

IFH OBGYN Residency Curriculum Goals/Objectives for Rotations AY1516, v 072715

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Updated 7.27.15 CSection at IFOH GYN rotation; MICU rotation chief resident points of contact; Adolescent Gyn Faculty

IFH OBGYN ROTATIONS: AMBULATORY ROTATION /CONTINUITY CLINIC

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PGY2, PGY4 site for CC	PGY1, PGY3 site for CC, Ambulatory Rotation
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The IFH OBGYN PGY 1 Residents will participate for one month of the academic year in ambulatory care at the Inova Cares Clinic for Women. This continuous exposure for one month will orient the PGY1 resident to basic outpatient evaluations and management of routine gynecologic conditions, obstetrics, gynecologic consultations and primary and preventive care. The remainder of the four years of training, the resident will participate in the ambulatory care clinic one half day per week to see his/her panel of continuity patients. Primary care audits will be conducted on a semi-annual basis. Evaluations will be performed by the clinic attending faculty based on direct resident observation and also by patient, nursing and medical student 360 evaluations based on their clinical experience with the resident.

The Obstetrics and Gynecology residency training program at the Inova Fairfax Medical Campus is designed to provide physician trainees the opportunity to achieve the knowledge, skills and attitudes essential to the practice of obstetrics and gynecology, as well as the development of competence in the provision of ambulatory primary health care for women. The residency program will establish pertinent management programs in preventive health, health promotion and ambulatory services for women (primary care). Graduates of this program will be aware of the physician's role in preventive health, health promotion and ambulatory services to women. Furthermore, they will be trained to manage and supervise ambulatory primary care for women. They will also be prepared to take the American Board of Obstetrics and Gynecology Examination

All residents PGY1-4 will rotate through an ambulatory continuity care experience. This experience starts with a dedicated one month ambulatory care block rotation in the PGY1 year as described above. During this one month block the resident will become familiar with the fundamentals of primary well woman care. During the remainder of residency training, each resident will attend a one half day session of continuity clinic per week. PGY 1 & 3 residents will conduct their Continuity Clinics at the Inova Cares Clinic for Women. PGY 2 & 4 residents will conduct their Continuity Clinics at the IMG Ballston Ob/Gyn Office. We anticipate that you will see your continuity clinic session as your private office. Ideally, patients will be initially scheduled for you based on your educational level and expertise, e.g., patients requesting a routine annual exam for contraception will be triaged towards a PGY 1 while those complaining of a "dropped bladder" will be scheduled with an upper-level resident. Obviously, this system is not foolproof, because sometimes the patient is not clear on what the problem is. (For those cases, turn to the faculty member staffing the clinic for assistance.)

The patients assigned to you will remain your patients for the duration of your academic year. And, in turn, you will be their doctor. In this way, you can learn the art and science of ob/gyn in a longitudinal fashion, seeing the effects of your recommendations and interventions.

Your scope of care for continuity patients will include Ob/Gyn conditions such as family planning, STI prevention / treatment and menopause as well as primary care conditions such as obesity, depression and environmental safety. You will also be responsible for screening and counseling patients on lifestyle and safety issues such as tobacco and alcohol abuse, car and seat belt safety, domestic violence recognition and prevention.

Obstetrical patients who are new to the clinic or the Ballston IMG practice will be assigned to you for the duration of their prenatal care. It is always your option to attend the delivery of any of your OB patients, assuming that you do not have commitments elsewhere. Ideally, the patient will return to you for her postpartum visit and subsequent health care, regardless of who performs the delivery. Obstetrical patients who develop complications during the antepartum period may, depending on your PGY level, require transfer to the high-risk clinic or perinatal center.

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The day and time for your clinic session will be determined by the various clinical rotations. As such, you are released from your monthly rotational responsibilities in order to attend your continuity session. The only exceptions to this rule are when you are on an off-service (non-Ob/Gyn such as SICU and ER) rotation and also when you are on night team duty and during your vacations. During these times you must inform the clinic staff of your scheduled absence from your continuity clinic responsibilities. Also, when PGY-1 residents rotate on Family Medicine, their continuity clinic is switched to a Monday AM clinic session.

Clinic sessions times are from 9:00am-12:30pm and from 1:00-4:30pm. Continuity clinic sessions at Inova Cares Clinic for Women take place at 6400 Arlington Boulevard, Suite 210, Falls Church, VA 22042. Continuity clinic sessions at the Inova Medical Group (IMG) take place at 1005 North Glebe Road, Suite 430. Arlington, VA 22201.

Residents must have training in EPIC Capstone, EPIC Ambulatory for OBGYN physicians.

There will always be a faculty preceptor in the continuity clinic. All patient management plans must be reviewed and signed off by the faculty. Clinical Responsibilities: To care longitudinally for a panel of obstetrics and gynecology patients. These patients are to be provided with obstetrical, gynecological and primary care during your assignment with them.

Learning Goals: To 1) perform routine primary care in the ambulatory setting as per ACOG guidelines, including preventive care such as immunizations, preconception counseling, family planning, menopausal care and sexuality counseling; 2) provide genetic counseling and prenatal care; 3) manage outpatient gynecological and endocrine problems such as pelvic pain, vulvovaginitis, sexually transmitted diseases, breast disorders, and abnormal uterine bleeding; 4) provide an initial evaluation for primary care conditions such as diabetes, hypertension, thyroid disorders and know how to refer these patients to the appropriate providers.

Obstetrician–gynecologists provide primary health care services to their patients both within and outside the traditional purview of reproductive medicine. As primary care physicians, obstetrician–gynecologists establish relationships with their patients that transcend the disease spectrum and extend to routine assessments, preventive care, early intervention, and management of medical disorders. Periodic assessments provide an excellent opportunity to counsel patients about preventive care. These assessments should include screening, evaluation, and counseling based on age and risk factors. As the major providers of reproductive health care for women, obstetrician–gynecologists are responsible for all aspects of care of reproductive disorders. Both the role of primary care physician and the role of reproductive health care provider require specialized skills and training. These skills should be recognized as essential components in the practice of obstetrics and gynecology in that they not only provide care for their patients, but may serve as the gateway to health care for their patients' significant other(s). Even when certain disorders extend beyond the scope of their practices and require referral, obstetrician–gynecologists serve in a consultant capacity in which they are involved in the continuing health maintenance of their patients.

Goals & Objectives for Periodic Health Assessments

A. Perform initial assessment

To gain the patient's confidence and cooperation in obtaining the history and performing the physical examination, residents should appreciate the effects of age; race; ethnic and cultural backgrounds; sexual orientation; lifestyle; personality; mental status; health care literacy; and the patient's level of comfort and modesty. (PBLI, P)

1. Obtain a complete medical history, including a history of genetic diseases. (PC, ICS, P)
2. Perform an appropriate general or focused physical examination. (PC, P)
3. Develop and communicate an ongoing management plan for the patient's needs or concerns (PC, P, MK, ICS)

B. Perform routine screening for selected diseases

Major causes of morbidity and mortality by age can direct attention to areas that warrant special care. The content and frequency of routine health examinations for screening and counseling should be tailored to risk factors and the patient's age using the following periodic assessments. (PC, MK, P)

1. **Ages 12 years and younger.** For the preadolescent patient, the obstetrician–gynecologist usually serves as a consultant. Primary care can be performed by a pediatrician or family physician after assessment of the specific problem for which the patient was referred. (PC) Specific objectives for the obstetrician–gynecologist in this patient population are found in Unit 5, II-A, "Pediatric gynecology (birth to menarche)." in the CREOG Educational Objectives, 10th edition.

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2. **Ages 13–18 years.** For adolescents, the obstetrician–gynecologist serves either as a consultant or as a primary health care provider, depending on the nature of his or her practice and level of expertise in the spectrum of reproductive tract disorders. These disorders are described in Unit 5, II-D, “Adolescent gynecology.” in the CREOG Educational Objectives, 10th edition. The following areas warrant special attention in this age group:

- a. Assess patients for evidence of substance use (tobacco, alcohol, and other drugs). (PC, ICS, P)
- b. Assess sexual health concerns, such as the following: (P, PC, MK)
 - (1) Contraception
 - (2) Prevention of sexually transmitted infections (STIs)
 - (3) Pregnancy issues
 - (4) Noncoital sexual activity
 - (5) Sexual orientation
- c. Test sexually active adolescents for STIs, such as the following: (PC, P)
 - (1) Gonorrhea
 - (2) Chlamydia
 - (3) Syphilis
 - (4) Hepatitis B
 - (5) Human immunodeficiency virus (HIV) infection
 - (6) Herpes simplex virus
- d. Counsel adolescents about behavior and personal safety, such as the following: (PC, ICS, P)
 - (1) Bicycle helmets
 - (2) Automobile safety belts
 - (3) Sporting equipment and apparel
 - (4) Weapon safety
 - (5) Inappropriate sexual contact
 - (6) Appropriate use of social media
- e. Evaluate psychosocial well-being, including issues regarding abuse. (PC, ICS, P)
 - (1) Promote confidentiality in health care relationships
 - (2) Facilitate the parent–child relationship
- f. Assess nutritional and growth status and level of physical activity. (PC, P)
- g. Offer vaccinations against the following: Human papilloma- virus; influenza; tetanus, diphtheria, and pertussis; measles, mumps, and rubella; hepatitis B; varicella; and meningitis. (PC, P)

3. **Ages 19–39 years.** The obstetrician–gynecologist usually is the chief health care provider for women aged 19–39 years and provides both specialist care in obstetrics and gynecology and primary preventive care. As such, the following areas warrant special attention in this age group:

- a. Describe normal reproductive physiology, including issues such as fecundity and sexual health. (MK, P)
- b. Assess reproductive concerns, such as the following: (P, PC, MK)
 - (1) Family planning and preconception care
 - (2) Prevention of STIs
 - (3) Pregnancy and postpartum care
 - (4) Infertility
 - (5) Sexuality and sexual activity
 - (6) Breast care
- c. Treat menstrual disorders, such as the following: (PC, MK, P)
 - (1) Amenorrhea
 - (2) Oligomenorrhea
 - (3) Abnormal uterine bleeding
- d. Evaluate and manage breast disorders, such as the following: (PC, MK)
 - (1) Mastitis
 - (2) Galactorrhea
 - (3) Mastodynia
 - (4) Breast masses

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- e. Evaluate psychosocial well-being, including issues regarding abuse. (PC, ICS, P)
 - f. Describe the principal reproductive health care issues of women with developmental delay and physical disabilities. (MK)
 - g. Counsel adolescents about behavior and personal safety (PC, ICS, P)
 - h. Offer appropriate vaccinations (PC, MK)
 - i. Assess nutritional status and level of physical activity. (PC, P)
4. **Ages 40–64 years.** Women aged 40–64 years are in a time of transition and may face reproductive and perimenopausal concerns, medical conditions, and psychosocial issues. The following areas warrant special attention in this age group:
- a. Assess and manage reproductive concerns, such as the following: (PC, MK, P)
 - (1) Family planning until menopause
 - (2) Prevention of STIs
 - (3) Pregnancy care (eg, offering genetic counseling/prenatal diagnosis with amniocentesis or chorionic villus sampling)
 - (4) Infertility
 - b. Evaluate and treat perimenopause/menopause concerns. (PC, MK, P)
 - (1) Normal aging, lifestyle modifications, and hormone therapy
 - (2) Risk factors for and prevention of osteoporosis
 - c. Assess cancer risks (eg, lung, breast, endometrium, ovary, colon, and skin) (PC, MK, P)
 - d. Evaluate psychosocial risks and well-being, including issues of abuse, depression and anxiety. (PC, ICS, P)
 - e. List the major risk factors for cardiovascular disease. (MK)
 - f. Assess cancer risks (eg, lung, breast, endometrium, ovary, colon, and skin). (PC, MK)
 - g. Describe the appropriate assessment for urinary and fecal incontinence. (PC, MK)
 - h. Offer appropriate vaccinations (PC, MK)
 - i. Assess nutritional status and level of physical activity. (PC, P)
5. **Ages 65 years and older.** The goal of health maintenance in women 65 years and older is improvement of the quality of life and prolongation of a disease-free state. The following areas warrant special attention in these patients:
- a. Describe the biologic effect of aging on major organ systems. (MK)
 - b. Describe the psychologic problems that may be associated with aging, such as the following: (MK)
 - . (1) Depression
 - . (2) Emotional abuse or neglect
 - . (3) Change in sexual function
 - c. Describe the appropriate interventions to prevent fractures in women. (MK)
 - d. Describe the appropriate assessment for urinary and fecal incontinence. (MK)
 - e. List the major risk factors for cardiovascular disease. (MK)
 - f. Assess cancer risks (eg, lung, breast, endometrium, ovary, colon, and skin). (PC, MK)
 - g. Describe the altered pharmacokinetics of drugs in the elderly population and the likelihood of drug interactions with medications commonly prescribed in this age group. (MK)
 - h. List the drugs that most commonly cause adverse reactions in elderly patients. (MK)
 - i. Summarize age-related changes in common laboratory values. (MK)
 - j. Offer appropriate vaccinations (PC, MK)
 - k. Assess nutritional status and level of physical activity. (PC, MK)
 - l. Perform a basic assessment of functional status, including the following: (PC, MK, P)
 - . (1) Activities of daily living
 - . (2) Mini-mental status examination, including assessment for dementia
 - . (3) Capacity for independent decision making

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C. Counsel patients

Counseling encourages patients to adopt healthy behavior and to seek regular preventive care that may reduce the prevalence of disorders later in life. The obstetrician–gynecologist is in a position to evaluate the patient’s general health and to counsel her regarding general health risk behavior. Patients should be counseled about high-risk behavior and health maintenance behavior at least annually. Counseling should include factors such as the following: (PC, ICS, MK, P)

1. The importance of a healthy diet and exercise
2. Risk factors and health problems associated with substance abuse
3. Weight management
4. Contraception
5. Prevention of STIs
6. Prevention of accidents in the home and workplace
7. Preserving good dental health, such as regular tooth brushing and flossing and regular dental appointments
8. Psychosocial issues
9. Prevention of osteopenia and osteoporosis
10. Sexual health and well-being

D. Provide immunizations (PC, MK) Describe the appropriate indications and schedule for selective immunizations for human papillomavirus; rubella; measles; meningitis; varicella; hepatitis A and hepatitis B; influenza; pneumococcal pneumonia; tetanus, diphtheria, and pertussis; and herpes zoster.

ii. focused areas in gynecologic care

E. Contraception

The obstetrician–gynecologist is in a unique position to serve as a resource person for the community or the individual regarding sexual health, family planning and/or contraception. On the community level, the obstetrician–gynecologist should be able to speak to any audience on the subject of birth control. He or she should be able to discuss the cultural, societal, ethical, and religious implications of contraceptives as well as describe their effectiveness, medical benefits, and adverse effects. (P, PC, MK, ICS, PBLI)

1. Define the following terms: method effectiveness and user effectiveness. (MK)
2. Describe national and local policies that affect control of reproduction. (MK, SBP)
3. Describe how religious, ethical, and cultural differences affect health care providers and users of contraception. (PBLI)
4. Describe the effect of contraception on population growth in the United States and other nations. (MK, SBP)
5. Describe the factors that influence the individual patient’s choice of contraception. (MK, PBLI)
6. Obtain a pertinent history from a patient requesting information about contraception. (PC, ICS, P)
7. Perform a focused physical examination to detect findings that might influence the choice of contraception. (P, PC)
8. Interpret the results of selected laboratory tests that might influence a patient’s choice of contraception. (MK)
9. Describe the advantages, disadvantages, failure rates, mechanisms of action and complications associated with the following methods

of contraception: (MK)

- a. Sterilization
 - b. Oral steroid contraception
 - c. Transdermal steroid contraception
 - d. Vaginal steroid contraception
 - e. Injectable steroid contraception
 - f. Implantable steroid contraception
 - g. Intrauterine devices
 - h. Barrier methods
 - i. Natural family planning
 - j. Abstinence
10. Describe the pharmacology of hormonal contraception. (MK)
 11. Describe appropriate methods for postcoital contraception. (MK)
 12. Describe the appropriate follow-up for a woman using any of the aforementioned methods of contraception. (MK)

F. Induced abortion

Residents should be able to counsel pregnant patients on alternatives available to them, including induced abortion and adoption. Residents who decide not to provide this service because of a moral objection still should be able to counsel patients, make appropriate referrals, and manage postabortal complications. (PC, ICS, PBLI, P)

1. Obtain a pertinent history from a patient requesting an induced abortion. (ICS, P)
2. Perform a targeted physical examination to confirm the presence of an intrauterine pregnancy, accurately determine gestational age, and identify other abnormal physical findings that may influence the choice of abortion method. (PC, P)
3. Order and interpret selected laboratory tests in patients requesting induced abortion. (PC)

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4. Describe the principal techniques for pregnancy termination, such as the following: (PC, MK, P)
 - a. Suction curettage
 - b. Dilation and evacuation
 - c. Medical abortion
 - d. Induction termination
5. Describe and treat the principal complications of induced abortion. (PC, MK, P)
6. Perform post procedure care and counseling
7. Describe the possible psychological aftermath of induced abortion. (PC, MK, P)

G. Sexual health

The obstetrician–gynecologist should understand the concepts of sexual development and identity. The practitioner also should understand the ways in which a patient’s sexuality may be altered by physical or psychological conditions, including menopause and advancing age. The obstetrician–gynecologist should be familiar and comfortable with the terminology used in sexual counseling and should understand the range of sexual function disorders. (PC, ICS, PBLI)

Educational Objectives

1. Describe stages of sexual response: desire, arousal, orgasm, resolution, and refractory period. (MK)
2. Describe the principal disorders of sexual function, including the following: (PC, MK)
 - a. Hypoactive sexual desire disorder
 - b. Female sexual arousal disorder
 - c. Sexual aversion disorder
 - d. Female orgasmic disorder
 - e. Pelvic pain disorders, including vaginismus and dyspareunia
3. Obtain a complete sexual history. (PC, ICS)
 - a. Sexual activity and masturbation
 - b. Use of devices and appliances (including storage)
4. Perform a targeted physical examination to evaluate sexual dysfunction. (PC)
5. Describe possible interventions for patients with disorders of sexual function. (PC, MK)
6. Be able to discuss common sexual concerns with patients with understanding of their backgrounds, religious/moral beliefs, ages, and social situations. (PC, ICS, P)
7. Understand the effects of age and menopause on sexual function, and be able to discuss these effects with patients. (PC, P)
8. Know the effects of common medications and substances, such as the following, on sexual function: (MK)
 - a. Contraceptives
 - b. Antidepressants and antipsychotics
 - c. Antihypertensives
 - d. Antiepileptics
 - e. Alcohol
 - f. Illicit drugs (eg, cocaine, marijuana, narcotics)
9. Describe the appropriate long-term follow-up for patients with disorders of sexual function. (PC)

H. Lesbian health

The obstetrician–gynecologist should be sensitive and knowledgeable regarding methods to promote health for lesbians. (PBLI, P)

1. Display sensitivity to sexual orientation and describe ways to promote an office environment that is respectful of a patient’s sexuality. (PBLI, P)
2. Describe health risks that may be higher or lower in the lesbian population, and conduct appropriate health screening for lesbian patients. (PC, MK, P)
3. Address reproductive concerns and options. (PC, ICS, MK, P)

I. Transgender health

The obstetrician–gynecologist should be sensitive and knowledgeable regarding methods to promote health for transgender women. (PBLI, P)

1. Display sensitivity to gender identity and describe ways to promote an office environment that is respectful of a patient’s gender identity. (PBLI, P)
2. Describe health risks that may be higher or lower in the transgender population and conduct appropriate health screening for transgender patients. (PC, MK, P)
3. Describe the various surgical procedures that might be requested by a transgender patient. (MK)
4. Refer, when appropriate, to specialists, such as reproductive endocrinologists, urologists, and urogynecologists. (PC, P)

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J. Crisis intervention

The obstetrician–gynecologist should be able to identify an abused woman, provide immediate medical evaluation and treatment for her and, if indicated, assist with referrals for legal assistance and psychologic counseling. (PC, ICS, SBP, P)

1. Describe the principal types of violence against women of all ages:
 - a. Incest
 - b. Rape
 - c. Physical abuse
 - d. Psychologic abuse
2. Obtain a pertinent history from a possible victim of physical, psychologic, or sexual abuse. (PC, ICS, P)
3. Perform a focused mental status examination and physical examination to detect findings of physical, psychologic, or sexual abuse. (PC, P)
4. Describe the appropriate legal safeguards that must be observed in evaluating a victim of abuse, such as maintaining the proper chain of evidence in handling laboratory specimens and reporting the crime to the appropriate authorities. (SBP)
5. Perform or order selected laboratory tests to evaluate a victim of abuse. (PC, P)
6. Provide immediate treatment for the victim of abuse: (PC, P)
 - a. Prophylaxis for STIs
 - b. Postcoital contraception
7. Provide appropriate follow-up care and referrals for victims of abuse. (PC, SBP, P)
8. Assess a patient's environment for safety and possible placement (PC, ICS, P)

K. Management of Non-gynecologic Conditions

Many nongynecologic conditions can be managed effectively with a team approach in which the obstetrician–gynecologist plays a key role. The obstetrician–gynecologist is encouraged to develop collaborative relationships with other specialists to allow timely referrals as well as to enhance clinical skills. Residents must be able to diagnose and treat many uncomplicated nongynecologic conditions and know when and to whom patients should be referred. (PC, SBP, P)

a. Allergic rhinitis

1. Describe the signs and symptoms of allergic rhinitis. (MK)
2. Obtain a history and perform a targeted physical examination to diagnose allergic rhinitis. (PC, ICS, P)
3. Describe the differential diagnosis of allergic rhinitis. (MK)
4. Counsel patients about the effect of environmental allergens & initiate basic medical treatment for allergic rhinitis. (P, PC, ICS)

b. Respiratory tract infection

1. Describe the differential diagnosis of respiratory tract infection. (MK)
2. Obtain a pertinent history in a patient with suspected respiratory tract infection. (PC, ICS)
3. Describe the usual signs and symptoms of respiratory tract infection. (MK)
4. Perform a targeted physical examination to diagnose respiratory tract infection. (PC, P)
5. Interpret the results of selected tests, such as the following, to diagnose respiratory tract infection: (PC, MK)
 - a. Chest X-ray
 - b. Tuberculin skin test
6. Treat uncomplicated respiratory tract infection.
7. Describe the indications for referral of a patient with a more severe respiratory tract infection.

c. Asthma

1. Obtain a pertinent history from a patient with asthma. (PC, ICS, P)
2. Perform a targeted physical examination to detect findings associated with asthma. (PC, P)
3. Interpret the results of basic pulmonary function tests, such as forced expiratory volume in 1 second (FEV1). (MK)
4. Describe the differential diagnosis of asthma. (MK)
5. Treat mild asthma with appropriate medications. (PC)
6. Describe the indications for referral of a patient with more severe asthma. (PC, MK, SBP)

Educational Objectives

d. Hypertension

1. Describe the criteria for the diagnosis of hypertension. (MK)
2. Describe the major causes of hypertension. (MK)
3. Describe the long-term consequences of untreated hypertension. (MK)
4. Describe the principal symptoms of hypertension. (MK)
5. Initiate a treatment plan for mild hypertension. (PC)
6. Describe the indications for referral of a patient with hypertension. (PC, SBP)

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e. Abdominal pain

1. Obtain a pertinent history in a patient with abdominal pain. (PC, ICS, P)
2. Perform a targeted physical examination to evaluate a patient with abdominal pain. (PC, P)
3. Describe the differential diagnosis of abdominal pain. (MK)
4. Interpret the results of selected laboratory, radiologic, and endoscopic tests to determine the etiology of abdominal pain. (PC, MK)
5. Treat selected patients with abdominal pain, and describe the indications for referral. (PC, SBP)

f. Gastrointestinal disorders

1. Describe the signs and symptoms of common gastrointestinal disorders, such as the following: (PC, MK)
 - a. Acute diarrhea
 - b. Constipation
 - c. Diverticulosis/diverticulitis
 - d. Gastroenteritis
 - e. Gastroesophageal reflux
 - f. Irritable bowel syndrome

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2. Obtain a pertinent history and perform a physical exam to evaluate a patient with gastrointestinal symptoms. (PC, ICS, P)
3. Interpret the results of selected laboratory, radiologic, and endoscopic tests to determine the etiology of a patient's gastrointestinal symptoms. (PC, MK)
4. Treat selected patients with gastrointestinal disorders and describe the indications for referral. (PC, SBP)

g. Urinary tract disorders

Residents should understand the treatment of acute urethritis, acute cystitis, acute pyelonephritis, and ureteral calculi. Learning objectives for the management of conditions affecting the urinary system are found in Unit 4, Gynecology. (PC, MK)

h. Headache

1. Describe the principal causes of headaches, including migraine, tension, stress, sinus and intracranial lesions. (MK)
2. Obtain a pertinent history and perform a focused physical examination to evaluate a patient with headaches. (PC, ICS, P)
3. Treat muscle tension headaches, mild migraines, and menstrual migraines. (PC)
4. Describe indications for referral of patients with unusual/severe headaches. (PC, SBP)

i. Depression

1. Describe risk factors for depression. (MK)
2. Describe the signs and symptoms of depression. (PC, MK)
3. Describe the differential diagnosis of depression. (MK)
4. Describe the use and interpretation of screening instruments for the identification of depression. (PC, MK)
5. Obtain a pertinent history from a patient with signs of depression. (PC, ICS, P)

Educational Objectives

6. Identify patients at risk of suicide or other harmful acts. (PC, MK, P)
7. Treat depression with interventions, such as administration of antidepressants or referral for counseling. (PC, SBP)

j. Premenstrual syndrome and premenstrual dysphoric disorder □

1. Define premenstrual symptoms, premenstrual syndrome (PMS), and premenstrual dysphoric disorder (PMDD). (MK)
2. Describe the signs and symptoms of PMS/PMDD. (PC, MK)
3. Describe the differential diagnosis of PMS/PMDD. (MK)
4. Describe the relevance of a symptom diary in the diagnosis of PMS/PMDD. (PC, MK)
5. Obtain a pertinent history from a patient with signs of PMS/ PMDD. (PC, ICS, P)
6. Treat PMS/PMDD with interventions, such as lifestyle changes, supplements, nonprescription analgesics, and prescription medications. (PC)

k. Anxiety

1. Describe the differential diagnosis of patients with an apparent anxiety disorder. (MK)
2. Obtain a pertinent history for a patient with signs of an anxiety disorder. (PC, ICS, P)
3. Treat mild anxiety with interventions, such as administration of anxiolytic agents or referral for counseling. (PC, SBP)

l. Skin disorders

Involvement of obvious gynecologic epithelial surfaces is covered in Unit 4, Gynecology of the CREOG Educational Objectives, 10th edition.

1. Obtain a history relevant to dermatologic risk factors:(PC,ICS,P)
 - a. Environmental exposure to ultraviolet light
 - b. Personal and hygienic habits predisposing to skin lesions

IFH OBGYN ROTATIONS: AMBULATORY ROTATION /CONTINUITY CLINIC

2. Perform a physical exam of all areas of skin, including those susceptible to chronic exposure to ultraviolet light. (PC, P)
3. Perform a skin biopsy and interpret the results of the biopsy. (PC, MK)
4. Treat selected dermatologic conditions, such as the following: (PC)
 - a. Uncomplicated sunburn
 - b. Uncomplicated irritative or inflammatory skin disorders
 - c. Poison ivy, oak, or sumac
 - d. Contact dermatitis
 - e. Insect bites
 - f. Fungal dermatitis
 - g. Eczematous lesions
 - h. Mild acne
5. Describe the characteristic physical findings of basal cell carcinoma, squamous cell carcinoma, melanoma, and Paget disease. (PC, MK)
6. Describe skin conditions that may be manifestations of significant systemic diseases. (MK)
7. Describe the indications for referral of patients with skin disorders. (PC, SBP)

m. Diabetes

1. Describe classification of diabetes, including prediabetes, type 1, type 2, and gestational. (MK)
2. Describe risk factors for diabetes. (PC, MK)
3. Describe signs and symptoms of diabetes. (PC, MK)
4. Obtain a pertinent history in a patient with suspected diabetes. (PC, ICS, P)
5. Describe the criteria for the diagnosis of diabetes. (MK)
6. Describe the use of diet, oral hypoglycemic agents, and insulin for treatment of diabetes. (PC, MK)
7. Assess glycemic control by laboratory studies. (PC)
8. Describe indications for referral of patients with diabetes. (PC, SBP)

n. Thyroid diseases

1. Describe the most common causes of hypothyroidism and hyperthyroidism. (MK)
2. Describe the most common signs and symptoms of hypothyroidism and hyperthyroidism. (PC, MK)
3. Obtain a pertinent history and perform a targeted physical examination to evaluate thyroid disease, including thyroid cancer, benign nodules, and hypothyroidism or hyperthyroidism. (PC, ICS, P)
4. Interpret the results of selected diagnostic tests to confirm the diagnosis of hypothyroidism or hyperthyroidism. (PC, MK)
5. Describe the indications for referral of a patient with thyroid disease. (PC, SBP)

o. Low back pain

1. Describe the differential diagnosis of low back pain. (MK)
2. Obtain a pertinent history in a patient with low back pain. (PC, ICS, P)
3. Perform a targeted physical exam to evaluate low back pain symptoms and to evaluate possible gynecologic causes. (PC)
4. Describe indications for referral of patients with more severe low back pain. (PC, SBP)

p. Osteoporosis

1. Describe risk factors for osteoporosis. (MK)
2. Describe the use and interpretation of screening tests for the identification of osteoporosis. (PC, MK)
3. Describe the evaluation of secondary causes of osteoporosis. (MK)

Primary and Preventive Ambulatory Health Care

- List preventive measures for osteoporotic bone loss and fracture. (MK)
5. Treat osteoporosis and provide appropriate follow-up care. (PC, SBP)

q. Overweight and obesity

1. Define overweight and obesity. (MK)
2. Calculate a patient's body mass index using her height and weight. (MK, PC)
3. Discuss overweight and obesity in a culturally sensitive manner. (ICS, PC, P)
4. Obtain a pertinent history from a patient who is overweight or obese. (PC, ICS, P)
5. Describe the gynecologic effect of being overweight or obese. (MK)
6. Educate patients regarding medical and surgical options for weight loss. (MK, PC, ICS, SBP)
7. Promote regular physical activity. (PC, ICS)

r. Arthritis and joint disorders

1. Know the common disorders that affect joints, including the following: (MK)
 - a. Childhood arthritis Fibromyalgia Gout Lupus Osteoarthritis Rheumatoid arthritis
2. Recognize arthritis as a public health problem. (MK, SBP)
3. Provide early diagnosis and appropriate management, including consultation/referral to a specialist. (PC, SBP)
4. Counsel patients regarding joint-related disorders. (PC, ICS)

IFH OBGYN ROTATIONS: AMBULATORY ROTATION /CONTINUITY CLINIC

Educational Objectives procedures: The following table lists the procedures pertinent to primary and preventive ambulatory care and summarizes the level of technical proficiency that should be achieved by graduating residents. Residents should either understand a procedure (including indications, contraindications, and principles) or be able to perform it independently. These distinctions are based on the premise that knowledge of a procedure is implicit in the ability to perform it. (PC)

Procedure	Understand	Understand and Perform
Auditory acuity testing	X	
Bone densitometry studies	X	
Complete physical examination		X
Electrocardiography	X	
External auditory canal and tympanic membrane examination		X
Fecal occult blood testing		X
Fundusoscopic examination (basic)		X
Gastrointestinal endoscopy	X	
Insertion and removal of intrauterine device		X
Insertion and removal of implantable steroid contraception		X
Peak expiratory flow (FEV ₁) determination	X	
Fitting of diaphragm or cervical cap		X
Pulse oximetry		X
Skin biopsy		X
Scraping of skin lesions for microscopy	X	
Visual acuity testing (i.e., standard eye chart)	X	
Visual field deficit testing	X	

ACGME Milestones to be assessed during the Ambulatory / Continuity Clinic experience:

Interpersonal and Communication Skill

- Communication w/ Patients and Families
- Communication w/ Physicians & Other Health Professionals & Teamwork
- Informed Consent and Shared Decision Making

Professionalism

- Compassion, Integrity, and Respect for Others
- Accountability and Responsiveness to the Needs of Patients, Society, and the Profession
- Respect for Patient Privacy, Autonomy, Patient-Physician Relationship

Practice-based Learning and Improvement

- Quality Improvement Process: Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement
- Self-directed Learning/Critical Appraisal of Medical Literature

Systems-based Practice

- Patient Safety and Systems Approach to Medical Errors: Participate in identifying system errors and implementing potential systems solutions
- Cost-effective Care and Patient Advocacy

Patient Care

- Antepartum Care and Complications of Pregnancy
- Care of the Patient with Non-Reproductive Medical Disorders
- Family Planning
- Ambulatory Gynecology

Medical Knowledge

- Pelvic Mass
- Abdominal/Pelvic Pain (Acute and Chronic)
- Abnormal Uterine Bleeding (Acute and Chronic)
- First Trimester Bleeding
- Health Care Maintenance and Disease Prevention

ADOLESCENT & PEDIATRIC GYNECOLOGY

FACULTY	Rachel Casey MD, rachel.casey@inova.org (781) 718-1062
LOCATION	Ballston IMG Office, 1005 North Glebe Rd Suite #430 Arlington VA 22201, (571) 302 3920 Pediatric Specialists of Virginia Office, 3023 Hamaker Court, Suite 500, Fairfax, Virginia 22031 (703) 876 2788
PGY level	PGY3

During the adolescent / pediatric portion of the rotation, residents will work for two weeks under the supervision of Dr. Rachel Casey at both the Ballston IMG office and the PSV offices at Hamaker Court. Residents will be responsible for evaluating and diagnosing a full range of gynecologic pediatric symptoms from vulvar rashes to possible child abuse. In addition, residents will be required to complete the NASPAG Resident Education Curriculum in Pediatric and Adolescent Gynecology: The Short Curriculum. They are also to have an understanding of the following topics:

SPECIFIC COMPETENCY BASED GOALS AND OBJECTIVES for Pediatric and Adolescent Gynecology

A. Pediatric gynecology (birth to menarche)

1. Describe gynecologic problems experienced by pediatric patients, such as: (MK)
 - a. Vulvovaginitis
 - b. Vulvar disease
 - c. Prepubertal vaginal bleeding
 - d. Trauma
 - e. Foreign body in the vagina
 - f. Sexual abuse
 - g. Abnormal pubertal development
 - h. Ambiguous genitalia
2. Elicit a pertinent history & a focused physical exam appropriate for patient's age, including (PC, ICS, P)
 - a. Demonstration of correct use of equipment
 - b. Positioning
 - c. Adjuncts to examination
3. Perform and/or interpret selected tests to diagnose a specific gynecologic disorder in a ped patient (PC)
 - a. Microbiologic cultures of the lower genital tract
 - b. Vaginoscopy
 - c. Vaginal lavage
 - d. Ultrasonography
 - e. MRI
4. Understand the medical and surgical treatment of pediatric gynecologic disorders. (MK, PC)
5. Understand the indications for referral to a sub-specialist. (PC, SBP)
6. Counsel the patient & her family about long-term prognosis & the effect of specific conditions on reproduction ICS
7. Perform a forensic exam (including appropriate laboratory tests) to evaluate sexual abuse. (PC, SBP)
 - a. Describe the standards for diagnosis of sexual abuse and for maintenance of the chain of evidence.
 - b. Describe the mandated reporting law for sexual abuse in the physician's practice location.
 - c. Collaborate with appropriate health professionals regarding the follow-up of pediatric patients evaluated for sexual abuse.

B. Precocious puberty

1. Define precocious puberty. (MK)
2. Describe the principal causes of precocious puberty. (MK)
3. Perform history & a focused physical examination to evaluate diagnosis of precocious puberty (PC, ICS)
4. Interpret the results of selected tests to evaluate precocious puberty, such as: (PC)
 - a. Ultrasonography
 - b. Gonadotropin assays
 - c. X-ray studies to determine bone age
 - d. CT or MRI scans
5. Describe the treatment and long-term prognosis for patients with precocious puberty. (PC)

C. Developmental anomalies of the urogenital tract

1. Describe the major developmental anomalies and their implications for sexual function, menstruation, fertility, and reproductive outcome, including: (MK)
 - a. Hymenal abnormalities
 - b. Vaginal agenesis with or without a uterus
 - c. Vaginal septum
 - d. Uterine septum
 - e. Unicornuate or bicornuate uterus

ADOLESCENT & PEDIATRIC GYNECOLOGY

2. Describe the features of a patient's history suggestive of a developmental anomaly of the urogenital tract. (MK)
3. Perform a focused physical examination to identify developmental anomalies of the urogenital tract and associated somatic anomalies. (PC)
4. Interpret the following tests to confirm the diagnosis of a developmental anomaly, its etiology, and its potential clinical implications: (MK, PC)
 - a. Ultrasonography, sonohysterography, hysterosalpingography, hysteroscopy, laparoscopy
 - b. Endocrinologic assays
 - c. Microbiologic tests
 - d. Peripheral blood karyotype assessment
 - e. CT or MRI
 - f. Examination under anesthesia
5. Describe appropriate medical and surgical treatments for patients with developmental anomalies. (PC)
6. Counsel patients and their families about the impact of genital tract anomalies on reproduction. (ICS)
7. Describe the indications for referral. (SBP)

D. Adolescent gynecology

1. Discuss the diagnosis and management of gynecologic issues often experienced by adolescent women, such as: (MK, PC)
 - a. Normal and abnormal pubertal development
 - b. Normal psychosocial development
 - c. Pituitary disorders
 - d. Primary amenorrhea
 - e. Breast mass
 - f. Menstrual irregularities
 - g. Dysmenorrhea
 - h. Vulvovaginitis
 - i. Sexuality
 - j. Contraceptive needs
 - k. Sexually transmitted diseases
 - l. Pregnancy
 - m. Sexual abuse
 - n. Ovarian diseases and masses
 - o. Endometriosis
 - p. Chronic pelvic pain
2. Elicit a pertinent medical and sexual history from an adolescent patient. (ICS)
3. Perform a physical examination with special attention to the needs of an adolescent patient. (PC, P)
4. Provide for the primary care needs of the adolescent, demonstrating knowledge in areas, such as:
 - a. Psychological health (PC)
 - b. Immunizations (PC)
 - c. Confidentiality issues (P)
 - d. Facilitation of parent-child communication (ICS)
 - e. Safety and prevention of morbidity and mortality (PC)
 - f. Substance abuse (PC)
 - g. Nutrition and dietary management (PC)
5. Provide patient and parent education in the following areas: (ICS)
 - a. Normal anatomic and psychosocial development
 - b. Personal hygiene
 - c. Menses
 - d. Sexuality
 - e. Prevention of pregnancy and STDs
 - f. Psychosocial concerns
6. Perform or interpret selected tests to confirm the diagnosis of specific gynecologic disorders in an adolescent patient, such as: (MK, PC)
 - a. Microbiologic tests
 - b. Endocrinologic assays
 - c. Ultrasonography, sonohysterography, hysterosalpingography, hysteroscopy, laparoscopy
 - d. CT or MRI
7. Treat adolescent gynecologic disorders medically or surgically. (PC)
8. Describe the indications for referral. (SBP)
9. Counsel the patient and her family about the long-term prognosis of her condition. (ICS)

ADOLESCENT & PEDIATRIC GYNECOLOGY

E. Delayed puberty

1. Understand the principal causes of delayed puberty.(MK)
2. Describe the history of a patient with delayed puberty. (MK)
3. Perform a physical examination and interpret tests to evaluate the etiology of delayed puberty, such as: (PC)
 - a. Vaginal cytology
 - b. X-rays for bone age
 - c. Endocrinologic assays
 - d. Peripheral blood karyotype
 - e. CT scan or MRI of the head
4. Describe the treatment of a patient with delayed puberty. (PC)
5. Describe the indications for referral.(SBP)
6. Counsel a patient and her family about her long-term follow-up and prognosis and the effect of her condition on reproduction. (ICS)

Procedures	Understand	Understand/Perform
Perform a physical examination with special attention to the needs of an adolescent patient		x

ACGME Milestones Adolescent & Pediatric Gyn rotation:

Interpersonal and Communication Skill

- Communication w/ Patients and Families
- Communication w/ Physicians & Other Health Professionals & Teamwork
- Informed Consent and Shared Decision Making

Professionalism

- Compassion, Integrity, and Respect for Others
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Practice-based Learning and Improvement

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Systems-based Practice

- Patient Safety and Systems Approach to Medical Errors: Participate in identifying system errors and implementing potential systems solutions
- Cost-effective Care and Patient Advocacy

Patient care

- Ambulatory Gynecology
- Care of the Patient with Non-Reproductive Medical Disorders
- Family Planning

Medical Knowledge

- Health Care Maintenance and Disease Prevention
- Abnormal Uterine Bleeding (Acute and Chronic)
- Pelvic Mass

ADOLESCENT & PEDIATRIC GYNECOLOGY @ Washington Hospital Center

FACULTY	Veronica Gomez-Lobo MD, Veronica.Gomez-Lobo@MedStar.net 202-877-3029
LOCATION	Washington Hospital Center, 110 Irving Street, NW, 5 th floor, Washington, DC 20010
PGY level	PGY3
Credential required	Washington DC medical training license must be obtained/granted prior to starting this rotation. Website: http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/MTL_Regulations_Pub%20April52013.pdf

During the adolescent / pediatric portion of the rotation, residents will work for two weeks under the supervision of Dr. Veronica Gomez-Lobo at both the Washington Hospital Center and Children's National Medical Center. Residents will be responsible for evaluating and diagnosing a full range of gynecologic pediatric symptoms from vulvar rashes to possible child abuse. In addition, residents will be required to complete the NASPAG Resident Education Curriculum in Pediatric and Adolescent Gynecology: The Short Curriculum. They are also to have an understanding of the following topics:

SPECIFIC COMPETENCY BASED GOALS AND OBJECTIVES for Pediatric and Adolescent Gynecology

A. Pediatric gynecology (birth to menarche)

1. Describe gynecologic problems experienced by pediatric patients, such as: (MK)
 - a. Vulvovaginitis
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 - e. Foreign body in the vagina
 - f. Sexual abuse
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 - h. Ambiguous genitalia
2. Elicit a pertinent history & a focused physical exam appropriate for patient's age, including (PC, ICS, P)
 - a. Demonstration of correct use of equipment
 - b. Positioning
 - c. Adjuncts to examination
3. Perform and/or interpret selected tests to diagnose a specific gynecologic disorder in a ped patient (PC)
 - a. Microbiologic cultures of the lower genital tract
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 - e. MRI
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5. Understand the indications for referral to a sub-specialist. (PC, SBP)
6. Counsel the patient & her family about long-term prognosis & the effect of specific conditions on reproduction ICS
7. Perform a forensic exam (including appropriate laboratory tests) to evaluate sexual abuse. (PC, SBP)
 - a. Describe the standards for diagnosis of sexual abuse and for maintenance of the chain of evidence.
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 - c. Collaborate with appropriate health professionals regarding the follow-up of pediatric patients evaluated for sexual abuse.

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3. Perform history & a focused physical examination to evaluate diagnosis of precocious puberty (PC, ICS)
4. Interpret the results of selected tests to evaluate precocious puberty, such as: (PC)
 - a. Ultrasonography
 - b. Gonadotropin assays
 - c. X-ray studies to determine bone age
 - d. CT or MRI scans
5. Describe the treatment and long-term prognosis for patients with precocious puberty. (PC)

C. Developmental anomalies of the urogenital tract

1. Describe the major developmental anomalies and their implications for sexual function, menstruation, fertility, and reproductive outcome, including: (MK)
 - a. Hymenal abnormalities
 - b. Vaginal agenesis with or without a uterus
 - c. Vaginal septum
 - d. Uterine septum
 - e. Unicornuate or bicornuate uterus

ADOLESCENT & PEDIATRIC GYNECOLOGY @ Washington Hospital Center

2. Describe the features of a patient's history suggestive of a developmental anomaly of the urogenital tract. (MK)
3. Perform a focused physical examination to identify developmental anomalies of the urogenital tract and associated somatic anomalies. (PC)
4. Interpret the following tests to confirm the diagnosis of a developmental anomaly, its etiology, and its potential clinical implications: (MK, PC)
 - a. Ultrasonography, sonohysterography, hysterosalpingography, hysteroscopy, laparoscopy
 - b. Endocrinologic assays
 - c. Microbiologic tests
 - d. Peripheral blood karyotype assessment
 - e. CT or MRI
 - f. Examination under anesthesia
5. Describe appropriate medical and surgical treatments for patients with developmental anomalies. (PC)
6. Counsel patients and their families about the impact of genital tract anomalies on reproduction. (ICS)
7. Describe the indications for referral. (SBP)

D. Adolescent gynecology

1. Discuss the diagnosis and management of gynecologic issues often experienced by adolescent women, such as: (MK, PC)
 - a. Normal and abnormal pubertal development
 - b. Normal psychosocial development
 - c. Pituitary disorders
 - d. Primary amenorrhea
 - e. Breast mass
 - f. Menstrual irregularities
 - g. Dysmenorrhea
 - h. Vulvovaginitis
 - i. Sexuality
 - j. Contraceptive needs
 - k. Sexually transmitted diseases
 - l. Pregnancy
 - m. Sexual abuse
 - n. Ovarian diseases and masses
 - o. Endometriosis
 - p. Chronic pelvic pain
2. Elicit a pertinent medical and sexual history from an adolescent patient. (ICS)
3. Perform a physical examination with special attention to the needs of an adolescent patient. (PC, P)
4. Provide for the primary care needs of the adolescent, demonstrating knowledge in areas, such as:
 - a. Psychological health (PC)
 - b. Immunizations (PC)
 - c. Confidentiality issues (P)
 - d. Facilitation of parent-child communication (ICS)
 - e. Safety and prevention of morbidity and mortality (PC)
 - f. Substance abuse (PC)
 - g. Nutrition and dietary management (PC)
5. Provide patient and parent education in the following areas: (ICS)
 - a. Normal anatomic and psychosocial development
 - b. Personal hygiene
 - c. Menses
 - d. Sexuality
 - e. Prevention of pregnancy and STDs
 - f. Psychosocial concerns
6. Perform or interpret selected tests to confirm the diagnosis of specific gynecologic disorders in an adolescent patient, such as: (MK, PC)
 - a. Microbiologic tests
 - b. Endocrinologic assays
 - c. Ultrasonography, sonohysterography, hysterosalpingography, hysteroscopy, laparoscopy
 - d. CT or MRI
7. Treat adolescent gynecologic disorders medically or surgically. (PC)
8. Describe the indications for referral. (SBP)
9. Counsel the patient and her family about the long-term prognosis of her condition. (ICS)

E. Delayed puberty

1. Understand the principal causes of delayed puberty. (MK)
2. Describe the history of a patient with delayed puberty. (MK)

ADOLESCENT & PEDIATRIC GYNECOLOGY @ Washington Hospital Center

3. Perform a physical examination and interpret tests to evaluate the etiology of delayed puberty, such as: (PC)
 - a. Vaginal cytology
 - b. X-rays for bone age
 - c. Endocrinologic assays
 - d. Peripheral blood karyotype
 - e. CT scan or MRI of the head
4. Describe the treatment of a patient with delayed puberty. (PC)
5. Describe the indications for referral. (SBP)
6. Counsel a patient and her family about her long-term follow-up and prognosis and the effect of her condition on reproduction. (ICS)

Procedures	Understand	Understand/Perform
Perform a physical examination with special attention to the needs of an adolescent patient		X

ACGME Milestones Adolescent & Pediatric Gyn rotation:

Interpersonal and Communication Skill

- **Communication w/ Patients and Families**
- **Communication w/ Physicians & Other Health Professionals & Teamwork**
- **Informed Consent and Shared Decision Making**

Professionalism

- **Compassion, Integrity, and Respect for Others**
- **Accountability and Responsiveness to the Needs of Patients, Society, and the Profession**
- **Respect for Patient Privacy, Autonomy, Patient-Physician Relationship**

Practice-based Learning and Improvement

- **Quality Improvement Process: Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement**
- **Self-directed Learning/Critical Appraisal of Medical Literature**

Systems-based Practice

- **Patient Safety and Systems Approach to Medical Errors: Participate in identifying system errors and implementing potential systems solutions**
- **Cost-effective Care and Patient Advocacy**

Patient care

- **Ambulatory Gynecology**
- **Care of the Patient with Non-Reproductive Medical Disorders**
- **Family Planning**

Medical Knowledge

- **Health Care Maintenance and Disease Prevention**
- **Abnormal Uterine Bleeding (Acute and Chronic)**
- **Pelvic Mass**

BREAST CARE ROTATION

FACULTY	Kirsten Edmiston MD Kirsten.edmiston@inova.org Costanza Cocilovo MD Costanza.cocilovo@inova.org
LOCATIONS	Inova Medical Group-Breast Surgery, 2 sites, phone 703-207-4320 3580 Joseph Siewick Dr Suite 101 Fairfax, VA 22033 8318 Arlington Blvd #305 Fairfax ,VA 22031
PGY LEVEL	PGY3

All PGY3 residents will spend two weeks rotating on the breast care service under the supervision of Drs. Kirsten Edmiston and Constanza Cocilovo. There they will participate in the evaluation of both benign and malignant breast masses. The focus of this experience is to become skilled at breast physical exam and also to know established protocols for the management of a newly diagnosed breast masses. The resident will also be exposed to needle aspirations, office biopsies and mammographic and sonographic findings. At the completion of the rotation, the resident is to have an understanding of the following topics:

SPECIFIC COMPETENCY BASED GOALS AND OBJECTIVES for Breast Care

Carcinoma of the Breast

A. Epidemiology and risk assessment of breast cancer

1. Evaluate a patient's personal or family history of breast cancer, including the risk associated with BRCA1 or BRCA2. (PC)
2. Evaluate other epidemiologic factors to assess a woman's risk for developing breast cancer, i.e., (PC)
 - a. Patient age
 - b. Parity
 - c. Ethnicity
 - d. Lactation
 - e. Hormone replacement
 - f. Alcohol consumption
3. Counsel patients regarding breast cancer prevention strategies. (ICS)
4. Counsel patients regarding the use of screening methods, such as mammography. (ICS)
5. Refer patients appropriately for genetic counseling and testing. (PC, SBP)

B. Diagnosis of invasive carcinoma of the breast

1. Perform a focused history and physical examination in women with signs or symptoms of breast cancer. (PC, ICS)
2. Order and explain to the patient appropriate diagnostic tests for evaluating a suspicious breast lesion. (PC, ICS)
3. Describe the indications for and interpret for the patient the results of needle aspiration of a breast cyst and fine needle biopsy of a solid lesion. (PC, ICS)
4. Describe indications for & interpret for the patient the results of other diagnostic studies, such as: (PC)
 - a. Mammography
 - b. Ultrasonography
 - c. Core-needle biopsy
 - d. Excisional biopsy

C. Management of invasive breast cancer (MK)

1. Describe the staging of breast cancer and the prognostic significance of histologic type, regional lymph node metastasis, distant metastasis, and hormone receptor status.
2. Describe the indications for lumpectomy vs. mastectomy.
3. Describe the indications for adjuvant therapy with hormonal treatment, chemotherapy, or radiation therapy.
4. Describe the impact of pregnancy on the treatment and prognosis of breast cancer.

D. Breast cancer survivorship

1. Describe the psychosocial impact of breast cancer on family dynamics, sexuality, and stress management and make appropriate referral to support groups and health care professionals. (PC, SBP)

E. Manage the adverse effects of antiestrogen medications, such as tamoxifen and aromatase inhibitors. (PC)

BREAST CARE ROTATION

Benign disorders of the breast

1. Describe the clinical history and principal pathophysiologic conditions that affect the breast, such as the following: (MK, PC)
 - a. Breast mass
 - b. Nipple discharge
 - c. Pain
 - d. Infection (mastitis)
 - e. Asymmetry
 - f. Excessive size
 - g. Underdevelopment
2. Perform a focused physical examination to evaluate for an abnormality of the breast. (PC)
3. Describe the indications for the following procedures to assess breast disorders. Be able to perform and/or interpret the indications for and results of instrumentation and radiologic procedures. (PC)

Procedure	Understand	Understand and Perform
Breast, cyst aspiration		x
Breast biopsy	x	

ACGME Milestones for Breast Rotation

Interpersonal and Communication Skill

- **Communication w/ Patients and Families**
- **Communication w/ Physicians & Other Health Professionals & Teamwork**
- **Informed Consent and Shared Decision Making**

Professionalism

- **Compassion, Integrity, and Respect for Others**
- **Accountability and Responsiveness to the Needs of Patients, Society, and the Profession**
- **Respect for Patient Privacy, Autonomy, Patient-Physician Relationship**

Practice-based Learning and Improvement

- **Quality Improvement Process: Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement**
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Systems-based Practice

- **Patient Safety and Systems Approach to Medical Errors: Participate in identifying system errors and implementing potential systems solutions**
- **Cost-effective Care and Patient Advocacy**

Patient care

- **Care of the Patient with Non-Reproductive Medical Disorders**

Medical Knowledge

- **Health Care Maintenance and Disease Prevention**

ELECTIVE / SELECTIVE ROTATION

FACULTY	David Downing MD, david.downing@inova.org (703) 776-3396
LOCATION	Inova Fairfax Medical Campus, 3300 Gallows Rd., Falls Church VA 22042
PGY level	PGY3

PGY3 residents spend one month in a clinical elective which is designed to provide experience that cannot be obtained in the Inova Healthcare System. This off-campus clinical rotation can be domestic or international. In either case, the experience must be pre-approved by the Program Director. It must have 1) defined goals and objectives, 2) a single academic sponsor and 3) meet the criteria set by the Inova GME office for external clinical experiences. These requirements must be documented in the resident's academic file prior to approval of the elective experience. (Please review the Inova GME and Departmental off-site elective policy.)

PGY3 residents also spend one month in an on-campus clinical selective rotation. The goal of this experience is to remediate deficiencies in the resident's clinical, surgical or didactic base. These deficiencies are reviewed by the resident and the Program Director and are documented in the resident's academic file. The selective experience is then designed to assure correction of any gaps in the resident's skills or knowledge base. An end of selective evaluation with the Program Director documents remediation of any deficiencies.

Upon completion of the rotation, the PGY-3 residents should be able to:

1. Demonstrate exposure to the skill set expected of the elective rotation. (PC, MK)
2. Demonstrate remediation of any skill / knowledge deficiencies identified for the selective rotation. (PC, MK, IC, P)

ACGME Milestones to be assessed during the Elective / Selective rotation:

Interpersonal and Communication Skill

- Communication w/ Patients and Families
- Communication w/ Physicians & Other Health Professionals & Teamwork
- Informed Consent and Shared Decision Making

Professionalism

- Compassion, Integrity, and Respect for Others
- Accountability and Responsiveness to the Needs of Patients, Society, and the Profession
- Respect for Patient Privacy, Autonomy, Patient-Physician Relationship

Practice-based Learning and Improvement

- Quality Improvement Process: Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement
- Self-directed Learning/Critical Appraisal of Medical Literature

Systems-based Practice

- Patient Safety and Systems Approach to Medical Errors: Participate in identifying system errors and implementing potential systems solutions
- Cost-effective Care and Patient Advocacy

Patient Care

- Based on pre-defined goals and objectives

Medical Knowledge

- Based on pre-defined goals and objectives

EMERGENCY MEDICINE ROTATION

Location: IFH Emergency Medicine Ground Floor from Atrium
 Faculty: Randal Myers MD randalltoddmyers@gmail.com
 Coordinator: **JoBeth Eichorn Executive Asst to Dr. Robert Cates Chair, Resident/MedStudent Coord**
 Inova Fairfax Medical Campus - Department of Emergency Medicine 3300 Gallows Rd Falls Church
 VA 22042 Phone: **703-776-6373 (direct)** 703-776-3195 (main)
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PGY1 residents will rotate for one month in the Inova Fairfax Emergency Medicine Department. The goals of this rotation are to provide experience in the evaluation and management of acute medical and surgical conditions specifically with the intent of arranging triage to inpatient management or treatment and discharge. The Inova Fairfax Emergency Medicine Department is a Level 1 Trauma Center as certified by the American College of Surgeons. The department is staffed 24 hours per day by senior staff physicians. The staff directly supervises each resident physician in the care of each patient.

The resident physician will have the opportunity to see patients of all categories who present to the Emergency Department. These include: pediatric, psychiatric crisis, acute and urgent traumatic patients. The spectrum of patients includes those with orthopedic, eye, ENT, neurological, urologic and gynecological problems. The Ob/Gyn resident will be supervised by the regular staff physicians in conjunction with the senior emergency medicine residents. They will present the details of the initial evaluation, and discuss diagnostic and treatment modalities. Any procedures will also be directly supervised by the staff physicians. Consultation from specialty services is available and is obtained when appropriate, and provides immediate feedback on patient problems. Follow-up of admitted patients is at the discretion of each resident physician and provides valuable information on clinical course and outcomes.

The rotation schedule, which is coordinated by JoBeth Eichorn (EM Program Manager), consists of 15 ten-hour shifts. In addition, the resident must attend all didactic sessions which the Emergency Medicine Department presents. During this rotation the Ob/Gyn resident is excused from his / her continuity clinic duties.

Objectives of the rotation:

Develop an ability to assess acute medical and/or surgical problems in an efficient manner. (PC,MK,P)

1. Develop an ability to stabilize acute medical or surgical problems in a logical manner when appropriate. (PC,MK)
2. Develop an ability to perform a focused history and physical examination based on presenting acute complaints and physical signs. (PC,MK, P)
3. Develop an ability to outline appropriate interventions, differential diagnosis and treatment plans on an individual patient basis. (PC,MK,PBLI,SBP)
4. Determine the appropriate services necessary for discharge to home following acute treatment. (PBLI,ICS,P,SBP)
5. Communicate with patient's family and other care givers a plan for care after discharge to home. (PBLI,ICS,P,SBP)

Procedures: The following Table lists the procedures pertinent to emergency medicine care and summarizes the level of technical proficiency that should be achieved by a graduating resident. The resident should either understand a procedure (including indications, contraindications, and principles) or be able to perform it independently. These distinctions are based on the premise that knowledge of a procedure is implicit in the ability to perform it.

Procedure	Understand	Understand and Perform
Laceration evaluation and suturing		X
Triage of chest pain symptoms		X
Triage of respiratory distress		X
Evaluation and management of trauma pt.	X	
Evaluation and triage of syncope pt.		X
Evaluation and management of dehydration		X

ACGME Milestones to be assessed during the Emergency Medicine rotation:

Interpersonal and Communication Skill

- Communication w/ Patients and Families
- Communication w/ Physicians & Other Health Professionals & Teamwork
- Informed Consent and Shared Decision Making

Professionalism

- Compassion, Integrity, and Respect for Others
- Accountability and Responsiveness to the Needs of Patients, Society, and the Profession
- Respect for Patient Privacy, Autonomy, Patient-Physician Relationship

Practice-based Learning and Improvement

- Quality Improvement Process: Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement
- Self-directed Learning/Critical Appraisal of Medical Literature

Systems-based Practice

- Patient Safety and Systems Approach to Medical Errors: Participate in identifying system errors and implementing potential systems solutions
- Cost-effective Care and Patient Advocacy

Patient care

- **Care of the Patient with Non-Reproductive Medical Disorders**

Medical Knowledge

- **Abdominal/Pelvic Pain (Acute and Chronic)**

FAMILY MEDICINE ROTATION

Points of Contact for Family Medicine Rotation	Fairfax Family Practice - Fair Oaks 3650 Joseph Siewick Dr #400 Fairfax, VA 22033 (703) 391-2020 Fax: (703) 391-1211
Faculty, Lee Blecher MD	lblecher@ffpcs.com
Faculty, Sam Jones MD	sjones@ffpcs.com
Faculty, Susan Burroughs MD	sburroughs@ffpcs.com
Manager, Crystal Mayers, RN, BSN Residency-Fellowship Coord VCU-IFH	cmayers@ffpcs.com (703) 391-2021

PGY 1 residents will rotate for one month in the Inova Family Practice Department at their ambulatory care center on the Inova Fair Oaks campus. Emphasis will be on the recognition and management of common medical diagnoses such as hypertension, diabetes, asthma, depression / anxiety disorders, obesity, back pain, etc. The overall goal of this rotation is to give the house officer a broad understanding of the diagnosis and management of common outpatient symptoms and conditions. In addition, the resident is to complete his/her training with a sound knowledge of periodic assessment guidelines for health maintenance. Clinic assignments and duty hours will be administered by Dr. Lee Blecher of the Family Medicine faculty. Likewise, competency based evaluations will be completed electronically by the supervising faculty. All IFH OBGYN Residents will receive Allscripts EMR Training (Inova Family Medicine Ambulatory EMR) on the first day of their rotation at Inova Family Medicine.

SPECIFIC COMPETENCY BASED GOALS AND OBJECTIVES for Family Medicine

Management of Non-gynecologic Conditions

Many non-gynecologic conditions can be managed effectively with a team approach in which the obstetrician–gynecologist plays a key role. The obstetrician–gynecologist is encouraged to develop collaborative relationships with other specialists to allow timely referrals as well as to enhance clinical skills. Residents must be able to diagnose and treat many uncomplicated non-gynecologic conditions and know when and to whom patients should be referred. (PC, SBP, P)

A. Allergic rhinitis

1. Describe the signs and symptoms of allergic rhinitis. (MK)
2. Elicit a history and perform a targeted physical examination to diagnose allergic rhinitis. (PC, ICS, P)
3. Describe the differential diagnosis of allergic rhinitis. (MK)
4. Counsel patients about the impact of environmental allergens and initiate basic medical treatment for allergic rhinitis. (P, PC, ICS)

B. Respiratory tract infection

1. Discuss the differential diagnosis of respiratory tract infection. (MK)
2. Elicit a pertinent history in a patient with suspected respiratory tract infection. (PC, ICS)
3. Describe the usual signs and symptoms of respiratory tract infection. (MK)
4. Perform a targeted physical examination to diagnose respiratory tract infection. (PC, P)
5. Interpret the results of selected tests to diagnose respiratory tract infection, such as: (PC, MK)
 - a. Chest x-ray
 - b. Tuberculin skin test
6. Treat uncomplicated respiratory tract infection.
7. Describe the indications for referral of a patient with a more severe respiratory tract infection.

C. Asthma

1. Elicit a pertinent history from a patient with asthma. (PC, ICS, P)
2. Perform a targeted physical examination to detect findings associated with asthma. (PC, P)
3. Interpret the results of basic pulmonary function tests, such as: (MK)
 - a. Forced expiratory volume in 1 second (FEV₁)
4. Describe the differential diagnosis of asthma. (MK)
5. Treat mild asthma with appropriate medications. (PC)
6. Describe the indications for referral of a patient with more severe asthma. (PC, MK, SBP)

D. Hypertension

1. Describe the criteria for the diagnosis of hypertension. (MK)
2. Describe the major causes of hypertension. (MK)
3. Describe the long-term consequences of untreated hypertension. (MK)
4. Describe the principal symptoms of hypertension. (MK)
5. Initiate a treatment plan for mild hypertension. (PC)
6. Describe the indications for referral of a patient with hypertension. (PC, SBP)

FAMILY MEDICINE ROTATION

E. Abdominal pain

1. Elicit a pertinent history in a patient with abdominal pain. (PC, ICS, P)
2. Perform a targeted physical examination to evaluate a patient with abdominal pain. (PC, P)
3. Describe the differential diagnosis of abdominal pain. (MK)
4. Interpret results of selected lab, radiologic, endoscopic tests to determine etiology of abdo pain (PC, MK)
5. Treat selected patients with abdominal pain, and describe the indications for referral. (PC, SBP)

F. Gastrointestinal disorders

1. Describe the signs and symptoms of common gastrointestinal disorders, such as: (PC, MK)
 - a. Acute diarrhea
 - b. Constipation
 - c. Diverticulosis/diverticulitis
 - d. Gastroenteritis
 - e. Gastroesophageal reflux
 - f. Irritable bowel syndrome
2. Elicit a pertinent history and perform a targeted physical examination to evaluate a patient with gastrointestinal symptoms. (PC, ICS, P)
3. Interpret the results of selected laboratory, radiologic, and endoscopic tests to determine the etiology of a patient's gastrointestinal symptoms. (PC, MK)
4. Treat selected patients w/ gastrointestinal disorders and describe the indications for referral. (PC, SBP)

G. Urinary tract disorders

Residents should understand the treatment of acute urethritis, acute cystitis, acute pyelonephritis, and ureteral calculi. Learning objectives for the management of conditions affecting the urinary system are found in the Gyn section of this manual (PC, MK)

H. Headache

1. Describe the principal causes of headache. (MK)
2. Elicit a pertinent history and perform a focused physical examination to evaluate a patient with headaches. (PC, ICS, P)
3. Treat muscle tension, mild migraine and menstrual migraine headaches. (PC)
4. Describe indications for referral of patients with unusual/severe headaches. (PC, SBP)

I. Depression

1. Describe risk factors for depression. (MK)
2. Describe the signs and symptoms of depression. (PC, MK)
3. Discuss the differential diagnosis of depression. (MK)
4. Describe the use & interpretation of screening instruments for the identification of depression. (PC, MK)
5. Elicit a pertinent history from a patient with signs of depression. (PC, ICS, P)
6. Identify patients at risk for suicide or other harmful acts. (PC, MK, P)
7. Treat depression with interventions, such as administration of antidepressants or referral for counseling. (PC, SBP)

J. Premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD)

1. Define premenstrual symptoms, PMS, and PMDD. (MK)
2. Describe the signs and symptoms of PMS/PMDD. (PC, MK)
3. Describe the differential diagnosis of PMS/PMDD. (MK)
4. Describe the relevance of a symptom diary in the diagnosis of PMS/PMDD. (PC, MK)
5. Elicit a pertinent history from a patient with signs of PMS/ PMDD. (PC, ICS, P)
6. Treat PMS/PMDD with interventions, such as lifestyle changes, supplements, non-prescription analgesics and prescription medications. (PC)

K. Anxiety

1. Describe the differential diagnosis of patients with an apparent anxiety disorder. (MK)
2. Elicit a pertinent history for a patient with signs of an anxiety disorder. (PC, ICS, P)
3. Treat mild anxiety with interventions such as administration of anxiolytic agents or referral for counseling. (PC, SBP)

L. Skin disorders

Involvement of obvious gynecologic epithelial surfaces is covered in the Gynecology section of this manual.

1. Obtain a history relevant to dermatologic risk factors: (PC, ICS, P)
 - a. Environmental exposure to ultraviolet light
 - b. Personal and hygienic habits predisposing to skin lesions
2. Perform a physical examination of all areas of skin, including those susceptible to chronic exposure to ultraviolet light. (PC, P)
3. Perform a skin biopsy and interpret the results of the biopsy. (PC, MK)

FAMILY MEDICINE ROTATION

4. Treat selected dermatologic conditions, such as: (PC)
 - a. Uncomplicated sunburn
 - b. Uncomplicated irritative or inflammatory skin disorders
 - c. Poison ivy, oak, or sumac.
 - d. Contact dermatitis
 - e. Insect bites
 - f. Fungal dermatitis
 - g. Eczematous lesions
 - h. Mild acne
5. Describe the characteristic physical findings of basal cell carcinoma, squamous cell carcinoma, melanoma, and Paget's disease. (PC, MK)
6. Describe skin conditions that may be manifestations of significant systemic diseases. (MK)
7. Describe the indications for referral of patients with skin disorders. (PC, SBP)

M. Diabetes mellitus

1. Describe the American Diabetes Association classification of diabetes mellitus. (MK)
2. Describe risk factors for diabetes mellitus. (PC, MK)
3. Describe signs and symptoms of diabetes mellitus. (PC, MK)
4. Elicit a pertinent history in a patient with suspected diabetes mellitus. (PC, ICS, P)
5. Describe the criteria for the diagnosis of diabetes mellitus. (MK)
6. Describe use of diet, oral hypoglycemic agents, and insulin for treatment of diabetes mellitus. (PC, MK)
7. Assess glycemic control by laboratory studies. (PC)
8. Describe indications for referral of patients with diabetes mellitus. (PC, SBP)

N. Thyroid diseases

1. Describe the most common causes of hypothyroidism and hyperthyroidism. (MK)
2. Describe the most common signs and symptoms of hypothyroidism and hyperthyroidism. (PC, MK)
3. Elicit a pertinent history and perform a targeted physical examination to evaluate thyroid disease. (PC, ICS, P)
4. Interpret the results of selected diagnostic tests to confirm diagnosis of hypothyroidism or hyperthyroidism. (PC, MK)
5. Describe the indications for referral of a patient with thyroid disease. (PC, SBP)

O. Low back pain

1. Describe the differential diagnosis of low back pain. (MK)
2. Obtain a pertinent history in a patient with low back pain. (PC, ICS, P)
3. Perform a targeted physical examination to evaluate low back pain symptoms to evaluate possible gynecologic causes. (PC)
4. Describe indications for referral of patients with more severe low back pain. (PC, SBP)

P. Osteoporosis

1. Describe risk factors for osteoporosis. (MK)
2. Describe the use and interpretation of screening tests for the identification of osteoporosis. (PC, MK)
3. Describe the evaluation of secondary causes of osteoporosis. (MK)
4. List preventive measures for osteoporotic bone loss and fracture. (MK)
5. Treat osteoporosis and provide appropriate follow-up care. (PC, SBP)

At the completion of the rotation the resident should be able to:

- Perform basic screening well-woman physical exam
- Assess for high risk factors
- Follow screening protocols based on risk factors
- Counsel on health maintenance
- Assess for domestic violence / substance abuse
- Understand terminology, classification and coding of disease
- Understand patient insurance classification and coverage
- Evaluation and basic management of: Vision / Hearing disorders, Otitis media, Allergic rhinitis, Respiratory tract infection, Chronic asthma, Gastroenteritis, Urinary tract disorders, Headache, Depression, Anxiety, Skin disorders, Arthritis, Back pain.

FAMILY MEDICINE ROTATION

Procedures: The following Table lists the procedures pertinent to primary and preventive ambulatory care and summarizes the level of technical proficiency that should be achieved by a graduating resident. The resident should either understand a procedure (including indications, contraindications, and principles) or be able to perform it independently. These distinctions are based on the premise that knowledge of a procedure is implicit in the ability to perform it. (PC)

Procedure	Understand	Understand and Perform
Auditory acuity testing	X	
Bone densitometry studies	X	
Complete physical examination		X
Electrocardiography	X	
External auditory canal and tympanic membrane examination		X
Fecal occult blood testing		X
Fundusoscopic examination (basic)		X
Gastrointestinal endoscopy	X	
Insertion and removal of intrauterine device		X
Insertion and removal of implantable steroid contraception		X
Peak expiratory flow (FEV ₁) determination	X	
Fitting of diaphragm or cervical cap		X
Pulse oximetry		X
Skin biopsy		X
Scraping of skin lesions for microscopy	X	
Visual acuity testing (i.e., standard eye chart)	X	
Visual field deficit testing	X	

ACGME Milestones to be assessed during the Family Medicine rotation:

Interpersonal and Communication Skill

- Communication w/ Patients and Families
- Communication w/ Physicians & Other Health Professionals & Teamwork
- Informed Consent and Shared Decision Making

Professionalism

- Compassion, Integrity, and Respect for Others
- Accountability and Responsiveness to the Needs of Patients, Society, and the Profession
- Respect for Patient Privacy, Autonomy, Patient-Physician Relationship

Practice-based Learning and Improvement

- Quality Improvement Process: Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement
- Self-directed Learning/Critical Appraisal of Medical Literature

Systems-based Practice

- Patient Safety and Systems Approach to Medical Errors: Participate in identifying system errors and implementing potential systems solutions
- Cost-effective Care and Patient Advocacy

MEDICAL KNOWLEDGE

Health Care Maintenance and Disease Prevention

PATIENT CARE

Care of the Patient with Non-Reproductive Medical Disorders

Family Planning Rotation, Falls Church Healthcare Center

Points of Contact	Rosemary Coddling, Practice Director (703) 532-2500
	900 S. Washington St., Suite 300 Falls Church, VA 22042 (800) 228-3561
	https://fallschurchhealthcare.com/
PGY LEVEL	PGY 1-3

The clinical rotation in Family Planning will involve direct participation in the care of patients in the Falls Church Healthcare Center. The resident will gain experience in the management of contraception and pregnancy termination for both healthy and medically complicated patients and will also assist in surgical procedures, including pregnancy termination and ultrasound procedures.

At the completion of this rotation the resident should be able to describe and/or perform the following

1. Describe the mechanisms of hormonal and non-hormonal contraception. (MK)
2. Describe the advantages, disadvantages, contraindications, failure rates, complications and appropriate follow up associated with the following methods of contraception: (MK, SBP, PC)
 - a. sterilization
 - b. combined oral contraception
 - c. progesterone-only oral contraception
 - d. transdermal contraception
 - e. subdermal contraception
 - f. vaginal contraception
 - g. injectable steroid contraception
 - h. intrauterine devices
 - i. barrier methods
 - j. natural family planning
3. Describe the impact of contraception on population growth in the United States and other nations. (SBP)
4. Describe the appropriate methods, use, and effectiveness of post-coital contraception. (MK)
5. Describe principle techniques, possible complications and appropriate follow-up for pregnancy termination, including: (MK)
 - a. suction curettage
 - b. dilation and evacuation
 - c. medical abortion
6. Discuss barriers of effective contraceptive use among adolescents and adult women. (SBP, MK, C)
7. Perform a thorough Ob/Gyn history, including menstrual history, obstetric history, gynecologic history, contraceptive and sexual history. (PC)
8. Perform a targeted physical examination to confirm the presence of an intrauterine pregnancy, accurately determine gestational age, and identify other abnormal physical findings that may influence the choice of abortion method. (MK, PC)
9. Communicate the results of the history and physical examination, ultrasound findings, appropriate blood test results, and of other specific tests by well organized notes and oral reports. (C, P, MK)
10. Develop a list of appropriate contraception options for individual patients, in both outpatient & postoperative settings. (MK)
11. Develop a strategy for providing counseling about family planning and safer sex methods. (C, P, SBP)
12. Perform a 1st trimester transvaginal ultrasound for early pregnancy evaluation (PC)
13. Perform counseling and understand medical termination procedure (C, MK, PC)
14. Perform Manual vacuum aspiration (PC)
15. Perform Electric vacuum aspiration (PC)

Recommended Reading and Educational Materials

ACOG Compendium Bulletins pertaining Family Planning:

- # 73 – Use of Hormonal Contraception in Women with Coexisting Medical Conditions
- # 94 – Medical Management of Tubal Pregnancy
- # 112– Emergency Contraception #133 – Benefits and Risks of Sterilization
- # 121 – Intrauterine Device
- # 143 – Medical Management of Abortion

Family Planning Rotation, Falls Church Healthcare Center

Procedures, Family Planning	Understand	Understand/Perform
Virginia rules/regulations	x	
Uterine evaluation (incomplete, abortion, fetal death)	x	
Dilatation/evaluation		X
Dilatation/curettage		X
Mechanical or osmotic preprocedural cervical preparation		X
Suction curettage		X
Insertion/removal of intrauterine device		x
insertion/removal of implantable steroid contraception		X
fitting of diaphragm or cervical cap		X
complete physical exam		X
Perform counseling		X
Manual vacuum aspiration		x
Electronic vacuum aspiration		x

ACGME MILESTONES FOR Family Planning Rotation

Interpersonal and Communication Skill

- Communication w/ Patients and Families
- Communication w/ Physicians & Other Health Professionals & Teamwork
- Informed Consent and Shared Decision Making

Professionalism

- Compassion, Integrity, and Respect for Others
- Accountability and Responsiveness to the Needs of Patients, Society, and the Profession
- Respect for Patient Privacy, Autonomy, Patient-Physician Relationship

Practice-based Learning and Improvement

- Quality Improvement Process: Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement
- Self-directed Learning/Critical Appraisal of Medical Literature

Systems-based Practice

- Patient Safety and Systems Approach to Medical Errors: Participate in identifying system errors and implementing potential systems solutions
- Cost-effective Care and Patient Advocacy

Patient care

- Family Planning

Inova Fairfax Gynecology Rotation

IFH OBGYN Dept Core Teaching Faculty

Program Dir, David Downing MD	David.downing@inova.org	703 776 3396 Pager 18181
Assc Prog Dir, Serina Floyd MD	Serina.floyd@inova.org	703 776 3914 Pager 29160
		OB Hosp, Francine McLeod MD
OB Hosp, Lead, Rasha Ebeid MD	OB Hosp Samantha Buery MD	OB Hosp, Tania Damavandy MD
OB Hosp, Rami Tabbarah MD	OB Hosp, Zareh Khachikian MD	OB Hosp, Luis Rodriguez MD
OB Hosp, Rolel Mbaidjol MD	OB Hosp, Tina Falika King MD	OB Hosp, LaTashia Walker MD
OB Hosp, Colleen Kepner MD	Rachel Casey MD	OB Hosp, Jean Thermolice MD
PGY levels	PGY1, PGY2	SITE: IFH

PGY-1 At the conclusion of the first year of training, the learner should be able to:

Gynecology:

- Complete a basic GYN history and physical examination
- Exhibit knowledge in well-woman health care maintenance
- Understand surgical techniques and principles (sterile technique, etc.)
- Perform basic laparotomy, laparoscopy and hysteroscopy
- Perform dilatation and curettage
- Understand contraceptive principles and know options for family planning
- Treat basic pelvic infections
- Exhibit an understanding of the management of the unstable post-operative patient
- Understand basic management of common in-patient and outpatient medical conditions (hypertension, diabetes, thyroid disorders, etc.)

PGY1: Will spend 2 months doing benign operative gynecology. During these rotations the resident is to obtain exposure to the surgical aspects of gynecologic care. He/she will be assigned by the chief resident to participate in the surgical care of both clinic and private patients. Assignments will be based on level of exposure as recorded in the ACGME case log system to assure that all PGY1 residents obtain a similar surgical experience. Procedural and global end of rotation evaluations will be completed on line through the E*Value system.

PGY-2: At the conclusion of the first year of training, the learner should be able to:

Gynecology:

- Perform a complete abdominal hysterectomy, with assistance
- Perform a vaginal hysterectomy, with assistance
- Perform operative laparoscopy
- Perform diagnostic hysteroscopy
- Adequately manage the unstable post-operative patient
- Perform emergency and other departmental consultations
- Perform office evaluation of incontinence and pelvic floor dysfunction
- Understand assessment and triage of common acute medical emergencies (chest pain, respiratory distress, hyper/hypo-tension, etc.)
- Understand presentation and screening protocols for GYN malignancies
- Be able to counsel patients on all reproductive options and be able to perform or manage complications of elective termination

PGY2: Will spend 2 months doing benign operative gynecology. During this rotation the resident will assume greater responsibility and autonomy in the operating room. Independent surgical care will be based on the surgical competency the resident has met to date. It is expected that the PGY2 resident will function as a first assistant in most uncomplicated gyn. cases. He/she will be assigned by the chief resident to participate in the surgical care of both clinic and private patients. Assignments will be based on level of exposure as recorded in the ACGME case log system to assure that all PGY2 residents obtain a similar surgical experience. Procedural and global end of rotation evaluations will be completed on line through the E*Value system.

ROTATION DESCRIPTION AND EDUCATIONAL GUIDELINES

Rotations in general gynecology occur in all four years of training. The resident should demonstrate a continued progression in learning, supervision, and autonomy in decision-making. Each resident will spend a total of 8 months rotating on the gynecology service over the four-year training period.

The practice of gynecology includes both surgical and non-surgical treatment of disorders of the female reproductive tract. Once primarily a surgical specialty, with advances in therapeutic and diagnostic techniques, it has increasingly become office based. In addition to primary office care, the gynecologist often provides for more specialized needs, including those of patients with endocrinologic disorders, infertility and pregnancy loss, urologic disorders, cancer of the reproductive tract, and conditions requiring acute and critical care. In acquiring skills and knowledge in the general discipline of obstetrics and gynecology, residents should assimilate diagnostic and therapeutic principles underlying a broader spectrum of medical and surgical disorders. Once in clinical practice, the gynecologist often remains the primary health care provider for patients who have been treated by subspecialists or by physicians outside the specialty of obstetrics and gynecology.

OVERALL GOALS: The resident should be able to demonstrate an adequate knowledge of:

- Diagnostic and therapeutic principles of a broad spectrum of medical and surgical disorders as listed above
- Surgical and non-surgical treatment of disorders of the female reproductive tract

PGY1 ROTATION OBJECTIVES:

- Complete a basic GYN history and physical examination
- Exhibit knowledge in well-woman health care maintenance
- Understand surgical techniques and principles (sterile technique, etc.)
- Perform basic laparotomy, laparoscopy and hysteroscopy
- Perform dilatation and curettage
- Understand contraceptive principles and know options for family planning
- Treat basic pelvic infections
- Exhibit an understanding of the management of the unstable post-operative patient

PGY2 ROTATION OBJECTIVES:

- Perform a complete abdominal hysterectomy, with assistance
- Perform a vaginal hysterectomy, with assistance
- Perform operative laparoscopy
- Perform diagnostic and operative hysteroscopy
- Adequately manage the unstable post-operative patient
- Be able to counsel patients on all reproductive options and be able to perform or manage complications of elective termination
- Perform gynecologic consultations for the Emergency Department and other hospital departments
- Evaluation of ectopic pregnancy
- Perform colposcopy, with supervision

SPECIFIC COMPETENCY BASED GOALS AND OBJECTIVES for Gynecology

I. Basic Science/Mechanisms of Disease

A. Genetics (MK)

1. See Unit 7 of CREOG Educational Objectives.

B. Physiology (MK)

1. Describe the hemodynamic changes associated with blood loss.
2. Summarize the changes that occur in the cardiopulmonary function of an anesthetized and postanesthetic patient.
3. Describe the physiology of wound healing.
4. Describe the physiology of blood pressure maintenance and abnormalities of blood pressure.
5. Describe the physiologic changes related to the maintenance of adequate urine output.
6. Describe the physiology of thermoregulation in the anesthetized and postanesthetic patient.

C. Embryology and developmental biology (MK)

1. See Reproductive Endocrinology, Section I. C in the CREOG Educational Objectives, 10th edition.

D. Anatomy (MK)

1. See Oncology, Section I. D in the CREOG Educational Objectives, 10th edition.

IFH GYNECOLOGY

E. Pharmacology (MK)

1. Describe the general principles of drug delivery, distribution, metabolism, and excretion.
2. Summarize the pharmacology of medications used in the treatment of common gynecologic disorders.
3. Explain the pharmacologic principles of drug therapy in prepubertal girls, women of reproductive age, and elderly patients.
4. Describe the components of commonly used contraceptive agents and their mechanism of action.

F. Pathology and neoplasia (MK)

1. Summarize the pathogenesis and epidemiology of the common nonmalignant neoplasms that affect the external and internal genitalia.
2. Describe the histology of the common non-malignant neoplasms that affect the external and internal genitalia.
3. Also see Oncology, Section I. F.

G. Microbiology and immunology (MK)

1. Describe the normal bacteriologic flora of the lower genital tract.
2. Describe the microbiologic principles germane to the diagnosis and treatment of gynecologic infectious diseases.
3. Describe the epidemiologic principles involved in the spread of infectious diseases in both patients and health care workers, including transmission and prevention of human immunodeficiency virus (HIV) and hepatitis.
4. Discuss the immunologic response to infection.

II. Disorders of the Urogenital Tract and Breast

A. Abnormal/Dysfunctional uterine bleeding

1. Describe the principal causes of abnormal uterine bleeding and distinguish abnormal uterine bleeding from dysfunctional uterine bleeding. (MK)
2. Elicit a pertinent history to evaluate abnormal uterine bleeding. (PC)
3. Perform a focused physical examination to investigate the etiology of abnormal uterine bleeding.
4. Perform and interpret the results of selected diagnostic tests to determine the cause of abnormal uterine bleeding, such as: (PC)
 - a. Endometrial biopsy
 - b. Pelvic ultrasonography/saline infusion ultrasonography
 - c. Hysteroscopy
 - d. Laparoscopy
5. Interpret the results of other diagnostic tests, such as: (PC)
 - a. Serum/urine human chorionic gonadotropin (hCG) assay
 - b. Endocrinologic assays
 - c. Microbiologic cultures of the genital tract
 - d. Complete blood count
 - e. Coagulation profile
6. Treat abnormal uterine bleeding using both nonsurgical and surgical methods. (PC)
7. Recommend appropriate follow-up that is necessary for a patient with abnormal uterine bleeding. (PC)

B. Vaginal and vulvar infections

1. Describe the principal infections that affect the vulva and vagina. (MK)
2. Elicit a pertinent history in a patient with a possible infection of the vulva or vagina. (PC)
3. Perform a focused physical examination. (PC)
4. Perform and interpret the results of selected tests to confirm the diagnosis of vulvar or vaginal infection, such as: (PC, MK)

a. Vaginal pH

- b. Saline microscopy
 - c. Potassium hydroxide microscopy
 - d. Bacterial, fungal and viral culture
 - e. Colposcopic examination
 - f. Vulvar or vaginal biopsy
5. Treat vulvar and vaginal infections. (PC)
 6. Describe the follow-up that is necessary for a patient with a vulvar or vaginal infection, for example: (PC, P, SBP, ICS).
 - a. Assessing and treating sexual partner(s)
 - b. Requirements for reporting a communicable disease
 - c. Assessing the patient for other possible genital tract infections
 - d. Counseling the patient with respect to measures that prevent reinfection

IFH GYNECOLOGY

C. Vulvar dystrophies, dermatoses and vulvar pain syndromes

1. Describe the principal types of vulvar dystrophies and dermatoses, such as: (MK)
 - a. Squamous cell hyperplasia
 - b. Lichen sclerosus
 - c. Lichen planus
 - d. Lichen simplex chronicus
 - e. Atrophic dermatitis
 - f. Vulvar vestibulitis and vulvodynia
2. Elicit a pertinent history in a patient with suspected vulvar dystrophy, dermatosis or vulvar pain syndrome. (PC)
3. Perform a focused physical examination in a patient with a suspected vulvar dystrophy, dermatosis or vulvar pain syndrome. (PC)
4. Perform and/or interpret the results of selected diagnostic tests to confirm the diagnosis of a vulvar dystrophy or dermatosis, for example: (PC, MK)
 - a. Colposcopy
 - b. Staining with dyes to localize the affected area
 - c. Vulvar biopsy
5. Treat common vulvar dystrophies dermatoses and vulvar pain syndromes medically and surgically. (PC)
6. Describe follow-up for a patient with a vulvar dystrophy or dermatosis, including the risk, if present, for malignant change. (PC)

D. Sexually transmitted diseases

1. Describe the most common STIs, including causes, symptoms, and risk of transmission, such as: (MK)
 - a. Chlamydia
 - b. Gonorrhea
 - c. Syphilis
 - d. Hepatitis B and hepatitis C
 - e. Human immunodeficiency virus (HIV)
 - f. Herpes simplex
 - g. Human papillomavirus
 - h. Chancroid
2. Elicit a pertinent history in a patient with a suspected STI. (PC)
3. Perform a focused physical examination in a patient with a suspected STI. (PC)
4. Perform and/or interpret results of specific tests to confirm the diagnosis of an STI, such as: (PC)
 - a. Bacterial and/or viral culture
 - b. Endocervical aspirate for Gram stain
 - c. Endocervical swab for nucleic acid probe
 - d. Endocervical culture
 - e. Cervical or vaginal cytologic screening (Pap test) and HPV testing
 - f. Scraping of an ulcer or chancre
 - g. Serologic assays
 - h. Tzanck smear
5. Treat STIs with appropriate antimicrobial agents. (PC)
6. Describe the long-term follow-up for patients with a STI, including assessment of the patient's sexual partner, discussion of preventive measures, and review of serious sequelae, such as: (PC, ICS, P, SBP)
 - a. Infertility
 - b. Ectopic pregnancy
 - c. Chronic pelvic pain
 - d. Pelvic inflammatory disease (PID)
 - e. Cervical dysplasia, neoplasia

E. Pelvic inflammatory disease (PID)

1. Describe the diagnostic criteria for PID. (MK)
2. List the common infectious agents implicated in PID. (MK)
3. Elicit a pertinent history from a patient suspected to have PID. (PC)
4. Perform a physical exam to confirm the diagnosis of PID. (PC)
5. Describe the appropriate diagnostic tests to confirm PID, including indications for the tests, and how to perform and/or interpret the results. (PC)
 - a. Endocervical swab for culture or nucleic acid probe
 - b. Endometrial biopsy
 - c. Imaging studies
 - d. Laparoscopy
6. Treat PID with appropriate antimicrobial and surgical options. (PC)

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7. Summarize the potential long-term effects & counsel patients regarding risks of further complications, including: (PC, ICS,P)
 - a. Chronic pelvic pain
 - b. Infertility
 - c. Ectopic pregnancy
- G. Urinary tract disorders (infection, nephrolithiasis)
 1. Distinguish the types of urinary tract infection, including bacteruria, urethritis, cystitis, and pyelonephritis. (MK)
 2. Describe the pathophysiology related to urinary tract infection, including the organisms commonly implicated in lower and upper urinary tract disorders, and host factors, such as urinary retention, age, and pregnancy. (MK)
 3. Describe the pathophysiology of the common forms of nephrolithiasis, including patient risk factors for the development of nephrolithiasis. (MK)
 4. Describe typical clinical presentations, and elicit a pertinent history, in a patient with a possible urinary tract infection or nephrolithiasis. (PC)
 5. Describe the diagnostic methods and diagnostic criteria for the various types of urinary tract infections. (MK)
 6. Summarize the methods used for the diagnosis of nephrolithiasis. (MK)
 7. Describe modes of therapy for acute, chronic, and complicated urinary tract infections, including prophylaxis for recurrent infection. (MK, PC)
 8. Summarize therapeutic options for nephrolithiasis, and strategies to prevent recurrence. (MK, PC)
- H. Pelvic masses
 1. Describe the major causes of pelvic masses, including non-gynecologic sources and those arising from the female genital tract, such as: (MK)
 - a. Uterine fibroids
 - b. Adnexal cystic and solid masses
 - c. Tuboovarian abscess
 - d. Adnexal torsion
 - e. Ovarian cysts/benign neoplasms
 - f. Diverticulitis
 - g. Appendicitis
 2. Elicit a pertinent history suggestive of a pelvic mass, such as: (PC)
 - a. Weight loss or weight gain
 - b. Gastrointestinal symptoms
 - c. Menstrual abnormalities
 - d. Pelvic pain or pressure
 3. Perform a focused physical examination to confirm the diagnosis of a pelvic mass. (MK)
 4. Perform and/or interpret tests such as endovaginal or abdominal ultrasonography to confirm the diagnosis of a pelvic mass. (PC)
 5. Interpret the results of other tests, such as MRI or tomographic imaging, in the evaluation of a pelvic mass. (PC, SBP)
 6. Discuss the role of serum markers in the evaluation and monitoring of a patient with a pelvic mass. (MK)
 7. Treat benign pelvic masses, using nonsurgical, surgical methods, considering such factors as the patient's: (MK)
 - a. Age
 - b. General health
 - c. Treatment preference
 - d. Desire for future childbearing
 - e. Symptom complex
 8. Describe the appropriate follow-up for patients who have been treated for a benign pelvic mass. (PC, SBP)
- I. Chronic pelvic pain
 1. Define chronic pelvic pain. (MK)
 2. Outline the principal gynecologic and non-gynecologic causes of chronic pelvic pain, and describe the pathophysiology of each cause. (MK)
 3. Elicit a pertinent, detailed medical, menstrual, and sexual history to characterize the patient's chronic pelvic pain, including signs/symptoms emanating from non-reproductive organs. (PC)
 4. Elicit an appropriate social and mental health history in a patient with chronic pelvic pain. (PC)
 5. Perform a focused physical examination, including attempts to localize the pain and an evaluation of neurologic and musculoskeletal components. (PC)

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6. Perform and/or interpret the results of the following selected diagnostic tests to determine the cause of chronic pelvic pain: (PC, ICS)
 - a. Microbiologic cultures of the genitourinary tract
 - b. Radiologic imaging studies
 - c. Hysteroscopy
 - d. Laparoscopy
 - e. Injection of anesthetic agent at a specific trigger point.
 - f. Mental health examination, including screening for depression or dysphoria.
7. Treat patients with chronic pelvic pain, using nonsurgical and surgical methods. (PC)
8. Summarize indications and approximate success rates for interventions for chronic pelvic pain, such as laparoscopy, presacral neurectomy, uterosacral nerve ablation, adhesiolysis, and extirpative procedures. (MK, PC)
9. Describe the indications for referral of a patient to a specialist in urology or gastroenterology. (PC, SBP)
10. Describe the indications for referral to a multidisciplinary group, including pain management specialists and behavioral and/or mental health. (PC, SBP)
11. Describe the appropriate long-term goals and follow-up for a patient with chronic pelvic pain. (PC, SBP, P)

J. Endometriosis

1. Summarize the theories of the pathogenesis of endometriosis. (MK)
2. Describe the typical history of a patient with endometriosis. (MK)
3. Perform a focused physical examination in a patient with suspected endometriosis and identify the principal abnormal clinical findings. (PC)
4. Perform and interpret the results of selected tests to confirm the diagnosis of endometriosis, for example: (PC)
 - a. Endovaginal ultrasonography
 - b. Laparoscopy with/without biopsy
5. Describe various features of endometriosis on visual inspection with laparoscopy or laparotomy. Compare the sensitivity of visual inspection with biopsy in diagnosing endometriosis. (MK)
6. Describe the staging system for endometriosis according to the American Society for Reproductive Medicine Classification of Endometriosis. (MK)
7. Treat endometriosis medically and surgically. (PC)
8. Describe the appropriate long-term follow-up & outcome in patients who have endometriosis, including infertility. (MK, PC)

K. Benign disorders of the breast

1. Describe the clinical history and principal pathophysiologic conditions that affect the breast, such as: (MK, PC)
 - a. Breast mass
 - b. Nipple discharge
 - c. Pain
 - d. Infection (mastitis)
 - e. Asymmetry
 - f. Excessive size
 - g. Underdevelopment
2. Perform a focused physical examination to evaluate for an abnormality of the breast. (PC)
3. Describe the indications for the following procedures to assess breast disorders. Be able to perform and/or interpret the indications for and results of each of them: (PC)
 - a. Needle aspiration of a cyst or abscess
 - b. Collection of nipple discharge for cytologic examination and/or culture
 - c. Fine needle aspiration of a mass
 - d. Needle localization biopsy
 - e. Excisional biopsy
 - f. Mammography
 - g. Ultrasonography
 - h. MRI

III. First-Trimester Pregnancy Loss

A. Spontaneous abortion

1. Describe the principal causes of, or predisposing factors for, spontaneous first-trimester abortion. (MK)
2. Describe the differential diagnosis of early spontaneous abortion. (MK)
3. Describe the usual symptoms and findings experienced by a patient with an early pregnancy loss. (MK)
4. Perform a focused physical examination to confirm the diagnosis of spontaneous abortion. (PC)

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5. Perform and/or interpret the results of selected tests used in the diagnosis and management of early pregnancy loss: (PC)
 - a. Quantitative serum hCG titer
 - b. Ultrasonography (abdominal and endovaginal)
 - c. Serum progesterone
 - d. Complete blood count
 6. Treat a patient with an early spontaneous abortion, using nonsurgical or surgical methods. (PC)
 7. Describe and treat the complications that may develop as a result of treatment of a spontaneous abortion, for example: (PC)
 - a. Genital tract infection
 - b. Uterine perforation
 - c. Retained products of conception
 8. Describe the indications for anti-D immune globulin in patients experiencing a spontaneous abortion. (MK)
 9. Counsel patients regarding future fertility issues and risk of recurrent pregnancy losses depending on the etiology (see also Unit 5, Reproductive Endocrinology, section H). (PC, ICS, P)
 10. Summarize signs and symptoms, diagnosis, treatment, and potential sequelae for septic abortion. (MK)
- B. Ectopic pregnancy
1. Describe the major factors that predispose to ectopic pregnancy. (MK)
 2. Elicit a pertinent history in a patient with a suspected ectopic pregnancy. (PC)
 3. Perform a focused physical examination in a patient with suspected ectopic pregnancy. (PC)
 4. Describe the differential diagnosis of ectopic pregnancy. (MK)
 5. Perform and interpret the results of tests to confirm the diagnosis of ectopic pregnancy, such as: (PC)
 - a. Endovaginal ultrasonography
 - b. Uterine curettage or aspiration
 - c. Laparoscopy
 6. Interpret the results of other diagnostic tests, such as: (PC)
 - a. Quantitative serum hCG titer
 - b. Complete blood count
 7. Describe the indications and contraindications for, and complications of, medical and surgical management of an ectopic pregnancy. (PC)
 8. Counsel a patient about the risks and effectiveness of medical and surgical therapy for ectopic pregnancy.
 9. Treat an affected patient using appropriate nonsurgical or surgical methods. (PC)
 10. Describe the indications for anti-D immune globulin in patients with an ectopic pregnancy. (MK)
 11. Describe the follow-up that is indicated for a patient treated for an ectopic pregnancy. (PC, ICS)
 12. Counsel patients about the recurrence risk for an ectopic pregnancy and prognosis for a normal intrauterine pregnancy. (PC, ICS, P)
- IV. Preoperative, Intraoperative, and Postoperative Care
- A. Preoperative care
1. Conduct detailed preoperative assessment with consideration given to the needs of special patient groups, such as: (PC, ICS, P, SBP)
 - a. Children and adolescents
 - b. The elderly
 - c. Patients with coexisting medical conditions, such as cardiopulmonary disease or coagulation disorders
 - d. Non-English speaking patients
 2. Describe indications for and perform appropriate preoperative evaluation and/or referral, including laboratory tests, radiographic imaging, and EKG. (PC, SBP)
 3. Be able to obtain informed consent, with special regard to: (PC, ICS, P)
 - a. Alternatives to surgery
 - b. Alternative surgical procedures
 - c. Intraoperative complications
 - d. Indications for transfusion
 4. Compose appropriate preoperative preparation plans for patients undergoing gynecologic surgery, (MK, PC)
 - a. Mechanical bowel preparation
 - b. Antibiotic use
 - c. Thromboembolism prophylaxis
 - d. Preoperative anesthesia consultation
- B. Intraoperative care
1. Discuss the surgical plan with the operating room team. (ICS, SBP)
 2. Choose appropriate suture and surgical instruments as dictated by the procedure. (MK, PC)
 3. Be able to properly position the patient for the procedure and understand the consequences of improper use of stirrups. (PC)

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4. Understand and demonstrate the incisions used and instruments for abdominal entry for laparoscopy and laparotomy, including Cherney, Maylard, Midline, Paramedian and Pfannenstiel. (MK, PC)
5. Demonstrate the proper use of retractors. (MK, PC)
6. Name and be able to properly use surgical instruments. (MK, PC)
7. Discuss the various surgical power sources (electrocautery, laser, and so forth), indications for each, alternatives, and complications. (MK, PC)
8. Describe the options for intraoperative pain control. (MK)

C. Postoperative care

1. Choose appropriate pain control based on the surgical procedure, degree of patient discomfort, and patient characteristics, including age and presence of coexisting morbidities. (MK, PC)
2. Elicit appropriate history, perform a physical examination, perform and/or interpret appropriate tests, and manage common postoperative complications, such as: (PC)
 - a. Fever
 - b. Gastrointestinal ileus/obstruction
 - c. Infection
 - d. Wound complications
 - e. Fluid or electrolyte imbalances, including abnormalities of urinary output
 - f. Respiratory problems
 - g. Thromboembolism
3. Manage-counsel patients about normal postoperative recovery. Include the following topics: (PC, ICS, SBP)
 - a. Advancement of diet and return to normal dietary and bowel function
 - b. Ambulation
 - c. Management of urethral catheterization and return to normal urinary function
 - d. Thromboembolism prophylaxis
 - e. Wound care
 - f. Return to normal activity levels and/or appropriate restrictions, including sexual activity
 - g. Surgical menopause
4. Arrange for appropriate post-hospitalization care, including visiting nurse, physical therapy, social services, and other resources to optimize patient outcomes. (SBP)

Procedures: The following table lists the procedures pertinent to gynecology and summarizes the level of technical proficiency that should be achieved by a graduating resident. The resident should either understand a procedure (including indications, contraindications, and principles) or be able to perform it independently. These distinctions are based on the premise that knowledge of a procedure is implicit in the ability to perform it.

Procedure	Understand	Understand & Perform
Abdominal sacrocolpopexy	X	
Ablation and excision of endometriosis implants		X
Ablative procedures of cervix		X
Ablative procedures of endometrium		X
Anoscopy		X
Appendectomy	X	
Biopsy		
Cervix, Endocervix, Endometrium, Peritoneum, Skin, Vagina, Vulva		X
Breast, cyst aspiration	X	
Breast biopsy	X	
Cervical Conization		X
Colonic endoscopy	X	
Colpocleisis	X	
Colporrhaphy		
Anterior (including urethropexy)		X
Posterior		X
Colposcopy, with directed biopsy of cervix, vagina or vulva		X
Colposuspension	X	
Culdoplasty	X	
Cystometrography		
Simple		X
Complex (multichannel)	X	
Cystotomy repair		X
Cystourethroscopy		X
Dilation and curettage		X
Enterocoele repair		X

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Procedure	Understand	Understand & Perform
Enterotomy repair		X
Excision of cyst (ovarian, tubal, vaginal, vulvar)		X
Excision of Bartholin's gland		X
Fistula repair		
Rectovaginal	X	
Vesicovaginal	X	
Ureterovaginal	X	
Urethrovaginal	X	
Hernia repair (incisional)		X
Hymenotomy		X
Hypogastric artery ligation	X	
Hysterectomy		
Laparoscopic, total or supracervical		X
Abdominal, total or supracervical		X
Vaginal		X
Vaginal, laparoscopically assisted		X
Robotically assisted	X	
Hysterosalpingography	X	
Hysteroscopy		
Diagnostic		X
Operative		X
Incision and drainage of abscess or hematoma		X
Laparoscopy, diagnostic and/or operative		X
Laparotomy incisions, abdominal		X
Lysis of adhesions		
Abdominal		X
Laparoscopic		X
Marsupialization of Bartholin's cyst		X
Myomectomy		X
Omentectomy, infracolic		X
Oophorectomy		X
Ovarian biopsy		X
Ovarian or paraovarian cystectomy		X
Ovarian drilling, laparoscopic	X	
Ovarian transposition	X	
Paravaginal repair		X
Perineorrhaphy		X
Perineoplasty		X
Pessary fitting		X
Polypectomy		X
Presacral neurectomy	X	
Pressure-Flow study (urodynamics)	X	
Q-tip test		X
Salpingectomy and/or oophorectomy		X
Salpingostomy		X
Salpingectomy		X
Sterilization		
Abdominal		X
Laparoscopic		X
Hysteroscopic		X
Swab test		X
Trachelectomy	X	
Trigger point injection	X	

IFH GYNECOLOGY

Procedure	Understand	Understand & Perform
Ultrasonography		
Abdominal		X
Endovaginal		X
Saline infusion ultrasonography	X	
Urethral bulking procedures	X	
Urethral diverticulum repair	X	
Urethral pressure profilometry	X	
Ureteroureterostomy	X	
Ureteral reimplantation	X	
Uterine artery embolization	X	
Uterine evacuation (for pregnancy termination, incomplete abortion, fetal death)		
Dilation and evacuation	X	
Suction curettage		X
Mechanical or osmotic preprocedural cervical preparation		X
Vulvectomy, simple	X	
Wide local excision (vulva)		X
Wound care		
Débridement		X
Incision and drainage		X
Placement of fascial or skin graft	X	
Repair of dehiscence		X
Secondary closure		X

ACGME Milestones to be assessed during the General Gynecology rotations:

Interpersonal and Communication Skill

- **Communication w/ Patients and Families**
- **Communication w/ Physicians & Other Health Professionals & Teamwork**
- **Informed Consent and Shared Decision Making**

Professionalism

- **Compassion, Integrity, and Respect for Others**
- **Accountability and Responsiveness to the Needs of Patients, Society, and the Profession**
- **Respect for Patient Privacy, Autonomy, Patient-Physician Relationship**

Practice-based Learning and Improvement

- **Quality Improvement Process: Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement**
- **Self-directed Learning/Critical Appraisal of Medical Literature**

Systems-based Practice

- **Patient Safety and Systems Approach to Medical Errors: Participate in identifying system errors and implementing potential systems solutions**
- **Cost-effective Care and Patient Advocacy**

Patient Care

- **Gynecology Technical Skills: Laparotomy (e.g., Hysterectomy, Myomectomy, Adnexectomy)**
- **Gynecology Technical Skills: Vaginal Surgery (e.g., Vaginal Hysterectomy, Colporrhaphy,)**
- **Gynecology Technical Skills: Endoscopy (Laparoscopy, Hysteroscopy, Cystoscopy)**

Medical Knowledge

- **Peri-operative Care**
- **Abdominal/Pelvic Pain (Acute and Chronic)**
- **Abnormal Uterine Bleeding (Acute and Chronic)**
- **First Trimester Bleeding**
- **Pelvic Mass**

Inova Fair Oaks Gynecology Rotation

Location: Inova Fair Oaks Hospital 3600 Joseph Siewick Drive Fairfax, VA 22033 Phone: 703-391-3600

Faculty: Leonard Rosen MD w/ Fairfax OBGYN Associates
Drs Robert Castle, Lino Montilla MD, Shawana Mufti MD,
Jasser Thiara MD, Melodi Wilson MD
Private Practice: 3650 Joseph Siewick Dr #203 Fairfax, VA 22033
Office : (703) 753-0963 Fax: (703) 753-2367
Email larffxobgyn@aol.com
Assistant to Dr Rosen : Azadeh Rezvani 703-753-0963 ext 312

The PGY 3 resident must complete an application for privileges with the medical staff office at Inova Fair Oaks thru Vanita Sardana. Please connect with Lolyn for application.



The Inova Fair Oaks Hospital Gynecology rotation will involve direct participation in the care of patients at the Inova Fair Oaks Hospital and the Private Offices of Dr. Leonard Rosen. The PGY3 resident will gain experience in the pre-operative and post-operative evaluation of gynecology patients as well as hands-on experience in the performance of minimally invasive gynecologic surgeries. The resident will be supervised by Dr. Leonard Rosen and his associates and spend a minimum of two days per week in the Fair Oaks operating room and the remainder of the time in the outpatient facilities of Dr. Rosen's practice. The focus of the one month experience is to gain as much hospital and outpatient gynecologic surgical experience as possible. During this off-site rotation the resident will be excused from Friday AM didactics. However, the resident will attend his/her continuity clinic at Inova Cares clinic for women on Thursday AM and will also participate in a procedure specific session at Inova Cares on Thursday PM. Residents will also participate in cesarean sections to gain laparotomy entry experience.

PGY3: Will spend 2 months performing benign operative gynecology. During this rotation the resident will assume greater responsibility and autonomy in the operating room. Independent surgical care will be based on the surgical competency the resident has met to date. It is expected that the PGY3 resident will function as a first assistant in most uncomplicated gynecologic cases. He/she will participate in the surgical care of patients in Doctor Rosen's practice. Procedural and global end of rotation evaluations will be completed online through the E*Value system by the resident on the rotation and faculty and by Dr Rosen and his associates on the resident's performance.

At the completion of this rotation the PGY3 resident should be able to describe and/or perform the following

1. Preoperative Care. (MK, PC, C, SBP, P)

- a. Obtain a full and accurate history and physical exam relating to the patient's presenting symptom
- b. Assess issues which might affect or influence the surgical care for the patient – preexisting medical conditions, language and consent issues, post-operative support resources, insurance coverage issues
- c. Identify pre-operative evaluations / consultations patient might need for surgical clearance
- d. Obtain informed consent for procedure including discussion of risks, benefits, alternative therapies and possible complications.
- e. Explain preoperative preparations including infection prevention protocols, bowel preparation, antibiotic use and thromboembolism prophylaxis.

2. Intraoperative Care. (MK, PC, C, SBP)

- a. Discuss surgical plan with primary surgeon and OR team
- b. Know antibiotic prophylactic requirements and thromboembolic prevention protocols
- c. Select appropriate suture and surgical instruments based on procedure
- d. Properly position patient for procedure
- e. Understand and properly select incision site and type for procedure
- f. Correctly name and use surgical instruments
- g. Describe and understand various surgical power / energy sources (monopolar, bipolar, laser, harmonic)
- h. Describe management strategies for intraoperative complications (hemorrhage, bladder / bowel injury, grossly distorted anatomy, medical instability)

3. Postoperative Care. (MK, C)

- a. Know postoperative pain management options
- b. Recognize signs of patient instability in the immediate postoperative period
- c. Know symptoms of common postoperative complications (fever, nausea, dysuria, incisional pain, shortness of breath, extremity pain) and their evaluations and management.
- d. Counsel patient re. intraoperative findings and management
- e. Counsel patient re. typical postoperative course for her procedure with postoperative precautions and follow up instructions

Inova Fair Oaks Gynecology Rotation

4. Procedures resident should be exposed to.

Ambulatory / Office procedures:

Diagnostic hysteroscopy
LEEP conization
Vulvar, Vaginal, Cervical biopsies
IUD insertions

Essure hysteroscopic sterilization
Colposcopy
Cervical polypectomies

Hospital procedures:

Diagnostic laparoscopies
Dilatation and curettages
Vaginal hysterectomies
Robotic hysterectomies
Myomectomies
Oophorectomies
Cystoscopies

Operative laparoscopies
Operative hysteroscopies
Laparoscopic hysterectomies
Abdominal hysterectomies
Sterilization procedures
Cystectomies
Laparotomies (including cesarean sections)

Refer to the Gynecology Rotation procedures

Recommended Reading and Educational Materials

ACOG Practice Bulletins pertaining to Gynecologic Surgery:

- # 81 - Endometrial Ablation
- # 84 - Prevention of Deep Vein Thrombosis and Pulmonary Embolism
- #104 - Antibiotic Prophylaxis for Gynecologic Procedures
- #133 - Benefits and Risks of Sterilization

ACOG Committee Opinions pertaining to Gynecologic Surgery:

- #388 Supracervical Hysterectomy
- #439 Informed Consent
- #444 Choosing the Route of Hysterectomy for Benign Disease
- #571 Solutions for Surgical Preparation of the Vagina
- #578 Elective Surgery and Patient Choice
- #610 Chronic Antithrombotic Therapy and Gynecologic Surgery
- #619 Gynecologic Surgery in the Obese Woman
- # 628 Robotic Surgery in Gynecology

GYNECOLOGY ACGME Milestones to be assessed during the Gynecology rotations:

Interpersonal and Communication Skill

- **Communication w/ Patients and Families**
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- **Informed Consent and Shared Decision Making**

Professionalism

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Medical Knowledge

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- **Abnormal Uterine Bleeding (Acute and Chronic)**
- **First Trimester Bleeding**
- **Pelvic Mass**

GYNECOLOGIC ONCOLOGY

Faculty	Location: 3 rd floor Womens OR, Tower OR 21, Womens 7 North Wing
George Larry Maxwell MD Chair GYN Onc Faculty	George.maxwell@inova.org , 703 776 6040
Annette Bicher MD, Director	abichermd@yahoo.com
John Elkas MD	jcelkas@cox.net
Ruchi Garg MD	rchandag@yahoo.com
G. Scott Rose MD	Scott.Rose5008@gmail.com
Stephanie Wethington MD	stephanie.wethington@magopsa.com
Military Fellows rotate 8 months	
Material sent at beginning of rotation	6 items:
Allied Health Professionals: Claire Lewis NP	Marci Osterhaus, Nurse Navigator

Rotations in gynecologic oncology occur in the second, third and fourth years of training. The experience during the second and third years focuses on the evaluation of gynecologic malignancies and the management of postoperative inpatients. The exposure during the fourth year focuses on surgical experience. The goals of this exposure are to familiarize the house officer with the clinical presentation and screening evaluation of malignancies associated with the female reproductive system. The residents work with the gyn. oncology attendings from Mid Atlantic Pelvic Surgery Associates and also the gyn. oncology fellow from the National Consortium Fellowship Program. Surgical experience is shared with the oncology fellow. All house officers will spend a total of 5 months on the Gynecologic Oncology service during the four-year training program.

OVERALL GOALS: The resident should be able to demonstrate an adequate knowledge of:

- Cervical, vaginal and vulvar cancer screening
- Colposcopy
- Cervical cancer, Endometrial cancer, Ovarian cancer
- Fallopian tube cancer
- Staging for GYN malignancies
- Surgical treatment for GYN malignancies, Chemotherapy for GYN malignancies
- Radiation therapy for GYN malignancies
- Risk factors for GYN malignancies

PGY2 ROTATION OBJECTIVES:

- Perform basic screening for GYN malignancy based on symptoms
- Triage and evaluation of abnormal/dysplastic PAP smear
- Colposcopy, with assistance
- Endometrial biopsy, with assistance
- Management of basic post-operative complications
- Management of parenteral nutrition, with assistance
- Management of chemotherapy administration, with assistance
- Patient risk factor counseling, independently

PGY3 ROTATION OBJECTIVES:

- Recognition of GYN malignant pathology on physical exam
- Colposcopy, independently
- Endometrial biopsy, independently
- Management of parenteral nutrition, independently
- Management of chemotherapy administration, independently
- Management of wound complications, independently

PGY4 ROTATION OBJECTIVES:

- Exploration of abdomen, independently
- Recognition of intraabdominal pathology, independently
- Extrafacial hysterectomy, with supervision
- Participation in radical hysterectomy
- Participation in lymph node sampling
- Ureteral identification and evaluation, independently
- Bowel injury recognition and management, with assistance
- Retroperitoneal dissection, with assistance
- Post-operative bowel complication management, independently
- Understanding brachytherapy and teletherapy

GYNECOLOGIC ONCOLOGY

SPECIFIC COMPETENCY BASED GOALS AND OBJECTIVES for Gyn Oncology

The detection and treatment of gynecologic malignancies are important objectives in gynecologic practice. Although a select group of physicians devote their full practices to the care of patients with gynecologic malignancies, residents in obstetrics and gynecology should become familiar with the therapeutic principles underlying the treatment of these patients and, more important, the identification of patients who are at risk of or who may already have malignancies of the pelvic organs or breast.

Much of the improvement in the survival of women with gynecologic cancer can be attributed to more reliable screening techniques and an enhanced awareness of early symptoms on the part of both physicians and patients. Because the distinction between a precursor lesion and its malignant counter-part is often subtle, knowledge of both premalignant and malignant lesions of the reproductive tract is necessary. The treatment (whether surgical, radiologic, or chemotherapeutic) of a particular patient may or may not fall to the practicing general gynecologist, but he/she is expected to provide education, counseling, and follow-up for these patients. To do so, residents must possess a basic understanding of the principles underlying radiation therapy, chemotherapy, and terminal care.

I. Basic Science/Mechanisms of Disease

A. Genetics (MK)

1. Describe the clinical relevance of oncogenes and tumor suppressor genes.
2. Describe the inheritance patterns for malignancies of the pelvic organs and breast.
3. Describe the current indications for screening for *BRCA1*, *BRCA2*, and hereditary nonpolyposis colorectal cancer (HNPCC), also known as Lynch syndrome.
4. Describe the cell replication cycle and identify the phases of the cycle most sensitive to radiation therapy and chemotherapy.

B. Physiology (MK)

1. Describe the ability of vital organ systems to tolerate cancer therapy and define the concept of therapeutic index.
2. Describe the changes in cell and organ physiology that result from injury due to radiation therapy and chemotherapy.

C. Embryology and developmental biology (MK)

1. Describe the embryology of gonadal migration and its role in the pathogenesis of epithelial and germ cell neoplasms.
2. Describe the embryologic origins of cell types found in benign and malignant germ cell tumors.

D. Anatomy (MK)

1. Describe the anatomy of the anterior and posterior abdominal wall.
2. Describe the anatomy of the pelvic floor retroperitoneal and para-aortic spaces.
3. Describe the gross and histologic anatomy of the external genitalia, pelvic organs, and the breast.
4. Describe the vascular, lymphatic, and nerve supply to the breast, external genitalia, and each of the pelvic organs.
5. Describe the anatomic relationship between the reproductive organs and the nongynecologic abdominal and pelvic viscera (ie, bladder, ureters, and bowel).
6. Describe the likely changes in the anatomic relationships of the pelvic and abdominal viscera created by surgical or radiation treatment for a malignancy of the pelvic organs.

E. Pharmacology (MK)

1. List the major chemotherapeutic agents used for treatment of malignancies of the reproductive organs and breast.
2. Describe the principal adverse effects of these major chemotherapeutic agents.
3. List supportive care methods/medications that can be used to ameliorate the following treatment complications:
 - a. Marrow suppression
 - b. Nausea and vomiting
 - c. Hemorrhagic cystitis
 - d. Peripheral neuropathy
 - e. Renal toxicity
 - f. Cardiac toxicity

F. Pathology and neoplasia (MK)

1. Describe the histology of malignant and premalignant conditions of the pelvic organs and breast.
2. Describe risk factors that contribute to the pathogenesis of malignancies of the pelvic organs and breast.
3. Describe the prognosis for the major malignancies of the breast and pelvic organs.

G. Microbiology and immunology (MK)

1. Describe the role of viruses in the pathogenesis of gynecologic tumors.
2. Describe the influence of immunosuppression on the risk of acquiring a type of gynecologic cancer.
3. Describe the effect of cancer and its therapies on the immune system.
4. List the principal consequences of immunosuppression in the cancer patient (eg, increased susceptibility to infection and poor wound healing).

II. Vulvar and Vaginal Malignancies

A. Preinvasive lesions

1. Describe the epidemiology of vulvar intraepithelial neoplasia (VIN) and vaginal intraepithelial neoplasia (VAIN). (MK)
2. Describe the clinical manifestations of VIN and VAIN. (MK)
3. Describe the differential diagnosis of pigmented and non-pigmented vulvar and vaginal lesions. (MK)
4. Perform and interpret the results of diagnostic procedures for VIN and VAIN. (PC)
5. Perform surgical and/or medical treatment for patients with VIN and VAIN. (PC)
6. Establish a posttreatment follow-up plan for patients with VIN and VAIN. (SBP)
7. Describe the structural, histologic changes in the vagina characteristic of in utero exposure to diethylstilbestrol. (MK)

B. Invasive vulvar carcinoma

1. Describe the epidemiology of invasive vulvar lesions, such as the following: (MK)
 - a. Melanoma
 - b. Squamous cell carcinoma
 - c. Basal cell carcinoma
 - d. Paget disease
 - e. Sarcoma
 - f. Verrucous carcinoma
 - g. Bartholin gland carcinoma
2. Describe the clinical manifestations of invasive vulvar malignancies. (MK)
3. Describe the differential diagnosis of vulvar cancer. (MK)
4. Perform appropriate biopsies to diagnose vulvar carcinoma. (PC)
5. Describe the staging of invasive vulvar cancer using the system adopted by the International Federation of Gynecology and Obstetrics (FIGO). (MK)
6. Counsel a patient about the evaluation and treatment (indications and complications) of vulvar cancer. (PC, ICS)
7. Describe the prognosis for invasive vulvar malignancies. (MK)
8. Describe the effect of treatment of vulvar cancer on sexual function and manage/refer the patient appropriately. (MK, PC, SBP)
9. Provide psychosocial support and long-term follow-up for patients with vulvar cancer. (PC, ICS, SBP)

C. Invasive carcinoma of the vagina

1. Describe the epidemiology of invasive vaginal cancer, such as the following:
 - a. Squamous cell carcinoma (MK)
 - b. Clear cell adenocarcinoma (MK)
2. Describe the clinical manifestations of invasive vaginal cancer. (MK)
3. Describe the differential diagnosis of invasive vaginal cancer. (MK)
4. Perform appropriate biopsies to diagnose vaginal cancer. (PC)
5. Describe the staging of invasive vaginal cancer using the system adopted by FIGO. (MK)
6. Counsel the patient regarding the evaluation and treatment (indications and complications) of vaginal cancer. (PC, ICS)
7. Describe the prognosis for invasive vaginal cancer. (MK)
8. Describe the effect of treatment of vaginal cancer on sexual function and manage/refer patients appropriately. (MK, PC, SBP)
9. Provide psychosocial support and long-term follow-up for patients with vaginal cancer. (PC, ICS, SBP)

III. Cervical Disorders

A. Preinvasive cervical disease

1. Describe the epidemiology of cervical dysplasia. (MK)
2. Obtain a pertinent history in a woman with an abnormal Pap test. (PC)
3. Interpret Pap test reports using the Bethesda classification system and determine appropriate follow-up. (PC)
4. Perform and interpret the results of diagnostic procedures for cervical dysplasia. (PC)
5. Develop an age-appropriate treatment plan for cervical dysplasia with modalities, such as the following: (PC)
 - a. Cryosurgery
 - b. Laser ablation
 - c. Loop electrosurgical excision procedure
 - d. Cold knife conization
 - e. Observation/close follow-up
6. Manage the complications that result from treatment of cervical dysplasia. (PC)
7. Establish an appropriate follow-up plan for a woman who has been treated for cervical dysplasia. (PC)
8. Describe the structural changes in the cervix that are characteristic of in utero diethylstilbestrol exposure. (MK)
9. Counsel patients regarding the use of vaccinations for the prevention of human papillomavirus-related diseases. (MK)

B. Invasive cervical cancer

1. Describe the epidemiology of cervical cancer. (MK)
2. Describe the typical clinical manifestations of cervical cancer. (MK)
3. Describe the differential diagnosis of cervical cancer. (MK)
4. Perform appropriate biopsies to diagnose invasive cervical cancer. (PC)
5. Describe the staging of cervical cancer using the system adopted by FIGO. (MK)
6. Counsel the patient about the evaluation and treatment (indications and complications) of cervical cancer. (PC, ICS)
7. Describe the prognosis for cervical cancer. (MK)
8. Describe the effect of treatment of cervical cancer on sexual function and manage/refer patients appropriately. (MK, PC, SBP)
9. Provide psychosocial support and long-term follow-up for patients with cervical cancer. (PC, ICS, SBP)

IV. Carcinoma of the Uterus

A. Endometrial hyperplasia

1. Obtain a targeted history in patients who have abnormal uterine bleeding, including an assessment of risk factors, such as the following: (PC, ICS)
 - a. Obesity
 - b. Anovulation
 - c. Polycystic ovary syndrome
 - d. Glucose intolerance
 - e. Estrogen or antiestrogen (tamoxifen) exposure
 - f. Family history
2. Perform a focused physical examination in women who have abnormal bleeding and risk factors for endometrial hyperplasia. (PC)
3. Describe factors that influence the treatment of hyperplasia, such as the following: (MK)
 - a. Classification and histology
 - b. Age of patient
 - c. Reproduction goals
 - d. Risk of malignancy
4. Treat endometrial hyperplasia medically and surgically. (PC)
5. Describe and manage the potential complications of these interventions. (PC)
6. Describe appropriate posttreatment follow-up. (PC)

B. Carcinoma of the endometrium

1. Describe the epidemiology of endometrial cancer, such as the following: (MK)
 - a. Uterine adenocarcinoma
 - b. Uterine sarcoma
2. Describe the clinical manifestations of endometrial cancer. (MK)
3. Describe the differential diagnosis of invasive endometrial cancer. (MK)
4. Perform biopsies to diagnose endometrial cancer. (PC)
5. Describe the staging of invasive endometrial cancer using the system adopted by FIGO. (MK)
6. Counsel the patient about the evaluation and treatment (indications and complications) of endometrial cancer. (PC, ICS)
7. Describe the prognosis for invasive endometrial cancer. (MK)
8. Provide psychosocial support and long-term follow-up for women with endometrial cancer. (PC, ICS, SBP)

V. Ovarian and Tubal Carcinoma

A. Carcinoma of the ovary

1. Describe the epidemiology of ovarian cancer. (MK)
2. Describe the inherited syndromes that increase a woman's likelihood of developing ovarian cancer. (MK)
3. Describe the screening protocols that may identify patients who have an inherited form of ovarian cancer. (MK)
4. Describe the clinical manifestations of ovarian cancer. (MK)
5. Describe the staging of ovarian cancer using the system adopted by FIGO. (MK) Describe the histology, staging, and prognosis for the following: (MK)
 - a. Epithelial tumors Germ cell tumors Stromal tumors Sarcomas Metastatic tumors
 - b. Tumors of low malignant potential
6. Interpret for the patient the following tests to diagnose ovarian cancer: (PC, ICS)
 - a. Ultrasonography Serum tumor markers
 - b. Cytology from thoracentesis or paracentesis Computed tomography scan
7. Counsel the patient about the evaluation and treatment (indications and complications) of ovarian cancer. (PC, ICS)
8. Provide psychosocial support and long-term follow-up for women with ovarian cancer. (PC, ICS, SBP)

B. Carcinoma of the fallopian tube

1. Describe the epidemiology of fallopian tube cancer. (MK)
2. Describe the typical clinical manifestations of fallopian tube cancer. (MK)
3. Describe the staging of fallopian tube cancer using the system adopted by FIGO. (MK)
4. Counsel the patient about the evaluation, treatment (indications and complications) of fallopian tube cancer. (PC, ICS)
5. Describe the prognosis of fallopian tube cancer. (MK)
6. Provide psychosocial support and long-term follow-up for women with fallopian tube cancer. (PC, ICS, SBP)

VI. Gestational Trophoblastic Disease

A. Hydatidiform mole

1. Describe the epidemiology and genetics of hydatidiform mole. (MK)
2. Describe the clinical manifestations of gestational trophoblastic disease (GTD). (MK)
3. Diagnose GTD and its manifestations using tests, such as the following: (PC)
 - a. Ultrasonography
 - b. Quantitative titer
 - c. Chest X-ray
 - d. Thyroid function tests
4. Distinguish between a complete and partial hydatidiform mole using histologic and cytogenetic findings. (MK)
5. Provide surgical treatment for a patient with GTD. (PC)
6. Provide the appropriate follow-up for a patient who has had suction evacuation of a molar pregnancy. (PC)
7. Counsel the patient regarding recurrence risk of GTD. (PC, ICS)

B. Malignant gestational trophoblastic disease

1. Describe the risk factors for malignant GTD. (MK)
2. Describe histologic appearance of invasive mole versus choriocarcinoma versus placental site trophoblastic tumor. (MK)
3. Describe the diagnosis of malignant GTD using a combination of physical examination, chest X-ray, computed tomography scan, and ultrasonography. (MK)
4. Describe the features associated with low-risk versus high-risk GTD. (MK)
5. Counsel patients regarding risk of recurrence and prognosis for future pregnancies. (PC, ICS)
6. Provide psychosocial support and long-term follow-up of patients with GTD. (PC, ICS, SBP)

VII Therapies and Management

A. Radiation therapy

1. Describe the general principles of radiation therapy. (MK)
2. Describe the indications for radiation therapy in the treatment of gynecologic neoplasms and the factors that influence decisions regarding intervention, such as the following: (MK)
 - a. Classification and FIGO staging of disease and histology
 - b. Age of patient
 - c. Underlying medical conditions
 - d. Implications for future fertility
 - e. Concomitant therapy with radiosensitizers or chemotherapy
 - f. Previous abdominal procedures
 - g. Need for palliative management
3. Describe the potential complications of radiation therapy. (MK)

B. Chemotherapy

1. Describe the general mechanisms of action of chemotherapy. (MK)
2. Describe the general indications for chemotherapy in the treatment of gynecologic neoplasms. (MK)
3. Describe the most appropriate indication for chemotherapeutic agents, such as the following: (MK)
 - a. Alkylating agents
 - b. Antimetabolites
 - c. Vinca alkaloids
 - d. Antibiotics
 - e. Hormonal agents
 - f. Heavy metals
 - g. Immunotherapy
4. Describe the potential complications of chemotherapy. (MK)
5. Describe the long-term effects of chemotherapy on fertility. (MK)

C. Terminal care

1. Describe the basic principles of palliative care. (MK)
2. Describe medical, radiation and operative modalities for palliation of symptoms in terminally ill patients. (MK)
3. Describe the appropriate indications for a “do not resuscitate” order. (MK)
4. Describe the medical, ethical, and legal implications of a “do not resuscitate” order. (MK)
5. Describe concept of therapeutic index when considering medical or operative intervention to improve patients’ quality of life. (MK)
6. Describe the basic principles of pain management and provide appropriate pain control for terminal patients. (MK)

GYNECOLOGIC ONCOLOGY

Procedures: Gynecology, provides a detailed list of the gynecologic procedures with which residents should be familiar. The following table lists the additional procedures that are specific to gynecologic oncology and summarizes the level of technical proficiency that should be achieved by graduating residents. Residents should either understand a procedure (including indications, contraindications, and principles) or be able to perform it independently. These distinctions are based on the premise that knowledge of a procedure is implicit in the ability to perform it.

Procedures	Understand	Understand/Perform
Colectomy (partial or total)	X	
Colostomy	X	
Fistula repair	X	
Enterocutaneous	X	
Ureterovaginal	X	
Hysterectomy	X	
Extrascial (with or without bilateral salpingo-oophorectomy)		x
Radical (with or without bilateral salpingo-oophorectomy)	X	
Lumpectomy of breast	X	
Lymph node biopsy/dissection	X	
Axillary	X	
Inguinal	X	
Para-aortic	X	
Pelvic	X	
Sentinel	X	
Mastectomy	X	
Radical	X	
Simple	X	
Paracentesis		x
Pelvic exenteration with or without reconstruction	X	
Port placement, intraperitoneal	X	
Radiation therapy	X	
Brachytherapy	X	
External beam	X	
Interstitial	X	
Resection of large and small bowel	X	
Staging laparotomy	X	
Biopsy of pelvic lymph nodes	X	
Biopsy of peritoneal implants & cytologic washings of peritoneal cavity	X	
Exploration of abdomen		x
Infracolic omentectomy	X	
Suction evacuation of molar pregnancy		x
Transverse rectus abdominis myocutaneous flap	X	
Vaginal reconstruction	X	
Gracilis flap	X	
Martius flap	X	
Skin graft	X	
Venous access device placement	X	
Vulvectomy, radical	X	

ACGME Milestones to be assessed during the Gynecologic Oncology rotations:

Interpersonal and Communication Skill

- Communication w/ Patients and Families
- Communication w/ Physicians & Other Health Professionals & Teamwork
- Informed Consent and Shared Decision Making

Professionalism

- Compassion, Integrity, and Respect for Others
- Accountability and Responsiveness to the Needs of Patients, Society, and the Profession
- Respect for Patient Privacy, Autonomy, Patient-Physician Relationship

Practice-based Learning and Improvement

- Quality Improvement Process: Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement
- Self-directed Learning/Critical Appraisal of Medical Literature

Systems-based Practice

- Patient Safety and Systems Approach to Medical Errors: Participate in identifying system errors and implementing potential systems solutions
- Cost-effective Care and Patient Advocacy

Patient Care

- Gynecology Technical Skills: Laparotomy (e.g., Hysterectomy, Myomectomy, Adnexectomy)
- Gynecology Technical Skills: Vaginal Surgery (e.g. , Vaginal Hysterectomy, Colporrhaphy,)
- Gynecology Technical Skills: Endoscopy (Laparoscopy, Hysteroscopy, Cystoscopy)

Medical Knowledge

- Peri-operative Care
- Abdominal/Pelvic Pain (Acute and Chronic)
- Abnormal Uterine Bleeding (Acute and Chronic)
- Pelvic Mass

MATERNAL FETAL MEDICINE

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PGY1 Will rotate for two month in the Antenatal Testing Center and the High Risk Pregnancy inpatient unit. The objectives of this rotation are to gain an understanding of common obstetrical abnormalities and also to get experience in basic obstetrical sonography. As such, residents will work with perinatologists obtaining histories and focused physical exams on patients presenting for complications of pregnancy. Residents will also participate in the performance and interpretation of obstetrical sonograms under the guidance of the Maternal Fetal Medicine faculty. PGY 1 residents will also rotate in the Antenatal Testing Unit on a scheduled basis to perform MFM consults with the Perinatologists and Genetics Counselor. Direct procedure evaluations and global end of rotation evaluations will be completed on line through the E*Value system.

Maternal-Fetal Medicine PGY1 Rotation Goals and Objectives

GOALS:

1. Learn how medical conditions affect pregnancy and how pregnancy affects medical Conditions. (MK)
2. With assistance, develop management and treatment plans for patients with high pregnancy problems such as preterm labor, intrauterine growth retardation, hypertension related to pregnancy, substance abuse and multifetal pregnancies. (MK, PC)
3. With assistance, appropriately manage or triage patients with high risk problems depending on available resources. (SBP)
4. Learn how to perform a 2nd-3rd trimester obstetrical ultrasound and obtain basic fetal biometry. (MK, PC)

Upon completion of the rotation, the PGY-1 residents should be able to:

1. Demonstrate proper history taking of women with normal and abnormal pregnancies. (PC, MK)
2. Demonstrate proper focused physical exam skills on women pregnant with normal & abnormal pregnancies. (PC, MK)
3. Reinforce the normal physiologic changes in pregnancy to other providers, patients, and their families so that they may better understand their condition. (MK, C)
4. Understand, utilize, and interpret appropriate antepartum fetal assessment including fetal heart rate monitoring, ultrasonography, and amniocentesis. (MK, PC)
5. Describe the indications, risks, benefits, and appropriate use of amniocentesis, cervical cerclage, chorionic villus sampling, percutaneous umbilical blood sampling and fetal transfusion. (PC, MK, C)
6. Provide excellent, compassionate patient-centered counseling for women with abnormal prenatal screening test results. (PC, C)
7. Perform a 2nd-3rd trimester obstetrical ultrasound, identify cranial, thoracic, abdominal and skeletal anatomy and correctly measure fetal biometry. (MK, PC)
8. Present a patient-specific MFM topic at morning report. (MK, C)

PGY2 Will rotate for 2 months on the Maternal Fetal Medicine service. The goal of this rotation is to obtain an understanding of the inpatient management of pregnancy complications. The MFM resident will be responsible for evaluating every patient admitted to the High Risk Pregnancy unit (HRP). They will perform twice daily rounds on all HRP patients and also coordinate the transfer of patients between the HRP and Labor and Delivery. In collaboration with the MFM faculty and MFM fellows, the resident will participate in the weekly MFM lecture series. PGY 2 residents will also rotate in the Antenatal Testing Unit on a scheduled basis to perform MFM consults with the Perinatologists and Genetics Counselor. Direct procedural evaluations and global end of rotation evaluations will be completed on line through the E*Value system.

Maternal-Fetal Medicine PGY2 Rotation Goals and Objectives

GOALS:

1. Learn how medical conditions affect pregnancy and how pregnancy affects medical Conditions. (MK)
2. Develop management and treatment plans for patients with high pregnancy problems such as preterm labor, intrauterine growth retardation, hypertension related to pregnancy, substance abuse and multifetal pregnancies. (MK, PC)
3. Appropriately manage or triage patients with high risk problems depending on available resources. (SBP)
4. Learn how to perform a 2nd-3rd trimester obstetrical ultrasound and obtain basic fetal biometry. (MK, PC)
5. Learn to perform cervical cerclages and high risk cesarean deliveries.

MATERNAL FETAL MEDICINE

Upon completion of the rotation, the PGY-2 residents should be able to:

1. Demonstrate advanced history taking of women with normal and abnormal pregnancies. (PC, MK)
2. Demonstrate complex physical exam skills on women pregnant with normal & abnormal pregnancies. (PC, MK)
3. Reinforce the normal physiologic changes in pregnancy to other providers, patients, and their families so that they may better understand their condition. (MK, C)
4. State the dosages of, indications for, pharmacology, and risks and benefits of commonly used medications in pregnancy. (MK)
5. Understand, utilize, and interpret appropriate antepartum fetal assessment including fetal heart rate monitoring, ultrasonography, and amniocentesis. (MK, PC)
6. Describe the indications, risks, benefits, and appropriate use of amniocentesis, cervical cerclage, chorionic villus sampling, percutaneous umbilical blood sampling and fetal transfusion. (PC, MK, C)
7. Provide excellent, compassionate patient-centered counseling for women with abnormal prenatal screening test results. (PC, C)
8. Perform a 2nd-3rd trimester obstetrical ultrasound, identify cranial, thoracic, abdominal and skeletal anatomy and correctly measure fetal biometry. (MK, PC)
9. Present a patient-specific MFM topic at morning report. (MK, C)

PGY3 Will rotate for 2 months on the Maternal Fetal Medicine service. The goal of this rotation is to obtain supervisory and teaching skills in the inpatient management of pregnancy complications. The PGY3 MFM resident will be responsible for supervising the management of every patient admitted to the High Risk Pregnancy unit (HRP). They will perform daily rounds on all HRP patients and also coordinate the transfer of patients between the HRP and Labor and Delivery. In collaboration with the MFM faculty and MFM fellows, the PGY3 resident will participate in the weekly MFM lecture series. PGY3 residents will also teach and assist junior residents in the performance of procedures such as external cephalic versions, BPP's and cerclage removals. Direct procedural evaluations and global end of rotation evaluations will be completed on line through the E*Value system.

Maternal-Fetal Medicine PGY3 Rotation Goals and Objectives

GOALS:

1. Supervise the management and treatment plans for patients with high pregnancy problems such as preterm labor, intrauterine growth retardation, hypertension related to pregnancy, substance abuse and multifetal pregnancies. (MK, PC, SBP)
2. Appropriately manage or triage patients with high risk problems depending on available resources. (SBP)
3. Perform high risk cesarean deliveries. (MK, PC)
4. Manage intra and post partum emergencies such as shoulder dystocia and post partum hemorrhage. (MK, PC)

Upon completion of the rotation, the PGY-3 residents should be able to:

1. Demonstrate advanced history taking of women with normal and abnormal pregnancies. (PC, MK)
2. Demonstrate complex physical exam skills on women pregnant with normal & abnormal pregnancies. (PC, MK)
3. Reinforce the normal physiologic changes in pregnancy to other providers, patients, and their families so that they may better understand their condition. (MK, C)
4. State the dosages of, indications for, pharmacology, and risks and benefits of commonly used medications in pregnancy. (MK)
5. Understand, utilize, and interpret appropriate antepartum fetal assessment including fetal heart rate monitoring, ultrasonography, and amniocentesis. (MK, PC)
6. Describe the indications, risks, benefits, and appropriate use of amniocentesis, cervical cerclage, chorionic villus sampling, percutaneous umbilical blood sampling and fetal transfusion. (PC, MK, C)
7. Manage intra and post partum emergencies such as shoulder dystocia and post partum hemorrhage. (MK, PC)

Reading assignments:

1. Creasy and Resnik's Maternal-Fetal Medicine Principles and Practice
2. Selected literature and ACOG Practice Bulletins as discussed on service

Evaluation methods:

1. Global evaluation by Drs. Nies & Khoury
2. Observed performance of an obstetrical ultrasound exam
3. Performance on the CREOG exam

First, second and third year residents will spend two months rotating on the Maternal Fetal Medicine service. During these rotations the resident will evaluate and manage pregnancy complications in the outpatient Antenatal Testing Center and the inpatient High Risk Pregnancy Unit (HRP) under the supervision of the faculty perinatologists. The resident will perform supervised fetal anatomical sonography, amniocentesis, cord Doppler studies, nuchal translucency evaluations, cervical cerclage procedures and, if the resident requests, training in surgical and medical pregnancy termination. At the completion of the rotation, the resident is to have an understanding of the evaluation and management of the pregnant patient with the following conditions:

MATERNAL FETAL MEDICINE

A. Diabetes mellitus

1. Classify diabetes mellitus in pregnancy. (MK)
2. Interpret screening tests for gestational diabetes. (MK, PC, SBP)
3. Monitor and control blood sugar in the pregnant patient with diabetes mellitus. (PC)
4. Assess, recognize, and manage fetal and maternal complications such as: (MK, PC)
 - a. Fetal malformations
 - b. Disturbances in fetal growth
 - c. Diabetic ketoacidosis
5. Counsel patients with diabetes regarding future reproduction and the long-term health implications of their medical condition. (ICS, P, SBP)

B. Diseases of the urinary system

1. Evaluate signs and symptoms of urinary tract pathology in pregnant patients. (PC)
2. Describe the indications for the common diagnostic tests for renal disease in pregnancy. (PC)
3. Interpret the results of common diagnostic tests for renal disease in pregnancy. (MK, PC, SBP)
4. Counsel patients about the possible adverse effects of diseases of the urinary tract on fetal and maternal outcome, such as: (ICS, P, SBP)
 - a. Intrauterine growth restriction
 - b. Prematurity
 - c. Perinatal mortality
 - d. Hypertension
5. Develop, in consultation with other specialists, a comprehensive plan for the perinatal management of a patient with renal disease. (ICS, P, SBP, PBLI)

C. Infectious diseases

1. Perform a focused history and physical examination in pregnant patients who have known or suspected infectious diseases. (PC)
2. Choose and perform laboratory tests to confirm the diagnosis of infection. (MK, PC, SBP)
3. Assess the severity of a specific infection and its potential maternal, fetal, and neonatal impact. (PC)
4. Describe the possible adverse maternal and fetal effects of antibiotics administered during pregnancy. (MK, PC, ICS)
5. Manage specific infections in consultation with other specialists, as indicated. (ICS, P, SBP)

D. Hematologic disorders

1. Evaluate possible causes of anemia, thrombocytopenia, deep vein thrombosis, and coagulopathy in pregnancy. (MK)
2. Institute appropriate acute and chronic management plans for these conditions, including prophylaxis to minimize recurrence risk. (PC, SBP)
3. Counsel patients about the fetal and maternal impact of hematologic disorders in pregnancy. (ICS, P)

E. Cardiopulmonary disease

1. Describe symptoms and physical findings suggestive of cardiopulmonary disease in pregnancy. (MK)
2. Describe the indications for and interpret the results of common diagnostic tests for cardiopulmonary disease in pregnancy. (MK, PC)
3. Classify maternal cardiac disease in pregnancy & describe the associated maternal and fetal risks. (MK)
4. Order appropriate fetal evaluation in patients with congenital heart disease.
5. Counsel patients about the impact of pregnancy on cardiopulmonary disease and the impact of these diseases on pregnancy. (ISC, P)
6. Develop, in consultation with other specialists, a comprehensive plan for the perinatal management of patients with cardiopulmonary disease. (P, SBP)

F. Gastrointestinal disease

1. Perform a history physical examination for the diagnosis of gastrointestinal disease in pregnancy. (PC)
2. Describe the indications for and interpret the results of common diagnostic tests for gastrointestinal disease in pregnancy. (MK, PC)
3. Diagnose and provide initial management of common gastrointestinal diseases in pregnancy. (MK, PC)
4. Counsel patients about the impact of gastrointestinal disease on pregnancy and the impact of pregnancy on gastrointestinal disease. (ICS, P)
5. Develop, in consultation with other specialists, a comprehensive plan for the perinatal management of patients with gastrointestinal disease. (P, SBP)

MATERNAL FETAL MEDICINE

G. Neurologic disease

1. Perform a focused history and neurologic examination in pregnant patients with a known or suspected neurologic disorder. (PC)
2. Describe the indications for and interpret the results of common diagnostic tests for neurologic disease in pregnancy. (MK, PC)
3. Counsel pregnant patients regarding the impact of pregnancy on neurologic disease and the impact of the disease on pregnancy. (ICS, P)
4. Develop, in consultation with other specialists, a comprehensive plan for the perinatal management of patients with neurologic disease. (P, SBP)

H. Endocrine disorders (excluding diabetes mellitus)

1. Perform a focused history and physical examination in pregnant patients with a known or suspected endocrine disease. (PC)
2. Describe the indications for and interpret the results of common diagnostic tests for endocrine disease, such as: (MK, PC)
 - a. Thyroid function tests
 - b. Adrenal function tests
 - c. Pituitary function tests
 - d. Imaging studies
3. Counsel patients about the impact of an endocrine disease and its treatment on pregnancy and the impact of pregnancy on the endocrine disorder. (ICS, P)
4. In consultation with other specialists, develop a comprehensive plan for the perinatal management of patients with an endocrine disorder. (P, SBP)

I. Collagen vascular disorders

1. Perform a focused history and physical examination in pregnant patients with known or suspected collagen vascular disease. (PC)
2. Describe the indications for and interpret the results of common diagnostic tests for collagen vascular disease in pregnancy, such as: (MK, PC)
 - a. Serologic tests for rheumatoid factor
 - b. Anti-DNA antibodies
 - c. Antinuclear antibodies
 - d. Lupus anticoagulant
 - e. Anticardiolipin (antiphospholipid) antibodies
 - f. Anti-Ro, Anti-La
3. Counsel patients regarding the impact of collagen vascular disease and its treatment on pregnancy and the impact of pregnancy on collagen vascular disease. (ICS, P)
4. Develop, in consultation with other specialists, a comprehensive plan for the perinatal management of patients with collagen vascular disease. (P, SBP)

J. Psychiatric disorders

1. Perform a mental status examination. (PC)
2. Describe the symptoms of common psychiatric disorders in pregnancy. (MK)
3. Assess the risk of psychiatric disorders such as bipolar disorder, schizophrenia, depression, and the safety of psychiatric medications in the patient and her fetus. (PC, ICS)
4. Identify patients who require referral for psychiatric consultation. (P, SBP)

K. Emergency care during pregnancy

1. Perform a diagnostic history and physical examination in pregnant patients with a medical or surgical emergency. (PC)
2. Order and interpret diagnostic tests, such as CT or MRI scan, lumbar puncture, and x-rays, to assess for adverse effects of emergency conditions on the developing pregnancy. (MK, PC)
3. Initiate therapy, in consultation as necessary, and describe the impact of the condition on the pregnancy as well as the impact of the pregnancy on the emergent condition. (ICS, P)
4. Describe the timing of delivery in obstetric patients with emergent conditions. (MK)

L. Substance abuse in pregnancy

1. Describe behavior patterns suggestive of substance abuse. (MK)
2. Perform a thorough history and physical examination in patients suspected of substance abuse in pregnancy. (PC)
3. Counsel patients about the impact of substance abuse on the fetus/neonate. (ICS, P)
4. Assess the fetus for adverse effects of substance abuse, such as congenital anomalies or growth restriction. (MK)
5. Refer patients with known or suspected substance abuse for counseling and follow-up. (P, SBP)

MATERNAL FETAL MEDICINE

PGY1 ROTATION OBJECTIVES:

- Complete a basic MFM history and physical examination
- Exhibit knowledge of common abnormalities of pregnancy including
 - Pre-term labor
 - Gestational diabetes
 - Hypertention
 - Preeclampsia

PGY2 ROTATION OBJECTIVES:

- Understand fetal monitoring procedures and techniques
- Perform a biophysical profile
- Perform a basic fetal anatomic survey ultrasound
- Exhibit knowledge of less common abnormalities of pregnancy including
 - Intrauterine growth restriction
 - Multiple gestations
 - Fetal anomalies
 - Maternal diseases and their manifestations in pregnancy.

PGY3 ROTATION OBJECTIVES:

- Supervision of Maternal Fetal Medicine service
- Understanding active management of antepartum and intrapartum complications
- Counseling of patients on management options for pregnancy associated conditions
- Presentation and management of daily Maternal Fetal Medicine conference
- Management of intra-partum and post-partum emergencies

MATERNAL FETAL MEDICINE Procedures: The following Table lists the procedures pertinent to obstetric care and summarizes the level of technical proficiency that should be achieved by a graduating resident. The resident should either understand a procedure (including indications, contraindications, and principles) or be able to perform it independently. These distinctions are based on the premise that knowledge of a procedure is implicit in the ability to perform it.

Procedure	Understand	Understand & Perform
<u>Antepartum</u>		
Amniocentesis		
2nd trimester—genetic diagnosis	X	
3rd trimester—assessment of fetal lung maturity		X
Cervical cerclage		
Transabdominal	X	
Transvaginal		X
Chorionic villus sampling	X	
Cordocentesis	X	
Fetal assessment, antepartum		
Biophysical profile, Contraction stress test , NST, Vibroacoustic stimulation		X
Intrauterine transfusion	X	
Ultrasound examination		
Abdominal and endovaginal		X
Abdominal ultrasonography, targeted examination	X	
Color Doppler ultrasonography	X	
Three-dimensional ultrasonography	X	
Doppler velocimetry	X	
Cervical Length		X
Version of breech, external		X

MATERNAL FETAL MEDICINE

Procedure	Understand	Understand & Perform
<u>Intrapartum</u>		
Amnioinfusion		X
Amniotomy		X
Anesthetic/analgesic procedures		
Administration of parenteral analgesics/sedatives		X
Administration of narcotic antagonists		
Epidural, General, Spinal Anesthesia	X	
General Anesthesia	X	
Pudendal block		X
B Lynch Suture Placement		X
Cesarean delivery		
Classical, Low transverse, Low vertical		X
Cesarean hysterectomy		X
Curettage for adherent placenta		X
Dilation and evacuation for second- trimester fetal death	X	
Episiotomy and Repair		X
Evaluation and repair of perineal laceration		X
Fetal assessment, intrapartum		
Fetal heart rate monitoring (internal/external)		X
Fetal scalp stimulation test		X
Fetal scalp pH determination	X	
Vibroacoustic stimulation test		X
Forceps delivery		
Outlet, Low		X
Hypogastric artery ligation	X	
Induction of labor with prostaglandins or oxytocin		X
Manual removal of the placenta		X
Shoulder Dystocia maneuvers		X
Skin incision		
Vertical, Transverse		X
Suction evacuation for first trimester fetal death		X
Uterine artery ligation	X	
Uterine artery ligation		X
Uterine tamponade		X
Vacuum extraction		
Outlet , Low		X
Vaginal delivery, breech	X	
Vaginal delivery, spontaneous		X
Vaginal delivery, twins		X
<u>Postpartum</u>		
Circumcision, neonatal (with anesthesia)	X	
Hematoma evacuation		
Intraabdominal , Vulvar, Vaginal		X
Neonatal resuscitation, immediate		X
Repair of genital tract lacerations		
Cervical		X
Perineal (second, third, fourth degree lacerations)		X
Vaginal		X
Sterilization		X
Wound care		
Débridement		X
Incision and drainage of abscess or hematoma		X
Repair of dehiscence		X
Secondary closure		X

MATERNAL FETAL MEDICINE

ACGME Milestones to be assessed during the Maternal Fetal Medicine rotations:

Interpersonal and Communication Skill

- Communication w/ Patients and Families
- Communication w/ Physicians & Other Health Professionals & Teamwork
- Informed Consent and Shared Decision Making

Professionalism

- Compassion, Integrity, and Respect for Others
- Accountability and Responsiveness to the Needs of Patients, Society, and the Profession
- Respect for Patient Privacy, Autonomy, Patient-Physician Relationship

Practice-based Learning and Improvement

- Quality Improvement Process: Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement
- Self-directed Learning/Critical Appraisal of Medical Literature

Systems-based Practice

- Patient Safety and Systems Approach to Medical Errors: Participate in identifying system errors and implementing potential systems solutions
- Cost-effective Care and Patient Advocacy

Patient Care

- Obstetrical Technical Skills
- Immediate Care of the Newborn
- Antepartum Care and Complications of Pregnancy
- Care of Patients in the Intrapartum Period
- Care of Patients in the Postpartum Period

Medical Knowledge

- First Trimester Bleeding

MEDICAL / SURGICAL INTENSIVE CARE UNIT

Points of Contact in the IFH Dept of Medicine

Program Director	Mishra, Alita MD, (703) 776-3582 Alita.mishra@inova.org
MSICU Faculty:	Vourlekis, Jason MD, (703) 776-3582 Jason.vourlekis@inova.org
Chief Residents:	703 776 5457, Dr Ryan Connolly, Chief Resident IFH Pager # 23485 ryan.connolly@inova.org ; 703 776 5659, Dr Reda Shams, Med mortada.shams@inova.org
Residency Coordinator:	703 776 2173
IFH Dept of Medicine Grand Rounds are	Tuesdays 12 pm in the PCC
Medicine Residency Educational Conferences	

All PGY1 house officers will spend one month on the Medical Intensive Care service under the supervision of Doctor Jason Vourlekis of the Medical ICU Team. The goal of this rotation is to prepare the house officer for the basic management of critically ill patients in a hospital setting. At the completion of the one-month rotation, the resident is to have an understanding of the following topics:

PGY1 ROTATION OBJECTIVES:

- Perform initial screening exam for critically ill patient
- Understand and initial management of shock
- Basic hemodynamic evaluation and management
- Basic management of ventilator support
- Understanding of cardiac support
- Understanding of patient fluid management

COMPETENCY BASED GOALS AND OBJECTIVES for Medical / Surgical Intensive Care Unit Critical Care

A. Toxic shock syndrome

1. Describe the pathogenesis and microbiology of toxic shock syndrome (TSS). (MK)
2. Describe the typical signs and symptoms of a patient with TSS and distinguish signs/symptoms according to the infectious agent. (PC)
3. Perform a focused PEXam to confirm the diagnosis of TSS, and assess the severity of the patient's illness. (PC)
4. Interpret the results of diagnostic tests to evaluate TSS. (PC)
5. Describe the principles of treatment of TSS, and the possible need for consultation with a critical care or infectious disease specialist. (PC, SBP)
6. Counsel affected patients about the risk of recurrence and the value of preventive measures. (PC)

B. Septic shock

1. Explain the pathophysiology of septic shock. (MK)
2. Describe the usual causes of septic shock in obstetric and gynecologic patients. (MK)
3. Describe the typical symptoms experienced by a patient with septic shock. (MK, PC)
4. Perform a focused physical examination to confirm the diagnosis of septic shock, attempt to determine the etiology of the disorder, and assess the severity of the patient's illness. (PC)
5. Describe indications for, and interpret the results of, the following diagnostic tests: (MK, PC)
 - a. Microbiologic cultures
 - b. Complete blood count and white cell differential
 - c. Liver function tests
 - d. Renal function tests
 - e. Coagulation profile
 - f. Chest x-ray
 - g. MRI and CT scan of the abdomen and pelvis
 - h. Ultrasonography of the pelvis
 - i. Arterial blood gases
 - j. Central hemodynamic monitoring
6. Describe the principles of management of septic shock, including antimicrobial and supportive therapy. (MK, PC)
7. Manage a patient with septic shock, consulting an appropriate specialist as needed. (PC, SBP)

C. Adult respiratory distress syndrome

1. Identify the principal causes of adult respiratory distress syndrome (ARDS). (MK)
2. Explain the pathophysiology of ARDS depending on the etiology. (MK)
3. Describe the usual signs and symptoms manifested by a patient with ARDS. (MK, PC)
4. Perform a focused physical examination to aid in the diagnosis of ARDS and assess the severity of the condition. (PC)

MEDICAL / SURGICAL INTENSIVE CARE UNIT

5. Interpret the results of diagnostic tests such as: (PC)

- a. Chest x-ray
- b. Pulse oximetry
- c. Arterial blood gases
- d. Pulmonary function tests
- e. Central hemodynamic monitoring

6. Describe the principles of treatment of ARDS. (PC)

7. Manage a patient with ARDS, consulting an appropriate specialist as needed. (PC, SBP, ICS)

D. Hemodynamic assessment

1. Describe the conditions most likely to cause cardiovascular dysfunction in obstetric and gynecologic patients. (MK)

2. Perform a focused physical examination to detect signs of hemodynamic derangements, such as: (PC)

- a. Hypotension or hypertension
- b. Bradycardia or tachycardia
- c. Apnea or tachypnea
- d. Signs of poor tissue perfusion (e.g., oliguria, delayed capillary refill)
- e. ARDS
- f. Myocardial failure
- g. Altered mental status

3. Explain the indications for central hemodynamic monitoring (right heart catheterization). (MK, PC)

4. Interpret the results of central hemodynamic monitoring and describe management of patients in whom central monitoring is being performed based on hemodynamic parameters obtained. (MK, PC)

5. Describe the complications of central hemodynamic monitoring and consult with an appropriate specialist, as needed, when managing those complications. (MK, PC, SBP)

E. Cardiopulmonary resuscitation

1. Perform a rapid, focused physical examination to identify the patient who requires cardiopulmonary resuscitation and attempt to determine the cause of the patient's decompensation. (MK, PC)

2. Perform basic cardiac life support as per American Heart Association guidelines. (MK, PC)

3. Describe the principles of Advanced Cardiac Life Support (ACLS), and in conjunction with an ACLS team, participate in the performance of ACLS according to American Heart Association guidelines. (MK)

F. Allergic drug reactions

1. List the drugs most likely to produce allergic reactions in obstetric and gynecologic patients. (MK)

2. Describe the typical symptoms associated with a drug reaction. (MK)

3. Describe the varying degrees of severity of a drug reaction, including anaphylaxis. (MK)

4. Perform a focused physical examination to confirm the diagnosis of a drug reaction and assess the severity of the reaction. (PC)

5. Describe the differential diagnosis of a drug reaction. (MK)

6. Describe the principles of treatment of a drug reaction. Manage a patient with a drug reaction, in consultation with an appropriate specialist, as needed. (MK, PC, SBP)

G. Acute blood loss

1. Describe the pathophysiology of acute blood loss.

2. Describe the laboratory evaluation of acute blood loss, including:

- a. Complete blood count
- b. Evaluation of coagulopathy
- c. Electrolyte evaluation
- d. Evaluation of acute renal failure

3. Describe the treatment of acute blood loss, including:

- a. Fluid and electrolyte replacement
- b. Blood transfusion
- c. Correction of coagulopathies

VI. Surgical Care of the Geriatric Patient

1. Explain surgical options for a given indication in a geriatric patient, accounting for the patient's medical condition and functional status. (MK, PC, ICS)

2. Assess the impact of the proposed surgical intervention on a patient's capacity for independent living, including assessment of availability of assistance, or need for assistance during treatment or the recovery period. (PC, ICS)

3. Summarize complications of anesthesia that are more common in the elderly patient. (MK)

4. Assess the geriatric patient's capacity for independent decision making related to surgical consent. (PC, ICS, P)

5. Counsel patients and family members about advance directives, living wills, DNR orders, power of attorney, and surrogate decision-making. (PC, ICS, P, SBP)

6. Describe the appropriate preoperative evaluation for a geriatric patient, including consultation with other medical disciplines as indicated. (PC, SBP)

MEDICAL / SURGICAL INTENSIVE CARE UNIT

7. Describe the unique considerations related to preoperative, intraoperative, postoperative care of the geriatric patient, such as: (PC, ICS, SBP)

- a. Entrapment (pressure) neuropathies
- b. Hypothermia
- c. Fluid and electrolyte imbalances
- d. Thromboembolism
- e. Pain management
- f. Adverse drug events
- g. Mental status changes
- h. Incontinence
- i. Infection
- j. Nutrition
- k. Stress-induced gastrointestinal ulceration
- l. Pressure ulcers
- m. Ambulation difficulties
- n. Prevention of falls
- o. Functional decline
- p. Possible referral for assisted-living facility or home health aid support

Procedures	Understand	Understand/Perform
Perform initial screening exam for critically ill patient		
Understand and initial management of shock		
Basic hemodynamic evaluation and management		
Basic management of ventilator support		
Understanding of cardiac support		
Understanding of patient fluid management		

ACGME Milestones to be assessed during the Medical ICU rotation:

Interpersonal and Communication Skill

- **Communication w/ Patients and Families**
- **Communication w/ Physicians & Other Health Professionals & Teamwork**
- **Informed Consent and Shared Decision Making**

Professionalism

- **Compassion, Integrity, and Respect for Others**
- **Accountability and Responsiveness to the Needs of Patients, Society, and the Profession**
- **Respect for Patient Privacy, Autonomy, Patient-Physician Relationship**

Practice-based Learning and Improvement

- **Quality Improvement Process: Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement**
- **Self-directed Learning/Critical Appraisal of Medical Literature**

Systems-based Practice

- **Patient Safety and Systems Approach to Medical Errors: Participate in identifying system errors and implementing potential systems solutions**
- **Cost-effective Care and Patient Advocacy**

MULTIDISCIPLINARY ROTATION

FACULTY	David Downing MD, david.downing@inova.org (703) 776-3396
LOCATION	Inova Fairfax Medical Campus, 3300 Gallows Rd., Falls Church VA 22042
PGY level	PGY3

PGY3 residents spend two months in a multidisciplinary rotation which exposes the trainee to a combination of obstetrical, gynecological and sub-specialty clinical experiences. The educational goals and objectives of each 1 week experience are based on those of the supervising division. As such, one week in the Benign Gynecology division would incorporate the same goals and objectives as the one month rotation. In addition, during this multidisciplinary rotation the resident is to participate in Fundamentals of Laparoscopic Surgery (FLS) training and robotic surgery simulation in the ASTEC center. Connect with Lolyn Young on purchasing the online training and test voucher. The multidisciplinary weekly schedule will be made based on the overall yearly schedule to accommodate vacations, medical absences, professional leaves and educational conferences of other housestaff. It will also be tailored to mediate deficiencies in either medical knowledge or technical skills of each participating resident.

Upon completion of the rotation, the PGY-3 residents should be able to:

1. Demonstrate proficiency in all FLS training skills. (PC, MK)
2. Demonstrate completion of all FLS on-line modules. (MK)
3. Demonstrate proficiency in use of the DaVinci robotic laparoscopic simulator. (PC)
4. Show competency in coverage of multiple aspects of the specialty of Ob/Gyn (MK, PC, SBP)

ACGME Milestones to be assessed during the Multi-disciplinary rotation:

Interpersonal and Communication Skill

- Communication w/ Patients and Families
- Communication w/ Physicians & Other Health Professionals & Teamwork
- Informed Consent and Shared Decision Making

Professionalism

- Compassion, Integrity, and Respect for Others
- Accountability and Responsiveness to the Needs of Patients, Society, and the Profession
- Respect for Patient Privacy, Autonomy, Patient-Physician Relationship

Practice-based Learning and Improvement

- Quality Improvement Process: Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement
- Self-directed Learning/Critical Appraisal of Medical Literature

Systems-based Practice

- Patient Safety and Systems Approach to Medical Errors: Participate in identifying system errors and implementing potential systems solutions
- Cost-effective Care and Patient Advocacy

Patient Care

- Obstetrical Technical Skills
- Antepartum care and complications of pregnancy
- Gynecology Technical Skills: Laparotomy (e.g., Hysterectomy, Myomectomy, Adnexectomy)
- Gynecology Technical Skills: Vaginal Surgery (e.g., Vaginal Hysterectomy, Colporrhaphy,)
- Gynecology Technical Skills: Endoscopy (Laparoscopy, Hysteroscopy, Cystoscopy)

Medical Knowledge

- Peri-operative Care
- Abdominal/Pelvic Pain (Acute and Chronic)
- Abnormal Uterine Bleeding (Acute and Chronic)
- Pelvic Mass
- First Trimester Bleeding

OBSTETRICS

Core Faculty

Program Dir, David Downing MD	David.downing@inova.org	703 776 3396 Pager 18181
Assc Prog Dir, Serina Floyd MD	Serina.floyd@inova.org	703 776 3914 Pager 29160
Assc Prog Dir, Alfred Khoury MD	alfredkhoury@mypanova.com , 5616	OB Hosp, Francine McLeod MD
OB Hosp, Lead, Rasha Ebeid MD	OB Hosp Samantha Buery MD	OB Hosp, Tania Damavandy MD
OB Hosp, Rami Tabbarah MD	OB Hosp, Zareh Khachikian MD	OB Hosp, Luis Rodriguez MD
OB Hosp, Rolel Mbaidjol MD	OB Hosp, Tina Falika King MD	OB Hosp, LaTashia Walker MD
OB Hosp, Colleen Kepner MD	OB Hosp, Rachel Casey MD	OB Hosp, Jean Thermolice MD

Goals and Objectives for Obstetrics Rotation PGY 1

The goal of the first year of training in Obstetrics is to gain an understanding of normal pregnancy. This understanding is obtained through attendance at didactic lectures, performance of prenatal care in the Inova Cares Ob clinic and participating in the evaluation and management of laboring patients at Fairfax Hospital's Labor and Delivery unit. The resident will spend a total of four months of training in Obstetrics during the PGY1 to attain these educational goals. The topics and skills outlined are the expected objectives to be reached before advancing to the second year of training.

Patient Care

The resident should be able to:

- 1) Obtain a complete antenatal history and perform a comprehensive physical exam on a pregnant patient.
- 2) Order and interpret routine laboratory tests and those required because of risk factors that might affect the pregnancy.
- 3) Schedule and perform appropriate antepartum follow-up visits for routine obstetric care.
- 4) Obtain an accurate intrapartum history, describing onset of uterine contractions and rupture of membranes.
- 5) Perform an accurate intrapartum physical exam which includes cervical effacement and dilatation, assessment of fetal position and station of the presenting part.
- 6) Perform with assistance intrapartum fetal heart monitoring interpretation.
- 7) Perform an uncomplicated full term vaginal delivery. (Milestone competency)
- 8) Assist in the performance of a primary cesarean section. (Milestone competency)
- 9) Perform a focused postpartum physical exam.

Medical Knowledge

The resident should be able to:

Describe the major physiologic changes in each organ system during pregnancy.

- 1) Evaluate symptoms and physical findings in a pregnant patient to distinguish physiologic from pathologic findings.
- 2) Interpret common diagnostic tests in the context of the normal physiologic changes of pregnancy.
- 3) Describe the muscular and vascular anatomy of the pelvis and vulva.
- 4) Describe the anatomic changes in the mother caused by normal physiologic adaptation to pregnancy.
- 5) Describe the anatomic changes that occur during the intrapartum period, such as cervical effacement and dilatation.
- 6) Describe the anatomic changes that occur during the puerperium, such as alterations in the breast and uterine involution.
- 8) Describe the normal course of labor.

Communication Skills

The resident should be able to:

- 1) Counsel the patient regarding appropriate lifestyle modifications conducive to favorable pregnancy outcomes.
- 2) Counsel the patient about routine prenatal care monitoring and available genetic screening protocols.
- 3) Counsel the patient about different methods of delivery with associated risks, benefits and possible complications.
- 4) Counsel the patient about different methods of postpartum contraception with associated risks, benefits and possible complications.

Professionalism

The resident should be able to:

- 1) Integrate into the obstetrics team, managing the time constraints and stress of a new learning environment without inappropriate behavior or harmful stress relief activities.
- 2) Maintain a positive learning attitude to the many new experiences and challenges which will be encountered during the 1st year of training.

OBSTETRICS

Practice-Based Learning & Improvement

The resident should be able to:

- 1) Perform simulation exercises of normal spontaneous vaginal deliveries, postpartum hemorrhage, shoulder dystocia and fetal bradycardia along with active participation in the debriefing segment of these exercises to identify skill and knowledge base deficiencies.

Systems-Based Practice & Safety Recognition

The resident should be able to:

- 1) Identify factors in the patient's social or personal history which might interfere with the provision of prenatal care.
- 2) Identify inefficiency in the ordering of duplicate or inappropriate tests as part of routine prenatal care.
- 3) Educate the patient on resources available to assist her with her pregnancy and neonate.

Goals and Objectives for Obstetrics Rotation PGY 2

The goal of the second year of training in Obstetrics is to gain an understanding of the common abnormalities which can affect a pregnancy. This understanding is obtained through attendance at didactic lectures, performance of prenatal care at the Inova Cares High Risk Ob clinic and participating in daytime and night float coverage of Fairfax Hospital's Labor and Delivery unit. The resident will spend a total of four months of training in Obstetrics during the PGY2 to attain these educational goals. The topics and skills outlined are the expected objectives to be reached before advancing to the third year of training.

Patient Care

The resident should be able to:

- 1) Identify anatomic abnormalities on physical exam at the time of entry to prenatal care including size / dates discrepancies, cervical anomalies and evidence of infectious pathology.
- 2) Perform a 1st trimester ultrasound of the uterus to confirm dating.
- 3) Recognize abnormal values from obstetrical screening labs.
- 4) Perform independently intrapartum fetal heart monitoring interpretation.
- 5) Perform an operative vacuum full term vaginal delivery. (Milestone competency)
- 6) Perform a primary cesarean section as primary surgeon. (Milestone competency)

Medical Knowledge

The resident should be able to:

Describe the effects of maternal diseases such as diabetes, hypertension, renal insufficiency, obesity and immunodeficiency on pregnancy.

- 1) Describe the risks of advanced maternal age on the fetus.
- 2) Describe embryogenesis and the potential effects of exposure to teratogens.
- 3) Describe maternal anatomic anomalies that might affect the course of the pregnancy such as uterus didelphus, cervical shortening or leiomyomata.
- 4) Describe the possible etiologies for common pregnancy complications such as preterm labor, premature rupture of membranes, vaginal bleeding, pregnancy induced hypertension and preeclampsia.
- 5) Describe the possible etiologies and embryogenesis of a multiple gestations
- 6) Describe infectious agents that might affect the course of a pregnancy.
- 7) Describe the medical indications for various types of delivery including operative vaginal delivery and cesarean section.
- 8) Describe possible causes for post partum hemorrhage.
- 9) Describe factors that would increase the risk for shoulder dystocia.
- 10) Describe an abnormal course of labor and list possible etiologies.
- 11) Describe common postpartum complications including lactation abnormalities and psychological / psychiatric pathology associated with the puerperium.

Communication Skills

The resident should be able to:

- 1) Counsel the patient regarding abnormal results from prenatal testing along with management options to address the abnormality.
- 2) Counsel the patient about routine prenatal care monitoring and available genetic screening protocols.
- 3) Counsel the patient about effects of maternal medical conditions on the pregnancy.
- 4) Counsel the patient about effects of pregnancy on maternal medical conditions.
- 5) Counsel the patient about warning signs of adverse pregnancy events.

Professionalism

The resident should be able to:

- 1) Attend all clinical and learning activities in a punctual and prepared manner.
- 2) Assume a mentor and teaching role for PGY1 residents in the program.

OBSTETRICS

Practice-Based Learning & Improvement

The resident should be able to:

- 1) Call appropriate consultation to supplement or verify information on management of pregnancy abnormalities.
- 2) Analyze skill and knowledge deficiencies which become evident through simulation and critical event exercises.

Systems-Based Practice & Safety Recognition

The resident should be able to:

- 1) Identify areas of risk for errors in the provision of prenatal, intrapartum or postpartum care.
- 2) Identify appropriate immunizations during pregnancy.
- 3) Incorporate fetal monitoring based on pregnancy risk assessment.

Goals and Objectives for Obstetrics Rotation PGY 3

The goal of the third year of training in Obstetrics is to gain an understanding of rare conditions and uncommon obstetrical events which can affect a pregnancy. This understanding is again obtained through attendance at didactic lectures, performance of prenatal care in the Inova Cares High Risk Ob clinic and participating in daytime and night float Ob Chief coverage of Fairfax Hospital's Labor and Delivery unit. The resident will cover day and night chief call in Obstetrics during the PGY3 to attain these educational goals. The topics and skills outlined are the expected objectives to be reached before advancing to the fourth year of training.

Patient Care

The resident should be able to:

- 1) Perform a basic ultrasonographic anatomic survey of an 18-22 week fetus.
- 2) Obtain a full genetic history and produce an accurate pedigree chart.
- 3) Evaluate and manage intrapartum hypertensive disorders, preeclampsia and eclampsia.
- 4) Evaluate and manage 2nd trimester pregnancy loss.
- 5) Evaluate and manage preterm labor.
- 6) Evaluate and manage late vaginal bleeding in pregnancy.
- 7) Evaluate and manage premature rupture of membranes.
- 8) Evaluate and manage post term pregnancy.
- 9) Perform and interpret fetal wellbeing testing including NST, OCT and BPP.
- 10) Perform independently a full term vaginal delivery with evaluation and repair of vaginal, vulvar or cervical lacerations. (Milestone competency)
- 11) Perform independently a repeat cesarean section. (Milestone competency)

Medical Knowledge

The resident should be able to:

Describe major categories of congenital malformations (cardiac, cranial / spinal, renal, thoracic, abdominal wall, skeletal).

- 1) Describe the symptoms and physical findings suggestive of malignancy during pregnancy.
- 2) Describe the management of an adnexal mass during pregnancy.
- 3) Describe the symptoms and etiologies of urinary tract and renal pathology during pregnancy.
- 4) Describe symptoms and etiologies of cardiopulmonary pathology during pregnancy.
- 5) Describe symptoms and etiologies of gastrointestinal pathology during pregnancy.
- 6) Describe the indications for and interpret the results of diagnostic tests for neurologic disease in pregnancy.
- 7) Describe the indications for and interpret the results of diagnostic tests for endocrine (excluding diabetes mellitus) disease in pregnancy.
- 8) Describe the indications for and interpret the results of diagnostic tests for collagen vascular disease in pregnancy.
- 9) Describe the symptoms and characteristics of common dermatologic disorders associated with pregnancy.
- 10) Describe the major antigen – antibody reactions that cause red cell isoimmunization and thrombocytopenia in pregnancy.
- 11) Describe the indications and possible complications of cervical ripening and labor induction agents.
- 12) Describe the modalities for intrapartum analgesia with their associated risks.

Communication Skills

The resident should be able to:

- 1) Counsel patient regarding the clinical significance and phenotypes associated with common karyotype abnormalities such as trisomy 21,18,13, monosomies, sex chromosome abnormalities, mosaicisms, deletions and translocations.
- 2) Counsel the patient about the techniques and implications of testing for heritable diseases.
- 3) Counsel patient about fetal gestational age and viability. Also explain morbidity and mortality data based on gestational age.

OBSTETRICS

Professionalism

The resident should be able to:

- 1) The resident should counsel patient about genetic conditions and risks without bias or prejudice.
- 2) Resident should present full range of pregnancy options even if he/she does not perform terminations of pregnancy.
- 3) Resident should use increasing knowledge base as resource for junior team members.

Practice-Based Learning & Improvement

The resident should be able to:

- 3) Analyze skill and knowledge deficiencies which become evident through continued simulation and critical event exercises.

Systems-Based Practice & Safety Recognition

The resident should be able to:

- 1) Present Morbidity and Mortality conference before the entire department, analyzing the root causes of an unexpected or negative clinical event on labor and delivery.

Goals and Objectives for Obstetrics Rotation PGY 4

The goal of the fourth year of training in Obstetrics is to gain proficiency in both normal and high risk obstetrics as well as to develop management and team leadership skills. These goals are obtained through attendance at didactic lectures, performance of prenatal care in the Inova Cares routine Ob clinic and participating as teacher and supervisor of junior residents while on daytime and night float coverage of Fairfax Hospital's Labor and Delivery unit. The resident will spend a total of four months of training in Obstetrics during the PGY4 to attain these educational goals. The topics and skills outlined are the expected objectives to be reached before completion of training.

Patient Care

The resident should be able to:

- 1) Recognize and manage complications arising from obstetrical anesthesia including narcotic overdose, hypotension and respiratory arrest.
- 2) Manage an intrapartum emergency – shoulder dystocia, postpartum hemorrhage, eclamptic seizure, terminal fetal bradycardia, uterine rupture. (Milestone competency)
- 3) Perform a repeat cesarean section and manage post-delivery complications (uterine atony, retained placenta, incidental cystotomy / enterotomy, placenta previa, hysterotomy incision extensions). (Milestone competency)

Medical Knowledge

The resident should be able to:

Synthesize patient's clinical presentation and laboratory data and develop an accurate differential diagnosis and management plan.

- 1) Know indications, limitations and possible complications of planned interventions.

Communication Skills

The resident should be able to:

- 1) Communicate effectively with patients in a culturally sensitive and educationally appropriate fashion.
- 2) Communicate effectively with all team members regarding clinical expectations and team functioning.
- 3) Communicate effectively with supervising attending so that patient safety and educational goals are met.
- 4) Learn to listen for critical information in the presentation of cases by junior residents and develop skills for questioning data in order to obtain an accurate assessment of the clinical scenario.

Professionalism

The resident should be able to:

- 1) Lead the obstetrics team in a fair and coordinated fashion so that A) members of the team provide safe and effective patient care, B) individual team members obtain their education goals and objectives, C) a positive rotation environment is maintained.

Practice-Based Learning & Improvement

The resident should be able to:

- 1) Evaluate patient cases presented at morning and evening sign-out and assess the accuracy of diagnosis and appropriateness of care.
- 2) Provide constructive feedback to junior residents regarding assessments and plans of care.

Systems-Based Practice & Safety Recognition

The resident should be able to:

- 1) Coordinate antenatal findings with intrapartum management planning.
- 2) Recognize limits of knowledge and skill and consult appropriate specialists as needed.

OBSTETRICS

PGY-1 At the conclusion of the first year of training, the learner should be able to:

Obstetrics:

- Complete a basic antepartum history and physical examination
- Manage uncomplicated laboring patients
- Perform an uncomplicated normal full-term vaginal delivery, with assistance
- Perform a primary cesarean section delivery, with assistance
- Recognize and repair perineal lacerations resulting from a vaginal delivery
- Perform and interpret an appropriate antepartum fetal assessment
- Exhibit an understanding of obstetric analgesia
- Perform and comprehend basic ultrasound techniques
- Care for women in the postpartum period
- Understand basic management of hemorrhage

PGY1

Will spend 4 months doing basic obstetrics. This time will be divided between active management of intrapartum patients the assessment of patients in the labor and delivery triage area. Residents will be supervised by the on-call teaching faculty and be mentored by an assigned rotation faculty member who will present and review monthly goals and objectives. Residents will be evaluated by the generalist faculty who participate in obstetrics. In addition, competency based evaluations will be completed on line through the E*Value system.

PGY-2: At the conclusion of the second year of training, the learner should be able to:

Obstetrics:

- Perform an operative vacuum delivery, with assistance
- Perform a sterilization procedure
- Perform a biophysical profile
- Perform a normal and/or abnormal vaginal delivery, independently
- Perform an uncomplicated primary cesarean section delivery, independently
- Manage post-partum hemorrhage with assistance
- Perform amniocentesis for lung maturity assessment
- Management of common medical conditions in pregnant women
- Understand assessment and basic management of a depressed / unstable neonate

PGY2:

Will spend 4 months doing more advanced obstetrics. As a PGY2 on this rotation, the resident will be exposed to more interventional and operative obstetric procedures. These four months will be divided between day and night team rotations. Residents will be supervised by the on-call teaching faculty and be mentored by an assigned rotation faculty member who will present and review monthly goals and objectives. Residents will be evaluated by the generalist faculty who participate in obstetrics. In addition, competency based evaluations will be completed on line through the E*Value system.

PGY-3: At the conclusion of the third year of training, the learner should be able to:

Obstetrics:

- Perform an uncomplicated operative vacuum delivery, independently
- Perform an abnormal vaginal delivery, independently
- Perform a repeat cesarean section delivery, independently
- Independently manage post-partum hemorrhage
- Manage abnormal labor patterns

PGY3:

As a PGY3 on this rotation, the resident will be responsible for managing obstetrical patients in collaboration with the faculty attending while taking Ob weekend and holiday calls. As a PGY3 chief the resident will be present at all normal and complicated deliveries and will be expected to participate with faculty assistance in the management of obstetrical emergencies. The PGY3 Ob chief will be supervised by the on-call teaching faculty and be mentored by an assigned rotation faculty member who will present and review monthly goals and objectives. Residents will be evaluated by the generalist faculty who participate in obstetrics. In addition, competency based evaluations will be completed on line through the E*Value system.

PGY-4: At the conclusion of the fourth year of training, the learner should be able to:

Obstetrics:

- Perform a complicated operative vacuum delivery
- Perform a complex repeat cesarean section
- Manage shoulder dystocia
- Manage post partum hemorrhage
- Teach and supervise junior residents

PGY4:

Will spend 4 months supervising and teaching obstetrics. As a PGY4 on this rotation, the resident will be responsible for managing obstetrical patients in collaboration with the faculty attending. These four months will be divided between day and night team rotations. PGY4 chief residents will be present at all normal and complicated deliveries and will be expected to actively participate in the management of obstetrical emergencies. The PGY4 Ob chief will be supervised by the on-call teaching faculty and be mentored by an assigned rotation faculty member who will present and review monthly goals and objectives. Residents will be evaluated by the generalist faculty who participate in obstetrics. In addition, competency based evaluations will be completed on line through the E*Value system.

SPECIFIC COMPETENCY BASED GOALS AND OBJECTIVES for Obstetrics

Rotations in obstetrics occur in all four years of training. The resident should demonstrate a continued progression in learning, supervision, and autonomy in decision-making. Each resident will spend a total of 16 months rotating on obstetrics during the four-year program.

The physician must be able to recognize the physiologic changes of pregnancy and describe the physical findings that represent the gross anatomic changes of pregnancy. The physician must be able to recognize, in addition to the normal signs of pregnancy, those factors in the history and physical examination that indicate possible medical or obstetric complications. He or she must be able to understand how to obtain and apply information from the history, physical examination, and diagnostic studies to evaluate the course of pregnancy within the context of both normal fetal development and potential complications, as well as to assess the need for intervention.

OVERALL GOALS: The resident should be able to demonstrate an adequate knowledge of:

Physiologic changes of pregnancy

- Describe physical findings that represent gross anatomic changes of pregnancy
- Recognition of medical or obstetric complications from the history and physical examination
- Evaluation of the course of pregnancy within the context of normal and abnormal fetal development
- Assessment for the need for intervention for complications of pregnancy and in high risk Obstetrics

SPECIFIC COMPETENCY BASED GOALS AND OBJECTIVES

I. Basic Science/Mechanisms of Disease

A. Genetics (See also Genetics and Genomics – Unit 7)

1. Describe the basic structure and replication of DNA. (MK)
2. Describe the processes of mitosis and meiosis. (MK)
3. Describe the clinical significance of karyotype abnormalities, such as: (MK)
 - a. Trisomy
 - b. Monosomy
 - c. Deletions
 - d. Inversions
4. Describe clinical significance of heritable diseases, such as cystic fibrosis, Tay-Sachs disease, hemophilia. (MK)

B. Physiology

1. Describe the major physiologic changes in each organ system during pregnancy. (MK)
2. Evaluate symptoms- physical findings in a pregnant patient to distinguish physiologic from pathologic findings. (MK)
3. Interpret common diagnostic tests in the context of the normal physiologic changes of pregnancy. (MK, PC, SBP)

C. Embryology and developmental biology

1. Describe the normal process of gametogenesis. (MK)
2. Describe the normal process of fertilization. (MK)
3. Describe the normal process of embryologic development of the singleton pregnancy. (MK)
4. Describe the embryology of multiple gestations. (MK)

D. Anatomy

1. Describe the muscular and vascular anatomy of the pelvis and vulva. (MK)
2. Describe the anatomic changes in the mother caused by normal physiologic adaptation to pregnancy. (MK)
3. Describe the anatomic changes that occur during the intrapartum period, such as cervical effacement and dilatation. (MK)
4. Describe the anatomic changes that occur during the puerperium, such as alterations in the breast, uterine involution. (MK)

E. Pharmacology

1. Describe the role for nutritional supplementation in pregnancy (e.g., iron, folic acid). (MK)
2. Describe the impact of pregnancy on serum and tissue drug concentrations and drug efficacy. (MK)
3. Describe the factors that influence transplacental drug transfer, such as: (MK)
 - a. Molecular size
 - b. Lipid solubility
 - c. Degree of ionization at physiologic pH
 - d. Protein binding
4. Describe the possible teratogenic effects of prescription drugs in pregnancy, such as: (MK)
 - a. Tetracycline
 - b. Angiotensin-converting enzyme inhibitors and angiotensin antagonists
 - c. Quinolone antibiotics
 - d. Lithium
 - e. Isotretinoin
 - f. Seizure medications
 - g. Depression and anxiolytic medications
5. Describe the possible teratogenic effects of nonprescription drugs, such as: (MK)
 - a. Alcohol
 - b. Heroin
 - c. Cocaine
 - d. Tobacco

F. Pathology and neoplasia

1. Describe symptoms and physical findings suggestive of malignancy in the pregnant patient. (MK)
2. In consultation with a medical or gynecologic oncologist, counsel a patient about treatment options and their impact on pregnancy and the timing of delivery. (PC, ICS, P)

G. Microbiology and immunology

1. Describe the principal features of the host immunologic response. (MK)
2. Describe how the maternal immune response is altered by pregnancy. (MK)
3. Describe the basic features and timing of development of the fetal immunologic response. (MK)
4. Describe the association between genital tract infection and adverse perinatal outcomes, such as: (MK)
 - a. Preterm labor
 - b. Preterm premature rupture of membranes
 - c. Neonatal infection
 - d. Maternal infection

IV. Obstetric Complications

A. Second-trimester pregnancy loss

1. Describe the usual symptoms and clinical manifestations of a second-trimester abortion. (MK)
2. Describe the risk factors for, and etiologies of, second-trimester pregnancy loss. (MK)
3. Perform a physical examination and order diagnostic tests to identify the site of genital tract bleeding, assess cervical effacement and dilatation, and evaluate uterine contractions. (PC)
4. Perform diagnostic tests to assess patients w/threatened second-trimester pregnancy loss, (PC)
 - a. Ultrasonography
 - b. Genital tract cultures
5. Implement appropriate medical and surgical management (including cervical cerclage) for patients with threatened second-trimester abortion. (PC)
6. Manage the complications of second-trimester pregnancy loss, such as: (MK, PC)
 - a. Chorioamnionitis
 - b. Retained placenta
 - c. Uterine hemorrhage
7. Counsel patients who have experienced second-trimester pregnancy loss about recurrence risk (ICS, P)

B. Preterm labor

1. Describe the multifactorial etiology of preterm labor. (MK)
2. Obtain a complete obstetric history in patients with preterm labor. (PC)
3. Perform a thorough physical examination to determine uterine size, fetal presentation and fetal heart rate, and to assess cervical effacement and dilatation. (PC)
4. Perform and interpret biophysical, biochemical, and microbiologic tests to assess patients with suspected preterm labor. (PC)
5. Recognize the indications for, and complications of, interventions for preterm labor, such as: (MK, PC)
 - a. Antibiotics
 - b. Tocolytics
 - c. Corticosteroids
 - d. Amniocentesis
 - e. Cerclage
 - f. Bed rest

OBSTETRICS

6. Describe the expected frequency and severity of neonatal complications resulting from preterm delivery, and describe the survival rates for preterm neonates based on age and weight. (MK)
7. Appropriately counsel patients about management options for the extremely premature fetus. (ICS, P)
8. Counsel patients about recurrence risk and preventive measures for preterm delivery. (ICS, P)

C. Bleeding in late pregnancy

1. Describe the etiology of bleeding in late pregnancy. (MK)
2. Describe the factors that predispose to placenta previa and abruptio placentae. (MK)
3. Perform a focused physical examination in patients with bleeding in late pregnancy. (PC)
4. Interpret diagnostic tests, such as: (MK)
 - a. Hematocrit
 - b. Platelet count
 - c. Coagulation profile
 - d. Kleihauer-Betke test
5. Perform the following diagnostic tests: (PC)
 - a. Abdominal ultrasonography to localize the placenta and evaluate for possible placental separation.
 - b. Endovaginal or transperineal ultrasonography to localize the placenta.
6. Determine appropriate timing & method of delivery in patients with bleeding in late pregnancy. (MK, PC)
7. Manage serious complications of abruptio placentae and placenta previa, such as hypovolemic shock, coagulopathy. (PC)
8. Counsel patients about the recurrence risk for placenta previa and abruptio placentae. (MK, ICS, P)

D. Hypertension in pregnancy

1. Describe the possible causes of hypertension in pregnancy. (MK)
2. Describe the usual clinical manifestations of chronic hypertension, gestational hypertension, & preeclampsia. (MK)
3. Perform a physical examination pertinent to patients with hypertension. (PC)
4. Perform tests to: (MK, PC)
 - a. Determine the etiology of chronic hypertension.
 - b. Differentiate chronic hypertension from preeclampsia and gestational hypertension.
 - c. Assess the severity of chronic hypertension, gestational hypertension, and preeclampsia.
5. Assess fetal well-being in patients w/hypertension in pregnancy (Antepartum Fetal Monitoring). (PC)
6. Treat hypertensive disorders of pregnancy. (PC)
7. Recognize and treat possible maternal complications of hypertension in pregnancy, such as: (PC)
 - a. Cerebrovascular accident
 - b. Seizure
 - c. Renal failure
 - d. Pulmonary edema
 - e. HELLP (hemolysis, elevated liver enzymes, and low platelet count) syndrome
 - f. Abruptio placentae
8. Counsel on recurrence risk for gestational hypertension, preeclampsia in a subsequent pregnancy (MK, ICS, P)

E. Multiple gestation

1. Describe the factors that predispose to multiple gestation. (MK)
2. Describe the physical findings suggestive of multiple gestation. (MK)
3. Confirm diagnosis of multiple gestation by performing an endovaginal or abdominal ultrasound examination. (PC)
4. Describe the medical rationale for selective fetal reduction in higher order multiple gestation. (MK)
5. Describe, diagnose, and manage the maternal and fetal complications associated with multiple gestation. (PC)
6. Perform tests to assess the general well-being of the fetuses of a multiple gestation. (PC)
7. Counsel patients as to the antenatal testing and delivery plans for multiple gestations. (ICS, P, PC)

F. Intrauterine growth restriction

1. Describe the factors that predispose to fetal growth restriction. (MK)
2. Assess uterine size by physical examination and identify size/date discrepancies. (PC)
3. Evaluate the patient for causes of intrauterine growth restriction. (PC)
4. Perform an accurate ultrasound examination to assess fetal growth. (PC)
5. Monitor a fetus with suspected growth restriction (e.g., with antepartum heart rate tests, ultrasonography, and Doppler velocimetry) to determine the appropriate time and method of delivery. (PC)
6. Counsel patients about the recurrence risk for intrauterine growth restriction. (ISC, P)

OBSTETRICS

G. Isoimmunization and alloimmune thrombocytopenia

1. Describe the major antigen–antibody reactions that result in red cell isoimmunization or thrombocytopenia. (MK)
2. Interpret serologic assays that quantify antibody titers. (PC)
3. Describe the appropriate indications for determination of paternal antigen status. (MK)
4. Describe the major fetal complications of isoimmunization and alloimmune thrombocytopenia. (MK)
5. Develop, in consultation with other specialists, a comprehensive plan for the perinatal management of patients with isoimmunization and alloimmune thrombocytopenia. (P, SBP)

H. Post-term pregnancy

1. Determine gestational age using a combination of menstrual history, physical exam, and ultrasound examination. (MK)
2. Recognize unusual causes of post-term pregnancy, such as: (MK)
 - a. Lethal fetal anomaly (e.g., anencephaly)
 - b. Placental sulfatase deficiency
3. Describe the potential fetal and neonatal complications of post-term pregnancy, such as: (MK)
 - a. Macrosomia
 - b. Meconium aspiration syndrome
 - c. Oligohydramnios
 - d. Hypoxia
 - e. Dysmaturity syndrome
 - f. Fetal demise
4. Perform and interpret surveillance tests for the post term fetus: (PC)
 - a. Antepartum fetal heart rate testing
 - a. Non-stress testing
 - b. Ultrasound examination
5. Describe appropriate indications for delivery in the post term pregnancy. (MK)

I. Premature rupture of membranes

1. Describe the possible causes of premature rupture of membranes (PROM) in preterm and term patients. (MK)
2. Perform diagnostic tests to confirm rupture of membranes. (PC)
3. Assess patients with PROM for lower and upper genital tract infection. (PC)
4. Describe the indications for, and complications of, expectant management in preterm and term patients with PROM. (MK)
5. Describe the indications for, and complications of, induction of labor in preterm and term patients with PROM. (MK)
6. Describe the role and possible complications of the following interventions in patients with preterm PROM: (MK)
 - a. Tocolytics
 - b. Corticosteroids
 - c. Antibiotics
 - d. Amniocentesis

J. Fetal death

1. Describe the clinical history indicative of fetal death. (MK)
2. Describe the possible causes of fetal death. (MK)
3. Confirm the diagnosis of fetal death by ultrasound examination. (PC)
4. Interpret the results of diagnostic tests to determine the etiology of fetal death. (PC)
5. Select and perform the most appropriate procedure for uterine evacuation based on considerations of gestational age and maternal history. (PC)
6. Describe and treat the principal complications of a retained dead fetus. (MK)
7. Describe and treat the major complications of surgical and medical uterine evacuation. (PC)
8. Describe the grieving process associated with pregnancy loss and refer patients for counseling as appropriate. (PC)
9. Counsel patients about recurrence risk for fetal death. (ICS, P)

OBSTETRICS

V. Intrapartum Care

A. Intrapartum fetal assessment

1. Perform and interpret the following methods of fetal monitoring: (PC)
 - a. Intermittent auscultation
 - b. Electronic monitoring
 - c. Fetal scalp stimulation
 - d. Vibroacoustic stimulation
2. Interpret the results of umbilical artery Doppler velocimetry. (PC)
3. Describe the possible causes for, and clinical significance of, abnormal fetal heart rate patterns: (MK)
 - a. Bradycardia
 - b. Tachycardia
 - c. Variability
 - d. Early decelerations
 - e. Variable decelerations
 - f. Late decelerations
 - g. Sinusoidal waveform
4. Implement appropriate interventions, such as operative vaginal delivery and C/S for fetal heart rate abnormalities. (PC)

B. Labor and delivery

1. Obtain an accurate history, describing onset of uterine contractions and ruptured membranes. (PC)
2. Describe appropriate indications for induction of labor. (MK)
3. Perform a pertinent physical examination to assess: (PC)
 - a. Status of membranes
 - b. Presence of vaginal bleeding
 - c. Fetal presentation
 - d. Fetal position
 - e. Fetal weight
 - f. Cervical effacement
 - g. Cervical dilatation
 - h. Station of the presenting part
 - i. Clinical pelvimetry
 - j. Uterine contractility
4. Describe appropriate indications for, and complications of, cervical ripening agents. (MK)
5. Describe appropriate indications for, and complications of, labor-inducing agents. (MK)
6. Describe the normal course of labor. (MK)
7. Assess the progress of labor. (PC)
8. Describe the risk factors for abnormal labor. (MK)
9. Identify abnormalities of labor. (MK)
 - a. Failed induction
 - b. Prolonged latent phase
 - c. Protracted active phase
 - d. Arrest of dilatation
 - e. Protracted descent
 - f. Arrest of descent
10. Describe appropriate role for, and complications of, the following interventions for abnormal labor: (MK)
 - a. Analgesia/anesthesia
 - b. Anatomy
 - c. Augmentation of labor
 - d. Uterine contraction monitoring
 - e. Episiotomy
 - f. Operative vaginal forceps/vacuum delivery
 - g. Cesarean delivery
11. Recognize and appropriately evaluate abnormal fetal presentations and positions. (PC)
12. Select and perform the most appropriate procedure for delivery. (PC)
13. Counsel patients about the prognosis for abdominal versus vaginal delivery in subsequent pregnancy (ICS,P)

OBSTETRICS

C. Vaginal birth after cesarean delivery

1. Document an accurate history of a patient's previous operative delivery. (PC)
2. Counsel a patient about risks and benefits of vaginal birth after cesarean delivery (VBAC). (ICS, P)
3. Describe the appropriate criteria for, and contraindications to VBAC, including criteria for anesthesia and hospital policies. (MK, PC, PBLI, SBP)
4. Recognize/ treat possible complications of VBAC, such as scar dehiscence, hemorrhage, fetal compromise, infection. (PC)

D. Anesthesia

1. Describe the types of anesthesia that are appropriate for control of pain during labor and delivery: (MK)
 - a. Epidural , b. Spinal ,c. Pudendal , d. Local infiltration , e. General , f. Intravenous analgesia/sedation
2. Describe appropriate indications for, and contraindications to these forms of anesthesia/analgesia. (MK)
3. Recognize and treat maternal and fetal complications of anesthesia and analgesia. (MK, PC)
4. Perform selected procedures related to anesthesia & analgesia (see list of procedures at end this unit). (PC)

VI. Postpartum Care

A. Evaluation of the newborn

1. Perform an immediate assessment of newborn infant & determine if resuscitative measures are indicated. (MK,PC)
2. Resuscitate a depressed neonate: (PC)
 - a. Properly position the baby in the radiant warmer.
 - b. Suction the mouth and nose.
 - c. Provide tactile stimulation.
 - d. Administer positive pressure ventilation with bag and mask.
 - e. Administer chest compressions.
3. Assign Apgar scores. (PC)
4. Describe the indications for cord blood gas analysis and interpret the test results. (MK)
5. Obtain cord blood for the following purposes: (PC)
 - a. Blood gas analysis
 - b. Determination of fetal blood type
 - c. Cord blood storage
6. Describe rationale for administration of topical antibiotics to prevent neonatal ophthalmic infection. (MK)
7. Counsel parents about the advantages and disadvantages of circumcision. (ICS, P)

B. The puerperium

1. Perform a focused physical examination in postpartum patients. (PC)
2. Identify and treat the most common maternal complications that occur in the puerperium: (MK, PC)
 - a. Uterine hemorrhage
 - b. Infection
 - c. Wound dehiscence (abdominal incision & episiotomy)
 - d. Bladder instability
 - e. Postoperative ileus
 - f. Injury to the urinary tract
 - g. Breast engorgement and mastitis
 - h. Pulmonary embolism (including amnionic fluid)
 - i. Deep vein thrombosis
3. Recognize, treat, and refer as appropriate, postpartum affective disorders. (PC, ICS, SBP, P)
4. Prescribe methods of reversible contraception. (MK)
5. Counsel patients about permanent sterilization. (ICS, P)
6. Perform postpartum surgical sterilization. (PC)
7. Counsel patients about the advantages of and answer questions related to breast feeding. (ICS, P)

Procedures: The following table lists the procedures pertinent to obstetric care and summarizes the level of technical proficiency that should be achieved by a graduating resident. The resident should either understand a procedure (including indications, contraindications, and principles) or be able to perform it independently. These distinctions are based on the premise that knowledge of a procedure is implicit in the ability to perform it.

Procedure	Understand	Understand & Perform
<u>Antepartum</u>		
Amniocentesis		
2nd trimester—genetic diagnosis	X	
3rd trimester—assessment of fetal lung maturity		X
Cervical cerclage		
Transabdominal	X	
Transvaginal		X
Chorionic villus sampling	X	
Cordocentesis	X	
Fetal assessment, antepartum		
Biophysical profile, Contraction stress test , NST, Vibroacoustic stimulation		X
Intrauterine transfusion	X	
Ultrasound examination		
Abdominal and endovaginal		X
Abdominal ultrasonography, targeted examination	X	
Color Doppler ultrasonography	X	
Three-dimensional ultrasonography	X	
Doppler velocimetry	X	
Cervical Length		X
Version of breech, external		X
<u>Intrapartum</u>		
Amnioinfusion		X
Amniotomy		X
Anesthetic/analgesic procedures		
Administration of parenteral analgesics/sedatives		X
Administration of narcotic antagonists		
Epidural, General, Spinal Anesthesia	X	
General Anesthesia	X	
Pudendal block		X
B Lynch Suture Placement		X
Cesarean delivery		
Classical, Low transverse, Low vertical		X
Cesarean hysterectomy		X
Curettage for adherent placenta		X
Dilation and evacuation for second- trimester fetal death	X	
Episiotomy and Repair		X
Evaluation and repair of perineal laceration		X
Fetal assessment, intrapartum		
Fetal heart rate monitoring (internal/external)		X
Fetal scalp stimulation test		X
Fetal scalp pH determination	X	
Vibroacoustic stimulation test		X
Forceps delivery		
Outlet, Low		X
Hypogastric artery ligation	X	
Induction of labor with prostaglandins or oxytocin		X
Manual removal of the placenta		X
Shoulder Dystocia maneuvers		X
Skin incision		
Vertical, Transverse		X
Suction evacuation for first trimester fetal death		X
Uterine artery ligation	X	
Uterine artery ligation		X
Uterine tamponade		X
Vacuum extraction		
Outlet , Low		X
Vaginal delivery, breech	X	
Vaginal delivery, spontaneous		X
Vaginal delivery, twins		X

OBSTETRICS

Procedure	Understand	Understand & Perform
Postpartum		
Circumcision, neonatal (with anesthesia)	X	
Hematoma evacuation		
Intraabdominal , Vulvar, Vaginal		X
Neonatal resuscitation, immediate		X
Repair of genital tract lacerations		
Cervical		X
Perineal (second, third, fourth degree lacerations)		X
Vaginal		X
Sterilization		X
Wound care		
Débridement		X
Incision and drainage of abscess or hematoma		X
Repair of dehiscence		X
Secondary closure		X

OBSTETRICS ACGME Milestones to be assessed during the Obstetrics rotations:

Interpersonal and Communication Skill

- Communication w/ Patients and Families
- Communication w/ Physicians & Other Health Professionals & Teamwork
- Informed Consent and Shared Decision Making

Professionalism

- Compassion, Integrity, and Respect for Others
- Accountability and Responsiveness to the Needs of Patients, Society, and the Profession
- Respect for Patient Privacy, Autonomy, Patient-Physician Relationship

Practice-based Learning and Improvement

- Quality Improvement Process: Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement
- Self-directed Learning/Critical Appraisal of Medical Literature

Systems-based Practice

- Patient Safety and Systems Approach to Medical Errors: Participate in identifying system errors and implementing potential systems solutions
- Cost-effective Care and Patient Advocacy

Patient Care

- Obstetrical Technical Skills
- Immediate Care of the Newborn
- Antepartum Care and Complications of Pregnancy
- Care of Patients in the Intrapartum Period
- Care of Patients in the Postpartum Period

Medical Knowledge

- First Trimester Bleeding

OUTPATIENT GYNECOLOGIC ONCOLOGY

Faculty	Location: 3289 Woodburn Rd # 320, Annandale, VA 22003 (571) 308-1830
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Selective rotation in outpatient gynecologic oncology can occur in the third year of training. This experience focuses on the evaluation and management of gynecologic malignancies in the ambulatory setting. As such, the house officer is exposed to 1) the evaluation of patients with possible gyn malignancy symptoms, 2) patients being worked up for gyn oncology surgery, 3) post-op patients from gyn oncology surgery and 4) outpatients who are being managed with chemotherapy or radiation therapy. The rotation takes place at the offices of Mid Atlantic Gynecologic Oncology and Pelvic Surgery Associates on Woodburn Road in Annandale, VA and is supervised by Dr. Scott Rose.

OVERALL GOALS: The resident should be able to demonstrate an adequate knowledge of:

- Cervical, vaginal and vulvar cancer screening
- Cervical cancer, Endometrial cancer, Ovarian cancer
- Fallopian tube cancer
- Staging for GYN malignancies
- Risk factors for GYN malignancies
- Pre-operative evaluation and counseling
- Evaluation and management of post-operative symptoms and complications

PGY3 ROTATION OBJECTIVES:

- Recognition of GYN malignant pathology on physical exam
- Patient risk factor counseling
- Management of wound complications, independently
- Management of post-operative symptoms and complications
- Performance of pre-operative counseling
- Outpatient pain management

SPECIFIC COMPETENCY BASED GOALS AND OBJECTIVES for Outpatient Gyn Oncology

See section on Gyn Oncology

Procedures	Understand	Understand/Perform
Performance of Gyn Oncology specific		X
Physical Exam		X
Outpatient endometrial sampling		X
Vulvar biopsy		X
Vaginal biopsy		X
Cervical biopsy		X
Wound evaluation and care		X

OUTPATIENT GYNECOLOGIC ONCOLOGY

ACGME Milestones to be assessed during the Outpatient Gynecologic Oncology rotations:

Interpersonal and Communication Skill

- Communication w/ Patients and Families
- Communication w/ Physicians & Other Health Professionals & Teamwork
- Informed Consent and Shared Decision Making

Professionalism

- Compassion, Integrity, and Respect for Others
- Accountability and Responsiveness to the Needs of Patients, Society, and the Profession
- Respect for Patient Privacy, Autonomy, Patient-Physician Relationship

Practice-based Learning and Improvement

- Quality Improvement Process: Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement
- Self-directed Learning/Critical Appraisal of Medical Literature

Systems-based Practice

- Patient Safety and Systems Approach to Medical Errors: Participate in identifying system errors and implementing potential systems solutions
- Cost-effective Care and Patient Advocacy

Patient Care

- Gynecology Technical Skills: Laparotomy (e.g., Hysterectomy, Myomectomy, Adnexectomy)
- Gynecology Technical Skills: Vaginal Surgery (e.g. , Vaginal Hysterectomy, Colporrhaphy,)
- Gynecology Technical Skills: Endoscopy (Laparoscopy, Hysteroscopy, Cystoscopy)

Medical Knowledge

- Peri-operative Care
- Abdominal/Pelvic Pain (Acute and Chronic)
- Abnormal Uterine Bleeding (Acute and Chronic)
- Pelvic Mass

REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY

Core Faculty

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All PGY2 & 3 house officers rotate for 1 month on the Reproductive Endocrinology and Infertility service. During this rotation the resident will work at the offices of Dominion Fertility under the supervision of Dr. John Gordon and his attending staff. The focus of this rotation will be in the understanding of hormonal abnormalities and their effects on both reproduction and the menstrual cycle. Residents will be involved in the initial assessment of the infertile couple as well as the patient who presents for evaluation of anovulation, hirsutism, galactorrhea, pubertal disorders and menstrual disorders. Residents are also exposure to assisted reproductive technologies through the Dominion Fertility IVF and andrology laboratory. A major goal of this rotation is also to perfect the learner's gyn. pelvic sonography skills. As such, residents will participate in the trans-vaginal sonographic evaluation of infertility patients. Competency based procedural and global end of rotation evaluations will be completed by the supervising REI faculty on line through the E*Value system. In addition to the PGY 2&3 clinical rotations, REI topics are presented and reviewed through the weekly Monday REI lecture series given by Dr. Gordon and his colleagues. At the conclusion of the rotation and lecture series the learner should be able to demonstrate an adequate knowledge of the following:

A. Physiology

1. Describe the physiology of the following: (MK)
 - a. The hypothalamic–pituitary–ovarian axis
 - b. Adrenal steroid and catecholamine synthesis
 - c. The thyroid gland and thyroid hormone synthesis
 - d. Female and male gametogenesis
 - e. Hormonally regulated tissue receptors
 - f. Bone formation/resorption
2. Describe the normal process of steroid hormone biosynthesis. (MK)
3. Describe the relationship between ovarian and adrenal androgen production and hyperinsulinemia. (MK)
4. Describe the physiology of the normal menstrual cycle. (MK)
5. Describe physiologic changes that occur at the time of puberty and menopause. (MK)

B. Embryology and developmental biology

1. Describe the normal embryology of müllerian and ovarian development. (MK)
2. Describe the pathogenesis of abnormal müllerian development. (MK)
3. Describe the pathogenesis of disorders of sexual differentiation. (MK)

C. Anatomy

1. Describe and interpret normal and abnormal reproductive tract anatomy visualized by imaging procedures. (MK, PC)
2. Describe normal & abnormal reproductive tract anatomy visualized grossly, hysteroscopically, & laparoscopically. (PC)
3. Describe the anatomic appearance of müllerian abnormalities. (MK)
4. Describe the anatomic abnormalities that occur in patients with disorders of sexual differentiation. (MK)
5. Describe the anatomy of the central nervous system as it relates to menstrual function. (MK)
6. Describe the anatomic changes that occur to the reproductive organs & breasts at puberty & menopause. (MK)

D. Pharmacology

1. Describe the pharmacology of medications used to do the following: (MK)
 - a. Induce ovulation
 - b. Inhibit ovulation (eg, gonadotropin-releasing hormone agonists and antagonists, steroid contraceptives)
 - c. Inhibit the effects of prostaglandins
 - d. Inhibit the effects of progesterones (mifepristone)
 - e. Treat hyperprolactinemia
2. Describe the pharmacology of hormone therapy and selective estrogen-receptor and progesterone-receptor modulators. (MK)
3. Describe the pharmacology of medications used to inhibit bone resorption and stimulate bone formation. (MK)

REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY

E. Pathology and neoplasia

1. Describe the histologic appearance of endometriosis. (MK)
2. Describe the histologic changes of the endometrium associated with the following: (MK)
 - a. The normal menstrual cycle
 - b. Ovulation-inducing or ovulation-inhibiting agents
 - c. Chronic anovulation
3. Describe the histologic appearance of the ovary: (MK)
 - a. In its normal state
 - b. In androgen-excess disorders, such as polycystic ovary syndrome and hyperthecosis

F. Microbiology and immunology

1. Describe histologic alterations in the endometrium and fallopian tubes associated with infection and their effect on fertility. (MK)
2. Describe immunologic causes of infertility. (MK)

G. Amenorrhea

1. Describe the classification of amenorrhea (ie, primary versus secondary). (MK)
2. List the major causes of primary and secondary amenorrhea. (MK)
3. Obtain a pertinent history to evaluate amenorrhea. (ICS)
4. Perform a focused physical examination to evaluate amenorrhea. (PC)
5. Perform and interpret indicated diagnostic tests to evaluate amenorrhea. (PC)
6. Interpret other indicated serologic and diagnostic tests. (PC)
7. Describe the medical and surgical treatment options for amenorrhea. (MK)
8. Describe the long-term follow-up for a patient with amenorrhea, focusing particularly on the risks of endometrial hyperplasia and hypoestrogenism. (PC)

H. Galactorrhea/Hyperprolactinemia

1. Describe the causes of galactorrhea / hyperprolactinemia. (MK)
2. Obtain a pertinent history to evaluate galactorrhea / hyperprolactinemia. (ICS)
3. Perform a targeted physical examination to evaluate galactorrhea / hyperprolactinemia. (PC)
4. Order and interpret indicated diagnostic studies. (MK, PC)
5. Describe treatment options for galactorrhea / hyperprolactinemia. (PC)
6. Describe the indications for referral to a neurosurgeon for surgical treatment of a pituitary adenoma. (SBP)
7. Describe long-term follow-up for the patient with galactorrhea / hyperprolactinemia / pituitary adenoma focusing particularly on the risk of complications, such as the following: (PC)
 - a. Headaches
 - b. Visual field defects
 - c. Infertility
 - d. Hypoestrogenism
8. Describe the management of patients with a pituitary adenoma in pregnancy. (PC)

I. Hirsutism

1. Describe the principal causes of hirsutism. (MK)
2. Obtain a pertinent history to evaluate hirsutism. (ICS)
3. Perform a focused physical examination to evaluate hirsutism. (PC)
 - a. Demonstrate familiarity with the Ferriman–Gallwey scale. (MK)
 - b. Distinguish between hirsutism and virilization. (MK, PC)
4. Perform and interpret indicated tests to determine the etiology of hirsutism. (PC)
5. Describe medical and surgical treatment options for hirsutism. (PC)
6. Describe the indications for referral to a subspecialist. (SBP)
7. Describe long-term follow-up for an affected patient, counsel her about the possible effects on reproduction. (PC, ICS)

J. Polycystic ovary syndrome

1. Describe the diagnostic criteria and clinical features of polycystic ovary syndrome (PCOS). (MK)
2. Describe the pathogenesis of PCOS. (MK)
3. Obtain a pertinent history to evaluate PCOS. (ICS)
4. Perform a focused physical examination to evaluate PCOS. (PC)
5. Perform and/or interpret indicated tests to determine the diagnosis. (PC)
6. Describe the medical treatment for PCOS in patients who do not desire pregnancy. (PC)
7. Describe the medical and/or surgical treatment for PCOS in patients who desire pregnancy and require ovulation induction. (PC)
8. Describe the indications for referral to a subspecialist. (SBP)
9. Describe the long-term follow-up for an affected patient that includes consultation about the effects of ovulatory dysfunction and insulin resistance on reproduction and long-term health, and metabolic syndrome. (PC, ICS)

REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY

K. Recurrent pregnancy loss

1. Describe the criteria for and causes of recurrent first-trimester and mid-trimester pregnancy loss. (MK)
2. Obtain a pertinent history in a patient with recurrent first- trimester and mid-trimester pregnancy losses, including issues such as the following: (ICS)
 - a. Family history and pedigree analysis
 - b. Detection of underlying medical disorders
 - c. Exposure to toxins
 - d. Identification of a hereditary thrombophilia
3. Perform a focused physical examination to identify possible causes of recurrent first-trimester and mid-trimester pregnancy loss, such as the following: (PC)
 - a. Genital tract malformations
 - b. Sequelae of long-term diabetes / uncontrolled diabetes
4. Perform and interpret the results of indicated diagnostic tests and procedures to determine the etiology of recurrent early pregnancy loss. (PC)
5. Describe medical and surgical treatment options for patients with a history of recurrent pregnancy loss depending on etiology. (PC)
6. Describe the indications for referral to a subspecialist. (SBP)
7. Counsel patients about the prognosis for successful treatment of recurrent pregnancy loss. (ICS)

iv. infertility

L. Infertility Evaluation

1. Describe the classification of infertility (ie, primary versus secondary). (MK)
2. List the principal causes of primary and secondary infertility. (MK)
3. Obtain a pertinent history of both partners to evaluate infertility. (ICS)
4. Perform a focused physical examination to evaluate infertility. (PC)
5. Perform and/or interpret selected diagnostic tests and procedures to determine the most likely cause of infertility. (PC)
6. Describe treatment options with infertile patients who have irregular ovulation, non-gonadotropin therapy. (PC)
7. Describe risks/benefits/indications/alternatives for surgical procedures to treat infertility. (PC)
8. Describe the indications for referral to a subspecialist. (SBP)
9. Counsel patients about the long-term prognosis for their conditions and alternatives to childbearing, such as adoption, donor gametes, surrogacy. (ICS, P)
10. Counsel patients regarding sexual activity during fertility treatment. (ICS)

M. Reproductive technologies

1. Describe indications for assisted reproductive technology procedures, such as the following: (MK)
 - a. In vitro fertilization (IVF)
 - b. Gamete intrafallopian transfer (GIFT)
 - c. Zygote intrafallopian transfer (ZIFT)
 - d. Intracytoplasmic sperm injection (ICSI)
 - e. Gamete donation
 - f. Preimplantation genetic diagnosis
2. Describe the prognosis for and complications of assisted reproductive technology. (MK)

N. Ethical considerations

1. Describe the ethical implications surrounding fertility treatment. (MK, P, ICS)
2. Describe the health care resource allocation concerns pertaining to diagnosis and treatment of infertility. (MK, P, ICS)

v. management of the climacteric

O. Menopause Evaluation (MK, PC)

1. Describe typical symptoms experienced by a woman at the time of menopause.
2. Perform a focused physical examination on a menopausal patient.
3. Interpret selected laboratory tests to evaluate menopause.
4. Assess the risk of osteoporosis by history, examination, and testing (including the use of the risk assessment tools, such as the FRAX score).

P. Menopause Management

1. Manage perimenopausal and menopausal conditions, including osteoporosis, using interventions such as: (PC)
 - a. Pharmacologic treatment, including hormonal and non-hormonal
 - b. Non-pharmacologic treatments, including behavioral and lifestyle modifications
2. Discuss the long-term follow-up indicated for menopausal patients on continued hormonal therapy for osteoporosis treatment. (MK)
3. Counsel patients regarding physical, emotional and relationship issues concerning female sexuality and aging. (ICS)
4. Describe the indications for and interpret the results of other screening tests that should be performed in menopausal patients (see Unit 2, I, "Periodic Health Assessments").
5. Diagnose and manage common sexual dysfunctions in perimenopausal and menopausal women. (MK, PC)

REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY

Procedures: The table provides a detailed list of the gynecologic procedures with which residents should be familiar. The following table lists the additional procedures that are specific to reproductive endocrinology and summarizes the level of technical proficiency that should be achieved by graduating residents. Residents should either understand a procedure (including indications, contraindications, and principles) or be able to perform it independently. These distinctions are based on the premise that knowledge of a procedure is implicit in the ability to perform it.

PROCEDURE	UNDERSTAND	UNDERSTAND/PERFORM
Assisted reproductive technologies	X	
Gamete donation, GIFT, ICSI, IVF , Preimplantation genetic diagnosis	X	
Hysterosalpingography	X	
Hysteroscopic resection of uterine septum	X	
Hysteroscopy, Diagnostic, Operative		X
Polyp resection		
Submucosal fibroid resection		
Incision of vaginal septum	X	
Laparoscopy, Diagnostic, Operative		X
Chromopertubation		X
Fimbrioplasty	X	
Lysis of adhesions		X
Treatment of endometriosis		X
Metroplasty, abdominal	X	
Sonohysterography		X
Tubal anastomosis	X	
Vaginal reconstruction	X	

ACGME Milestones to be assessed during the Reproductive Endocrinology rotation:

Interpersonal and Communication Skill

- **Communication w/ Patients and Families**
- **Communication w/ Physicians & Other Health Professionals & Teamwork**
- **Informed Consent and Shared Decision Making**

Professionalism

- **Compassion, Integrity, and Respect for Others**
- **Accountability and Responsiveness to the Needs of Patients, Society, and the Profession**
- **Respect for Patient Privacy, Autonomy, Patient-Physician Relationship**

Practice-based Learning and Improvement

- **Quality Improvement Process: Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement**
- **Self-directed Learning/Critical Appraisal of Medical Literature**

Systems-based Practice

- **Patient Safety and Systems Approach to Medical Errors: Participate in identifying system errors and implementing potential systems solutions**
- **Cost-effective Care and Patient Advocacy**

Medical Knowledge

- **Abnormal Uterine Bleeding (Acute and Chronic)**

Patient care

- **Ambulatory Gynecology**

Urogynecology

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Goals:

1. To use history and physical examination to triage and treat pelvic floor disorders.
2. To understand the POP-Q staging system.
3. To be able to discuss surgical and non-surgical management of prolapse and incontinence with patients.
4. To become proficient in cystoscopy to identify ureters and bladder injury
5. To become familiar with the concepts, mechanism of action and mechanics of performing at least one procedure for incontinence.
6. To interpret urodynamic tests
7. To learn how to insert and manage pessaries

Objectives: Upon completion of the rotation, the resident must be able to:

1. Perform a POP-Q vaginal examination (**PC, MK**)
2. Demonstrate knowledge of pelvic organ supports (**MK**)
3. Demonstrate ability to interpret a voiding diary (**MK**)
4. Demonstrate ability to take a history focusing on pelvic floor disorders (**PC, C**)
5. Develop and counsel patients on surgical and non-surgical treatment plans for incontinence and prolapse (**MK,PC, C**)
6. State the dosages of, indications for, and pharmacology of overactive bladder medications. (**MK**)
7. Discuss the epidemiology and impact on quality of life of pelvic floor disorders (**MK, PC, PBL**)
8. Assemble and use a cystoscope (**MK, PC**)
9. Interpret a urodynamic test (**MK,PC**)
10. Select a pessary type and size, fit and instruct a patient on pessary care (**PC**)

Reading assignments:

Urogynecology and Reconstructive Pelvic Surgery, Fourth Edition, Walters & Karram.
Selected articles as discussed on service.

Evaluation:

1. Global evaluations by Urogyn faculty
2. Performance on CREOG exam
3. Surgical evaluation forms

All PGY 2 & 4 house officers will spend 2 months each on the Urogynecology service working with the physicians of Mid Atlantic Urogynecology and Pelvic Surgery. That faculty includes Dr. Nicolette Horbach, Dr. Jeffrey Welgoss (dir) and Dr. Walter vonPechmann. The goal of the PGY4 rotation is to build on the mixed office and surgically based experience of the PGY-2 rotation and to learn the presentation, management and epidemiology of pelvic floor disorders, primarily focused on the surgical management of these disorders. At the completion of this rotation the resident should achieve the following objectives:

COMPETENCY BASED GOALS AND OBJECTIVES for Urogynecology

1. Explain the normal anatomic supports of the vagina, rectum, bladder, urethra, and uterus (or vaginal cuff in the setting of prior hysterectomy), including the bony pelvis, pelvic floor nerves and musculature, and connective tissue. (MK)
2. Describe the static and dynamic interrelationships and function of the pelvic organs and support mechanisms. (MK)
3. Summarize the normal function of the lower urinary tract during the filling and voiding phases, and the mechanisms responsible for urinary continence. (MK)
4. Summarize the potential psychological, social, and sexual consequences of urogynecologic disorders. (MK)
5. Describe the principal etiologies of pelvic support defects, urinary incontinence, and fecal incontinence, including effects of pregnancy and delivery. (MK)
6. Identify the anatomic defects associated with various aspects of pelvic support disorders. (MK)
7. Characterize the major types of urinary incontinence. (MK)
8. Describe abnormal urethral conditions such as diverticuli. (MK)
9. Describe possible etiologies, diagnostic strategies, treatment approaches for interstitial cystitis. (MK, SBP)

UroGynecology

10. Describe the various types of urinary voiding disorders and their possible etiologies, including medical and surgical causes. (MK)
11. Describe the etiologies, prevention, diagnostic techniques, and approaches to repairing various fistulae that may involve the pelvic organs. (MK)
12. Describe the symptoms that may be experienced by a patient with pelvic support defects, urinary incontinence, or fecal incontinence. (MK)
13. Elicit a pertinent history in patient w/ suspected pelvic support defect, urinary incontinence, or fecal incontinence. (PC)
14. Perform a focused physical examination to assess the patient with pelvic floor disorders including: (PC)
 - a. Assessment of vaginal support and differentiation and characterization of support defects
 - b. Assessment of pelvic neuromuscular function
 - c. Identification of co morbidities and associated physical findings
15. Perform and interpret the results of selected tests to characterize urinary incontinence disorders, including: (PC)
 - a. Assessment of residual urine volume
 - b. Simple cystometry
 - c. Q-tip test
17. Describe the indication for, and interpret the results of other diagnostic tests, such as: (PC)
 - a. Urinalysis
 - b. Urine culture
 - c. Cystourethroscopy
 - d. Multichannel cystometry
 - e. Urethral profilometry
 - f. Uroflowmetry
 - g. Radiologic tests
 - h. Electromyography
 - i. Assessment of anal sphincter integrity (e.g., manometry, radiologic imaging studies, neurologic testing)
18. Treat urogynecologic disorders by both nonsurgical (e.g., pelvic floor exercise regimens, physical therapy, pessary) and surgical methods. (PC)
19. Describe the types of injuries or complications that may occur related to medical and surgical treatments of urogynecologic disorders, and the approaches to managing them. (PC)
20. Describe appropriate follow-up for a patient who has been treated for a urogynecologic disorder. (PC, SBP, ICS)
21. Summarize and counsel patients regarding risks, benefits, and expected outcomes of surgical and non-surgical approaches to management of pelvic support and incontinence disorders. (PC, ICS)

Procedures: The table at the end of the Gynecology Section of this manual provides a detailed list of the gynecologic procedures with which the resident should be familiar. The following table lists the additional procedures that are specific to uro-gynecology and summarizes the level of technical proficiency that should be achieved by a graduating resident. The resident should either understand a procedure (including indications, contraindications, and principles) or be able to perform it independently. These distinctions are based on the premise that knowledge of a procedure is implicit in the ability to perform it.

<u>Procedure</u>	<u>Understand</u>	<u>Understand & Perform</u>
Sacral colpopexy (abdominal or minimally invasive)	X	
Anti-incontinence (urinary) procedures	X	
Anoscopy	X	
Colpocleisis	X	
Vaginal repairs	X	
Anterior (including urethropexy)	X	
Posterior	X	
Colposuspension	X	
Culdoplasty	X	
Cystometrography	X	
Simple urodynamics		X
Complex (multichannel) urodynamics	X	
Cystotomy repair		X
Cystourethroscopy		X
Enterocoele repair	X	
Fistula repair	X	
Rectovaginal repair	X	
Vesicovaginal repair	X	

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Procedure	Understand	Understand & Perform
Ureterovaginal repair	X	
Diagnostic Cystoscopy		X
Operative Cystoscopy	X	
Paravaginal repair	X	
Perineorrhaphy		X
Perineoplasty		X
Pessary Fitting		X
Pressure-Flow study (urodynamics)	X	
Q-tip test		X
Urethral bulking procedures	X	
Urethral diverticulum repair	X	
Urethral pressure-flow study	X	
Ureteroureterostomy	X	
Ureteral reimplantation	X	

ACGME Milestones to be assessed during the UroGynecology rotations:

Interpersonal and Communication Skill

- Communication w/ Patients and Families
- Communication w/ Physicians & Other Health Professionals & Teamwork
- Informed Consent and Shared Decision Making

Professionalism

- Compassion, Integrity, and Respect for Others
- Accountability and Responsiveness to the Needs of Patients, Society, and the Profession
- Respect for Patient Privacy, Autonomy, Patient-Physician Relationship

Systems-based Practice

- Patient Safety & Systems Approach to Medical Errors: Participate in identifying system errors & implementing potential systems solutions
- Cost-effective Care and Patient Advocacy

Practice-based Learning and Improvement:

- Self-directed Learning/Critical Appraisal of Medical Literature

Patient Care -- Gynecology Technical Skills

- Laparotomy (e.g., Hysterectomy, Myomectomy, Adnexectomy)
- Vaginal Surgery (e.g. , Vaginal Hysterectomy, Colporrhaphy)
- Endoscopy (Laparoscopy, Hysteroscopy, Cystoscopy)

Medical Knowledge

- Peri Op care
- Abdominal/Pelvic Pain (Acute and Chronic)
- Pelvic Mass
- Pelvic Floor Disorders