the Reproductive Endocrinology and Infertility faculty. In this rotation the resident acquires the basic skills necessary for management of patients with gyn endocrine complaints and infertility. Residents develop competence with performance of a comprehensive medical and social history and a directed physical examination. In addition they learn to perform transvaginal ultrasound examinations for assessment of the uterus, fallopian tubes and ovaries and learn to perform minor gynecologic surgeries. Caring for and treating the couple with infertility requires a vast knowledge of the endocrinology, embryology, pathology and physiology of the reproductive tract. In addition, these patients usually have a significant psychological or psychosocial burden already. The resident should be developing methods to address this complex, sometimes devastating issues with patients.

### **Patient Care**

#### **Goal**

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. By completion of the PGY-4 year, the resident should demonstrate skills needed for the evaluation of patients with gynecologic endocrine complaints or infertility, as described within the context of the ACGME core competencies. The resident should be able to:

## **Objectives**

### **Clinical Skills**

1. Perform diagnostic laparoscopy and hysteroscopy and recognize pelvic anatomy as well as the common disorders detected by these techniques.
2. Perform and describe the indications for hysterosalpingography, postcoital testing, semen analysis and use of clomiphene citrate and gonadotropins in ovulation induction.
3. Perform transvaginal ultrasonography and be able to detect endometrial growth and follicular development during the menstrual cycle.

## **Medical Knowledge**

### **Goal**

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. By completion of the PGY-4 year, the resident should demonstrate skills needed for the evaluation of patients with gynecologic endocrine complaints or infertility, as described within the context of the ACGME core competencies. The resident should be able to:

### **Objectives**

1. Describe the development and maturation of the hypothalamic-pituitary-ovarian axis from conception through menopause.
2. Describe the normal development and disorders of mullerian, ovarian and genital development and their genetic basis.
3. Describe the physiology of the normal menstrual cycle, gamete transport in the female reproductive tract, fertilization and implantation.
4. Describe the biosyntheses, metabolism and mechanism of action, as well as the role of hypothalamic, pituitary, ovarian, adrenal and thyroid hormones.
5. Discuss the mechanisms of action, indications for, physiologic and anatomic changes resulting from and complications associated with the use of exogenous estrogens, progesterone/progestins, androgens, oral contraceptives, dopamine agonists, clomiphene, and other SERMs, gonadotropins, and GnRH-antagonists.
6. Discuss the basic causes, pathophysiology, evaluation and treatment of:
  - a. infertility
  - b. primary and secondary amenorrhea
  - c. hyperprolactinemia
  - d. chronic anovulation and oligo-ovulation
  - e. androgen excess disorders (hirsutism)
  - f. the menopausal transition and menopause
  - g. osteoporosis
  - h. premenstrual syndrome
  - i. endometriosis

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to :

### **Objectives**

1. Formulate and answer important clinical questions that arise from patient care interactions
2. Use personal experience with challenging patients to optimize future relationships with patients
3. Incorporate feedback from evaluations to improve skill base
4. Keep an updated patient log as detailed in the ACGME website
5. Participate in quality assurance activities (PBLI conference) of the department
6. Use of information technology: UpToDate, PubMed literature search, Cochrane Database, etc.

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

**Objectives**

1. Order diagnostic tests with attention to cost-effectiveness and clinical relevance
2. Effectively use consultants and ancillary services personnel to create an effective patient care team
3. Demonstrate judicious and efficient resource utilization
4. Demonstrate an understanding for the roles and responsibilities of healthcare team members
5. Participate in quality improvement activities of the department

**Professionalism****Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

**Objectives**

1. Demonstrate responsibility for the welfare of all patients on the REI service
2. Demonstrate accountability for one's actions and clinical decisions
3. Acknowledge errors or omissions in patient care, and work toward timely resolution or alleviation of such
4. Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals
5. Advocate for patients within the healthcare system
6. Maintain sensitivity to issues of diversity, with patients and with staff
7. Uphold the ethical principles of our specialty, as detailed by ACOG
8. Participate actively in the education of fellow residents and medical students

**Interpersonal and Communication Skills****Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

**Objectives**

1. Present pertinent medical history and physical findings to team members and consultants in a clear, concise fashion
2. Demonstrate caring and respectful interactions with the patient and her family
3. Counsel patients in language and manner appropriate to their educational and emotional / maturity level
4. Interact respectfully and professionally with all members of the patient care team, including: attending physicians, nursing staff, resident staff, medical students, social services, translators, etc.

**Teaching Methods**

The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty, teaching rounds with faculty, didactic lectures, and research. All procedures are performed under direct supervision by an Attending Physician. This provides the opportunity for immediate formative feedback. Resident surgical experience will be progressive and gradual with demonstration of level appropriate skills.

**Assessment Method (residents)**

All residents are expected to maintain a level of competence consistent with the ACGME and this program. The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods, including: CREOG in-service examinations, evaluations, and direct observation. The program count on written evaluations of faculty, peers, ancillary personnel, and patients. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies.

**Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.



## Level of Supervision

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects. Residents of first, second and third year are supervised by upper level residents in the rotation.

## Educational Resources

- Clinical Gynecologic Endocrinology and Infertility, Leo Sperof, 8va Edición 2010 (Sept.)
- ACOG Practice Bulletin

## Department of Obstetrics and Gynecology PGY-4 Ob-Gyn Curriculum

### Description of Rotation: Gynecology Oncology

Gynecologic oncology, or care of the female with malignancies of the urogenital and reproductive systems involves a broad scope of clinical (radiation, chemotherapy) care, surgical care, critical care, medicine, and palliative care. To understand the impact of the diagnosis of malignancy, the treatment of malignancy and assistance and comfort care, the resident will rotate through the gynecologic oncology service in their 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> Gyn rotation. The resident will work under the mentorship of two Gynecologic oncologists. The educational goals are that upon completion of residency, each resident will have a comprehensive knowledge base in the diagnosis and in the medical and surgical management of gynecologic cancers. He or she will be well prepared for general practice of obstetrics and gynecology and will be able to serve patients and the medical community in screening for gynecologic cancers and making appropriate referrals for subspecialty care. He or she would likewise be well prepared to enter post-residency training in this subspecialty area. Surgical skills and problem solving will be well developed. At the core of this educational experience for the third year resident is a set of cognitive and behavioral objectives outlined below, which will serve to assist the resident in the above areas. Many problems encountered in gynecologic oncology process are susceptible to more than one plan of management, and the plan chosen will be deeply influenced by the patient's desires, values and beliefs. The physician who provides gynecologic oncology care must therefore be extremely sensitive to these desires and beliefs, to their social and cultural context, and to physical constraints upon the patient wishes. All patients will be treated appropriately regardless of race, religion, social standing or situation.

### Patient Care

#### Goal

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. At the conclusion of the PGY-4 the resident will have acquired basic skills in GYN Oncology and will be able to:

#### Objectives

1. Develop patient assessment techniques and clinical skills specific to GYN Oncology through history taking, physical examination, choice of diagnostic studies, development of differential diagnoses, development of management plans and follow-up care.
2. Manage postoperative complications, serious medical and psychiatric conditions common in the gynecologic oncology population.
3. Perform surgery at a level of "competence with supervision" relevant to the GYN Oncology population, including an understanding of retroperitoneal anatomy, surgical planes, principles of oncologic surgery, and techniques for improving exposure, repairing bowel, ureteral injuries and for hemostasis.
4. Participate in the evaluation, surgical procedures and management of patients with vulvar cancers, demonstrating knowledge of the history and epidemiology of vulvar disorders and their relationship to cancer, staging of vulvar cancer, treatment options, follow-up care.
5. Participate in the evaluation, surgical procedures and management of patients with vaginal cancer, demonstrating knowledge of history and epidemiology of vaginal cancers, staging of these cancers, treatment options, follow-up care and management of recurrence.

6. Participate in the evaluation, surgical procedures and management of patients with cervical intraepithelial neoplasia and cervical cancer, demonstrating knowledge of relationships to the human papillomavirus, cigarette smoking, sexual activity, staging of cervical cancer, follow-up care and management of recurrence
7. Participate in the evaluation, surgical procedures and management of patients with endometrial hyperplasia, adenocarcinoma and the sarcomas demonstrating knowledge of evaluation techniques, treatment options, follow-up care and management of recurrence.
8. Participate in the evaluation, surgical procedures and management of patients with fallopian tube carcinoma demonstrating knowledge of evaluation methodologies, staging of fallopian tube cancer, treatment options, follow-up care and management of recurrence.
9. Participate in the evaluation, surgical procedures and management of patients with ovarian cancer, demonstrating knowledge of evaluation methods, staging of ovarian cancer, treatment options, follow-up care and management of recurrence.
10. Participate in the evaluation, surgical procedures and management of patients with hydatidiform mole, choriocarcinoma and placental site tumors, demonstrating knowledge of evaluation methods, treatment options, follow-up care and management of recurrence.
11. Participate in the evaluation of patients with breast cancer through the use of mammography, breast aspiration, fine needle and open biopsy, understanding of treatment options, follow-up care and management of recurrence.
12. Provide terminal care to patients, demonstrating knowledge of the use of analgesics and other methods of pain control, the principles of palliative care/symptom relief, the ethical and legal principles related to end-of-life issues.

## **Medical Knowledge**

### **Goal**

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents are expected to:

### **Objectives**

1. Fundamental knowledge in premalignant and malignant gynecologic diseases.
2. Be able to describe the usual course, diagnosis, staging, and treatment for vulvar, vaginal, uterine, ovarian, gestational trophoblastic and breast cancer.
3. Understand mechanism of action and side effects of classes of chemotherapy.
4. Understand mechanism of action and side effects of radiation therapy.
5. Appropriately use self-learning (hospital library, OB/GYN library, videotapes, CD-ROMs, and Internet searches).
6. Participate in Gyn Oncology literature review

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to :

### **Objectives**

1. Actively seeks new information pertaining to patient care
2. Accesses effectiveness of own practice and seeks to improve when necessary
3. Demonstrates ability to gather medical information efficiently and effectively

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

### **Objectives**

1. Describe how Gynecologic Oncology care is provided in other settings: private practice, private University, HMO and Cancer Center settings.
2. Discuss resource utilization in cancer screening, evaluation, treatment, and end-of-life care.

3. Collaborate with multiple members of healthcare team (pharmacist, nutritionist, wound care, social work, Discharge planning) to improve patient care
4. Order diagnostic tests and procedures with understanding of cost effectiveness and clinical relevance
5. Demonstrates ability to access consultants as needed

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

### **Objectives**

1. Punctual for morning duties, rounds, and responsibilities
2. Demonstrates respect and sensitivity to patient, patient's families, and health care team
3. Demonstrates respect for patients of various cultural and religious backgrounds
4. Maintains medical records in a timely and accurate fashion

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

### **Objectives**

1. Effectively and efficiently communicate with health care team (MD's, RN's, Social work, etc) for patient care
2. Communicate respectfully with patient and patient family
3. Effectively presents patients at daily rounds to attending and team

## **Teaching Methods**

The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty, teaching rounds with faculty, didactic lectures, and research.

## **Assessment Method (residents)**

All residents are expected to maintain a level of competence consistent with the ACGME and this program. The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods, including: CREOG in-service examinations, evaluations, and direct observation. The program count on written evaluations of faculty, peers, ancillary personnel, and patients. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies.

## **Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

## **Level of Supervision**

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects. Residents of first, second and third year are supervised by upper level residents in the rotation.

## **Educational Resources**

- Clinical Gynecologic Oncology 7<sup>th</sup> Edition, 2007
- Practical Gynecologic Oncology, 2005, Now Berek and Hacker's Gynecologic Oncology 5<sup>th</sup> Ed.2009
- ACOG Practice Bulletin

## HIMA-San Pablo, Caguas/Bayamon (OPD)

### PGY-4

#### Description of Rotation:

This rotation is designed to provide a broad surgical experience in gynecologic conditions with academic as well as private attending physicians. This, however, must be well balanced with clinic rotations; as this is where surgical cases are generated. The practice of gynecology specifically includes the management of urinary incontinence and infections, and the evaluation and medical management of breast disorders. The program strives to produce well trained, experienced, competent pelvic surgeons.

#### Patient Care

##### Goal

During this rotation the resident will begin to develop the basic cognitive, attitudinal, technical and psychomotor skills necessary for the diagnosis and management of gynecologic problems. By the completion of the PGY-4 gynecology rotation the resident should demonstrate satisfactory achievement of several skill sets. He/She should be able to:

##### Objectives

##### Clinical Skills

1. Obtain a focused gynecologic history and pelvic exam to investigate several clinical disorders such as:
  - a. Abnormal bleeding
  - b. Pelvic pain
  - c. Pelvic mass
  - d. Sexually transmitted diseases
  - e. Pelvic inflammatory disease
  - f. Endometriosis
2. Counsel patients regarding planned surgical procedures including risks and benefits and obtain a valid and meaningful informed consent
3. Manage and counsel patients about post-operative recovery care
4. Perform outpatient procedural skills such as endometrial biopsy, and word catheter insertion
5. Utilize all types of contraceptive technology and guide patients in choices which are both medically appropriate and acceptable to the patient
6. Utilize sonography in the management of disorders in the first trimester of pregnancy
7. Function as the primary assistant in the performance of more advanced gynecologic surgical procedures
8. The resident will demonstrate competence in performing
  - a. Operative laparoscopy
  - b. Complicated total abdominal hysterectomy
  - c. Appendectomy
  - d. Repair of bowel or bladder injuries
  - e. Surgery for pelvic inflammatory disease
9. The resident will develop a level of surgical expertise which will allow him/her to function as a senior resident responsible for guiding junior residents through a case for the following procedures
  - a. Marsupialization of a Bartholin's gland abscess
  - b. Laparoscopic tubal ligation
  - c. Ovarian cystectomy
  - e. Colposcopy and cervical biopsy

##### Management Skills

1. Develop an evidence based care plan for his/her patients
2. Perform, interpret, and utilize lab tests and other diagnostic procedures (e.g. ultrasound, CT scan, MRI) in the management of a variety of clinical diagnosis such as;
  - a. Abnormal bleeding
  - b. Pelvic pain
  - c. Sexually transmitted diseases
  - d. Pelvic inflammatory disease
  - e. Endometriosis
3. Provide comprehensive postoperative care including fluid and electrolyte management and appropriate pain control based on the surgical procedure, the degree of patient discomfort and co-existing morbidities
4. Respond to intraoperative and postoperative emergencies with appropriate interventions and recommendations for staff

5. Assist in the management of common postoperative complications such as;
  - a. Fever
  - b. Gastrointestinal ileus/obstruction
  - c. Infection
  - d. Wound complications
  - e. Fluid electrolyte imbalance
  - f. Respiratory problems
  - g. Thromboembolism

## **Medical Knowledge**

### **Goal**

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. By the completion of the PGY-4 Gynecology rotation the resident should demonstrate be able to:

### **Objectives**

1. Describe the etiology diagnosis and management for common gynecologic problems including: abnormal/dysfunctional bleeding, threatened abortion, pelvic pain, evaluation of the pelvic mass, first trimester pregnancy loss, and sexually transmitted disease.
2. Describe the principle causes of abnormal uterine bleeding and distinguish abnormal uterine bleeding from dysfunctional uterine bleeding
3. List the laboratory and diagnostic tests which are helpful in the management of abnormal/dysfunctional bleeding
4. Outline the therapeutic modalities for the treatment of abnormal/dysfunctional uterine bleeding using both surgical and non-surgical methods
5. Describe the common vulvovaginitides
6. Identify the common benign vulvar lesions
7. Discuss the pathogenesis, epidemiology, diagnosis and treatment of sexually transmitted disease including: chlamydia, gonorrhea, syphilis, hepatitis B, hepatitis C, human immunodeficiency virus (HIV), herpes simplex, and HPV
8. Outline the diagnostic criteria for pelvic inflammatory disease and discuss appropriate therapeutic intervention
9. Outline the major causes of the pelvic mass and the diagnostic tests which assist in the evaluation of same
10. Define chronic pelvic pain; outline the various causes; list the tests useful in establishing the diagnosis; and discuss the indications for surgical and non-surgical intervention
11. Summarize the theories of pathogenesis of endometriosis and the typical clinical history of a patient with endometriosis
12. Describe the treatment both medical and surgical of endometriosis
13. Discuss first trimester pregnancy loss including the differential diagnosis, the principle causes, the use of appropriate laboratory/ultrasound testing and the clinical management
14. Describe the major factors that predispose to ectopic pregnancy and discuss the diagnostic tests that assists in the diagnosis of ectopic pregnancy
15. Summarize indications and compose appropriate preparation plans for pre-op gynecologic patients including bowel prep, antibiotic use, and thromboembolism prophylaxis

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to :

### **Objectives**

1. Formulate and answer important questions that arise from patient care and demonstrate improved gynecologic skills that arise from these inquiries
2. Incorporate formative and summative feedback to improve knowledge and skill base
3. Maintain an updated gynecologic procedural log as detailed on the ACGME website
4. Participate in gynecologic quality assurance activities (M&M) of the department
5. Use personal experience with difficult and challenging patients to optimize future relationships with patients

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

### **Objectives**

1. Organize appropriate consultations (e.g. anesthesia, internal medicine, cardiology) for the comprehensive care of the outpatient and inpatient gynecologic patient
2. Practice high quality and cost-effective health care

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

### **Objectives**

1. Conduct all patient interactions (outpatient and inpatient gynecology) with sensitivity, respect, and compassion
2. Provide patient centered gynecologic care in a non-judgmental fashion that is responsive to the emotional, educational and social needs of the patient
3. Demonstrate accountability for one's action and clinical decisions
4. Demonstrate truthful and timely disclosure of adverse events to the patient and designated individuals
5. Acknowledge errors in omission in the pre-operative, intraoperative, and postoperative care of the surgical patient and work toward remediation of these errors
6. Participate in the gynecologic education of the attending staff, fellow residents, medical students and nursing staff

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

### **Objectives**

1. Present pertinent history and physical findings to gynecologic team members and consultants in a clear concise fashion
2. Counsel patients in language and manner that is appropriate to her educational background and emotional needs
3. Inform patients and designated individuals of pertinent medical developments and complications
4. Update the gynecologic care team (attending physicians, fellow residents, anesthesiologists, medical student and nursing staff) on the status of patient(s)

## **Teaching Methods**

The resident will review the curriculum prior to the first day of the rotation. The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty, teaching rounds with faculty, didactic lectures, and research. The PGY-3 resident will actively participate in: Gyn Continuity Clinic (once weekly), Pre-op Clinic, Daily rounds, Morbidity and Mortality conference, Weekly "Professor's rounds", and attendance at a wide variety of gynecologic procedures. All procedures are performed under direct supervision by an Attending Physician. This provides the opportunity for immediate formative feedback. Resident surgical experience will be progressive and gradual with demonstration of level appropriate skills, the resident will progress from assisting at minor surgical procedures (e.g. hysteroscopy, D&C) to major abdominal/vaginal procedures

## **Assessment Method (residents)**

All residents are expected to maintain a level of competence consistent with the ACGME and this program. The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods, including: CREOG in-service examinations, evaluations, and direct observation. The program count on written evaluations of faculty, peers, ancillary personnel, and patients. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If

the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies.

### **Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

### **Level of Supervision**

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects. Residents of first, second and third year are supervised by upper level residents in the rotation.

### **Educational Resources**

- William's Gynecology, 2008
- Novak's Gynecology 14th Edition, 2006
- Comprehensive Gynecology, 5th Edition, 2007
- TeLinde's Operative Gynecology, 10th Edition, 2008
- ACOG Practice Bulletin

## OTHER EDUCATIONAL ACTIVITIES

### : Journal Clubs PG- 1-4

#### **Educational Experience**

Journal Club is designed to improve the resident's ability to read the medical literature and to investigate medical issues pertinent to the patients. Discussions will focus on study methodology, statistics and translation into practice. For the Journal Club articles will be assigned to each resident. The resident will be responsible for read the article and present it to the audience, leading the discussion. Other faculty members in attendance serve as participants/facilitators and participate in the discussion of the article. Each presenter will be evaluated following an evaluation form designed for article analysis and discussion. All residents will be responsible for reading all the articles assigned for each Journal Club.

#### **Practice- Based Learning and Improvement**

##### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. The resident should demonstrate skillful management of intrapartum and postpartum patients, as described within the context of the ACGME core competencies. Residents are expected to develop skills and habits to be able to :

##### **Objectives**

1. Formulate and answer important clinical questions that arise from patient care interactions
2. Use personal experience with challenging patients to optimize future relationships with patients
3. Incorporate feedback from evaluations to improve skill base
4. Keep an updated patient log as detailed in the ACGME website
5. Participate in quality assurance activities (PBLI conference) of the department
6. Use of information technology: UpToDate, PubMed literature search, Cochrane Database, etc.

#### **Systems Based Practice**

##### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. The resident should demonstrate skillful management of intrapartum and postpartum patients, as described within the context of the ACGME core competencies. Residents are expected to:

##### **Objectives**

1. Order diagnostic tests with attention to cost-effectiveness and clinical relevance
2. Effectively use consultants and ancillary services personnel to create an effective patient care team
3. Follow clinical pathways as detailed in triage and L&D protocols
4. Demonstrate judicious and efficient resource utilization
5. Demonstrate an understanding for the roles and responsibilities of healthcare team members
6. Participate in quality improvement activities of the department

#### **Professionalism**

##### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. The residents are expected to demonstrate:

##### **Objectives**

1. Demonstrate responsibility for the welfare of all patients on the labor and delivery and postpartum units
2. Demonstrate accountability for one's actions and clinical decisions
3. Acknowledge errors or omissions in patient care, and work toward timely resolution or alleviation of such
4. Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals
5. Advocate for patients within the healthcare system
6. Maintain sensitivity to issues of diversity, with patients and with staff



7. Uphold the ethical principles of our specialty, as detailed by ACOG
8. Participate actively in the education of fellow residents and medical students

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. By completion of the PGY-1 year, the resident are expected to:

### **Objectives**

1. Present pertinent obstetrical history and physical findings to team members and consultants in a clear, concise fashion
2. Demonstrate caring and respectful interactions with the obstetrical patient and her family
3. Counsel patients in language and manner appropriate to their educational and emotional / maturity level
4. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s)
5. Interact respectfully and professionally with all members of the patient care team, including: attending physicians, nursing staff, resident staff, medical students, social services, translators, etc.

## **Teaching Methods**

The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty in a one to one basis instruction, teaching rounds with faculty, didactic lectures, and research. The PGY-1 resident will review the curriculum prior to the first day of the rotation.

## **Assessment Method (residents)**

The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician(s). The program count on written evaluations of faculty, peers, ancillary personnel, and patients, available through E-Value system. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies. Cognitive assessment of the residents' obstetrical skills is achieved by the obstetrical score from the CREOG examination.

## **Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

## **Level of Supervision**

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

## **Educational Resources**

- Williams' Obstetrics by Cunningham, 23<sup>rd</sup> Edition.
- ACOG Practice Bulletin
- UpToDate Clinical Reference Library

# Laparoscopy

## PGY 1-4

### **Educational Experience:**

This educational experience has some components: lectures, laboratory workshops and surgical experience. The residents have the opportunity to use the laparoscopic and hysteroscopic equipment. It provides knowledge on laparoscopic instrumentation and operative suite set-up, selection of patients, complications of laparoscopic surgery, and the management of them. Residents will be able to perform laparoscopic suturing, electrosurgery, stapling and knot tying and demonstrate a familiarity with each of the following operative procedures: laparoscopic assisted vaginal hysterectomy, oophorectomy, ovarian cystectomy, lysis of adhesions, salpingectomy, salpingostomy, and appendectomy. Perform hysteroscopic technique resection and endometrial ablation.

### **Patient Care**

#### **Goal**

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents should demonstrate:

#### **Objectives**

1. Develop patient assessment techniques and clinical skills through history taking, physical examination, choice of diagnostic studies, development of differential diagnoses, development of management plans and follow-up care.
2. Demonstrate facility with instrumentation
3. Able to identify anatomic structures of the pelvis
4. Demonstrates knowledge of the steps of each surgical procedure, and possible complications of surgery.
5. Interpret and correlate results
6. Formulate a plan of care founded upon evidence-based guidelines
7. Refer, as necessary, and provide appropriate follow-up
8. Provide appropriate patient education and support.

### **Medical Knowledge**

#### **Goal**

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. By completion of the PGY-1 year, the resident should demonstrate skillful management of intrapartum and postpartum patients, as described within the context of the ACGME core competencies.

#### **Objectives**

1. Order and interpret common diagnostic
- 2.

### **Practice- Based Learning and Improvement**

#### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. By completion of the PGY-1 year, the resident should demonstrate skillful management of intrapartum and postpartum patients, as described within the context of the ACGME core competencies. Residents are expected to develop skills and habits to be able to :

#### **Objectives**

1. Formulate and answer important clinical questions that arise from patient care interactions
2. Use personal experience with challenging patients to optimize future relationships with patients
3. Incorporate feedback from evaluations to improve skill base
4. Keep an updated patient log as detailed in the ACGME website
5. Participate in quality assurance activities (PBLI conference) of the department
6. Use of information technology: UpToDate, PubMed literature search, Cochrane Database, etc.

### **Systems Based Practice**

**Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. The resident should demonstrate skillful management of intrapartum and postpartum patients, as described within the context of the ACGME core competencies. Residents are expected to:

**Objectives**

1. Order diagnostic tests with attention to cost-effectiveness and clinical relevance
2. Effectively use consultants and ancillary services personnel to create an effective patient care team
3. Follow clinical pathways as detailed in triage and L&D protocols
4. Demonstrate judicious and efficient resource utilization
5. Demonstrate an understanding for the roles and responsibilities of healthcare team members
6. Participate in quality improvement activities of the department

**Professionalism****Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. By completion of the PGY-1 year, residents are expected to demonstrate:

**Objectives**

1. Demonstrate responsibility for the welfare of all patients
2. Demonstrate accountability for one's actions and clinical decisions
3. Acknowledge errors or omissions in patient care, and work toward timely resolution or alleviation of such.
4. Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals.
5. Advocate for patients within the healthcare system
6. Maintain sensitivity to issues of diversity, with patients and with staff
7. Uphold the ethical principles of our specialty, as detailed by ACOG
8. Participate actively in the education of fellow residents and medical students

**Interpersonal and Communication Skills****Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. The resident are expected to:

**Objectives**

1. Present pertinent obstetrical history and physical findings to team members and consultants in a clear, concise fashion
2. Demonstrate caring and respectful interactions with the obstetrical patient and her family
3. Counsel patients in language and manner appropriate to their educational and emotional / maturity level
4. Interact respectfully and professionally with all members of the patient care team, including: attending physicians, nursing staff, resident staff, medical students, social services, translators, etc.

**Teaching Methods**

The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty in a one to one basis instruction, teaching rounds with faculty, didactic lectures, and research. The PGY-1 resident will review the curriculum prior to the first day of the rotation.

**Assessment Method (residents)**

The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician(s). The program count on written evaluations of faculty, peers, ancillary personnel, and patients, available through E-Value system. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies. Cognitive assessment of the residents' obstetrical skills is achieved by the obstetrical score from the CREOG examination.

## Assessment Method (Program Evaluation)

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

## Level of Supervision

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

## Educational Resources

- Williams' Obstetrics by Cunningham, 23<sup>rd</sup> Edition.
- ACOG Practice Bulletin
- UpToDate Clinical Reference Library

## : Research Project PGY 1-4

### Educational and Clinical Experience

The Ob-Gyn Research Curriculum will provide you with an enhanced perspective for reading, comprehending and evaluating literature in medicine. The ability to evaluate the quality of research will increase the ability to identify and incorporate scientifically sound procedures into ob-gyn practice. The quality of care you will be able to offer your patients will remain current and state of the art. Furthermore, will provide the resident with an opportunity to contribute relevant and timely insights into important aspects of women's health care.

#### 1<sup>st</sup> year residents – STEP 1

During the first year the resident must have selected an obstetric / gynecologic issue relevant to our population and formulate a preliminary research question.

In order to accomplish that, the resident must elaborate a written preliminary proposal addressing each of the following:

- a. Review relevant medical literature
- b. Elaborate the purpose of the study
- c. Address the questions related to relevance, feasibility, and ethics of the study
- d. Identify the research faculty mentor
- e. Elaborate a timetable

The resident must take the Human Subjects Protection (IRB), HIPAA Research Trainings and the Good Clinical Practice. An email account of the medical sciences campus is a requirement for the first month of your residency. An IRB account should be available for your use during the first month of your first year.

The deadline to submit the preliminary proposal will be **December 31<sup>st</sup> of the first year**. A letter of support from the faculty mentor must be included. Evidence of IRB account is required with the proposal.

#### 2<sup>nd</sup> year residents – STEP 2

During the second year the resident must:

- a. Formulate the formal research question
- b. Choose the research design
- c. Address the following methodological aspects: sample, develop a measurement instrument and

- answer questions related to external and internal validity
- d. Submit the research proposal to the Institutional Review Board and Privacy Board

The deadline to submit the proposal with evidence of submission to the IRB and Privacy Board will be **August 1, of the second year.**

**3rd year residents – STEP 3**

During the third year the resident must work during the first semester with data collection and meet regularly with the mentor. **A progress report must be submitted on October 15, of the third year.**

During the second semester they will complete the analysis of the data and will make a formal oral and poster presentation of the research project.

**The project will also be handed in written form (manuscript) prior to the last day of the academic year.**

**It is a requirement for promotion to complete the research tasks for each academic year. It is a requirement for promotion to the 4<sup>th</sup> year to do both, the oral presentation and the submission to publication.**

**Case reports will NOT be accepted unless they provide new information or new insights to the diagnosis or management of an important issue in Ob-Gyn.**

|                                | Evidence of training in IRB and HIPAA, | Preliminary proposal, Mentor letter | Formal proposal, IRB approval, Privacy Board approval | Data Collection Progress report on status of research | Research presentation Poster – RCM Research Week | Research presentation Grand Round | Manuscript Submission to Journal for publication |
|--------------------------------|----------------------------------------|-------------------------------------|-------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------|-----------------------------------|--------------------------------------------------|
| 1 <sup>st</sup> year residents | X<br>Sept.                             | X<br>January                        |                                                       |                                                       |                                                  |                                   |                                                  |
| 2 <sup>nd</sup> year residents |                                        |                                     | X<br>August                                           | X<br>May                                              |                                                  |                                   |                                                  |
| 3 <sup>rd</sup> year residents |                                        |                                     |                                                       |                                                       | X<br>March                                       | X<br>April                        | X<br>May                                         |

**Medical Knowledge**

**Goal**

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. The resident should demonstrate:

**Objectives**

1. Demonstrate an investigatory and analytic thinking approach to clinical situations.
  - a. Conduct a critical review (appraisal) of a journal article including making appropriate practice-based recommendations
  - b. Demonstrate knowledge via active participate in journal club

**Practice- Based Learning and Improvement**

**Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to :

**Objectives**

1. Locate, apprise, and assimilate evidence from scientific studies related to the patients’ health problems
2. Obtain and use information about their own population of patients and the larger population from which the patients are drawn.

3. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and information on diagnostic and therapeutic effectiveness
4. Use information technology to manage information, access on-line medical information, and support own education
5. Facilitate the learning of students and other health care professionals.

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

### **Objectives**

1. Know how to partner with health care managers and health care providers to assess, coordinate and improve health care and know how these activities can affect system performance
  - a. Work effectively with the IRB to obtain approval for a research project
  - b. Work effectively with practice and hospital systems to design and implement a clinical research project.

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to:

### **Objectives**

1. Demonstrate accountability to patients, society, and the profession; and a commitment to excellence and ongoing-professional development.
2. Participate in competency-based evaluations of peers' presentations at journal clubs, Grand Rounds, and other presentations.
3. Demonstrate sensitivity to patient's culture, age, sexual orientation, and disabilities
4. Design research documentation including information forms, consent forms, data collection tools, etc. that are appropriately sensitive to participants.

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. The resident are expected to:

### **Objectives**

1. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning and writing skills.
2. Interact respectfully and professionally with all members of the patient care team, including: attending physicians, nursing staff, resident staff, medical students, social services, translators, etc.
3. Work effectively with others as a member of a healthcare research group.

## **Teaching Methods**

There is no specific rotation. Residents work with their research project throughout their training. The training is a combination of hands-on clinical work, teaching rounds with faculty, didactic lectures, seminars, individual meetings/tutoring, and journal clubs.

## **Assessment Method (residents)**

The core competencies will be adhered to the training curriculum. Competence and level of education will be assessed through various methods. Residents will be on direct observation and receive formative feedback from the Research Mentor and the Research Project Coordinator. The program count on written evaluations of faculty, peers, when research is presented to them in a Grand Round activity. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others.

## Assessment Method (Program Evaluation)

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

## Level of Supervision

Qualified faculty supervises all educational activities. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

## Educational Resources

- ACOG Practice Bulletin
- UpToDate Clinical Reference Library

## Colposcopy PGY 1-4

### Educational Experience:

As part of the Residency training in Obstetrics and Gynecology, a formal Colposcopy Curriculum is a vital element to ensure adequate residents' skills for a common procedure, vital to this Specialty. The management of abnormal cervical cytology and histology is a skill that every General Obstetrician and Gynecologist should master. For this reason, the Department of Ob-Gyn of the UPR, School of Medicine has developed this formal curriculum that will ensure give structure to this topic. This curriculum is based on the recommended ASCCP Comprehensive Colposcopy Curriculum, which has been adapted to our Clinical and Educational setting.

## Patient Care

### Goal

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents should demonstrate:

### Objectives

1. Elicit and document an appropriate history including risk factors for lower genital tract neoplasia
2. Perform appropriate cytologic sampling and colposcopic evaluation and biopsies, including endocervical sampling
3. Interpret and correlate results
4. Formulate a plan of care founded upon evidence-based guidelines
5. Refer, as necessary, and provide appropriate follow-up
6. Provide appropriate patient education and support
7. Perform quality assurance measures

## Medical Knowledge

### Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. By completion of the PGY-1 year, the resident should demonstrate skillful management of intrapartum and postpartum patients, as described within the context of the ACGME core competencies.

### **Objectives**

1. Understand the pathophysiology of lower genital tract neoplasia including the oncogenic role of HPV
2. Interpret and correlate results

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. By completion of the PGY-1 year, the resident should demonstrate skillful management of intrapartum and postpartum patients, as described within the context of the ACGME core competencies. Residents are expected to develop skills and habits to be able to :

### **Objectives**

1. Provide appropriate patient education and support
2. Foster the development of a lifelong pattern of independent self-assessment
3. Be trained in the process of obtaining CME credits
4. Develop systematic strategies to improve the efficiency and quality of care for women in their practice.
5. Identify medical education programs that are appropriately accredited by the Accreditation Council for Continuing Medical Education.
6. Use of information technology: UpToDate, PubMed literature search, Cochrane Database, etc.

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. By completion of the PGY-1 year, the resident should demonstrate skillful management of intrapartum and postpartum patients, as described within the context of the ACGME core competencies. Residents are expected to:

### **Objectives**

1. Order diagnostic tests with attention to cost-effectiveness and clinical relevance
2. Effectively use consultants and ancillary services personnel to create an effective patient care team
3. Demonstrate judicious and efficient resource utilization
5. Participate in quality improvement activities of the department

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

### **Objectives**

1. Demonstrate responsibility for the welfare of all patients
2. Demonstrate accountability for one's actions and clinical decisions
3. Acknowledge errors or omissions in patient care, and work toward timely resolution or alleviation of such.
4. Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals.
5. Advocate for patients within the healthcare system
6. Maintain sensitivity to issues of diversity, with patients and with staff

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. The resident are expected to:

### **Objectives**

1. Present pertinent history and physical findings to team members and consultants in a clear, concise fashion
2. Demonstrate caring and respectful interactions with the patient and her family
3. Counsel patients in language and manner appropriate to their educational and emotional / maturity level
4. Continually update patient care team



## Teaching Methods

The training is a combination of hands-on clinical work under the direct supervision of the faculty in a one to one basis instruction, teaching rounds with faculty, didactic lectures, workshops, research, and Web-Based interactive activities (including on-line lectures, tutorials, tests, etc).

## Assessment Method (residents)

The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician(s). The program count on written evaluations of faculty, peers, ancillary personnel, and patients, available through E-Value system. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies. Cognitive assessment of the residents' obstetrical skills is achieved by the obstetrical score from the CREOG examination.

## Assessment Method (Program Evaluation)

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

## Level of Supervision

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents will be on direct observation and receive on-site timely formative feedback from the Chief Resident, upper level residents and attending physician. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

## Educational Resources

- Williams' Obstetrics by Cunningham, 23<sup>rd</sup> Edition.
- Williams' Gynecology
- ACOG Practice Bulletin
- UpToDate Clinical Reference Library

## Continuity Clinics PGY-1-4

### Description of Rotation:

Evaluation and management of patients in the outpatient setting is paramount to the practice of medicine for multiple reasons. Additionally the ability to provide continuity of care for patients enhances the physician-patient relationship, patient satisfaction, and quality of care. The clinic is a long-term relationship with a panel of patients where the residents work as a primary physician and evaluate a wide range of clinical problems and disorders. Obstetrics and Gynecology clinics are designed to provide care for the local female patient population as well as for consultations. Every resident has one continuity clinics per week if he/she is on service. These clinics are considered *general ob/gyn* clinics. The residents will see a fixed minimum of patients in their clinics. Examples of patient encounters seen in the clinic are: obstetrics, high-risk obstetrics, gynecology referral, surgical evaluation, consult, ED or discharge follow-up. In addition to well-defined reasons, a large number of annual health-maintenance exams also occur where primary care and preventive medicine are practiced. The range of age of patients seen in the clinic covers pediatric through geriatric and all ages in between. The broad scope of obstetrics, gynecology and primary and preventive health, and the training required to manage these patients effectively requires diligent attention to detail, punctuality and an overall view of clinical practice.

## **Patient Care**

### **Goal**

During this rotation the resident will begin to develop the basic cognitive, attitudinal, technical and psychomotor skills necessary for the diagnosis and management of gynecologic problems. Residents must be able to provide care which is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. He/She should be able to:

### **Objectives**

1. Demonstrate caring and respectful behaviors when interacting with patients and their families.
2. Gather essential information about patients by performing a complete and accurate medical history and physical examination.
5. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence and clinical judgment.
4. Develop, negotiate and implement effective patient management plans.
5. Counsel and educate patients and their families.
6. Use information technology to support patient care decisions and patient education.
7. Perform competently all medical and invasive procedures considered essential for generalist practice in the discipline of obstetrics and gynecology.
8. Provide health care services aimed at preventing health problems or maintaining health.
9. Work with health care professionals, including those from other disciplines, to provide patient-focused care.

## **Medical Knowledge**

### **Goal**

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. The resident should demonstrate be able to:

### **Objectives**

1. Demonstrate an investigatory and analytic thinking approach to clinical situations.
2. Demonstrate a sound understanding of the basic science background of women's health and apply this knowledge to clinical problem solving, clinical decision making, and critical thinking.

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to :

### **Objectives**

1. Identify areas for personal and practice improvement and implement strategies to enhance knowledge, skills, attitudes, and processes of care. Residents are expected to:
2. Analyze and evaluate personal practice experience and implement strategies to continually improve the quality of patient care provided using a systematic methodology.
3. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
6. Obtain and use information about their own population of patients and the larger population from which their patients are drawn.
5. Demonstrate receptiveness to instruction and feedback.
6. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
7. Use information technology to manage information, access online medical information, and support their own education.
8. Facilitate the learning of students and other health care professionals.

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

## **Objectives**

1. Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society, and how these elements of the system affect their own practices.
2. Describe how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
  - a. List common systems of health care delivery, including various practice models.
  - b. Describe common methods of health care financing.
  - c. Discuss common business issues essential to running a medical practice.
  - d. Apply current procedural and diagnostic codes to reimbursement requests.
3. Practice cost-effective health care and resource allocation that does not compromise quality of care.
4. Advocate for quality patient care and assist patients in dealing with system complexities.
5. Acknowledge that patient safety is always the first concern of the physician.
  - a. Demonstrate the ability to discuss errors in management with peers and patients to improve patient safety.
  - b. Develop and maintain a willingness to learn from errors and use errors to improve the system or process of care.
7. Partner with health care managers and health care providers to assess, coordinate, and improve healthcare and know how these activities can affect system performance.
  - a. Describe the process of quality assessment and improvement including the role of clinical indicators, criteria sets, and utilization review.
  - b. Participate in organized peer review activities and use outcomes of such reviews to improve personal and system wide practice patterns.
  - c. Demonstrate an ability to cooperate with other medical personnel to correct system problems and improve patient care.
6. Risk management and professional liability.
  - a. List the major types and providers of insurance.
  - b. Describe the most common reasons for professional liability claims.
  - c. Describe a systematic plan for minimizing the risk of professional liability claims in clinical practice
  - d. Describe basic medical-legal concepts regarding a professional liability claim and list the steps in processing a claim.

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

### **Objectives**

1. Demonstrate respect, compassion, integrity, and responsiveness to the needs of patients and society that supersedes self-interest. .
2. Demonstrate accountability to patients, society, and the profession.
  - a. Demonstrate uncompromised honesty.
  - b. Develop and maintain habits of punctuality and efficiency.
  - c. Maintain a good work ethic (i.e., positive attitude, high level of initiative)
3. Demonstrate a commitment to excellence and ongoing professional development.
4. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care.
5. Describe basic ethical concepts such as: autonomy, beneficence, justice, and nonmaleficence.
6. Discuss important issues regarding stress management, substance abuse, and sleep deprivation.
  - a. List preventive stress-reduction activities and describe their value.
  - b. Identify the warning signs of excessive stress or substance abuse within one's self and in others.
  - c. Intervene promptly when evidence of excessive stress or substance abuse is exhibited by oneself, family members, or professional colleagues.
7. Understand the signs of sleep deprivation and intervene promptly when they are exhibited by oneself or professional colleagues.
8. Maintain confidentiality of patient information.
  - a. Describe current standards for the protection of health-related patient information.
  - b. List potential sources of loss of privacy in the health care system.
9. Obtain informed consent and advanced directives.
10. Demonstrate sensitivity and responsiveness to the culture, age, sexual preferences, behaviors, beliefs,

socioeconomic status, and disabilities of patients and professional colleagues.

11. Describe the procedure for and the significance of, maintaining medical licensure, board certification, credentialing, hospital staff privileges, and liability insurance.

## **Interpersonal and Communication Skills**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

### **Objectives**

1. Sustain therapeutic and ethically sound relationships with patients, patients' families, and colleagues.
2. Provide effective and professional consultation to other physicians and health care professionals.
3. Elicit and provide information using effective listening, non-verbal, explanatory, questioning, and writing skills.
4. Communicate effectively with patients in language that is appropriate to their age and educational, cultural, and socioeconomic background.
5. Maintain comprehensive, timely, and legible medical records.
6. Communicate effectively with others as a member or leader of a health care team or other professional group.

## **Teaching Methods**

The resident will review the curriculum prior to the first day of the rotation. The training is a combination of hands-on clinical work under the supervision of upper-level residents and faculty, teaching rounds with faculty, didactic lectures, and research. The PGY I resident will actively participate in: Gyn Continuity Clinic (once weekly), Pre-op Clinic, Daily rounds, Morbidity and Mortality conference, Weekly "Professor's rounds", attendance at a wide variety of gynecologic procedures. All procedures are performed under direct supervision by an Attending Physician. This provides the opportunity for immediate formative feedback. Resident surgical experience will be progressive and gradual with demonstration of level appropriate skills, the resident will progress from assisting at minor surgical procedures (e.g. hysteroscopy, D&C) to major abdominal/vaginal procedures

## **Assessment Method (residents)**

All residents are expected to maintain a level of competence consistent with the ACGME and this program. The core competencies will be adhered to throughout the training curriculum. Competence and level of education will be assessed through various methods, including: CREOG in-service examinations, evaluations, and direct observation. The program count on written evaluations of faculty, peers, ancillary personnel, and patients. Residents have to participate in Journal Clubs, Grand Round, Practice-based projects and others. If the resident is unable to maintain a degree of competence and education consistent with these guidelines, the Chair will address the resident consistent with the departmental policies.

## **Assessment Method (Program Evaluation)**

The Program has a Residency Education Committee that meets quarterly to evaluate residents' performance and rotations effectiveness. They evaluate and recommend alternative solutions to manage the different situations that residents found in their daily work. In addition, the residents evaluate each rotation through E-Value system. It helps the committee to detect and fix potential problems with rotations.

## **Level of Supervision**

Qualified faculty supervises all patient care. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents are provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules are structured to provide residents with continuous supervision and consultation. Faculty and residents are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects. Residents of first, second and third year are supervised by upper level residents in the rotation.

## Educational Resources

- William's Gynecology, 2008
- Novak's Gynecology 14th Edition, 2006
- Comprehensive Gynecology, 5th Edition, 2007
- TeLinde's Operative Gynecology, 10th Edition, 2008
- ACOG Practice Bulletin

## University District Hospital Ward Rotation PGY-1-4

### Description of Rotation:

Patient safety is of paramount importance in any clinical academic environment. As a tertiary care university based referral center, our patient population is extremely high risk. At the same time resident workload and working conditions should abide strictly to the American Council of Graduate Medical Education Guidelines. Also in the specialty of obstetrics and gynecology there is a movement that point out the importance of primary care and the medical rather than the surgical management of patients for generalists. Taking into consideration all this factors the ward rotation was created to optimize our compliance as a program in the above mentioned areas. This rotation team is totally and exclusively devoted to the medical care and management of the high risk and difficult surgical and obstetrics hospitalized patients. The diagnosis and management of antenatal medical complications occurs in the MIC clinic as well as in caring for these patients on the antepartum ward service. In this rotation the resident develops the educational foundation necessary for management of high-risk antepartum patients in the inpatient setting. Residents acquire the knowledge to properly counsel patients regarding their risk for various medical and obstetrical conditions, as well as make recommendations for their management / treatment and possible future interventions. Residents work hand in hand with other consultants in a multidisciplinary manner. This rotation also encompasses the inpatient care of highly medically complicated gynecology patients. The rotation is designed to provide a broad clinical experience in highly demanding postoperative and medically managed gynecologic conditions. Including close follow up and cooperative management of intensive care patients

### Patient Care

#### Goal

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. The resident should demonstrate skillful management of antepartum ward and low and high risk pregnancies, as well of the highly complicated gynecology hospitalized patient as described in the ACGME core competencies.

#### Objectives

##### Clinical Skills

1. Elicit a history for inherited disorders, ethnic- or race-specific risks, and teratogen exposure.
2. Demonstrate the ability to counsel a patient regarding...
  - a. the impact of pregnancy on maternal medical conditions
  - b. the impact of maternal medical conditions upon pregnancy outcome
  - c. future reproduction and the long-term health implications of patients with a chronic medical condition
  - d. management options for a pregnancy with an abnormal fetus
  - e.  risks for subsequent pregnancies
  - f.  fetal effects of indicated diagnostic
  - g. indications for, and limitations of, noninvasive diagnostic screening tests for fetal aneuploidy and structural malformations
  - h.  risks and benefits of various method
3. Order and interpret appropriate maternal and fetal/neonatal tests to evaluate possible causes of adverse pregnancy outcomes.
4. Perform and interpret antepartum diagnostic tests accurately and integrate the interpretation of such tests into clinical management algorithms.
5. Obtain a focused gynecologic history and pelvic exam to investigate several clinical disorders such as:
  - a. Abnormal bleeding

- b. Pelvic pain
  - c. Pelvic mass
  - d. Sexually transmitted diseases
  - e. Pelvic inflammatory disease
  - f. Endometriosis
6. Counsel patients regarding planned surgical procedures including risks and benefits and obtain a valid and meaningful informed consent
  7. Manage and counsel patients about post-operative recovery care
  8. Perform outpatient procedural skills such as endometrial biopsy, and word catheter insertion
  9. Utilize all types of contraceptive technology and guide patients in choices which are both medically appropriate and acceptable to the patient
  10. Utilize sonography in the management of disorders in the first trimester of pregnancy
  11. Conduct detailed preoperative assessment with consideration to the needs of special patient groups such as:
    - a. Children and adolescents
    - b. Elderly
    - c. Patients with co-existing medical conditions such as cardiopulmonary disease or coagulation disorders

### **Management Skills**

1. Assess, diagnose, and manage fetal and/or maternal complications of all antepartum inpatients on the Obstetrics Unit .
2. Continually update patient care team (attending physician, nursing staff, NICU staff, anesthesia, etc) on status of patient(s).
3. Monitor and manage the blood sugar of High Risk Ob outpatients with diabetes.
4. Accurately assess the obstetrical patient with multiple gestation, including fetal growth assessment, fetal position, and delivery plan
5. Develop an evidence based care plan for his/her Continuity Clinic patients
6. Perform, interpret, and utilize lab tests and other diagnostic procedures (e.g. ultrasound, CT scan, MRI) in the management of a variety of clinical diagnosis such as;
  - a. Abnormal bleeding
  - b. Pelvic pain
  - c. Sexually transmitted diseases
  - d. Pelvic inflammatory disease
  - e. Endometriosis
7. Provide comprehensive postoperative care including fluid and electrolyte management and appropriate pain control based on the surgical procedure, the degree of patient discomfort and co-existing morbidities
8. Respond to intraoperative and postoperative emergencies with appropriate interventions and recommendations for staff
9. Assist in the management of common postoperative complications such as;
  - a. Fever
  - b. Gastrointestinal ileus/obstruction
  - c. Infection
  - d. Wound complications
  - e. Fluid electrolyte imbalance
  - f. Respiratory problems
  - g. Thromboembolism

### **Medical Knowledge**

#### **Goal**

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. By completion the resident should demonstrate skillful management of antepartum ward and low and high risk pregnancies, and also of the high risk gynecology patient as described within the context of the ACGME core competencies.

#### **Objectives**

1. Describe the basic structure and replication of DNA, and the clinical significance of karyotype abnormalities.
2. Distinguish between various forms of genetic inheritance and describe the clinical significance of heritable diseases.
3. Describe the possible teratogenic effects of various prescription and non-prescription drugs.
4. Describe the indications for, and limitations of, noninvasive diagnostic screening tests for fetal aneuploidy

- and structural malformations.
5. Describe the risks and benefits of various methods of invasive fetal testing, including: amniocentesis, CVS, PUBS.
  6. Detail appropriate medical and surgical management for patients with medical complications of pregnancy.
  7. Describe the factors that predispose to multiple gestation, and demonstrate understanding of the different types of twinning.
  8. Describe modalities used to determine fetal lung maturity status.
  9. Describe the association between genital tract infection and adverse perinatal outcomes.
  10. Demonstrate knowledge of the White Classification of diabetes in pregnancy, interpret screening tests for gestational diabetes, and demonstrate understanding of methods of blood sugar control (diet and medical).
  11. Describe the etiology, diagnosis and management for common gynecologic problems including: abnormal/dysfunctional bleeding, threatened abortion, pelvic pain, evaluation of the pelvic mass, first trimester pregnancy loss, and sexually transmitted disease.
  12. Describe the principle causes of abnormal uterine bleeding and distinguish abnormal uterine bleeding from dysfunctional uterine bleeding
  13. List the laboratory and diagnostic tests which are helpful in the management of abnormal/dysfunctional bleeding
  14. Outline the therapeutic modalities for the treatment of abnormal/dysfunctional uterine bleeding using both surgical and non-surgical methods
  15. Describe the common vulvovaginitides
  16. Identify the common benign vulvar lesions
  17. Discuss the pathogenesis, epidemiology, diagnosis and treatment of sexually transmitted disease including: chlamydia, gonorrhea, syphilis, hepatitis B, hepatitis C, human immunodeficiency virus (HIV), herpes simplex, and HPV
  18. Outline the diagnostic criteria for pelvic inflammatory disease and discuss appropriate therapeutic intervention
  19. Outline the major causes of the pelvic mass and the diagnostic tests which assist in the evaluation of same
  20. Define chronic pelvic pain; outline the various causes; list the tests useful in establishing the diagnosis; and discuss the indications for surgical and non-surgical intervention
  21. Summarize the theories of pathogenesis of endometriosis and the typical clinical history of a patient with endometriosis
  22. Describe the treatment both medical and surgical of endometriosis
  23. Discuss first trimester pregnancy loss including the differential diagnosis, the principle causes, the use of appropriate laboratory/ultrasound testing and the clinical management
  24. Describe the major factors that predispose to ectopic pregnancy and discuss the diagnostic tests that assist in the diagnosis of ectopic pregnancy
  25. Summarize indications and compose appropriate preparation plans for pre-op gynecologic patients including bowel prep, antibiotic use, and thromboembolism prophylaxis

## **Practice- Based Learning and Improvement**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to :

### **Objectives**

1. Formulate and answer important questions that arise from patient care and demonstrate improved gynecologic skills that arise from these inquiries
2. Incorporate formative and summative feedback to improve knowledge and skill base
3. Maintain an updated gynecologic procedural log as detailed on the ACGME website
4. Participate in gynecologic quality assurance activities (M&M) of the department
5. Use personal experience with difficult and challenging patients to optimize future relationships with patients
6. Use of information technology: UpToDate, PubMed literature search, Cochrane Database, etc.

## **Systems Based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. By completion of the rotation, the residents are expected to:

**Objectives**

1. Order diagnostic tests with attention to cost-effectiveness and clinical relevance
2. Effectively use consultants and ancillary services personnel to create an effective patient care team
3. Follow clinical pathways as detailed in triage and L&D protocols
4. Demonstrate judicious and efficient resource utilization
5. Demonstrate an understanding for the roles and responsibilities of healthcare team members
6. Participate in quality improvement activities of the department
7. Organize appropriate consultations (e.g. anesthesia, internal medicine, cardiology) for the comprehensive care of the inpatient gynecologic patient

**Professionalism****Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

**Objectives**

1. Demonstrate responsibility for the welfare of all patients on the antepartum unit
2. Demonstrate accountability for one's actions and clinical decisions
3. Acknowledge errors or omissions in patient care, and work toward timely resolution or alleviation of such
4. Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals
5. Advocate for patients within the healthcare system
6. Maintain sensitivity to issues of diversity, with patients and with staff
7. Uphold the ethical principles of our specialty, as detailed by ACOG
8. Participate actively in the education of fellow residents and medical students
9. Provide patient centered gynecologic care in a non-judgmental fashion that is responsive to the emotional, educational and social needs of the patient.

**Interpersonal and Communication Skills****Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

**Objectives**

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UNIVERSITY OF PUERTO RICO  
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY



EDUCATIONAL GOALS AND OBJECTIVES

BY

ROTATION

RESIDENT LEVEL

AND

ACGME COMPETENCIES

2011-2012