

EDUCATIONAL GOALS AND OBJECTIVES

AMBULATORY HEALTH CARE OBSTETRICS AND GYNECOLOGY

PGY-1,2,3,4

At the conclusion of the **PGY-4** year, the resident should have developed competency in ambulatory care for the obstetrics and gynecology goals and objectives.

Location: MedPlex Ambulatory Center

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Patient Care and Medical Knowledge	SPECIALTY SPECIFIC OBJECTIVES		
	Evaluate the patient's general health and to counsel her regarding general health risk behavior. Patients should be counseled about high-risk and health maintenance behaviors at least annually. Counseling should include factors such as: <ul style="list-style-type: none"> • Importance of a healthy diet and exercise • Major risk factors for substance abuse • Health problems associated with substance abuse • Contraception • Prevention of STDs • Interventions to prevent accidents in the home and workplace • Interventions for preserving good dental health, such as regular tooth brushing and flossing and regular dental appointments • Psychosocial issues (e.g. depressive disorders/suicidal impulses, and anxiety disorders) • Physical/sexual abuse • Family interaction and relationships • Psychological and sexual identity • Personal goals and career development 	CT LSC SDL	360 GR CITROG
	Perform initial assessment: To gain the patient's confidence and cooperation in obtaining the history and performing the physical examination, the resident should appreciate the effects of age; racial, ethnic, and cultural backgrounds; sexual orientation; personality; mental status; and the patient's level of comfort and modesty.	CT RM LSC SDL	GR 360 CITROG

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	<ul style="list-style-type: none"> • Obtain a complete medical history, including a history of genetic diseases. • Perform an appropriate general and focused physical examination. 		
	<p>Provide immunizations:</p> <ul style="list-style-type: none"> • Describe the appropriate indications for selective immunizations such as rubella, measles, varicella, hepatitis A and B, influenza, pneumococcal infection, tetanus, and diphtheria 		CITROG GR CLR
	<p>Perform routine screening for selected diseases. The content and frequency of routine health examinations for screening and counseling should be tailored to risk factors and the patient's age (see Periodic Assessment). Major causes of morbidity and mortality by age can point to areas that warrant special attention.</p>	CT SDL LSC	CITROG GR OE
	<p>Periodic Assessment Provide both specialist care in obstetrics and gynecology and primary preventive health care. Know the areas that warrant special attention in each age group.</p> <ul style="list-style-type: none"> • ages 16-18 years • ages 19-39 years • ages 40-64 years • ages 65 years and older 	CT SDL LSC	CITROG GR OE
	<p>Periodic Assessment of women ages 65 years and older</p> <ul style="list-style-type: none"> • The goal of health maintenance in older women is improvement of the quality of life and prolongation of a disease-free state • The following areas warrant special attention in these patients: <ul style="list-style-type: none"> • Describe the biology of aging. • Describe the psychological problems that may be associated with aging, (e.g., depression, emotional abuse or neglect, change in sexual function) • Describe the appropriate interventions to prevent fractures in older women, (e.g., administration of hormone replacement therapy, calcium and vitamin supplement, exercise, administration of substances that inhibit bone resorption, e.g, the bisphosphonates) • Describe appropriate interventions to prevent injuries that are due to falls. • Describe the assessment for urinary and fecal incontinence. • List the major risk factors for cardiovascular disease. • Describe the altered pharmacokinetics of drugs in the elderly population and the likelihood of drug interactions with medications commonly prescribed in this age group. 	CT SDL LSC	CITROG GR OE

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	<p>Diagnose, evaluate, and manage patients with the following gynecologic conditions including but not limited to contraception disorders, induced abortion, sexuality, abnormal uterine bleeding, chronic pelvic pain, ectopic pregnancy, endometriosis, pelvic masses, postpartum complications, sexually transmitted diseases, sexual assault and domestic violence, spontaneous abortion, vaginal and vulvar infections, and vulvar dystrophies and dermatoses.</p>	<p>SDL CT LSC</p>	<p>GR CITROG</p>
	<p>Contraception:</p> <ul style="list-style-type: none"> • Serve as a resource person for the community or the individual regarding family planning and contraception • Define the terms birth rate, fertility rate, method effectiveness, and user effectiveness. • Describe national and local policies that affect control of reproduction. • Describe how religious, ethical, and cultural differences affect providers and users of contraception. • Describe the impact of contraception on population growth in the United States and other nations. • Describe the factors that influence the individual patient’s choice of contraception. • Elicit a pertinent history in a patient requesting information about contraception and smoking. • Perform a focused physical examination to detect findings that might influence the choice of contraception, (e.g., hypertension, venous insufficiency, hepatic disease, uterine anomaly, history of pelvic inflammatory disease) • Interpret the results of selected laboratory tests that might influence a patient’s choice of contraception, (e.g., serum lipid profile, genital tract culture, hysterosalpingography) • Describe the advantages, disadvantages, failure rates, and complications associated with the following methods of contraception: (e.g., sterilization, oral steroid contraception, injectable steroid contraception, implantable steroid contraception, barrier methods, natural family planning, dermal and ring contraception) • Describe appropriate methods for postcoital contraception. • Describe the appropriate follow-up for a woman using any of the aforementioned methods of contraception. 	<p>SDL CT LSC</p>	<p>GR CITROG OE IVF</p>
	<p>Induced abortion:</p>	<p>SDL</p>	<p>GR</p>

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	<ul style="list-style-type: none"> • Counsel pregnant patients about all the alternatives available to them, including induced abortion • Make appropriate referrals • Manage postabortal complications. • Elicit a pertinent history in a patient requesting an induced abortion. • Perform a focused 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. • Order and interpret selected laboratory tests in patients requesting induced abortion (e.g., pregnancy test, blood type and Rh, screening tests for STDs, ultrasonography) • Describe the principal techniques for pregnancy termination, (e.g., menstrual extraction, suction curettage, dilation and evacuation, medical abortion, oral methotrexate plus prostaglandin, oral mifepristone plus prostaglandin, intravaginal prostaglandin) • Describe and treat the principal complications of induced abortion, (e.g., uterine perforation or rupture, retained placenta, hemorrhage, infection) • Describe the possible psychological impact of induced abortion. 	CT LSC	CITROG OE
	<p>Sexuality:</p> <ul style="list-style-type: none"> • Demonstrate an understanding of the concepts of sexual development and identity, as well as the psychology of sexual relations. • Demonstrate an understanding of the ways in which a patient’s sexuality may be altered by physical or psychological conditions. • Demonstrate a familiarity with the terminology used in sexual counseling and an understanding of the range of disorders of sexual function. • Describe the stages of the normal sexual response: desire, arousal, orgasm, resolution, and refractory period. • Describe the principal disorders of sexual function, (e.g., loss of desire, loss of arousal, anorgasmia, vaginismus, dyspareunia) • Elicit a complete sexual history. • Perform a focused physical examination to identify a specific disorder of sexual dysfunction (e.g. vaginismus) or determine the cause of sexual dysfunction (e.g, dyspareunia, anorgasmia). • Describe possible interventions for patients with disorders of sexual function (e.g., counseling, medical therapy, surgery). • Describe the appropriate long-term follow-up for patients with disorders of 	CT SDL LSC	GR CITROG IVF

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	sexual function.		
	<p>Abnormal Uterine Bleeding:</p> <ul style="list-style-type: none"> • Describe the principal causes of abnormal uterine bleeding • Elicit a pertinent history in a patient with abnormal uterine bleeding. • Perform a focused physical examination to determine the etiology of abnormal uterine bleeding. • Interpret the results of other diagnostic tests, (e.g., serum human chorionic gonadotropin (hCG) titer and other endocrine assays, microbiologic cultures, complete blood count, coagulation profile, radiologic imaging studies) 	CT SDL LSC	GR CITROG
	<p>Chronic Pelvic Pain:</p> <ul style="list-style-type: none"> • Describe the principal causes of chronic pelvic pain (acyclic pain >6 months in duration) • Elicit a pertinent medical and sexual history to determine the most likely etiology of chronic pelvic pain, including those causes emanating from nonreproductive organs. • Perform a focused physical examination to determine the most likely etiology of chronic pelvic pain. • Perform and/or interpret the results of selected diagnostic tests to determine the cause of chronic pelvic pain, (e.g., microbiologic cultures of the genitourinary tract, hysteroscopy, laparoscopy, injection of anesthetic agent at a specific trigger point, mental status examination) • Treat patients with chronic pelvic pain medically. • Describe the indications for referral of a patient to a subspecialist in a different field such as psychiatry or pain management. • Describe the appropriate long-term follow-up for a patient with chronic pelvic pain. 	CT SDL LSC	GR CITROG
	<p>Ectopic Pregnancy:</p> <ul style="list-style-type: none"> • Describe the major factors that predispose to ectopic pregnancy • Elicit a pertinent history in a patient with a suspected ectopic pregnancy. • Perform a focused physical examination to confirm the diagnosis of ectopic pregnancy or to identify other possible causes of the patient's symptoms. • Describe the differential diagnosis of ectopic pregnancy. • Perform tests to confirm the diagnosis of ectopic pregnancy, (e.g., Endovaginal ultrasonography) • Interpret the results of other diagnostic tests, (e.g., quantitative serum hCG titer, serum progesterone, 	CT SDL LSC	GR CITROG

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	<ul style="list-style-type: none"> • Complete blood count) • Describe the indications and contraindications for, and complications of, medical management of an ectopic pregnancy. • Describe the indications for, and complications of, surgical management of an ectopic pregnancy. • Treat an affected patient medically. • Describe the indications for anti-D immune globulin in patients experiencing an ectopic pregnancy. • Describe the long-term follow-up that is indicated for a patient treated for an ectopic pregnancy. • Counsel patients regarding the recurrence risk for an ectopic pregnancy and prognosis for a normal intrauterine pregnancy. 		
	<p>Endometriosis:</p> <ul style="list-style-type: none"> • Describe the theories of the pathogenesis of endometriosis. • Describe the typical history of a patient with endometriosis. • Perform a focused physical examination in a patient with suspected endometriosis, and identify the principal abnormal clinical findings. . • Treat endometriosis medically. • Describe the appropriate follow-up in patients who have endometriosis. 	CT SDL LSC	GR CITROG IVF
	<p>Pelvic Masses:</p> <ul style="list-style-type: none"> • Describe the major causes of pelvic masses. • Elicit a history suggestive of a pelvic mass, (e.g., weight loss or gain, gastrointestinal symptoms, menstrual abnormalities) • Perform a focused physical examination to confirm the diagnosis of a pelvic mass. • Perform tests such as endovaginal or abdominal ultrasonography to confirm the diagnosis of a pelvic mass. • Interpret the results of other tests to confirm the diagnosis of a pelvic mass, (e.g., MRI or CT scan, serum markers, such as CA 125, alpha-fetoprotein, and human chorionic gonadotropin hCG) • Treat benign pelvic masses medically considering factors (e.g., patient age, general health, patient preference, desire for future childbearing, symptom complex) • Describe the appropriate follow-up for patients who have been treated for a benign pelvic mass 	CT LSC SDL	GR CITROG OE IVF

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	<ul style="list-style-type: none"> • Recognition of indications for surgical management 		
	<p>Postpartum Complications:</p> <ul style="list-style-type: none"> • Diagnosis and management of common post-partum problems such as endometritis, mastitis, wound infection/breakdown 	CT LSC SDL	GR CITROG OE
	<p>Sexually Transmitted Diseases:</p> <ul style="list-style-type: none"> • Describe the most common types of STDs, (e.g., Chlamydia, Gonorrhea, Syphilis, Hepatitis B and hepatitis C, HIV, Herpes simplex, Human papillomavirus, Chancroid) • Elicit a pertinent history in a patient with a suspected STD. • Perform a focused physical examination to confirm the diagnosis and determine the specific cause of an STD. • Perform tests and/or interpret their results to confirm the diagnosis of an STD (i.e., aspiration of vesicle, bacterial culture, endocervical aspirate for Gram stain, endocervical aspirate for nucleic acid probe, endocervical culture, endometrial biopsy, Pap test, scraping of an ulcer or chancre, serologic assays, Tzanck smear, Viral culture) • Treat STDs with appropriate antimicrobial agents. • Describe the long-term follow-up for patients with an STD, including assessment of the patient's sexual partner, discussion of preventive measures, and review of serious sequelae, (e.g., infertility, ectopic pregnancy, chronic pelvic pain) 	CT SDL LSC	GR CITROG OE
	<p>Sexual Assault and Domestic Violence:</p> <ul style="list-style-type: none"> • Recognition of sexual assault and domestic violence (see Crisis intervention above) 	CT SDL LSC	CITROG GR
	<p>Spontaneous Abortion:</p> <ul style="list-style-type: none"> • Describe the principal causes of, or predisposing factors for, spontaneous first-trimester abortion. • Describe the usual symptoms and findings experienced by a patient with an early pregnancy loss. • Perform a focused physical examination to confirm the diagnosis of early spontaneous abortion. • Describe the differential diagnosis of early spontaneous abortion. • Perform or understand selected tests to confirm the diagnosis of early spontaneous abortion (Endovaginal ultrasonography) • Perform selected tests to confirm the diagnosis of early spontaneous abortion (e.g., quantitative hCG) 	CT SDL LSC	CITROG GR

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	<ul style="list-style-type: none"> • Interpret other diagnostic tests, (e.g., qualitative and quantitative serum hCG, Serum progesterone, complete blood count) • Treat a patient with an early incomplete spontaneous abortion. • Describe and treat the complications that may develop as a result of treatment of an incomplete spontaneous abortion, (e.g. genital tract infection, uterine perforation, retained products of contraception) • Describe the indications for anti-D immune globulin in patients experiencing an early spontaneous abortion. 		
	<p>Vaginal and Vulvar Infections:</p> <ul style="list-style-type: none"> • Describe the principal infections that affect the vulva and vagina • Elicit a pertinent history in a patient with a possible infection of the vulva or vagina. • Perform a focused physical examination in a patient with a suspected infection of the vulva or vagina. • Perform selected tests to confirm the diagnosis of vulvar or vaginal infection (e.g., determination of vaginal pH, saline microscopy, potassium hydroxide microscopy, bacterial and viral culture) • Interpret the results of diagnostic tests, (e.g., gram stain of suspicious lesion of the vulva or vagina, bacterial and viral culture, vulvar or vaginal biopsy) • Describe the long-term follow-up that is necessary for a patient with a vulvar or vaginal infection, for example: <ul style="list-style-type: none"> • Assessing and treating sexual partner(s) • Assessing the patient for other possible genital tract infections • Counseling the patient with respect to measures that prevent reinfection with sexually transmitted diseases (STDs) • Treat vulvar and vaginal infections medically and surgically. 	CT SDL LSC	GR CITROG
	<p>Vulvar Dystrophies and Dermatoses:</p> <ul style="list-style-type: none"> • Describe the principal causes of vulvar dystrophies and dermatoses (e.g., squamous cell hyperplasia, lichen sclerosis, lichen planus, atrophic dermatitis) • Perform a focused physical examination in a patient with a suspected vulvar dystrophy or dermatosis. • Perform selected diagnostic tests to confirm the diagnosis of a vulvar dystrophy or dermatosis, (e.g., staining with dyes to localize the affected area, Vulvar biopsy) • Treat the common vulvar dystrophies. 	CT SDL LSC	GR CITROG

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	<ul style="list-style-type: none"> Describe the long-term follow-up that is essential for a patient with a vulvar dystrophy or dermatosis, including assessment of the risk for malignant change. 		
	Demonstrate an understanding of the indications, contraindications, and principles of the following obstetrics and gynecology procedures: breast cyst aspiration and bone densitometry studies.	CT SDL LSC	GR CITROG
	<p>Perform the following obstetrics and gynecology procedures independently including but not limited to:</p> <ul style="list-style-type: none"> Bartholin's abscess (incision and drainage) Bartholin's abscess (Word catheter placement) Biopsy of the Cervix, Endocervix, Endometrium, Skin, Vagina, and Vulva Dilation and curettage for incomplete abortion Pelvic ultrasonography (vaginal probe) Pelvic ultrasonography (abdominal) Cervical biopsy Endometrial Biopsy Insertion and removal of IUD Insertion and removal of subdermal contraception Pap Smear Placement of diaphragm and cervical cap Scraping of skin lesions for microscopy Fecal Occult blood testing Vaginal and Vulvar biopsy Wet mount preparation 	CT SDL LSC	GR CITROG SSA SSA
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES		
	<p>See General Obstetrics and Gynecology Goals and Objectives</p> <p>Concentrate on using only hospital approved abbreviations for notes and dictations</p> <ul style="list-style-type: none"> Write prescriptions based on the pharmacy protocol to prevent medical errors Have awareness and comply with teaching physician regulations Become familiar with the use of the electronic medical record Become familiar with the use of multiple computer systems for patient care: Use consultative clinics and services within the MedPlex System 	CT LSC	VF GR

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Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES		
	See General Obstetrics and Gynecology Goals and Objectives Obtain a thorough and accurate patient history <ul style="list-style-type: none"> • Provide patients with an explanation of pain control options in labor • Counsel patients with previous cesarean regarding delivery options • Counsel patients regarding signs and symptoms of labor, both preterm and term • Counsel patients regarding labor induction • Review informed consent for vaginal or cesarean delivery • Counsel patients regarding: <ul style="list-style-type: none"> • Safe sex • Sexually transmitted disease • Family planning • HIV testing • Maintenance of normal weight • Healthy lifestyle choices 	CT RM SDL	GR 360 Patient Survey
Professionalism	SPECIALTY SPECIFIC OBJECTIVES		
	See General Obstetrics and Gynecology Goals and Objectives Discuss the cultural, societal, ethical, and religious implications of contraceptives as well as describe their effectiveness, medical benefits, and side effects. Understand the components of informed consent <ul style="list-style-type: none"> • Demonstrate a commitment to patient confidentiality • Incorporate the team concept in taking care of patients which includes the attending, students and nurses • Assess the social situation and needs of patients • Demonstrate sensitivity to patient's anxiety regarding a pelvic exam • Become tolerant of value systems different than your own <ul style="list-style-type: none"> o Understand how to provide culturally appropriate care 	RM CT	Patient Survey GR 360 VF
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES		
	See General Obstetrics and Gynecology Goals and Objectives <ul style="list-style-type: none"> • Understand the role of the physician in patient education and medical knowledge • Understand the role of ancillary services in health care management of disease • Understand impact of poverty and lack of health insurance on access to medical care 	CT LSC SDL	GR 360 CITROG

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	<ul style="list-style-type: none"> • Understand the impact of poverty on access to health care • Understand the impact of poverty on medication compliance and access to prescription drugs • Understand barriers to adequate prenatal care • Understand the importance of continuity of care for good health 		
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EDUCATIONAL GOALS AND OBJECTIVES

EMERGENCY DEPARTMENT ROTATION

PGY-1

At the conclusion of the PGY-1 year, the resident should have developed competency in the acute medicine ambulatory health care and the obstetrics and gynecology goals and objectives for the first year based on the six core competencies.

Management of Nongynecologic 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 enhance clinical skills. Residents must be able to assess individual risk factors in order to know when and to whom patients should be referred.

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Medical Knowledge	SPECIALTY SPECIFIC OBJECTIVES		
	Evaluate, manage, and treat obstetric and gynecologic patients with the following non-gynecologic conditions including abdominal pain, acute musculoskeletal injuries, allergic rhinitis, anxiety, arthritis, asthma, chest pain, depression, diabetes mellitus, gastroenteritis, headache, hypertension, low back pain, respiratory tract infection, skin disorders, thyroid disease, urinary tract disorders, and vision and hearing deficiencies.	CT SDL LSC	GR CITROG
	* Develop a core knowledge in non-obstetrical/non-gynecological emergencies	CT	CITROG

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		SDL	GR
	<ul style="list-style-type: none"> Initiate first line therapy in common medical and surgical emergencies Recognize surgical and gynecological emergencies Differentiate between patients who need outpatient versus inpatient services 	RM SDL CT	CITROG GR
	<p>Crisis intervention:</p> <ul style="list-style-type: none"> Identify an abused woman, provide immediate medical evaluation and treatment for her, and, if indicated, assist with referrals for legal assistance and psychological counseling. Describe the principal types of, and causes for, violence against women of all ages: incest, rape, physical abuse, and psychological abuse 	CT SDL RM	GR
Patient Care and Medical Knowledge	* Perform a history and physical examination on a patient with a medical or surgical emergency	CT	GR
	* Order and interpret diagnostic tests on patients with a medical or surgical emergency	CT RM	
	* Correctly interpret electrocardiograms and cardiac monitoring data		
	<ul style="list-style-type: none"> Perform: ECG Arterial Blood Gas Suturing and stapling of lacerations Intravenous access on difficult patients Intubation 	RM SDL CT	SSA GR
	* Participate in code situations		
Practice Based Learning and Improvement	<ul style="list-style-type: none"> Gain a working knowledge of the admissions process Use information technology to support your own education on common medical and surgical emergencies 	SDL RM	GR
Interpersonal and Communication Skills	<ul style="list-style-type: none"> * Consult appropriately with additional hospital services for provision of patient evaluation/care * Communicate effectively with other members of the team * Provide adequate sign-out to team members to insure good continuity 	RM CT	GR

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	of care		
Professionalism	<ul style="list-style-type: none"> * Increase sensitivity to drug and alcohol abuse and the effect it has on patients, their health and families * Accept value systems that differ from your own * Gain an understanding of reasons patients utilize the emergency department for their medical care 	LSC RM CT	GR
Systems-Based Practice	<ul style="list-style-type: none"> * Gain an appreciation of uninsured patients that must use the emergency room as their primary care clinic * Begin to understand the cost of tests that are ordered and how it will impact patient management 	SDL RM	GR

EDUCATIONAL GOALS AND OBJECTIVES

GYNECOLOGY

PGY-1

Goals of Rotation: The purpose of this rotation is to introduce the resident to preoperative and postoperative management of the gynecologic patient. The resident will have a principal role on the floor for managing postoperative patients. The resident will also have exposure to the operating room, assisting in surgery, and consultations for gynecologic problems. The PGY-1 resident will have the opportunity to act as primary surgeon in appropriate cases. The resident will be introduced to the evaluation and management of abnormal cervical cytology and to gynecologic ultrasound.

Rotation Sites: Regional Medical Center at Memphis, including Methodist-Lebonheur Children's Medical Center

Work Duty Hours and Call Responsibility: The PGY-1 resident should be prepared to round with an upper level resident by 0700. Following completion of cases, they are expected to attend scheduled clinics and conferences in the afternoon. They are expected to attend their Continuity

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clinic as scheduled. They should sign-out any pertinent information to the on-call resident at 1745 daily. They will have 2 weekends and 8 total weeknights of home call, with 2 weekends off and 1 in 7 days free from clinical responsibility.

Monday	Tuesday	Wednesday	Thursday	Friday
0700 rounds	0700 rounds	GYN Morning Conference 4 th Wednesday – 0700-0800	0700 rounds	0700 rounds
Surgery, consults	Surgery, consults	COCC	Surgery, consults	Gynecologic Ultrasound Clinic
Preop Clinic	Colposcopy Conference and Clinic	GYN B didactic, Colposcopy Clinic	Didactics/Protected Time Preoperative Staffing Conference	Tubal Clinic

Required Reading:

1. Comprehensive Gynecology (Droegemueller), 5th Edition; Katz, Lentz, Lobo & Gershenson
 Chapter 3 – Reproductive Anatomy
 Chapter 11 – Diagnostic Procedures
 Chapter 25 – Postoperative Counseling and Management
2. TeLinde’s Operative Gynecology, 9th Edition
 Chapter 11 – Wound Healing, Suture Material, and Surgical Instrumentation
 Chapter 12 – Incisions for Gynecologic Surgery

- Faculty Supervision:**
1. Monthly faculty attending – educational activities, patient continuity
 2. Daily OR attending – postoperative rounds, consults

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Patient Care	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Round on postoperative patients and give concise, thorough, presentations. Choose appropriate pain control. Manage and counsel patients regarding normal postoperative recovery. Manage common postoperative problems. 2. Become a valued assistant in the operating room. 3. Open and close abdominal incisions with appropriate techniques. 4. Attend and contribute to Preoperative Staffing Conference. 5. Evaluate and manage acute menstrual hemorrhage, including necessary procedures (see below). 6. Use history, examination, laboratory, and ultrasound to diagnose ectopic pregnancy. 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences – Colposcopy, GYN Morning conference, Preoperative Staffing conference, M&M 6. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale 2. OSATS 3. Case Log 4. 360° evaluation 5. Patient survey

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	<ol style="list-style-type: none"> 7. Use history, examination, laboratory, and imaging to diagnose and manage first trimester abortion. 8. Use history, examination, laboratory, and imaging to diagnose and manage pelvic inflammatory disease, including appropriate inpatient and outpatient treatment plans. 9. Use history, examination, laboratory, and imaging to evaluate and develop a treatment plan for pelvic pain. 10. Recognize and manage vaginitis, urinary tract infections, including pyelonephritis. 11. Diagnose and manage vulvar cellulitis and abscess, including Bartholin gland duct, carbuncle, and folliculitis. 12. Recognize pelvic masses and initiate appropriate evaluation. 13. Recognize pelvic organ prolapse. 14. Recognize signs and symptoms of septic shock and initiate evaluation and treatment. 15. Appropriately prescribe contraception and emergency contraception. 16. Recognize domestic violence and make appropriate referrals. 17. Evaluate and manage galactorrhea. 18. Demonstrate competency in the evaluation and management of breast masses and mastitis. 19. Perform the following procedures independently, including not limited to: biopsy of the cervix, endocervical curettage, endometrium, skin, vagina, vulva, dilation and curettage, laparoscopy (basic), skin incisions (midline and pfannestiel). 		
Medical Knowledge	<p style="text-align: center;">SPECIALTY SPECIFIC OBJECTIVES</p> <ol style="list-style-type: none"> 1. Read required chapters listed. 2. Develop investigatory and analytic thinking approach to clinical situations. 3. Describe the physiology of wound healing. 4. Describe physiologic changes in urine output and adequacy of urine output postoperatively. 5. Describe hemodynamic changes associated with blood loss and transfusion physiology. 6. Describe microbiologic and epidemiologic principles of gynecologic disease including STDs. 7. Describe the role of HCG, progesterone and transvaginal ultrasound in the diagnosis of an ectopic pregnancy or abortion. 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences – Colposcopy, GYN Morning conference, Preoperative Staffing conference, M&M 6. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale 2. Written examination 4. 360° evaluation

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	<ol style="list-style-type: none"> 8. Describe the principal causes of and predisposing factors for first-trimester abortion. Describe usual symptoms and findings. Describe the complications that may develop and the indications for Rhogam. 9. Describe anatomy of the anterior abdominal wall 10. Describe relationship of abdominal viscera as it relates to pelvic organs 11. Describe gross and histologic anatomy of pelvic viscera, blood supply, neurologic innervation, venous and lymphatic drainage. 12. Begin to learn basic indications of gynecologic procedures. 13. Develop understanding of basic principles of incisions and which is appropriate for a given case 14. Learn management and indications for admission or outpatient treatment of PID 15. Describe etiology and treatment of urinary tract infection, vaginitis, and pyelonephritis in the gynecologic patient 16. Describe indications for workup and evaluation of breast mass and of mastitis 17. Develop thorough understanding of contraception options and emergency contraction 18. Learn common causes of pelvic pain 19. Demonstrate knowledge of various suture materials and their indications for use and properties 20. Describe the physiology of wound healing, blood pressure maintenance, and urine output maintenance. 		
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES <ol style="list-style-type: none"> 1. Analyze individual practice and identify areas for improvement in gynecology. 2. Implement strategies to enhance knowledge, skills, attitudes, and patient care through the use of medical evidence, application of research and statistical methods for gynecology. 3. Improve use of information technology. 4. Facilitate learning of others, including resident peers, medical students, faculty, nursing and other support staff. 	<ol style="list-style-type: none"> 1. Create individual PBL learning objectives 2. Clinical teaching 3. Case-based teaching 4. Clinical experiences 5. Performance feedback 6. Conferences – Colposcopy, GYN Morning conference, Preoperative Staffing conference, M&M 7. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Attending review of objectives at beginning and completion of rotation 2. Completion of IT questionnaire 3. Global rating scale

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Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Develop skills to maintain therapeutic and ethically sound relationships with patients, families, colleagues, and other health care professionals. 2. Develop an understanding of team concept and work well as a member of the team. 3. Begin to develop patient counseling skills. 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences – Colposcopy, GYN Morning conference, Preoperative Staffing conference, M&M 6. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale 2. 360° evaluation 3. Patient survey
Professionalism	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Demonstrate accountability to patients and profession by exhibiting honesty, punctuality, efficiency, and strong work ethic. 2. Learn basic ethical concepts of autonomy, beneficence, justice, and nonmaleficence. 3. Explore cultural sensitivity and value systems different than your own. 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences – Colposcopy, GYN Morning conference, Preoperative Staffing conference 6. Self-directed learning – rotation reading list 7. Role modeling 8. Mentoring 	<ol style="list-style-type: none"> 1. Global rating scale 2. 360° evaluation 3. Patient survey
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Understand how patient care and practices affect other health care professionals, the organization, and society at large. 2. Develop an understanding of the MED and Methodist Healthcare model of care and barriers to care faced by patients and physicians. 3. Practice cost-effective health care and resource allocation. 4. Attending M&M to facilitate recognition of errors and to begin error analysis. 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences – Colposcopy, GYN Morning conference, Preoperative Staffing conference 6. Self-directed learning 	<ol style="list-style-type: none"> 1. Global rating scale 2. 360° evaluation 3. Patient survey

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Procedural Skills to be logged:

1. Cold knife conization
2. Transvaginal sonography including sonohysterography
3. Loop electro-excision procedure
4. Diagnostic laparoscopy
5. Laparoscopic tubal sterilization
6. Dilatation and curettage

Other procedures to become proficient in:

1. Incision and drainage of Bartholin’s gland duct abscess
2. Cryotherapy
3. Pelvic examination
4. Colposcopy and biopsy

Line of Supervision and Expectations

PGY-1 residents are able to perform the above procedures with supervision of the upper level residents and faculty. Evaluations are completed by attendings until the resident is credentialed that they are able to do with minimal supervision. Order writing, pelvic exam, wet mount, and endometrial biopsy, are expected to be performed with minimal supervision based on training prior to residency. Ultimately, it is the decision of the attending physician as to which activities the resident will be allowed to perform within the context of the assigned level of responsibility.

Revision date 02/15/08

EDUCATIONAL GOALS AND OBJECTIVES

WOMEN’S HEALTH - VAMC

PGY-1

At the end of the PGY-1 year, the resident should develop a working knowledge of common office gynecology practice.

Monday	Tuesday	Wednesday	Thursday	Friday
Surgery – VAMC	Women’s Health Clinic	Women’s Health Clinic	Women’s Health Clinic	
Surgery – VAMC	Women’s Health Clinic	Women’s Health Clinic	Didactics	COCC

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			Preoperative Staffing Conference	

Faculty Supervision: Site Director – educational activities, patient continuity, surgical experience

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Patient Care	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>Obtain and perform complete and accurate history and physical exam Provide age and risk specific health assessments Obtain and perform complete and accurate history and physical exam Provide age and risk specific health assessments Perform:</p> <ul style="list-style-type: none"> ○ Biopsy of Cervix, vulva, vagina, endometrium, skin ○ IUD placement and removal ○ endometrial ablation ○ LEEP ○ Hysteroscopy ○ Colposcopy ○ Abdominal Surgery ○ Laparoscopy <p><input type="checkbox"/> Provide risk appropriate care or consultations for patients with these medical diseases:</p> <ul style="list-style-type: none"> ○ Diabetes mellitus ○ Urinary tract disorders ○ Hematological disorders ○ Cardiopulmonary disorders ○ Gastrointestinal disorders ○ Neurological disorder ○ Endocrine disorders <p>Develop patient management plans Appropriately evaluate and triage patients in the ambulatory setting</p>	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. LSC 6. Self-directed learning 	<ol style="list-style-type: none"> 1. Global rating scale 2. Case Log 3. SSA
Medical	<p>SPECIALTY SPECIFIC OBJECTIVES</p>		

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Knowledge	Develop a core knowledge of: <ul style="list-style-type: none"> ○ Outpatient care of women Build on a core knowledge of: <ul style="list-style-type: none"> ○ Management of abnormal pap smears ○ Management of chronic pelvic pain ○ Vulvovaginal disorders 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences – M&M 6. Self-directed learning 	<ol style="list-style-type: none"> 1. Global rating scale 2. In-service examination
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES Access the CDC’s website regarding women’s health care policies, such as guidelines for treating GBS, hepatitis B prophylaxis, etc. <input type="checkbox"/> <input type="checkbox"/> Identify patients with an untoward outcome and review their care Improve your knowledge of ICD-9 and CPT codes	<ol style="list-style-type: none"> 1. Create individual PBL learning objectives 2. Clinical teaching 3. Case-based teaching 4. Clinical experiences 5. Performance feedback 6. Conferences – M&M 7. Self-directed learning 	<ol style="list-style-type: none"> 1. Global rating scale
Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES Communicate abnormal tests results to the patient and her family including: <ul style="list-style-type: none"> ○ Abnormal pathology results ○ Sexually transmitted diseases Coordinate comprehensive care for patients including social work, psychiatric, and dietary services Communicate recommendations to a physician requesting an OB/GYN consult	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. LSC 6. SDL 	<ol style="list-style-type: none"> Global rating scale
Professionalism	SPECIALTY SPECIFIC OBJECTIVES Maintain a good work ethic; punctuality, efficiency, and a positive attitude <input type="checkbox"/> <input type="checkbox"/> Deliver bad news in a sensitive and empathetic manner Resolve conflicts in the outpatient setting Respond to constructive criticism	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Lectures/Seminars/Conferences 6. Self-directed learning – rotation reading list 7. Role modeling 8. Mentoring 	<ol style="list-style-type: none"> Global rating scale

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Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES		
	<ul style="list-style-type: none"> • Understand how patient care and practices affect other health care professionals, the organization, and society at large. • Develop an understanding of the VAMC model of care and barriers to care faced by patients and physicians. • Practice cost-effective health care and resource allocation. • Attending M&M to facilitate recognition of errors and to begin error analysis. • Understand patient care and practices in a private practice setting compared to hospital-based, and public sector settings. • Become familiar with Medicaid and Medicare systems and their patient resources • <input type="checkbox"/> <input type="checkbox"/> Become familiar with home health care agencies and the services they can provide for patients at home • Increase awareness of a financial counselors role in a practice 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Lectures/Seminars/Conferences 6. Self-directed learning – rotation reading list 	Global rating scale

EDUCATIONAL GOALS AND OBJECTIVES

LABOR AND DELIVERY

PGY-1

At the conclusion of the **PGY-1** year, the resident should have developed competency in the labor and delivery goals and objectives for the first year.

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Patient Care	SPECIALTY SPECIFIC OBJECTIVES		
	Evaluate and manage medical and obstetrical disorders associated with ambulatory pregnant patients.	<ol style="list-style-type: none"> 1. Case – based teaching 2. Didactics/ Conferences 	<ol style="list-style-type: none"> 1. 360 degree survey 2. Procedure logs
	Evaluate and manage normal labor and delivery.	<ol style="list-style-type: none"> 1. Case – based teaching 2. Didactics/ Conference 	Procedure logs

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	Manage early postpartum complications.	Case – based teaching	Procedure Logs
	Perform with assistance an uncomplicated cesarean delivery.	Case – based teaching	Procedure logs
	<ul style="list-style-type: none"> • Recognize common abnormalities in the obstetrical exam such as abnormal fundal height, abnormal blood pressure • Perform: <ul style="list-style-type: none"> ○ Appropriate prenatal labs for uncomplicated patients ○ Obstetrical dating ○ Fundal height ○ Interpretation of fetal heart tracings ○ Leopold’s maneuver for presentation and estimated fetal weight ○ Cervical dilation, effacement, station and position ○ Spontaneous vaginal delivery ○ Outlet vacuum delivery ○ Midline episiotomy and repair ○ Repair first and second degree lacerations ○ Primary low transverse cesarean delivery ○ Sterile speculum exam to diagnose ruptured membranes/ identify ferning ○ KOH/ Wet prep ○ Dilation and Curettage for missed/ incomplete abortions ○ Biophysical Profiles ○ Perform ultrasound to evaluate for intrauterine/ ectopic pregnancy ○ Interpretation of βhCG values ○ Perform ultrasound for fetal position and dating 	<ol style="list-style-type: none"> 1. Didactic conferences/sessions 2. Clinical teaching 3. Case-based teaching 4. Simulation 	<ol style="list-style-type: none"> 1. Global Rating 2. Procedure Logs 3. 360 degree surveys 4. SSA

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	<ul style="list-style-type: none"> • Prescribe: <ul style="list-style-type: none"> ○ RhoGAM ○ Antibiotics ○ Pitocin ○ Cervical ripening agents ○ Postpartum contraception ○ Postpartum analgesia ○ Medical Therapy for ectopic management • Interpret a reactive nonstress test • Recognize factors in the history or physical that indicate possible medical, genetic or obstetrical complications • Recognize postpartum complications such as: <ul style="list-style-type: none"> ○ Endometritis ○ Postpartum hemorrhage ○ Deep venous thrombosis ○ Wound infection 	<ol style="list-style-type: none"> 1. Didactic conferences/sessions 2. Clinical teaching 3. Case-based teaching 4. Simulation 	<ol style="list-style-type: none"> 1. Global Rating 2. Procedure Logs
Medical	SPECIALTY SPECIFIC OBJECTIVES		

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Knowledge	<ul style="list-style-type: none"> • Develop a core knowledge of: <ul style="list-style-type: none"> ○ The components of prenatal care ○ Prenatal labs ○ Antepartum and intrapartum fetal monitoring ○ Normal physiological changes of pregnancy ○ Diagnosis of labor ○ Diagnosis of ruptured membranes ○ Obstetrical lacerations ○ Routine postpartum care ○ Postpartum contraception options ○ Postpartum/ postoperative pain management ○ Normal postoperative care ○ Diagnosis and management of postpartum/ postoperative infections ○ Indications for operative vaginal deliveries ○ Indications for cesarean delivery ○ Sterile technique ○ Informed consent process ○ VBAC consent process ○ Pre-term labor management ○ Pre-eclampsia/ Eclampsia management ○ GBS management 	<ol style="list-style-type: none"> 1. Didactic conferences/ sessions 2. Clinical teaching 3. Case-based teaching 4. Simulation 5. Role Modeling 6. Self Directed Learning Modules 	<ol style="list-style-type: none"> 1. Global Rating 2. Procedure Logs 3. Written exam 4. CITROG exam
Practice Based Learning and Improvement	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <ul style="list-style-type: none"> • Dictate operative notes and discharge summaries in a timely fashion • Concentrate on using only hospital approved abbreviations • Write orders based on the pharmacy protocol to prevent medical errors • Understand and comply with teaching physician regulations • Demonstrate effective and concise documentation using electronic medical record 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. RM 	Global Rating
Interpersonal and	SPECIALTY SPECIFIC OBJECTIVES		

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Communication Skills	<ul style="list-style-type: none"> • Provide patients with an explanation of pain control options in labor • Provide patients with an explanation of routine procedures such as intrauterine pressure catheter placement, artificial rupture of membranes and fetal scalp electrode placement • Communicate a thorough sign-out on patients to improve continuity of care 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 	<ol style="list-style-type: none"> 1. Global Rating 2. 360 degree surveys 3. Procedure Logs
Professionalism	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <ul style="list-style-type: none"> • Understand the components of informed consent • Demonstrate a commitment to patient confidentiality • Incorporate the team concept in taking care of patients which includes the attending, students and nurses • Increase awareness of the patient’s expectation of her birthing experience 	<ol style="list-style-type: none"> 1. Didactics/ Sessions 2. Clinical Teaching 3. Role Modeling 4. Chart Audit 	<ol style="list-style-type: none"> 1. Global Rating 2. 360 degree surveys
Systems-Based Practice	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <ul style="list-style-type: none"> • Offer patients who are breast feeding the option of a lactation consultant if necessary • Understand the criteria that necessitates neonatal physician presence at a delivery • Understand patient, family and neonatal issues that require social work intervention 	<ol style="list-style-type: none"> 1. Case Based Teaching 2. Clinical Teaching 3. Chart Audit 	<ol style="list-style-type: none"> 1. Global Rating 2. 360 degree surveys

Duty Hours/Call Responsibilities:

12 hours Shifts

Required Reading:

Gabbe or Williams

Faculty Supervision:

TVUSG – Transvaginal Ultrasound
 OBUSG – OB Ultra Sound
 D&C – D&C
 SVD – Spontaneous vaginal delivery
 Episiotomy & repair
 Postpartum tubal ligation
 Surgical Sterilization

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EDUCATIONAL GOALS AND OBJECTIVES

MATERNAL FETAL MEDICINE

PGY-1

At the conclusion of the **PGY-1** year, the resident should have developed competency in the high-risk obstetrics, as well as proficiency in the obstetrics goals and objectives outlined for PGY-1.

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)	Frequency of Evaluation
Patient Care and Medical Knowledge	SPECIALTY SPECIFIC OBJECTIVES			
	ANTEPARTUM CARE			
	Genetic counseling: <ul style="list-style-type: none"> • Elicit a history for inherited disorders, ethnic- or race-specific risks, and teratogen exposure, and perform pedigree analysis. 	Didactics	CREOG	Yearly
		Clinical teaching	CREOG	Yearly
		Role modeling	360	monthly
	Diabetes mellitus <ul style="list-style-type: none"> • Classify diabetes mellitus in pregnancy. • Interpret screening tests for gestational diabetes. 	Didactics	CREOG	Yearly
		Clinical teaching	CREOG CLR	Yearly Weekly
		Reading	Written Exams	Monthly
		M and M	M and M	Weekly

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	<p>Diseases of the urinary system:</p> <ul style="list-style-type: none"> • Evaluate signs and symptoms of urinary tract pathology in pregnant patients. • Describe the indications for the common diagnostic tests for renal disease in pregnancy. • Interpret the results of common diagnostic tests for renal disease in pregnancy. 	Didactics	CREOG	Yearly
		Clinical teaching	CREOG logs	Yearly Weekly
		Reading	Written Exams	Monthly
	<p>Infectious diseases:</p> <ul style="list-style-type: none"> • Perform a focused history and physical examination in pregnant patients who have known or suspected infectious diseases. • Choose and perform laboratory tests to confirm the diagnosis of infection. • Assess the severity of a specific infection and its potential maternal, fetal, and neonatal impact. • Manage specific infections or obtain appropriate consultation for co-management. 	Didactics	CREOG	Yearly
		Clinical teaching	CREOG logs	Yearly Weekly
		Reading	Written Exams	Monthly
		M and M	M and M	Weekly
	<p>Hematologic disorders:</p> <ul style="list-style-type: none"> • Evaluate possible causes of anemia, thrombocytopenia, deep vein thrombosis, and coagulopathy in pregnancy. 	Didactics	CREOG	Yearly
		Clinical teaching	CREOG logs	Yearly Weekly
	Reading	Written Exams	Monthly	
	M and M	M and M	Weekly	

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<p>Cardiopulmonary disease:</p> <ul style="list-style-type: none"> • Describe symptoms and physical findings suggestive of cardiopulmonary disease in pregnancy. • Describe the indications for common diagnostic tests for cardiopulmonary disease in pregnancy, (e.g., electrocardiography, echocardiography, cardiac catheterization, chest X-ray, pulmonary function tests, arterial blood gases) • Classify maternal cardiac disease in pregnancy and describe the associated maternal and fetal risks. 	Didactics	CREOG	Yearly
	Clinical teaching	CREOG logs	Yearly Weekly
	M and M	M and M	Weekly
<p>Gastrointestinal disease:</p> <ul style="list-style-type: none"> • Perform a history and physical examination for the diagnosis of gastrointestinal disease in pregnancy. • Describe the indications for, and advantages and disadvantages of, common diagnostic tests for gastrointestinal disease, (e.g., stool examination for ova, parasites, bacteria, leukocytes, and occult blood; endoscopy; imaging studies; Antibody & antigen testing; liver function tests) • Interpret the results of common diagnostic tests for gastrointestinal disease in pregnancy. • Diagnose, and provide initial management of, common gastrointestinal diseases in pregnancy, (e.g., hyperemesis gravidarum, reflux esophagitis, peptic ulcer disease, cholelithiasis, cholecystitis) 	Didactics	CREOG	Yearly
	Clinical teaching	CREOG Clinical evaluation logs	Yearly Weekly
	M and M	M and M	Weekly
<p>Neurologic disease:</p> <ul style="list-style-type: none"> • Perform a focused history and neurologic examination in pregnant patients with a known or suspected neurologic disorder. • Describe the indications for common diagnostic tests for neurologic disease in pregnancy, (e.g., electroencephalogram, lumbar puncture, CT or MRI, nerve conduction studies) 	Didactics	CREOG	Yearly
	Clinical teaching	CREOG Clinical evaluation logs	Yearly Weekly
	M and M	M and M	Weekly

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	<p>Collagen vascular disorders:</p> <ul style="list-style-type: none"> • Perform a focused history and physical examination in pregnant patients with known or suspected collagen vascular disease. 	<p>Didactics</p> <p>Clinical teaching</p>	<p>CREOG</p> <p>CREOG Clinical evaluation logs</p>	<p>Yearly</p> <p>Yearly</p> <p>Weekly</p>
	<p>Psychiatric disorders:</p> <ul style="list-style-type: none"> • Perform a mental status examination. • Describe the symptoms of common psychiatric disorders in pregnancy, (e.g., affective disorders, anxiety disorders, psychosis, somatization disorders, eating disorders) • Identify patients who require referral for psychiatric consultation. 	<p>Didactics</p> <p>Clinical teaching</p> <p>Role modeling</p>	<p>CREOG</p> <p>CREOG logs</p> <p>360</p>	<p>Yearly</p> <p>Yearly</p> <p>Weekly</p> <p>Monthly</p>
	<p>Emergency care during pregnancy:</p> <ul style="list-style-type: none"> • Perform a diagnostic history and physical examination in pregnant patients with a medical or surgical emergency. • 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. • Initiate therapy, in consultation as necessary, and describe the impact of the condition and its management on the pregnancy as well as the impact of the pregnancy on the emergent condition. 	<p>Didactics</p> <p>Clinical teaching</p> <p>Role modeling</p> <p>M and M</p>	<p>CREOG</p> <p>CREOG Clinical evaluation logs</p> <p>360</p> <p>M and M</p>	<p>Yearly</p> <p>Yearly</p> <p>Weekly</p> <p>Monthly</p> <p>Weekly</p>
	<p>Substance abuse in pregnancy:</p> <ul style="list-style-type: none"> • Describe behavior patterns suggestive of substance abuse. • Perform a thorough history and physical examination in patients suspected of substance abuse in pregnancy. 	<p>Didactics</p> <p>Clinical teaching</p> <p>Role modeling</p>	<p>CREOG</p> <p>CREOG logs</p> <p>360</p>	<p>Yearly</p> <p>Yearly</p> <p>Weekly</p> <p>Monthly</p>
	<p>OBSTETRICS COMPLICATIONS</p>			

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	<p>Second-trimester pregnancy loss:</p> <ul style="list-style-type: none"> • Describe the usual symptoms and clinical manifestations of a second-trimester abortion. • Perform an accurate physical examination and diagnostic tests to identify the site of genital tract bleeding, assess cervical effacement and dilatation, and evaluate uterine contractions. • Perform diagnostic tests to assess patients with threatened second-trimester pregnancy loss, (e.g., ultrasonography, genital tract cultures) 	<p>Didactics</p> <p>Clinical teaching</p> <p>Role modeling</p> <p>Reading</p> <p>Ultrasound learning modules</p> <p>M and M</p>	<p>CREOG</p> <p>CREOG logs</p> <p>360</p> <p>Written Exams</p> <p>Exams</p> <p>M and M</p>	<p>Yearly</p> <p>Yearly Weekly</p> <p>Monthly</p> <p>Monthly</p> <p>Weekly</p>
	<p>Preterm labor:</p> <ul style="list-style-type: none"> • Describe the multifactorial etiology of preterm labor. • Obtain a complete obstetric history in patients with preterm labor. • Perform a thorough physical examination to determine uterine size, fetal presentation, and fetal heart rate and to assess cervical effacement and dilatation. • Perform and interpret biophysical, biochemical, and microbiologic tests to assess patients with suspected preterm labor. • Recognize the indications for, and complications of, interventions for preterm labor, (e.g., antibiotics, tocolytics, corticosteroids, amniocentesis, cerclage, bed rest) . 	<p>Didactics</p> <p>Clinical teaching</p> <p>Role modeling</p> <p>Reading</p> <p>M and M</p>	<p>CREOG</p> <p>CREOG Clinical evaluation logs</p> <p>360</p> <p>Written Exams</p> <p>M and M</p>	<p>Yearly</p> <p>Yearly Weekly</p> <p>Monthly</p> <p>Monthly</p> <p>Weekly</p>

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<p>Bleeding late in pregnancy:</p> <ul style="list-style-type: none"> • Describe the etiology of bleeding in late pregnancy • Describe the factors that predispose to placenta previa and abruptio placentae. • Perform a focused physical examination in patients with bleeding in late pregnancy. • Interpret diagnostic tests, (e.g., Hematocrit, Platelet count, Coagulation profile, Kleihauer-Betke test, Apt test) • Perform the following diagnostic tests: <ul style="list-style-type: none"> • Abdominal ultrasonography to localize the placenta and evaluate for possible placental separation • Endovaginal or transperineal ultrasonography to localize the placenta 	Didactics	CREOG	Yearly
	Clinical teaching	CREOG Clinical evaluation logs	Yearly Weekly
<p>Hypertension in pregnancy:</p> <ul style="list-style-type: none"> • Describe the possible causes of hypertension in pregnancy • Describe the usual clinical manifestations of chronic hypertension, pregnancy-induced hypertension, and preeclampsia. • Perform a physical examination pertinent to patients with hypertension. • Perform tests to: <ul style="list-style-type: none"> ▪ Determine the etiology of chronic hypertension. • Assess fetal well-being in patients with hypertension in pregnancy (see antepartum testing). • Treat hypertensive disorders of pregnancy: 	Role modeling	360	Monthly
	Reading	Written Exams	Monthly
	M and M	M and M	Weekly
	Didactics	CREOG	Yearly
<p>Hypertension in pregnancy:</p> <ul style="list-style-type: none"> • Describe the possible causes of hypertension in pregnancy • Describe the usual clinical manifestations of chronic hypertension, pregnancy-induced hypertension, and preeclampsia. • Perform a physical examination pertinent to patients with hypertension. • Perform tests to: <ul style="list-style-type: none"> ▪ Determine the etiology of chronic hypertension. • Assess fetal well-being in patients with hypertension in pregnancy (see antepartum testing). • Treat hypertensive disorders of pregnancy: 	Clinical teaching	CREOG Clinical evaluation logs	Yearly Weekly
	Reading	Written Exams	Monthly
	Ultrasound learning modules	Exams	Monthly
	M and M	M and M	Weekly

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	<p>Intrauterine growth restriction:</p> <ul style="list-style-type: none"> • Describe the factors that predispose to fetal growth restriction. • Assess uterine size by physical examination and identify size/date discrepancies. • Perform an accurate ultrasound examination to assess fetal growth and identify symmetric or asymmetric growth restriction. 	<p>Didactics</p> <p>Clinical teaching</p> <p>Reading</p> <p>Ultrasound learning modules</p> <p>M and M</p>	<p>CREOG</p> <p>CREOG Clinical evaluation logs</p> <p>Written Exams</p> <p>Exams</p> <p>M and M</p>	<p>Yearly</p> <p>Yearly Weekly</p> <p>Monthly</p> <p>Monthly</p> <p>Weekly</p>
	<p>Premature rupture of membranes:</p> <ul style="list-style-type: none"> • Describe the possible causes of premature rupture of membranes (PROM) in preterm and term patients. • Perform diagnostic tests to confirm rupture of membranes: <ul style="list-style-type: none"> • Observation of vaginal pooling • Identification of a ferning pattern on microscopy • Identification of a positive nitrazine test • Identification of reduced amniotic fluid volume on ultrasound examination • • Assess patients with PROM for lower and upper genital tract infection. 	<p>Didactics</p> <p>Clinical teaching</p> <p>Role modeling</p> <p>Reading</p> <p>Ultrasound learning modules</p> <p>M and M</p>	<p>CREOG</p> <p>CREOG Clinical evaluation logs</p> <p>360</p> <p>Written Exams</p> <p>Exams</p> <p>M and M</p>	<p>Yearly</p> <p>Yearly Weekly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>Weekly</p>

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<p>Multiple gestation:</p> <ul style="list-style-type: none"> • Describe the factors that predispose to multiple gestation. • Describe the physical findings suggestive of multiple gestation. • Confirm the diagnosis of multiple gestations by performing an endovaginal or abdominal ultrasound examination. 	<p>Didactics</p> <p>Clinical teaching</p> <p>Reading</p> <p>Ultrasound learning modules</p> <p>M and M</p>	<p>CREOG</p> <p>CREOG Clinical evaluation logs</p> <p>Exam</p> <p>Written Exams</p> <p>M and M</p>	<p>Yearly</p> <p>Yearly Weekly</p> <p>Monthly</p> <p>Monthly</p> <p>Weekly</p>
<p>Fetal death:</p> <ul style="list-style-type: none"> • Describe the clinical history that characterizes fetal death. • Confirm the diagnosis of fetal death by ultrasound examination. 	<p>Didactics</p> <p>Clinical teaching</p> <p>Reading</p> <p>Ultrasound learning modules</p> <p>M and M</p>	<p>CREOG</p> <p>CREOG Clinical Evaluation logs</p> <p>Exams</p> <p>Written Exams</p> <p>M and M</p>	<p>Yearly</p> <p>Yearly Weekly</p> <p>Monthly</p> <p>Monthly</p> <p>Weekly</p>
<p>Anesthesia:</p> <ul style="list-style-type: none"> • Understand the types of anesthesia that are appropriate for control of pain during labor and delivery: (e.g., epidural, spinal, pudendal, local infiltration, general, intravenous analgesia or sedation, intranasal analgesia) 	<p>Didactics</p> <p>Clinical teaching</p>	<p>CREOG</p> <p>Clinical Evaluation</p>	<p>Yearly</p> <p>Yearly Weekly</p>
<p>Procedures:</p>			
<p>Perform the following intrapartum procedures independently, including but not limited to:</p> <ul style="list-style-type: none"> • Skin incision – transverse (Vertical & Transverse) • Suction evacuation for first trimester fetal death 	<p>Clinical teaching</p>	<p>Clinical evaluation</p>	<p>Monthly</p>

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	Perform the following postpartum procedures independently, including but not limited to: Wound Care – Debridement; and Incision and drainage of abscess or hematoma	Clinical teaching	Clinical evaluation	Monthly
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES See General Obstetrics and Gynecology Goals and Objectives			
Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES See General Obstetrics and Gynecology Goals and Objectives			
Professionalism	SPECIALTY SPECIFIC OBJECTIVES See General Obstetrics and Gynecology Goals and Objectives			
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES See General Obstetrics and Gynecology Goals and Objectives			

Duty Hours/Call Responsibilities:

Rounds: 6:30- 8:00 AM

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	HR	L and D	HR	HR	Labor & Delivery
PM	HR	L and D	HR	Didactics/Protected Time	COCC

Required Reading:

Maternal physiology in pregnancy. Chapter 3 in Gabbe 4th ed.

Prenatal care. Chapter 9 in Williams 20th ed.

Antepartum fetal evaluation. Chapter 12 in Gabbe 4th ed.

Electronic fetal heart rate monitoring. AJOG 1997;177:1385-90.

Postpartum care. Chapter 21 in Gabbe 4th ed.

Faculty Supervision:

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Dr. Jay Bringman Dr. Norman Meyer Dr. Bob Egerman
 Dr. Owen Phillips Angela Hernandez, sonographer

EDUCATIONAL GOALS AND OBJECTIVES

ONCOLOGY

PGY-1

At the conclusion of the PGY-1 year, the resident should have developed competency in the gynecologic oncology goals and objectives for that year. Residents should have also obtained further exposure to private patients and to practice management.

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Patient Care	SPECIALTY SPECIFIC OBJECTIVES		
	<ul style="list-style-type: none"> • Obtain a targeted history in patients with a suspected gynecological malignancy • Order and interpret appropriate screening tests • Order and interpret appropriate labs for patients receiving chemotherapy • Evaluate patients for side effects from chemotherapy • Prescribe treatment for common side problems such as nausea/vomiting and pain control • Perform routine postoperative care • Diagnose post-operative complications: <ul style="list-style-type: none"> ○ Wound infection ○ Ileus ○ Bowel obstruction ○ Fluid overload ○ DVT and PE • Describe the indications and components of bowel prep • Perform colposcopy in the patient with vulvovaginal or cervical dysplasia • Obtain informed consent for transfusions 	CT LSC RM SDL	360 GR OE CITROG

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	•		
Medical Knowledge	<ul style="list-style-type: none"> • Develop a core knowledge of: <ul style="list-style-type: none"> ○ Risk factors associated with gynecological malignancies ○ Historical and physical findings associated with a gynecological malignancy ○ Screening tests for gynecological malignancies ○ Chemotherapeutic agents used to treat gynecological malignancies, the major side effects, and management of these side effects ○ General radiation principles and the most common complications ○ Management of the abnormal pap smear ○ Vulvovaginal dysplasia ○ Pain control in the patient with cancer ○ Postoperative care ○ Laser principles ○ Pelvic anatomy 	CT SDL LSC	CITROG OE GR 360
Practice Based Learning and Improvement	<p>See General Obstetrics and Gynecology Goals and Objectives</p> <ul style="list-style-type: none"> • Assist the team in counseling families regarding code status • Understand the resources available in the chaplain's office for families • Work with social work to provide necessary services for patients after discharge 	CT SDL LSC	GR 360
Interpersonal and Communication Skills	<p>See General Obstetrics and Gynecology Goals and Objectives</p> <ul style="list-style-type: none"> • Counsel patients in regard to: 	SDL CT RM	GR 360

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	<ul style="list-style-type: none"> ○ Pain control options ○ Postoperative expectations ○ Transfusion of blood products ● Communicate effectively with other members of the team, nursing staff and ancillary services ● Work with consult services to provide comprehensive care 		
Professionalism	SPECIALTY SPECIFIC OBJECTIVES		
	<ul style="list-style-type: none"> ● Demonstrate sensitivity to a terminally ill patient and her family ● Demonstrate an understanding of the stages of grief and how it impacts a patient diagnosed with cancer. ● Demonstrate an understanding of patient's different religious preference and understand how it impacts patient's decisions and desires 	CT RM SDL LSC	360 GR
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES		
	<p>See General Obstetrics and Gynecology Goals and Objectives</p> <ul style="list-style-type: none"> ● Describe how cancer screening can prevent malignancies ● Explore how outpatient chemotherapy versus inpatient chemotherapy impacts health care costs 	CT SDL	360 GR

Duty Hours/Call Responsibilities:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	OR	Clinic - TT	OR - JS	OR - JS	COCC
PM	OR	Clinic - TT	OR - JS	Didactics/Protected Time	Clinic - JS

Faculty Supervision: Joseph Santoso, MD; Todd Tillmanns, MD;

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EDUCATIONAL GOALS AND OBJECTIVES

SURGICAL INTENSIVE CARE

PGY-1

Hospital: Regional Medical Center

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Patient Care			
	<ul style="list-style-type: none"> • Perform history and physical exam • Start IV, place NG tube, foley, arterial lines • Manage simple wounds on ward, recognize infection • Institute ACLS protocols • ACLS and ATLS protocols • Chest tube placement and management • Venous and arterial line placement 	SDL CT RM LSC	GR IVF
Medical Knowledge			
	<ul style="list-style-type: none"> • Understand fluid and electrolytes • Understand postoperative wound management • Recognize and treat postoperative wound infections • Write appropriate admission and daily orders • Recognition of shock, cardiac and pulmonary dysfunction • Recognition of renal and endocrine compromise • Appropriate usage of antibiotics • Ability to dictate discharge and operative reports • Identification of early systemic sepsis 	SDL CT RM LSC	CITROG GR IVF
Practice Based Learning and			
	<ul style="list-style-type: none"> • Develop a personal program of self-study and professional growth 		

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Improvement	<p>with guidance from the teaching staff and faculty advisor.</p> <ul style="list-style-type: none"> • Use information technology to support your own education on common medical and surgical emergencies • Participate in and assume responsibility for teaching and supervision of medical students. 	RM SDL	GR
Interpersonal and Communication Skills	<ul style="list-style-type: none"> • Work effectively with other members of the medical team including fellow residents and medical students. • Maintain professional interactions with other health care providers and hospital staff. • Create and sustain a therapeutic and ethically sound relationship with patients and families. 	RM CT	GR
Professionalism	<ul style="list-style-type: none"> • Participate in compassionate patient care maintaining the highest moral and ethical values with a professional attitude. • The resident should be sensitive to the needs and feelings of others, including the patient's family members, allied health care personnel, fellow residents, and medical students. • Demonstrate respect, compassion, integrity in the care of patients on a daily basis and sensitivity to patients' culture, age, and gender. 	RM	GR
Systems-Based Practice	<ul style="list-style-type: none"> • Understand how the health care organization affects surgical practice. • Demonstrates cost effective health care. • Knows how to partner with health care managers and allied health personnel to improve health care. 	SDL RM	GR

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Other

- Work with and teach medical students
- Understand appropriate chain of command
- Understand appropriate supervision
- Follow instructions regarding continuity of care
- Remain healthy, alert, responsible and responsive to patients
- Attend all mandatory conferences
- Maintain operative log

Faculty Supervision: Trauma Surgery Faculty

EDUCATIONAL GOALS AND OBJECTIVES

UROGYNECOLOGY AND GERIATRICS

PGY - 1

At the conclusion of the PGY- 1 year, the resident should have developed competency in the urogynecology goals and objectives.

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Urinary Tract Infection	<ul style="list-style-type: none"> • Understand terminology (e.g. significant bacteriuria, pyuria, chronic infection, re-infection, relapse, asymptomatic bacteriuria). • Understand the pathophysiology (e.g. host responses, age relationship, urinary retention, influence of pregnancy, etc.) • Understand the relationship between host susceptibility factors, anatomy, and bacterial virulence factors as they relate to infection risk and renal involvement. • Understand clinical presentation (e.g. influence of site of infection upon clinical picture, difference between complicated and uncomplicated infections) • Understand methods and significance of diagnostic techniques and indication for in-depth evaluation. 	<ul style="list-style-type: none"> • SDL • CT • RM 	Global

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	<ul style="list-style-type: none"> • Understand modes of therapy for acute and chronic infection. • Understand indications for and methods of prophylaxis for recurrent disease. • Evaluate and treat acute cystitis 		
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EDUCATIONAL GOALS AND OBJECTIVES

GYN SURGERY – BAPTIST HOSPITAL

PGY-2

Goals of Rotation: The purpose of this rotation is to further the preoperative and postoperative management of the gynecologic patient. The resident will have primary responsibility on the floor caring for postoperative patients. The resident will continue to develop surgical skills, specifically basic laparoscopy, and general gynecologic surgical skills as he/she acts as the primary surgeon for increasing numbers and difficulty of surgeries. Evaluation and management of abnormal cervical cytology will continue from the PGY-1 year.

Rotation Sites: Baptist Hospital for Women

Work Duty Hours and Call Responsibility: The PGY-2 resident is responsible for the preoperative preparation of the surgical patients the morning of surgery. They are expected to attend their Continuity Clinic on the assigned day. They should sign-out any pertinent information to the on-call resident at 1645 daily. In-house call is at Baptist Hospital for Women, approximately 6 calls per rotation.

Monday	Tuesday	Wednesday	Thursday	Friday
Surgery – Baptist Women’s	Surgery – Baptist Women’s	Surgery – Baptist Women’s	Surgery – Baptist Women’s	Surgery – Baptist Women’s
Surgery – Baptist Women’s	Surgery – Baptist Women’s	Surgery – Baptist Women’s	Didactics/Protected Time Preoperative Staffing Conference	Surgery – Baptist Women’s

Required Reading:

1. Comprehensive Gynecology (Droegemueller), 5th Edition; Katz, Lentz, Lobo & Gershenson
2. TeLinde’s Operative Gynecology, 9th Edition

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Faculty Supervision: 1. Clinical Faculty, Site Director

Competency	Required Skill(s)	Teaching Methods	Evaluation Method(s)
Patient Care	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <ol style="list-style-type: none"> 1. Round on post-operative patients and give concise thorough presentations. Choose appropriate pain control. Manage and counsel patients about normal postoperative recovery. Manage common postoperative complications. 2. Establish plans of care for each patient 3. Develop proficiency in minor gynecologic cases such as cervical conization, and diagnostic hysteroscopy. 4. Expand surgical skill set to include abdominal hysterectomy 5. Begin taking diagnostic steps for workup of pelvic organ prolapse 6. Evaluate patients with pelvic masses using history, physical and indicated lab and imaging studies 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences/Lectures 6. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale 2. OSATS 3. Case Log Review 4. 360° evaluation 5. Patient survey
Medical Knowledge	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <ol style="list-style-type: none"> 1. Read required chapters listed below. 2. Develop investigatory and analytic thinking approach to clinical situations 3. Continue to enhance knowledge of pelvic support defects 4. Enhance understanding of pelvic anatomy 5. Describe the hemodynamic changes associated with blood loss 6. Describe the general principles of drug therapy, distribution, metabolism and excretion. Explain the pharmacologic principles of drug therapy in women of ages, especially those used in the treatment of common gynecologic disorders 7. Summarize the pathogenesis and epidemiology of the common nonmalignant neoplasms that affect the external and internal genitalia 8. Describe the normal bacteriologic flora of the lower genital tract and the microbiologic principles germane to the diagnosis and treatment of gynecologic infectious diseases 9. Describe the major causes of pelvic masses (gynecologic and non-gynecologic in origin) 10. Discuss the role of serum markers in the evaluation and monitoring of patients with pelvic masses 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences/Lectures 6. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale 2. In-service examination

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	<ol style="list-style-type: none"> 11. List the drugs most likely to cause an allergic reaction in gynecologic patients. Describe the typical symptoms of and varying degrees of severity of a drug reaction. 12. Perform as first-assistant to private physician and In-house attending physicians in cesarean sections 		
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Identify areas for personal improvement and implement strategies to enhance knowledge, skills, attitudes, and patient care 2. Use patients as basis for directed reading topics 3. Facilitate learning of students and lower levels by hands on help and simple teaching 	<ol style="list-style-type: none"> 1. Create individual PBL learning objectives 2. Clinical teaching 3. Case-based teaching 4. Clinical experiences 5. Performance feedback 6. Conferences/Lectures 7. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Attending review of objectives at beginning and completion of rotation 2. Completion of IT questionnaire 3. Global rating scale
Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Maintain therapeutic and ethically sound relationships with patients, families, colleagues and other health care professionals 1. Develop understanding of team concept and work well as a member of the team. 2. Continue to develop patient counseling skills 3. Maintain comprehensive, timely and legible medical records 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Lectures/Seminars/Conferences 6. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale 2. 360° evaluation 3. Patient survey
Professionalism	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Demonstrate accountability to patients, society and profession by exhibiting honesty, punctuality, efficiency and a strong work ethic 2. Begin applying basic ethical concepts of autonomy, beneficence, justice and nonmaleficence 3. Demonstrate understanding the issues regarding stress management, substance abuse, and sleep deprivation 4. Demonstrate sensitivity and responsiveness to the culture, age, socioeconomic status, sexual preference, behaviors, and disabilities of patients and professional colleagues. 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences/Lectures 6. Self-directed learning – rotation reading list 7. Role modeling 8. Mentoring 	<ol style="list-style-type: none"> 1. Global rating scale 2. 360° evaluation 3. Patient survey
Systems-Based	SPECIALTY SPECIFIC OBJECTIVES		

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Practice	<ol style="list-style-type: none"> 1. Understand how our patient care and practices affect other health care professionals, the organization, and the larger society. 2. Develop understanding of the Baptist Memorial Hospital model of care and barriers to care faced by the patients and the physicians. 3. Practice cost-effective health care and resource allocation 4. Attend M&M to recognize errors and to begin to understand error analysis. 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences/Lectures 6. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale 2. 360° evaluation
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Procedural Skills to be logged:

1. Diagnostic laparoscopy
2. Laparoscopic tubal sterilization (Tubal Sterilization Protocol)
3. Cervical conization
4. Loop electroexcision procedure
5. Diagnostic hysteroscopy
6. Total abdominal hysterectomy

Other procedures to develop proficiency:

5. Marsupialization of Bartholin’s gland duct abscess
6. Cryotherapy
7. Pelvic examination
8. Colposcopy and biopsy

Line of Supervision and Expectations

PGY-2 residents are to be able to perform the above procedures with supervision of the upper level residents and faculty. Evaluations are completed by attendings until the resident is credentialed that they are able to do with minimal supervision. Order writing, pelvic exam, wet mount, and endometrial biopsy, are expected to be performed with minimal supervision based on experience prior to residency. Ultimately, it is the decision of the attending physician as to which activities the resident will be allowed to perform within the context of the assigned level of responsibility.

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EDUCATIONAL GOALS AND OBJECTIVES

GYNECOLOGY – GYN B

PGY-2

Goals of Rotation: The purpose of this rotation is to further the preoperative and postoperative management of the gynecologic patient. The resident will have primary responsibility on the floor caring for postoperative patients. The resident will continue to develop surgical skills, specifically basic laparoscopy, and general gynecologic surgical skills as he/she acts as the primary surgeon for increasing numbers and difficulty of surgeries. Evaluation and management of abnormal cervical cytology will continue from the PGY-1 year.

Rotation Sites: Regional Medical Center at Memphis, including Methodist-Lebonheur Children’s Medical Center

Work Duty Hours and Call Responsibility: The PGY-2 resident is responsible for the preoperative preparation of the surgical sterilization patients by 0700 on the morning of surgery. Following completion of cases, they are expected to attend clinics and conferences in the afternoon. They are expected to attend their Continuity Clinic on the assigned day. They should sign-out any pertinent information to the on-call resident at 1745 daily. They will have 2 weekends and 8 total weeknights of home call, with 2 weekends off and 1 in 7 days free from clinical responsibility.

Monday	Tuesday	Wednesday	Thursday	Friday
0700 rounds	0700 rounds	GYN Morning Conference 4 th Wednesday – 0700-0800	0700 rounds	0700 rounds
Surgery, consults	Surgery, consults	Surgery, consults	Continuity Clinic	Surgery, consults
Preop Clinic	Colposcopy Conference and Clinic	GYN B didactic Colposcopy Clinic	Didactics/Protected Time Preoperative Staffing Conference	Tubal Clinic

Required Reading:

1. Comprehensive Gynecology (Droegemueller), 5th Edition; Katz, Lentz, Lobo & Gershenson
Chapter 18 - Benign Gynecologic Lesions
Chapter 25 - Preoperative Counseling and Management
Chapter 35. Gestational Trophoblastic Disease
2. TeLinde’s Operative Gynecology, 9th Edition
Chapter 5 - Surgical Anatomy of the Female Pelvis
Chapter 23 - Tubal Sterilization
3. Textbook of Laparoscopy (Hulka and Reich), 3rd Edition
Section 1, Chapters 1-5
Section 2, Chapters 6, 8-10-12
Section 3, Chapters 12, 18

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Section 4, Chapters 19-22
 Section 8, Chapters 43, 44

Faculty Supervision: 1. Monthly faculty attending – educational activities, patient continuity
 2. Daily OR attending – postoperative rounds, consults

Competency	Required Skill(s)	Teaching Methods	Evaluation Method(s)
Patient Care	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Round on post-operative patients and give concise thorough presentations. Choose appropriate pain control. Manage and counsel patients about normal postoperative recovery. Manage common postoperative complications. 2. Establish plans of care for each patient 3. Develop skills in basic laparoscopy, using Ambulatory Surgery Protocol. Continue to develop skills learned as PGY-1 and progress to more involved surgeries. Develop proficiency in minor gynecologic cases such as cervical conization, and diagnostic hysteroscopy. 4. Expand surgical skill set to include abdominal hysterectomy 5. Extend and contribute to Preoperative Staffing Conference 6. Begin taking diagnostic steps for workup of pelvic organ prolapse 7. Evaluate patients with pelvic masses using history, physical and indicated lab and imaging studies 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences – Colposcopy, GYN Morning conference, Preoperative Staffing conference, M&M 6. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale 2. OSATS 3. Case Log Review 4. 360° evaluation 5. Patient survey
Medical Knowledge	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Read required chapters listed below. 2. Develop investigatory and analytic thinking approach to clinical situations 3. Master and enhance knowledge of subjects addressed in PGY1 rotation 4. Continue to enhance knowledge of pelvic support defects 5. Enhance understanding of pelvic anatomy 6. Describe the hemodynamic changes associated with blood loss 7. Describe the general principles of drug therapy, distribution, metabolism and excretion. Explain the pharmacologic principles of drug therapy in women of ages, especially those used in the treatment of common gynecologic disorders 8. Summarize the pathogenesis and epidemiology of the common 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences – Colposcopy, GYN Morning conference, Preoperative Staffing conference, M&M 6. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale 2. In-service examination

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	<p>nonmalignant neoplasms that affect the external and internal genitalia</p> <p>9. Describe the normal bacteriologic flora of the lower genital tract and the microbiologic principles germane to the diagnosis and treatment of gynecologic infectious diseases</p> <p>10. Describe the major causes of pelvic masses (gynecologic and non-gynecologic in origin)</p> <p>11. Discuss the role of serum markers in the evaluation and monitoring of patients with pelvic masses</p> <p>12. List the drugs most likely to cause an allergic reaction in gynecologic patients. Describe the typical symptoms of and varying degrees of severity of a drug reaction.</p> <p>13.</p>		
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES		
	<p>1. Identify areas for personal improvement and implement strategies to enhance knowledge, skills, attitudes, and patient care</p> <p>2. Use patients as basis for directed reading topics</p> <p>3. Facilitate learning of students and lower levels by hands on help and simple teaching</p>	<p>1. Create individual PBL learning objectives</p> <p>2. Clinical teaching</p> <p>3. Case-based teaching</p> <p>4. Clinical experiences</p> <p>5. Performance feedback</p> <p>6. Conferences – Colposcopy, GYN Morning conference, Preoperative Staffing conference, M&M</p> <p>7. Self-directed learning – rotation reading list</p>	<p>1. Attending review of objectives at beginning and completion of rotation</p> <p>2. Completion of IT questionnaire</p> <p>3. Global rating scale</p>
Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES		
	<p>1. Maintain therapeutic and ethically sound relationships with patients, families, colleagues and other health care professionals</p> <p>4. Develop understanding of team concept and work well as a member of the team.</p> <p>5. Continue to develop patient counseling skills</p> <p>6. Maintain comprehensive, timely and legible medical records</p>	<p>1. Clinical teaching</p> <p>2. Case-based teaching</p> <p>3. Clinical experiences</p> <p>4. Performance feedback</p> <p>5. Conferences – Colposcopy, GYN Morning conference, Preoperative Staffing conference, M&M</p>	<p>1. Global rating scale</p> <p>2. 360° evaluation</p> <p>3. Patient survey</p>

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		6. Self-directed learning – rotation reading list	
Professionalism	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Demonstrate accountability to patients, society and profession by exhibiting honesty, punctuality, efficiency and a strong work ethic 2. Begin applying basic ethical concepts of autonomy, beneficence, justice and nonmaleficence 3. Demonstrate understanding the issues regarding stress management, substance abuse, and sleep deprivation 4. Demonstrate sensitivity and responsiveness to the culture, age, socioeconomic status, sexual preference, behaviors, and disabilities of patients and professional colleagues. 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences – Colposcopy, GYN Morning conference, Preoperative Staffing conference 6. Self-directed learning – rotation reading list 7. Role modeling 8. Mentoring 	<ol style="list-style-type: none"> 1. Global rating scale 2. 360° evaluation 3. Patient survey
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Understand how our patient care and practices affect other health care professionals, the organization, and the larger society. 2. Develop understanding of the MED and Methodist Healthcare model of care and barriers to care faced by the patients and the physicians. 3. Practice cost-effective health care and resource allocation 4. Attend M&M to recognize errors and to begin to understand error analysis. 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences – Colposcopy, GYN Morning conference, Preoperative Staffing conference 6. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale 2. 360° evaluation

Procedural Skills to be logged:

7. Diagnostic laparoscopy
8. Laparoscopic tubal sterilization (Tubal Sterilization Protocol)
9. Cervical conization
10. Loop electroexcision procedure
11. Diagnostic hysteroscopy
12. Total abdominal hysterectomy

Other procedures to develop proficiency:

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9. Marsupialization of Bartholin's gland duct abscess
10. Cryotherapy
11. Pelvic examination
12. Colposcopy and biopsy

Line of Supervision and Expectations

PGY-2 residents are be able to perform the above procedures with supervision of the upper level residents and faculty. Evaluations are completed by attendings until the resident is credentialed that they are able to do with minimal supervision. Order writing, pelvic exam, wet mount, and endometrial biopsy, are expected to be performed with minimal supervision based on experience prior to residency. Ultimately, it is the decision of the attending physician as to which activities the resident will be allowed to perform within the context of the assigned level of responsibility.

Revision date 02/15/08

EDUCATIONAL GOALS AND OBJECTIVES

GYN SURGERY – METHODIST HOSPITAL

PGY-2

Goals of Rotation: The purpose of this rotation is to further the preoperative and postoperative management of the gynecologic patient. The resident will have primary responsibility on the floor caring for postoperative patients. The resident will continue to develop surgical skills, specifically basic laparoscopy, and general gynecologic surgical skills as he/she acts as the primary surgeon for increasing numbers and difficulty of surgeries. Evaluation and management of abnormal cervical cytology will continue from the PGY-1 year.

Rotation Sites: Methodist Hospital System

Work Duty Hours and Call Responsibility: The PGY-2 resident is responsible for the preoperative preparation of the surgical patients the morning of surgery. They are expected to attend their Continuity Clinic on the assigned day. They should sign-out any pertinent information to the on-call resident at 1645 daily. In-house call is at Baptist Hospital for Women, approximately 4 calls per rotation.

Monday	Tuesday	Wednesday	Thursday	Friday
Surgery – Methodist Germantown	Surgery – Methodist Germantown	Surgery – Methodist Germantown	Surgery – Methodist Germantown	Surgery – Methodist Germantown
Surgery – Methodist Germantown	Surgery – Methodist Germantown	Surgery – Methodist Germantown	Didactics/Protected Time Preoperative Staffing Conference	Surgery – Methodist Germantown

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Required Reading:

1. Comprehensive Gynecology (Droegemueller), 5th Edition; Katz, Lentz, Lobo & Gershenson
2. TeLinde's Operative Gynecology, 9th Edition

Faculty Supervision: 1. Clinical Faculty, Site Director

Competency	Required Skill(s)	Teaching Methods	Evaluation Method(s)
Patient Care	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <ol style="list-style-type: none"> 1. Round on post-operative patients and give concise thorough presentations. Choose appropriate pain control. Manage and counsel patients about normal postoperative recovery. Manage common postoperative complications. 2. Establish plans of care for each patient 3. Develop proficiency in minor gynecologic cases such as cervical conization, and diagnostic hysteroscopy. 4. Expand surgical skill set to include abdominal hysterectomy 5. Begin taking diagnostic steps for workup of pelvic organ prolapse 6. Evaluate patients with pelvic masses using history, physical and indicated lab and imaging studies 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences/Lectures 6. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale 2. OSATS 3. Case Log Review 4. 360° evaluation 5. Patient survey
Medical Knowledge	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <ol style="list-style-type: none"> 1. Read required chapters listed below. 2. Develop investigatory and analytic thinking approach to clinical situations 3. Master and enhance knowledge of subjects addressed in PGY1 rotation 4. Continue to enhance knowledge of pelvic support defects 5. Enhance understanding of pelvic anatomy 6. Describe the hemodynamic changes associated with blood loss 7. Describe the general principles of drug therapy, distribution, metabolism and excretion. Explain the pharmacologic principles of drug therapy in women of ages, especially those used in the treatment of common gynecologic disorders 8. Summarize the pathogenesis and epidemiology of the common 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences/Lectures 6. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale 2. In-service examination

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	<p>nonmalignant neoplasms that affect the external and internal genitalia</p> <p>9. Describe the normal bacteriologic flora of the lower genital tract and the microbiologic principles germane to the diagnosis and treatment of gynecologic infectious diseases</p> <p>10. Describe the major causes of pelvic masses (gynecologic and non-gynecologic in origin)</p> <p>11. Discuss the role of serum markers in the evaluation and monitoring of patients with pelvic masses</p> <p>12. List the drugs most likely to cause an allergic reaction in gynecologic patients. Describe the typical symptoms of and varying degrees of severity of a drug reaction.</p> <p>13.</p>		
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Identify areas for personal improvement and implement strategies to enhance knowledge, skills, attitudes, and patient care 2. Use patients as basis for directed reading topics 3. Facilitate learning of students and lower levels by hands on help and simple teaching 	<ol style="list-style-type: none"> 1. Create individual PBL learning objectives 2. Clinical teaching 3. Case-based teaching 4. Clinical experiences 5. Performance feedback 6. Conferences/Lectures 7. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Attending review of objectives at beginning and completion of rotation 2. Completion of IT questionnaire 3. Global rating scale
Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Maintain therapeutic and ethically sound relationships with patients, families, colleagues and other health care professionals 2. Develop understanding of team concept and work well as a member of the team. 3. Continue to develop patient counseling skills 4. Maintain comprehensive, timely and legible medical records 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Lectures/Seminars/Conferences 6. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale 2. 360° evaluation 3. Patient survey
Professionalism	SPECIALTY SPECIFIC OBJECTIVES		

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	<ol style="list-style-type: none"> 1. Demonstrate accountability to patients, society and profession by exhibiting honesty, punctuality, efficiency and a strong work ethic 2. Begin applying basic ethical concepts of autonomy, beneficence, justice and nonmaleficence 3. Demonstrate understanding the issues regarding stress management, substance abuse, and sleep deprivation 4. Demonstrate sensitivity and responsiveness to the culture, age, socioeconomic status, sexual preference, behaviors, and disabilities of patients and professional colleagues. 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences/Lectures 6. Self-directed learning – rotation reading list 7. Role modeling 8. Mentoring 	<ol style="list-style-type: none"> 1. Global rating scale 2. 360° evaluation 3. Patient survey
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Understand how our patient care and practices affect other health care professionals, the organization, and the larger society. 2. Develop understanding of the Baptist Memorial Hospital model of care and barriers to care faced by the patients and the physicians. 3. Practice cost-effective health care and resource allocation 4. Attend M&M to recognize errors and to begin to understand error analysis. 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences/Lectures 6. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale 2. 360° evaluation

Procedural Skills to be logged:

- 13. Diagnostic laparoscopy
- 14. Laparoscopic tubal sterilization
- 15. Cervical conization
- 16. Loop electroexcision procedure
- 17. Diagnostic hysteroscopy
- 18. Total abdominal hysterectomy

Other procedures to develop proficiency:

- 13. Marsupialization of Bartholin’s gland duct abscess
- 14. Cryotherapy
- 15. Pelvic examination
- 16. Colposcopy and biopsy

Line of Supervision and Expectations

PGY-2 residents should be able to perform the above procedures with supervision of the upper level residents and faculty. Evaluations are completed by attendings until the resident is credentialed that they are able to do with minimal supervision. Order writing, pelvic exam, wet mount, and

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endometrial biopsy, are expected to be performed with minimal supervision based on experience prior to residency. Ultimately, it is the decision of the attending physician as to which activities the resident will be allowed to perform within the context of the assigned level of responsibility.

EDUCATIONAL GOALS AND OBJECTIVES

MATERNAL FETAL MEDICINE

PGY-2

At the conclusion of the **PGY-2** year, the resident should have developed competency in the high risk obstetrics, as well as proficiency in the obstetrics goals and objectives outlined for PGY-1.

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Patient Care and Medical Knowledge	SPECIALTY SPECIFIC OBJECTIVES		
	ANTEPARTUM CARE		
	<p>Genetic counseling: All skills defined previously for the PGY1 and</p> <ul style="list-style-type: none"> • Describe the concepts of penetrance and variable expression and their impact on prognosis for a given genetic disorder. • Distinguish between various forms of genetic inheritance (e.g., autosomal dominant, autosomal recessive, X-linked dominant, X-linked recessive, Multifactorial) • Counsel patients about the manifestations of common genetic disorders. • Describe the indications for, and limitations of, noninvasive diagnostic tests for fetal aneuploidy and structural malformations (e.g., ultrasonography, serum analytes). 	<p>Didactics Clinical teaching Role modeling Directed Reading Ultrasound learning modules</p>	<p>In-Service Exam Oral Exams 360 Evals Written Exams</p>

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	<p>Diabetes mellitus All skills defined previously for the PGY1 and</p> <ul style="list-style-type: none"> • Monitor and control blood sugar in the pregnant patient with diabetes mellitus. • Assess, recognize, and manage fetal & maternal complications (e.g., fetal malformations, disturbances in fetal growth, diabetic ketoacidosis) • Counsel patients with diabetes regarding future reproduction and long-term health implications. 	<p>Didactics Clinical teaching Case-based teaching Reading</p>	<p>In-Service Exam 360 Eval Written Exams</p>
	<p>Diseases of the urinary system: All skills defined previously for the PGY1 and</p> <ul style="list-style-type: none"> • Counsel patients about the possible adverse effects of diseases of the urinary tract on fetal and maternal outcome, (e.g., intrauterine growth restriction, prematurity, perinatal mortality, pregnancy-induced hypertension) 	<p>Didactics Clinical teaching Directed Reading</p>	<p>In-Service Exam</p>
	<p>Infectious diseases: All skills defined previously for the PGY1 and</p> <ul style="list-style-type: none"> • Describe the possible adverse maternal and fetal effects of antibiotics administered during pregnancy, e.g., teratogenic effects of tetracycline and quinolones. 	<p>Didactics Clinical teaching</p>	<p>In-Service Exam</p>
	<p>Hematologic disorders: All skills defined previously for the PGY1 and</p> <ul style="list-style-type: none"> • Institute appropriate acute and chronic management for these conditions, including prophylaxis to minimize recurrence risk. • Counsel patients about the fetal and maternal impact of hematological disorders in pregnancy. 	<p>Didactics Clinical teaching Reading</p>	<p>In-Service Exam</p>

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	<p>Cardiopulmonary disease: All skills defined previously for the PGY1 and</p> <ul style="list-style-type: none"> • Interpret the results of common diagnostic tests for cardiopulmonary disease in pregnancy, (e.g., electrocardiography, echocardiography, chest X-ray, pulmonary function tests, arterial blood gases) • Develop, in consultation with other specialists, a comprehensive plan for the perinatal management of patients with cardiopulmonary disease. • Order appropriate fetal evaluation in patients with congenital heart disease. 	<p>Didactics Clinical teaching Role modeling Reading</p>	<p>In-Service Exam Oral exam 360 Evals</p>
	<p>Gastrointestinal disease: All skills defined previously for the PGY1 and</p> <ul style="list-style-type: none"> • Diagnose, and provide initial management of, common gastrointestinal diseases in pregnancy, (e.g., hyperemesis gravidarum, reflux esophagitis, peptic ulcer disease, cholelithiasis, cholecystitis, pancreatitis, hepatitis, cholestasis of pregnancy, acute fatty liver of pregnancy) 	<p>Didactics Clinical teaching Directed Reading</p>	<p>In-Service Exam</p>
	<p>Neurologic disease: All skills defined previously for the PGY1 and</p> <ul style="list-style-type: none"> • Counsel pregnant patients regarding the impact of pregnancy on neurologic disease and the impact of the disease on pregnancy. 	<p>Didactics Clinical teaching Reading</p>	<p>In-Service Exam 360 Evals</p>
	<p>Endocrine disorders (excluding diabetes mellitus):</p> <ul style="list-style-type: none"> • Perform a focused history and physical examination in pregnant patients with known or suspected endocrine disease. • Describe the indications for common diagnostic tests for endocrine disease, (e.g., Thyroid, Adrenal, Pituitary, & Parathyroid function tests; imaging studies) • Interpret the results of common diagnostic tests for endocrine disease in pregnancy. 	<p>Didactics Clinical teaching Reading</p>	<p>In-Service Exam 360 Evals Written Exams</p>

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	<p>Collagen vascular disorders: All skills defined previously for the PGY1 and</p> <ul style="list-style-type: none"> • Describe the indications for common diagnostic tests for collagen vascular disease in pregnancy, such as: <ul style="list-style-type: none"> • Serologic tests for rheumatoid factor • Anti-DNA antibodies • Antinuclear antibodies • Lupus anticoagulant • Anticardiolipin antibodies • Interpret the results of common diagnostic tests for collagen vascular disease in pregnancy. 	<p>Didactics Clinical teaching Reading</p>	<p>In-Service Exam 360 Evals</p>
	<p>Psychiatric disorders: All skills defined previously for the PGY1 and</p> <ul style="list-style-type: none"> • Assess the risk of psychiatric disorders and the safety of psychiatric medications in the patient and her fetus. • Identify patients who require referral for psychiatric consultation. 	<p>Didactics Clinical teaching Mentoring Reading</p>	<p>In-Service Exam 360 Evals</p>
	<p>Emergency care during pregnancy: All skills defined previously for the PGY1 and</p> <ul style="list-style-type: none"> • Describe the timing of delivery in obstetric patients with emergent conditions. 	<p>Clinical teaching Case-based teaching Role modeling</p>	<p>In-Service Exam 360 Evals</p>
	<p>Substance abuse in pregnancy: All skills defined previously for the PGY1 and</p> <ul style="list-style-type: none"> • Counsel patients about the impact of substance abuse on the fetus/neonate. • Assess the fetus for adverse effects of substance abuse, such as congenital anomalies or growth restriction. 	<p>Didactics Clinical teaching Case-based teaching Role modeling</p>	<p>In-Service Exam 360 Evals</p>
	<p>OBSTETRICS COMPLICATIONS</p>		

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	<p>Second-trimester pregnancy loss: All skills defined previously for the PGY1 and</p> <ul style="list-style-type: none"> • Describe the risk factors for, and etiologies of, second-trimester pregnancy loss, such as: <ul style="list-style-type: none"> • Karyotype and structural abnormalities • Incompetent cervix • Infection • Uterine anomalies • Implement appropriate medical and surgical management (including cervical cerclage) for patients with threatened second-trimester abortion. • Manage the complications of second-trimester pregnancy loss, (e.g., chorioamnionitis, retained placenta, uterine hemorrhage) 	<p>Didactics Clinical teaching</p> <p>Case-based teaching Role modeling</p> <p>Directed Reading</p>	<p>In-Service Exam</p> <p>Oral Exam</p> <p>360 Evals</p>
	<p>Preterm labor: All skills defined previously for the PGY1 and</p> <ul style="list-style-type: none"> • 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. • Appropriately counsel patients about management and intervention options for the extremely premature fetus. • Counsel patients about recurrence risk and preventive measures for preterm delivery. 	<p>Didactics Clinical teaching Case-based teaching Role modeling Reading</p>	<p>In-Service Exam</p> <p>360 Evals Exams</p>
	<p>Bleeding late in pregnancy: All skills defined previously for the PGY1 and</p> <ul style="list-style-type: none"> • Treat patients with bleeding in late pregnancy: <ul style="list-style-type: none"> • Determine the appropriate timing of delivery. • Determine the appropriate method of delivery. 	<p>Didactics Clinical teaching Case-based teaching Role modeling Reading</p>	<p>In-Service Exam</p> <p>360 Evals</p> <p>Written Exams</p>

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	<p>Hypertension in pregnancy All skills defined previously for the PGY1 and</p> <ul style="list-style-type: none"> • Perform tests to: <ul style="list-style-type: none"> ▪ Differentiate chronic hypertension from pre-eclampsia and pregnancy-induced hypertension. ▪ Assess the severity of chronic hypertension and pregnancy-induced hypertension. • Describe the indications for, and complications of, antihypertensive medications. • Describe the indications for, and complications of, Magnesium sulfate. • Describe the indications for delivery in patients with a hypertensive disorder of pregnancy. • Recognize and treat possible maternal complications of hypertension in pregnancy, (e.g., Cerebrovascular accident, seizure, renal failure, pulmonary edema, HELLP (hemolysis, elevated liver enzymes, and low platelet count) syndrome) • Counsel patients regarding recurrence risk for pregnancy-induced hypertension in a subsequent pregnancy. 	<p>Didactics Clinical teaching Case-based teaching Role modeling Directed Reading</p>	<p>In-Service Exam 360 Evals Written Exams</p>
	<p>Intrauterine growth restriction: All skills defined previously for the PGY1 and</p> <ul style="list-style-type: none"> • Describe the factors that predispose to fetal growth restriction. • Perform an accurate ultrasound examination to assess fetal growth and identify symmetric or asymmetric growth restriction. • Counsel patients about the recurrence risk for intrauterine growth restriction. 	<p>Didactics Clinical teaching Ultrasound teaching Directed Reading</p>	<p>In-Service Exam Clinical module exam Written Exams</p>
	<p>Premature rupture of membranes: All skills defined previously for the PGY1 and</p> <ul style="list-style-type: none"> • Perform diagnostic tests to confirm rupture of membranes: <ul style="list-style-type: none"> • Instillation of dye via amniocentesis • Describe the indications for, and complications of, expectant management in patients with PROM. • Describe the indications for, and complications of, induction of labor in patients with PROM. 	<p>Didactics Clinical teaching Directed Reading</p>	<p>In-Service Exam Observation Written Exams</p>

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<p>Multiple gestation: All skills defined previously for the PGY1 and</p> <ul style="list-style-type: none"> • Describe the factors that predispose to multiple gestation. • Describe, diagnose, and manage the maternal and fetal complications associated with multiple gestations. 	<p>Didactics Clinical teaching Case-based teaching Reading</p>	<p>In-Service Exam 360 Evals Written Exams</p>
<p>Fetal death: All skills defined previously for the PGY1 and</p> <ul style="list-style-type: none"> • Describe the possible causes of fetal death. • Perform appropriate diagnostic tests to determine the etiology of fetal death, (e.g., Postmortem examination, Viral serologies, Kleihauer-Betke test, Karyotype determination) • Select and perform the most appropriate procedure for uterine evacuation based on considerations of gestational age and maternal history (e.g., surgical evacuation, medical induction of labor) • Describe the grieving process associated with pregnancy loss and refer patients for counseling as appropriate. • Counsel patients regarding recurrence risk for fetal death. 	<p>Didactics Clinical teaching Role modeling Directed Reading</p>	<p>In-Service Exam 360 Evals Written Exams</p>
<p>Anesthesia: All skills defined previously for the PGY1 and</p> <ul style="list-style-type: none"> • Describe appropriate indications for, and contraindications to, these forms of anesthesia/analgesia. • Perform selected procedures related to anesthesia and analgesia. 	<p>Didactics Role modeling</p>	<p>In-Service Exam 360 Evals Clinical observation and evaluation</p>
<p>Demonstrate an understanding of the indications, contraindications, and principles of dilation and evacuation for second trimester.</p>	<p>Didactics Clinical teaching Role modeling</p>	<p>In-Service Exam Clinical observation and evaluation</p>

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	<p>Procedures: Perform the following intrapartum procedures independently, including but not limited to: All skills defined previously for the PGY1 and</p> <ul style="list-style-type: none"> • Curettage for adherent placenta • Manual removal of the placenta • Repair of genital tract lacerations – cervical 	Clinical teaching Reading	360 Evals Clinical observation and evaluation
	<p>Perform the following postpartum procedures independently, including but not limited to: Wound Care – Debridement; and Incision and drainage of abscess or hematoma</p>	Clinical teaching	Clinical observation and evaluation
Practice Based Learning and Improvement	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>See General Obstetrics and Gynecology Goals and Objectives Use information technology to support your own education on common high risk obstetrical problems Use resources to improve self directed learning Demonstrate acceptance of feedback and improvement as a result</p>	Role modeling	360 Evals
Interpersonal and	SPECIALTY SPECIFIC OBJECTIVES		

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Communication Skills	<p>See General Obstetrics and Gynecology Goals and Objectives</p> <p>Demonstrate caring and respectful behaviors with patients, families, and all members of health care team</p> <p>Counsel patients who have experienced second-trimester pregnancy loss about recurrence risk.</p> <p>Counsel patients about the risks and benefits of various methods of invasive fetal testing, (e.g., Chorionic villus sampling, Amniocentesis, Cordocentesis)</p> <p>Refine communication skills with the medical staff</p>	Role modeling	360 Evals Patient Survey
Professionalism	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>See General Obstetrics and Gynecology Goals and Objectives</p> <p>Increase sensitivity and awareness to patients who have limited income and resources</p> <p>Accept teaching responsibilities for students and other residents</p> <p>Become tolerant of value systems different than your own</p> <p>Demonstrate a commitment to excellence and ongoing professional development</p>	Role modeling	360 Evals
Systems-Based Practice	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>See General Obstetrics and Gynecology Goals and Objectives</p> <p>Work effectively with others as a member of a health</p> <p>Review antenatal nursing protocols and understand the impact these protocols have on your clinical practice</p> <p>Familiarize yourself with treatment options in the community for patients who are dependant on drugs</p>	<p>Daily rounds with social worker, pharmacists</p> <p>Clinical psychologist assistance with patient care in clinic</p>	360 Evals

Duty Hours/Call Responsibilities:

Rounds: 6:30-8:00AM

Vacation month: No

1 day in 7 free of clinical responsibilities: Yes

	Monday	Tuesday	Wednesday	Thursday	Friday
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AM	HR Clinic	COCC	HR Clinic	HR Clinic	US
PM	HR Clinic	USG Clinic	HR Clinic	Didactics/Protected Time	US

Required Reading:

Labor and delivery. Chapter 13 in Gabbe 4th ed.

Malpresentations. Chapter 16 in Gabbe 4th ed.

Intrapartum fetal evaluation. Chapter 14 in Gabbe 4th ed.

Problems with intrapartum fetal heart rate monitoring interpretation and patient management. Ob Gyn 2002;100:813-826.

Obstetric hemorrhage. Chapter 17 in Gabbe 4th ed.

Faculty Supervision:

Dr. Jay Bringman Dr. Norman Meyer Dr. Bob Egerman
 Dr. Owen Phillips Angela Hernandez, sonographer

EDUCATIONAL GOALS AND OBJECTIVES

ONCOLOGY

PGY-2

At the conclusion of the PGY-2 year, the resident should have developed competency in the gynecologic oncology goals and objectives for that year, in addition to those for the PGY-1 year. Residents should have also obtained further exposure to private patients and to practice management.

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Patient Care	SPECIALTY SPECIFIC OBJECTIVES		
	<ul style="list-style-type: none"> Determine the gynecological cancer stage of cervical, ovarian, and endometrial cancer and correlate stage with prognosis Describe the histology of gynecologic malignancies and how the histological features relate to prognosis Be familiar with pelvic side wall anatomy including opening the sidewall to identify the ureter and its course 	CT SDL LSC	GR OE SSA CITROG

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	<ul style="list-style-type: none"> • Perform: <ul style="list-style-type: none"> ○ TAH/BSO for endometrial cancer ○ Appropriate ovarian staging cases ○ Assist on radical hysterectomy, radical vulvectomy and pelvic lymph node sampling • Coordinate critical care for the patient with cancer 		
Medical Knowledge	<ul style="list-style-type: none"> • Develop a core knowledge: <ul style="list-style-type: none"> ○ Vascular, lymphatic and nerve supply to the pelvic organs ○ Gynecological cancer staging ○ Surgical treatment for gynecological cancer ○ Alterations in immune mechanisms that result from cancer and chemotherapy ○ Genetics of cancer ○ Intraoperative complications in the oncology patient • Expand core knowledge of: <ul style="list-style-type: none"> ○ Risk factors associated with gynecological malignancies ○ Historical and physical findings associated with a gynecological malignancy ○ Screening tests for gynecological malignancies ○ Abdominal surgery principles ○ Preoperative evaluation to patients with operative risk factors ○ Postoperative management of complications 	SDL CT LSC SDL CT LSC	GR OE CITROG GR OE CITROG
Practice Based Learning and Improvement	<p>See General Obstetrics and Gynecology Goals and Objectives</p> <ul style="list-style-type: none"> • Develop an understanding of how to fill out and sign a death certificate • Recognize untoward complications in the treatment of cancer • Describe the hospital policy for restraints for the patient with 	CT SDL LSC	GR M&M

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	confusion		
Interpersonal and Communication Skills	See General Obstetrics and Gynecology Goals and Objectives	LSC CT SDL	360 GR
	<ul style="list-style-type: none"> • Counsel patients in regard to: <ul style="list-style-type: none"> ○ Palliative care ○ Quality of life issues ○ Sexual function after cancer surgery ○ Options for patients who desire to die at home 		
Professionalism	SPECIALTY SPECIFIC OBJECTIVES		
	<ul style="list-style-type: none"> • Increase sensitivity and awareness to patients who have limited income and resources for home health care • Increase awareness how to incorporate medical students into the health care team of an individual with a chronic and terminal illness • Refine ethical principles in patient care 	RM CT SDL LSC	360 GR
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES		
	See General Obstetrics and Gynecology Goals and Objectives	CT LSC	GR
	<ul style="list-style-type: none"> • Describe how a living will works and understand how to implement one • Describe how a do not resuscitate order works and how to implement one 		

Duty Hours/Call Responsibilities:

	Monday	Tuesday	Wednesday	Thursday	Friday
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AM	OR- JS	Clinic - JS	OR - TT	OR - TT	Clinic - TT
PM	OR - JS	Clinic - JS	COCC	Didactics/Protected Time	Clinic - TT

Faculty Supervision: Joseph Santoso, MD; Todd Tillmanns, MD

EDUCATIONAL GOALS AND OBJECTIVES

OBSTETRICS

PGY-2

At the conclusion of the **PGY-2** year, the resident should have developed competency in the obstetric goals and objectives for the third year as well as proficiency in the obstetric goals and objectives outlined for PGY-1.

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Patient Care	SPECIALTY SPECIFIC OBJECTIVES		
	INTRAPARTUM CARE Vaginal birth after cesarean delivery: <ul style="list-style-type: none"> • Obtain a history of a patient’s previous operative delivery. • Counsel a patient concerning risks and benefits of vaginal birth after cesarean delivery (VBAC). • Describe the appropriate criteria for, and contraindications to, VBAC. 	Role modeling Clinical teaching Self-directed Learning Role modeling Reading	360 Case logs review M and M
	<u>Preterm labor</u> <ul style="list-style-type: none"> • Describe the multifactorial etiology of preterm labor. • Obtain a complete obstetric history in patients with preterm labor. • Perform a thorough physical examination to determine uterine size, fetal presentation, and fetal heart rate and to assess cervical effacement and dilatation. 	Clinical teaching Didactics Didactics	Case logs review CITROG 360 M and M CITROG

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	<ul style="list-style-type: none"> • Perform and interpret biophysical, biochemical, and microbiologic tests to assess patients with suspected preterm labor. • Recognize the indications for, and complications of, interventions for preterm labor, such as: <ul style="list-style-type: none"> a. Antibiotics b. Tocolytics c. Corticosteroids d. Amniocentesis e. Cerclage f. Bed rest • 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. • Appropriately counsel patients about management and intervention options for the extremely premature fetus. • Counsel patients about recurrence risk and preventive measures for preterm delivery. 	Clinical teaching	CITROG M and M Case Log Review
	<p><u>Bleeding in late pregnancy</u></p> <ul style="list-style-type: none"> • Describe the etiology of bleeding in late pregnancy. • Describe the factors that predispose to placenta previa and abruptio placentae. • Perform a focused physical examination in patients with bleeding in late pregnancy. • Interpret diagnostic tests, such as: <ul style="list-style-type: none"> a. Hematocrit b. Platelet count c. Coagulation profile d. Kleihauer-Betke test 	Clinical teaching Didactics Self-directed reading	Logs CITROG M and M 360

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	<p>ultrasound examination</p> <p>e. Instillation of dye via amniocentesis</p> <ul style="list-style-type: none"> • Assess patients with PROM for lower and upper genital tract infection. • Describe the indications for, and complications of, expectant management in patients with PROM. • Describe the indications for, and complications of, induction of labor in patients with PROM. • Describe the role and complications of the following interventions in patients with preterm PROM: <ul style="list-style-type: none"> a. Tocolytics b. Corticosteroids c. Antibiotics d. Amnioinfusion 		
Medical Knowledge	<p>Multiple gestation</p> <ul style="list-style-type: none"> • Describe the factors that predispose to multiple gestation. • Describe the physical findings suggestive of multiple gestation. • Confirm the diagnosis of multiple gestations by performing an endovaginal or abdominal ultrasound examination. 	<p>Clinical Teaching</p> <p>Reading</p> <p>Didactics</p>	<p>CITROG</p> <p>CITROG</p> <p>Logs</p> <p>M and M</p> <p>Logs</p>
	<p>Hypertension in pregnancy</p> <ul style="list-style-type: none"> • Describe the possible causes of hypertension in pregnancy. • Describe the usual clinical manifestations of chronic hypertension, pregnancy-induced hypertension, and preeclampsia. • Perform a physical examination pertinent to patients with hypertension. • Perform tests to: <ul style="list-style-type: none"> a. Determine the etiology of chronic hypertension. 	<p>Didactics</p> <p>Clinical teaching</p> <p>Reading</p>	<p>CITROG</p> <p>CITROG</p> <p>M and M</p>

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	<p>b. Differentiate chronic hypertension from pre-eclampsia and pregnancy-induced hypertension.</p> <p>c. Assess the severity of chronic hypertension and pregnancy-induced hypertension.</p> <ul style="list-style-type: none"> • Assess fetal well-being in patients with hypertension in pregnancy (see antepartum testing). • Treat hypertensive disorders of pregnancy: <ul style="list-style-type: none"> a. Describe the indications for, and complications of, antihypertensive medications. b. Describe the indications for, and complications of, Magnesium sulfate. c. Describe the indications for delivery in patients with a hypertensive disorder of pregnancy. 		
	<p>Isoimmunization and alloimmune thrombocytopenia:</p> <ul style="list-style-type: none"> • Interpret antibody titer assays. 		
Practice Based Learning and Improvement	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>See General Obstetrics and Gynecology Goals and Objectives</p>		
Interpersonal and Communication Skills	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>See General Obstetrics and Gynecology Goals and Objectives</p>		
Professionalism	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>See General Obstetrics and Gynecology Goals and Objectives</p>		
Systems-Based Practice	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>See General Obstetrics and Gynecology Goals and Objectives</p>		

Duty Hours/Call Responsibilities:

Rounds: AM postpartum rounds 6 AM-7:15
Board turn-over: 7:30-8:00 each morning

Call: 12 hour shifts
Duty hours

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Vacation month
1 day in 7 free of clinical responsibilities

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM				Didactics/Protected Time	

Required Reading: Williams Obstetrics

Faculty Supervision: Faculty supervision for L and D and a separate faculty supervisor in Evaluations on most day time shifts. Faculty members are present for postpartum AM rounds

EDUCATIONAL GOALS AND OBJECTIVES

REPRODUCTIVE ENDOCRINOLOGY

PGY-2

At the conclusion of the PGY-2 year, the resident should have developed competency in the REI goals and objectives for that year and the anatomy and laparoscopy objectives outlined for the PGY-2. Residents should have also obtained further exposure to private patients and to practice management.

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Patient Care	SPECIALTY SPECIFIC OBJECTIVES		
	<ul style="list-style-type: none"> · Perform: <ul style="list-style-type: none"> o History and physical exam to assess the cause of infertility o Selected diagnostic tests to assess the cause of infertility o Hysterosalpingogram o Ovulation induction with Clomid citrate o Medical and surgical treatment for endometriosis o Myomectomy · Diagnose and manage: 	CT SDL LSC	GR VF 360 SSA

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	<ul style="list-style-type: none"> o Hyperprolactinemia o Hirsutism o Endometriosis o Polycystic ovarian disease o Premature ovarian failure o Galactorrhea <ul style="list-style-type: none"> · Describe the indications, prognosis, and complications of assisted reproductive technology · Develop intraoperative laparoscopy skills · Develop operative hysteroscopy skills 		
Medical Knowledge	SPECIALTY SPECIFIC OBJECTIVES		
	<input type="checkbox"/> <input type="checkbox"/> Build upon core knowledge of: <ul style="list-style-type: none"> o Primary and secondary infertility o Physiology or reproduction including the hypothalamic-pituitary-ovarian axis, adrenal steroidogenesis and thyroid gland o Female and male gametogenesis o Hyperprolactinemia o Hirsutism o Endometriosis o Polycystic ovarian disease o Premature ovarian failure o Galactorrhea <p>Build and develop core knowledge of:</p> <ul style="list-style-type: none"> o Laparoscopic surgery o Operative hysteroscopy o Transvaginal ultrasound 	CT SDL LSC VF	GR CITROG
	2. The resident will develop the ability to present patient problems and plans in an organized and comprehensive manner, learn the subtleties of the basic infertility evaluation, and the indications for each of the diagnostic techniques.	CT SDC LSC	GR
	3. The resident will understand and be able to outline steroid biosynthesis and abnormalities as they may relate to various reproductive problems.	SDL LSC	CITROG

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		CT	
	4. The resident will understand the principles and practice of ovulation monitoring and ovulation induction.	SDL CT LSC	GR CITROG
	5. The resident will learn the technique of vaginal sonography to specifically include appreciation of normal anatomy, identification of ovaries, identification of early intrauterine pregnancy and pregnancy abnormalities, and identification and diagnosis of follicular development.	CT SDL Modules	SSA GR
	6. The resident will be expected to understand current coding techniques using CPT (Current Procedural Terminology) and ICD-9-CM (International Classification of Diseases) used for outpatient clinics used in Reproductive Endocrinology.	CT SDL LSC VF	GR
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES See General Obstetrics and Gynecology Goals and Objectives Coding and billing · Become aware of how successful IVF cycles are defined · Understand what aspects of infertility are covered by insurance · Become familiar with the quality control used in an IVF lab · Become knowledgeable of JCAHO policy and procedures ensuring privacy and confidentiality		
Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES See General Obstetrics and Gynecology Goals and Objectives · Counsel patients regarding aspects of assisted reproductive technologies including IUI, ovarian stimulation, egg retrieval, and transfer of the embryo. · Gain an awareness of the personnel in an IVF office and their roles · Understand the psychological impact that infertility has on a couple and the community resources to offer them support.	CT SDL	GR 360
Professionalism	SPECIALTY SPECIFIC OBJECTIVES See General Obstetrics and Gynecology Goals and Objectives Demonstrate sensitivity to couples undergoing infertility treatment and appreciate the impact this has on their personal lives	CT RM SDL	GR 360

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	<ul style="list-style-type: none"> · Increase awareness of the difference between health coverage in females and males · Gain exposure to some of the ethical dilemmas in assisted reproductive technology 		
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES		
	See General Obstetrics and Gynecology Goals and Objectives <ul style="list-style-type: none"> · Become aware of adoption agencies and how they assist couples · Increase awareness of egg and sperm donors 	CT SDL	GR

Duty Hours/Call Responsibilities:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Clinic - VM	OR	OR- DM	Clinic - DM	OR-Ke
PM	Clinic - RM	OR	OR- DM	Didactics/Protected Time	REI Clinic

Procedural Skills to be logged:

TVUS and SHG case experience lists must be maintained by the resident.

At the conclusion of the PGY- 2 year, the resident should have developed competency in the urogynecology goals and objectives and care of the geriatric patient.

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Medical Knowledge Patient Care			
Urinary tract dysfunction history and physical examination	<ul style="list-style-type: none"> • Understand standard terminology as related to signs and symptoms of lower urinary tract disorders (e.g. urgency, urge incontinence, stress incontinence as syndrome, a sign, and a symptom, urethral syndrome, etc.) • Evaluate the severity and extent of disability caused by symptoms. • Evaluate past medical and surgical histories as they might related to 	<ul style="list-style-type: none"> • SDL/CT • RM 	<ul style="list-style-type: none"> • global rating

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Competency Medical Knowledge Patient Care	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
	urinary tract symptoms. <ul style="list-style-type: none"> • Evaluate the possible relationship or current medications to lower urinary tract symptoms. • Understand the relationship of other organ systems to lower urinary tract dysfunction. • Understand possible psychosocial and psychosexual relationships to lower urinary tract symptomatology. • Perform a thorough pelvic examination including neurologic examination and evaluation of pelvic floor reflexes. • Perform a thorough pelvic examination including evaluation of the bladder base and urethra at rest and with Valsalva, recumbent and erect. • Perform the specific physical test used to evaluate urethral and bladder mobility, levator ani muscle tone, voluntary control, and to document urinary incontinence. • Perform pelvic organ quantitation exam. 		<ul style="list-style-type: none"> • verbal feed • SSA • CITROG
Urinary incontinence: general considerations	<ul style="list-style-type: none"> • Understand the different types of urinary incontinence, their causes, symptoms complexes, physical findings, and distinctions. • Understand the value and performance of the various laboratory, radiologic, and mechanical test used to evaluate urinary incontinence. • Understand the various medical and surgical approaches to specific types of urinary incontinence, and be able to provide an adequate spectrum for the majority of patients suffering from the more common of these conditions. • Recognize the economic impact of urinary incontinence in the United States. • Understand the psychological, social, and sexual impact of urinary incontinence. 	<ul style="list-style-type: none"> • CT/SDL • Didactic • 	<ul style="list-style-type: none"> • global rating • CITROG
Stress Incontinence	<ul style="list-style-type: none"> • Know the definition of genuine stress incontinence, its signs, symptoms, and differential diagnosis from other syndromes. 	<ul style="list-style-type: none"> • CT/SDL 	<ul style="list-style-type: none"> • global rating

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Competency Medical Knowledge Patient Care	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
	<ul style="list-style-type: none"> • Understand the underlying anatomic abnormality that allows urinary loss in this condition. • Understand the various tests, their value, limitations, and performance in establishing the diagnosis (e.g. Marshall/Bonney test, Q-tip test, cystometrogram, simultaneous bladder and urethral pressure, POPQ, measurements, etc.) • Know the various approaches, both non-surgical and surgical, for the treatment of genuine stress incontinence. 	<ul style="list-style-type: none"> • RM • CT/SDL 	<ul style="list-style-type: none"> • CITROG
Self Catheterization	<ul style="list-style-type: none"> • Understand and perform/able to teach 	<ul style="list-style-type: none"> • SDL/video viewing 	<ul style="list-style-type: none"> • global rating
Urge Incontinence	<ul style="list-style-type: none"> • Define the term “detrusor overactivity, over activity incontinence, urge incontinence and other symptoms. • Understand the pathophysiology of the condition. • Understand the clinical presentation of the condition and other conditions from which it must be distinguished. • Understand the diagnostic measures required to identify the condition. • Understand the various treatment modalities; including behavior modification, pelvic floor exercises pharmacotherapy, and electrical stimulation. • Is able to discuss risks, benefits, and expected outcomes or non-surgical and surgical management of urge incontinence. 	<ul style="list-style-type: none"> • CT/SDL • 	<ul style="list-style-type: none"> • global rating • CITROG

Procedures
Urodynamics
Cystoscopy

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EDUCATIONAL GOALS AND OBJECTIVES

GYNECOLOGY

PGY-3

Goals of Rotation: The purpose of the rotation is for the PGY-3 to gain confidence in surgical abilities. Resident is responsible for preoperative evaluation and assessment of patients, organization of surgical schedule for the entire team, and following postoperative patients with the rest of the team. Resident should master uncomplicated abdominal and vaginal procedures.

Rotation Sites: Regional Medical Center at Memphis, including Methodist-Lebonheur Children's Medical Center

Work Duty Hours and Call Responsibility: The PGY-3 resident is responsible for the preoperative preparation of the major surgical patients by 0700 on the morning of surgery. The resident is responsible for making certain that cases begin on time and therefore is excused from rounds at the discretion of the chief resident to deal with issues arising in preoperative holding. Following completion of cases, they are expected to attend preoperative clinics and conferences. They are expected to attend their Continuity Clinic on the assigned day. They should sign-out any pertinent information to the on-call resident at 1745 daily. They will have 2 weekends and 8 total weeknights of home call, with 2 weekends off and 1 in 7 days free from clinical responsibility.

Monday	Tuesday	Wednesday	Thursday	Friday
0700 rounds	0700 rounds	GYN Morning Conference 4 th Wednesday – 0700-0800	0700 rounds	0700 rounds
Surgery, consults	Surgery, consults	Surgery, consults	Surgery, consults	Surgery, consults
Preop Clinic	Colposcopy Conference and Clinic	Continuity Clinic	Didactics/Protected Time Preoperative Staffing Conference	OR, Tubal Clinic

Required Reading:

1. Comprehensive Gynecology (Droegemueller), 5th Edition; Katz, Lentz, Lobo & Gershenson
Chapter 17. Ectopic Pregnancy - Etiology, Pathology, Diagnosis, Management, Fertility Prognosis
Chapter 19. Endometriosis - Etiology, Pathology, Diagnosis, Management
Chapter 20. Anatomic Defects of the Abdominal Wall and Pelvic Floor
Chapter 21. Urogynecology - Physiology of Micturition, Diagnosis of Voiding Dysfunction and Incontinence
2. TeLinde's Operative Gynecology, 9th Edition
Chapter 16 – Diagnostic and Operative Laparoscopy
Chapter 17 – Operative Hysteroscopy

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- Faculty Supervision:** 1. Monthly faculty attending – educational activities, patient continuity
2. Daily OR attending – postoperative rounds, consults

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Patient Care	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Assume primary technical responsibility for at least half of the cases of the month. 2. Demonstrate proficiency in basic abdominal procedures (TAH/BSO, LOA, etc). 3. Develop competence in uncomplicated vaginal and laparoscopic surgeries. 4. Develop appropriate medical and surgical management plans for patients with benign gynecologic problems such as menometrorrhagia, leiomyomata, incontinence, and prolapse. 5. Master laparotomy for ectopic pregnancy. 6. Perform laparoscopic treatment of ectopic pregnancy. 7. Treat indicated patients with ectopic pregnancies medically 8. Counsel patients about the recurrence risk of an ectopic pregnancy and prognosis for a normal IUP. 9. Treatment abnormal uterine bleeding using both non-surgical and surgical methods. Recommend appropriate follow up. 10. Evaluate patient with pelvic support defects and/or incontinence using history, physical exam and appropriate testing. 11. Treat urogynecologic disorders both medically and surgically. 12. Conduct detailed preoperative assessment of patients with various gynecologic indications for surgery. Perform appropriate laboratory, imaging, and cardiac evaluation and refer as needed. Prescribe bowel preparation as indicated. 13. Counsel patients and family members about advance directives, living wills, DNR orders, power of attorney and surrogate decision making. 14. Apply knowledge gained in REI rotation to initiate infertility workup in clinic. 15. Evaluate patients in clinic presenting with common gynecologic 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences – Colposcopy, GYN Morning conference, Preoperative Staffing conference, M&M 6. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale 2. OSATS 3. Case Log 4. 360° evaluation 5. Patient survey

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	disorders. Decide appropriateness of medical versus surgical therapy.		
Medical Knowledge	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Understand risk factors for surgery and methods of optimizing health prior to surgery. 2. Describe the normal anatomic supports and dynamics of the vagina, rectum, bladder, urethra and uterus. 3. Describe the principle etiologies of pelvic support defects. 4. Describe surgical and non-surgical options for treatment of pelvic support defects. 5. Describe indications and complications of medical and surgical management of ectopic pregnancy. 6. Discuss the immunologic response to infection. 7. Explain the normal anatomic supports of the vagina, rectum, bladder, urethra and uterus, including the bony pelvic, pelvic floor nerves and musculature, connective tissue. 8. Describe the static and dynamic interrelationships and function of the pelvic organs and support mechanisms. 9. Summarize the normal function of the lower urinary tract during the filling and voiding phases and the mechanism for urinary continence. 10. Summarize the normal function of the lower urinary tract during the filling and voiding phases, and the mechanism for urinary continence. 11. Describe the principle etiologies of pelvic support defects, urinary incontinence, and fecal incontinence. 12. Summarize the potential psychological, social and sexual consequences of urogynecologic disorders. 13. Identify the anatomic defects associated with various aspects of pelvic support disorders. 14. Characterize the major types of incontinence and other urinary voiding disorders. 15. Describe the conditions most likely to cause cardiovascular dysfunction in gynecologic patients. Explain the indications for central hemodynamic monitoring the possible complications of hemodynamic monitoring. 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences – Colposcopy, GYN Morning conference, Preoperative Staffing conference, M&M 6. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale 2. Written examination 4. 360° evaluation

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	16. Describe the unique considerations related to preoperative, intraoperative, and postoperative care of the geriatric patient.		
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Identify areas for personal improvement and implement strategies to enhance skills, attitudes, and patient care. 2. Use patients as basis for directed reading topics. 3. Facilitate learning of students by hands on help and basic teaching. 	<ol style="list-style-type: none"> 1. Create individual PBL learning objectives 2. Clinical teaching 3. Case-based teaching 4. Clinical experiences 5. Performance feedback 6. Conferences – Colposcopy, GYN Morning conference, Preoperative Staffing conference, M&M 7. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Attending review of objectives at beginning and completion of rotation 2. Completion of IT questionnaire 3. Global rating scale
Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Develop skills to maintain therapeutic and ethically sound relationships with patients, families, colleagues, and other health care professionals. 2. Develop understanding of team concept and work well as a member of a team. 3. Continue to develop patient counseling skills. 4. Coordinate surgical schedule with OR and anesthesia staff, treating other services with respect. 5. Inform attending surgeon of patient’s history and planned procedure prior to scheduled surgery date. 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences – Colposcopy, GYN Morning conference, Preoperative Staffing conference, M&M 6. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale 2. 360° evaluation 3. Patient survey
Professionalism	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Demonstrate accountability to patients, society and profession by exhibiting honesty, punctuality, efficiency and a strong work ethic. 2. Apply basic ethical concepts of autonomy, beneficence, justice and nonmaleficence in selection of patients for surgery. 3. Demonstrate understanding of issues regarding stress management, substance abuse and sleep deprivation. 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences – Colposcopy, GYN Morning conference, Preoperative Staffing 	<ol style="list-style-type: none"> 1. Global rating scale 2. 360° evaluation 3. Patient survey

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		conference 6. Self-directed learning – rotation reading list 7. Role modeling 8. Mentoring	
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES		
	1. Understand how our patient care and practices affect other health care professionals, the organization and the larger society. 2. Develop understanding of the MED and Methodist Healthcare model of care and barriers to care faced by the patients and the physicians. 3. Practice cost-effective health care and resource allocation. 4. Recognize errors and initiate systemic changes to prevent future complications.	1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences – Colposcopy, GYN Morning conference, Preoperative Staffing conference 6. Self-directed learning – rotation reading list	1. Global rating scale 2. 360° evaluation 3. Patient survey

Procedural Skills to be logged:

1. Total vaginal hysterectomy
2. Total abdominal hysterectomy with and without bilateral salpingo-oophorectomy
3. Laparotomy
4. Anterior and posterior repair
5. Complicated hysterectomy
6. Culdoplasty
7. Operative laparoscopy
8. Operative hysteroscopy

Line of Supervision and Expectations:

PGY-3 residents are able to perform the following procedures with the supervision of the upper level resident and/or faculty. Evaluations are completed by attendings. In addition to procedures listed under PGY-1 and PGY-2 guidelines, PGY-3 residents should demonstrate proficiency for the following procedures with limited supervision: TAH/BSO, operative laparoscopy, anterior and posterior colporrhaphy, culdoplasty, lysis of adhesions, ovarian cystectomy, supracervical hysterectomy, TVH/BSO.

Revision date 02/15/08

Legend: CT = Clinical Teaching; LSC = Lectures/Seminars/Conferences; RM = Role Modeling; GR = Global Rating; IVF = Immediate Verbal Feedback; SSA = Surgical Skills Assessment; CITROG = In-service Examination; OE = Oral Exam; CLR = Case Log Review

EDUCATIONAL GOALS AND OBJECTIVES

GYN SURGERY – BAPTIST HOSPITAL

PGY-3

Goals of Rotation: The purpose of the rotation is for the PGY-3 to gain confidence in surgical abilities. Resident is responsible for preoperative evaluation and assessment of patients, and following postoperative patients with the rest of the team. Resident should master uncomplicated abdominal and vaginal procedures.

Rotation Sites: Baptist Memorial Hospital

Work Duty Hours and Call Responsibility: The PGY-3 resident is responsible for the preoperative preparation of the major surgical patients on the morning of surgery. They are expected to attend their Continuity Clinic on the assigned day. They should sign-out any pertinent information to the on-call resident at 1645 daily. In-house call is approximately 5 per rotation, with relief from duty the post-call day.

Monday	Tuesday	Wednesday	Thursday	Friday
0700 rounds	0700 rounds	GYN Morning Conference 4 th Wednesday – 0700-0800	0700 rounds	0700 rounds
Surgery, consults	Surgery, consults	Surgery, consults	Surgery, consults	Surgery, consults
Preop Clinic	Colposcopy Conference and Clinic	Continuity Clinic	Didactics/Protected Time Preoperative Staffing Conference	OR, Tubal Clinic

Faculty Supervision: 1. Site Director or Designee
2. Clinical faculty for private cases

Required Reading:

1. Comprehensive Gynecology (Droegmeuller), 5th Edition; Katz, Lentz, Lobo & Gershenson
2. TeLinde's Operative Gynecology, 9th Edition

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Patient Care	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Assume primary technical responsibility for at least half of the cases of the rotation. 2. Demonstrate proficiency in basic abdominal procedures 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 	<ol style="list-style-type: none"> 1. Global rating scale 2. OSATS 3. Case Log

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	<p>(TAH/BSO, LOA, etc).</p> <ol style="list-style-type: none"> 3. Develop competence in uncomplicated vaginal and laparoscopic surgeries. 4. Develop appropriate medical and surgical management plans for patients with benign gynecologic problems such as menometrorrhagia, leiomyomata, incontinence, and prolapse. 5. Perform laparoscopic treatment of ectopic pregnancy. 6. Counsel patients about the recurrence risk of an ectopic pregnancy and prognosis for a normal IUP. 7. Treatment abnormal uterine bleeding using both non-surgical and surgical methods. Recommend appropriate follow up. 8. Evaluate patient with pelvic support defects and/or incontinence using history, physical exam and appropriate testing. 9. Counsel patients and family members about advance directives, living wills, DNR orders, power of attorney and surrogate decision making. 10. Apply knowledge gained in REI rotation to initiate infertility workup in clinic. 	<ol style="list-style-type: none"> 4. Performance feedback 5. Lectures/Conferences 6. Self-directed learning – rotation reading list 	
Medical Knowledge	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Understand risk factors for surgery and methods of optimizing health prior to surgery. 2. Describe the normal anatomic supports and dynamics of the vagina, rectum, bladder, urethra and uterus. 3. Describe the principle etiologies of pelvic support defects. 4. Describe surgical and non-surgical options for treatment of pelvic support defects. 5. Describe indications and complications of medical and surgical management of ectopic pregnancy. 6. Discuss the immunologic response to infection. 7. Explain the normal anatomic supports of the vagina, rectum, bladder, urethra and uterus, including the bony pelvic, pelvic floor nerves and musculature, connective tissue. 8. Describe the static and dynamic interrelationships and function of the pelvic organs and support mechanisms. 9. Summarize the normal function of the lower urinary tract during the filling and voiding phases and the mechanism for urinary 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Lectures/Conferences 6. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale 2. Written examination

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	<p>continence.</p> <p>10. Summarize the normal function of the lower urinary tract during the filling and voiding phases, and the mechanism for urinary continence.</p> <p>11. Describe the principle etiologies of pelvic support defects, urinary incontinence, and fecal incontinence.</p> <p>12. Summarize the potential psychological, social and sexual consequences of urogynecologic disorders.</p> <p>13. Identify the anatomic defects associated with various aspects of pelvic support disorders.</p> <p>14. Characterize the major types of incontinence and other urinary voiding disorders.</p> <p>15. Describe the conditions most likely to cause cardiovascular dysfunction in gynecologic patients. Explain the indications for central hemodynamic monitoring the possible complications of hemodynamic monitoring.</p> <p>16. Describe the unique considerations related to preoperative, intraoperative, and postoperative care of the geriatric patient.</p>		
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Identify areas for personal improvement and implement strategies to enhance skills, attitudes, and patient care. 2. Use patients as basis for directed reading topics. 3. Facilitate learning of students by hands on help and basic teaching. 	<ol style="list-style-type: none"> 1. Create individual PBL learning objectives 2. Clinical teaching 3. Case-based teaching 4. Clinical experiences 5. Performance feedback 6. Lectures/Conferences 7. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Attending review of objectives at beginning and completion of rotation 2. Global rating scale
Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Develop skills to maintain therapeutic and ethically sound relationships with patients, families, colleagues, and other health care professionals. 2. Develop understanding of team concept and work well as a member of a team. 3. Continue to develop patient counseling skills. 4. Coordinate surgical schedule with OR and anesthesia staff, treating other services with respect. 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Lectures/Conferences 6. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale

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	5. Inform attending surgeon of patient's history and planned procedure prior to scheduled surgery date.		
Professionalism	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Demonstrate accountability to patients, society and profession by exhibiting honesty, punctuality, efficiency and a strong work ethic. 2. Apply basic ethical concepts of autonomy, beneficence, justice and nonmalefeasance in selection of patients for surgery. 3. Demonstrate understanding of issues regarding stress management, substance abuse and sleep deprivation. 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Lectures/Conferences 6. Self-directed learning – rotation reading list 7. Role modeling 8. Mentoring 	1. Global rating scale
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Understand how our patient care and practices affect other health care professionals, the organization and the larger society. 2. Develop understanding of the Baptist Memorial Hospital model of care and barriers to care faced by the patients and the physicians. 3. Practice cost-effective health care and resource allocation. 4. Recognize errors and initiate systemic changes to prevent future complications. 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Lectures/Conferences 6. Self-directed learning – rotation reading list 	1. Global rating scale

Procedural Skills to be logged:

1. Total vaginal hysterectomy
2. Total abdominal hysterectomy with and without bilateral salpingo-oophorectomy
3. Laparotomy
4. Anterior and posterior repair
5. Complicated hysterectomy
6. Culdoplasty
7. Operative laparoscopy
8. Operative hysteroscopy

Line of Supervision and Expectations:

PGY-3 residents are able to perform the following procedures with the supervision of the upper level resident and/or faculty. Evaluations are completed by attendings. In addition to procedures listed under PGY-2 guidelines, PGY-3 residents should demonstrate proficiency for the following

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procedures with limited supervision: TAH/BSO, operative laparoscopy, anterior and posterior colporrhaphy, culdoplasty, lysis of adhesions, ovarian cystectomy, supracervical hysterectomy, TVH/BSO.

EDUCATIONAL GOALS AND OBJECTIVES

MATERNAL FETAL MEDICINE

PGY-3

At the conclusion of the **PGY-3** year, the resident should have developed competency in the high risk obstetrics, as well as proficiency in the obstetrics goals and objectives outlined for PGY-3.

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Patient Care and Medical Knowledge	SPECIALTY SPECIFIC OBJECTIVES		
	ANTEPARTUM CARE		
	Genetic counseling: All skills defined previously for the PGY1 and PGY2 and <ul style="list-style-type: none"> • Order and interpret appropriate maternal and fetal/neonatal tests to evaluate possible causes of fetal demise. • Counsel a patient with an abnormal fetus regarding management options. • Counsel a patient and her family following adverse pregnancy outcome about such factors as recurrence, future care, and possible interventions. 	Didactics Clinical teaching Role modeling	Global rating Oral exam CITROG
	Diabetes mellitus All skills defined previously for the PGY1 and PGY2		
	Diseases of the urinary system: All skills defined previously for the PGY1 and PGY2 and <ul style="list-style-type: none"> • Develop, in consultation with other specialists, a comprehensive plan for the perinatal management of a patient with renal disease. 	Didactics Clinical teaching	Global rating CITROG
Infectious diseases: All skills defined previously for the PGY1 and PGY2.			

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Hematologic disorders: All skills defined previously for the PGY1 and PGY2		
Cardiopulmonary disease: All skills defined previously for the PGY1 and PGY2		
Gastrointestinal disease: All skills defined previously for the PGY1 and PGY2 and		
Neurologic disease: All skills defined previously for the PGY1 and PGY2 and <ul style="list-style-type: none"> • Interpret the common diagnostic tests for neurologic disease in pregnancy. • Counsel pregnant patients regarding the impact of pregnancy on neurologic disease and the impact of the disease on pregnancy. • Develop, in consultation with other specialists, a comprehensive plan for the perinatal management of patients with neurologic disease. 	Didactics Clinical teaching Self-directed learning modules and reading	Global rating CITROG CLR Written exam
Endocrine disorders (excluding diabetes mellitus): All skills defined previously for the PGY1 and PGY2 and <ul style="list-style-type: none"> • Counsel patients about the impact of endocrine disease and its treatment on pregnancy and the impact of pregnancy on the endocrine disorder. • In consultation with other specialists, develop a comprehensive plan for the perinatal management of patients with an endocrine disorder. 	Didactics Clinical teaching Self-directed learning modules and reading	Global rating CITROG CLR Exams
Collagen vascular disorders: All skills defined previously for the PGY1 and PGY2 and <ul style="list-style-type: none"> • Interpret the results of common diagnostic tests for collagen vascular disease in pregnancy. • Counsel patients about the impact of collagen vascular disease and its treatment on pregnancy and the impact of pregnancy on collagen vascular disease. • Develop, in consultation with other specialists, a comprehensive plan for the perinatal management of patients with collagen vascular disease. 	Didactics Clinical teaching Self-directed learning modules and reading	Global rating CITROG CLR Exams

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	Psychiatric disorders: All skills defined previously for the PGY1 and PGY2.		
	Emergency care during pregnancy: All skills defined previously for the PGY1 and PGY2.		
	Substance abuse in pregnancy: All skills defined previously for the PGY1 and PGY2 and <ul style="list-style-type: none"> • Diagnose and manage drug overdose and drug withdrawal in pregnant patients. • Refer patients with known or suspected substance abuse for counseling and follow-up. 	Didactics Clinical teaching mentoring	Global rating CITROG logs
	OBSTETRICS COMPLICATIONS		
	Second-trimester pregnancy loss: All skills defined previously for the PGY1 and PGY2		
	Preterm labor: All skills defined previously for the PGY1 and PGY2		
	Bleeding late in pregnancy: All skills defined previously for the PGY1 and PGY2 <ul style="list-style-type: none"> • Manage serious complications of abruptio placenta and placenta previa, such as hypovolemic shock and coagulopathy. • Counsel patients regarding the recurrence risk for placenta previa and abruptio placenta. 	Didactics Clinical teaching Case-based teaching Reading M and M	Global rating CITROG Logs Exams M and M

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	<p>Hypertension in pregnancy: All skills defined previously for the PGY1 and PGY2</p> <ul style="list-style-type: none"> • Recognize and treat possible maternal complications of hypertension in pregnancy, (e.g., Cerebrovascular accident, seizure, renal failure, pulmonary edema, HELLP (hemolysis, elevated liver enzymes, and low platelet count) syndrome) • Counsel patients regarding recurrence risk for pregnancy-induced hypertension in a subsequent pregnancy. 	<p>Didactics Clinical teaching Case-based teaching Mentoring Reading M and M</p>	<p>Global rating CITROG CLR CLR Exams M and M</p>
	<p>Intrauterine growth restriction: All skills defined previously for the PGY1 and PGY2 and</p> <ul style="list-style-type: none"> • 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. • Counsel patients about the recurrence risk for intrauterine growth restriction. 	<p>Didactics Clinical teaching Ultrasound modules</p>	<p>Global rating CITROG CLR Case-based M and M</p>
	<p>Premature rupture of membranes: All skills defined previously for the PGY1 and PGY2 and</p> <ul style="list-style-type: none"> • Describe the indications for, and complications of, expectant management in patients with PROM. • Describe the indications for, and complications of, induction of labor in patients with PROM. • Describe the role and complications of the following interventions in patients with preterm PROM: <ul style="list-style-type: none"> • Tocolytics • Corticosteroids • Antibiotics • Amnioinfusion 	<p>Didactics Clinical teaching Case-based teaching Reading M and M</p>	<p>CITROG CITROG CLR Exams M and M</p>

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<p>Multiple gestation: All skills defined previously for the PGY1 and PGY2 and</p> <ul style="list-style-type: none"> • Understand the medical rationale for selective fetal reduction in higher order multiple gestation. • Perform tests to assess the general well-being of the fetuses of a multiple gestation 	<p>Didactics Clinical teaching Case-based teaching Reading M and M</p>	<p>CITROG CITROG CLR Exams M and M</p>
<p>Fetal death: All skills defined previously for the PGY1 and PGY2 and</p> <ul style="list-style-type: none"> • Describe and treat the principal complications of a retained dead fetus: (e.g., infection, hemorrhage, coagulopathy) • Describe and treat the major complications of surgical and medical uterine evacuation: (e.g., uterine perforation or rupture, hemorrhage, infection, retained products of conception) • Arrange for photographs, total body X-rays, autopsy, and chromosomal analysis on tissue of the stillborn fetus to help in identifying the etiology. 	<p>Didactics Clinical teaching Case-based teaching Role modeling M and M</p>	<p>CITROG CITROG CLR 360 M and M</p>
<p>Anesthesia: All skills defined previously for the PGY1 and PGY2 and</p> <ul style="list-style-type: none"> • Recognize and treat maternal and fetal complications of anesthesia and analgesia. • Perform selected procedures related to anesthesia and analgesia 	<p>Clinical teaching Didactics Role modeling Mentoring</p>	<p>CITROG CITROG 360</p>
<p>Demonstrate an understanding of the indications, contraindications, and principles of dilation and evacuation for second trimester.</p>	<p>Clinical teaching</p>	<p>CITROG</p>
<p>Procedures: Perform the following intrapartum procedures independently All skills defined previously for the PGY1 and PGY2</p>	<p>CT</p>	<p>SSA</p>
<p>Perform the following postpartum procedures independently, including but not limited to: All skills defined previously for the PGY1 and PGY2</p>	<p>CT</p>	<p>SSA</p>

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	Cesarean Delivery – Classical, Low Transverse, Low Vertical		
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES		
	See General Obstetrics and Gynecology Goals and Objectives		
Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES		
	See General Obstetrics and Gynecology Goals and Objectives		
Professionalism	SPECIALTY SPECIFIC OBJECTIVES		
	See General Obstetrics and Gynecology Goals and Objectives		
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES	Daily rounds with social worker	360
		Daily rounds with pharmacist	
		PharmD assistance with diabetic control in clinic	
		Clinical psychologist assistance with patient care in clinic	
	See General Obstetrics and Gynecology Goals and Objectives		

Duty Hours/Call Responsibilities:

Rounds: 6:30-8:00 AM

Call

Duty hours

Vacation month allowed

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1 day in 7 free of clinical responsibilities

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	HR		HR		COCC
PM	HR		HR	Didactics/Protected Time	

Required Reading:

- Chronic hypertension in pregnancy. Ob Gyn 2002;100:369-377.
- Diagnosis and management of gestational hypertension and preeclampsia. Ob Gyn 2003;102:181-192.
- Management of diabetes complicating pregnancy. Ob Gyn 2003;102:857-868.
- Diagnosis, prevention, and management of eclampsia. Ob Gyn 2005;105:402-410.
- Venous thromboembolism in obstetrics and gynecology. Ob Gyn 2007;109:761-777.

Faculty Supervision:

- Dr. Jay Bringman Dr. Norman Meyer Dr. Bob Egerman
- Dr. Owen Phillips Angela Hernandez, sonographer

EDUCATIONAL GOALS AND OBJECTIVES

GYN SURGERY – METHODIST HOSPITAL

PGY-3

Goals of Rotation: The purpose of the rotation is for the PGY-3 to gain confidence in surgical abilities. Resident is responsible for preoperative evaluation and assessment of patients, and following postoperative patients with the rest of the team. Resident should master uncomplicated abdominal and vaginal procedures.

Rotation Sites: Methodist Hospital System

Work Duty Hours and Call Responsibility: The PGY-3 resident is responsible for the preoperative preparation of the major surgical patients on the morning of surgery. They are expected to attend their Continuity Clinic on the assigned day. They should sign-out any pertinent information to the on-call resident at 1645 daily. In-house call is approximately 4 per rotation, with relief from duty the post-call day.

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Monday	Tuesday	Wednesday	Thursday	Friday
Surgery – Methodist Germantown	Surgery – Methodist Germantown	Surgery – Methodist Germantown	Surgery – Methodist Germantown	Surgery – Methodist Germantown
Surgery – Methodist Germantown	Surgery – Methodist Germantown	Surgery – Methodist Germantown	Didactics/Protected Time Preoperative Staffing Conference	COCC

Required Reading:

1. Comprehensive Gynecology (Droegemueller), 5th Edition; Katz, Lentz, Lobo & Gershenson
2. TeLinde’s Operative Gynecology, 9th Edition

- Faculty Supervision:**
1. Monthly faculty attending – educational activities, patient continuity
 2. Daily OR attending – postoperative rounds, consults

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Patient Care	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Assume primary technical responsibility for at least half of the cases of the rotation. 2. Demonstrate proficiency in basic abdominal procedures (TAH/BSO, LOA, etc). 3. Develop competence in uncomplicated vaginal and laparoscopic surgeries. 4. Develop appropriate medical and surgical management plans for patients with benign gynecologic problems such as menometrorrhagia, leiomyomata, incontinence, and prolapse. 5. Perform laparoscopic treatment of ectopic pregnancy. 6. Counsel patients about the recurrence risk of an ectopic pregnancy and prognosis for a normal IUP. 7. Treatment abnormal uterine bleeding using both non-surgical and surgical methods. Recommend appropriate follow up. 8. Evaluate patient with pelvic support defects and/or incontinence using history, physical exam and appropriate testing. 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Lectures/Conferences 6. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale 2. OSATS 3. Case Log

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	<p>9. Counsel patients and family members about advance directives, living wills, DNR orders, power of attorney and surrogate decision making.</p> <p>10. Apply knowledge gained in REI rotation to initiate infertility workup in clinic.</p>		
Medical Knowledge	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Understand risk factors for surgery and methods of optimizing health prior to surgery. 2. Describe the normal anatomic supports and dynamics of the vagina, rectum, bladder, urethra and uterus. 3. Describe the principle etiologies of pelvic support defects. 4. Describe surgical and non-surgical options for treatment of pelvic support defects. 5. Describe indications and complications of medical and surgical management of ectopic pregnancy. 6. Discuss the immunologic response to infection. 7. Explain the normal anatomic supports of the vagina, rectum, bladder, urethra and uterus, including the bony pelvic, pelvic floor nerves and musculature, connective tissue. 8. Describe the static and dynamic interrelationships and function of the pelvic organs and support mechanisms. 9. Summarize the normal function of the lower urinary tract during the filling and voiding phases and the mechanism for urinary continence. 10. Summarize the normal function of the lower urinary tract during the filling and voiding phases, and the mechanism for urinary continence. 11. Describe the principle etiologies of pelvic support defects, urinary incontinence, and fecal incontinence. 12. Summarize the potential psychological, social and sexual consequences of urogynecologic disorders. 13. Identify the anatomic defects associated with various aspects of pelvic support disorders. 14. Characterize the major types of incontinence and other urinary voiding disorders. 15. Describe the conditions most likely to cause cardiovascular 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Lectures/Conferences 6. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale 2. In-service examination 3. Case Presentation evaluation

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	dysfunction in gynecologic patients. Explain the indications for central hemodynamic monitoring the possible complications of hemodynamic monitoring.		
	16. Describe the unique considerations related to preoperative, intraoperative, and postoperative care of the geriatric patient.		
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> Identify areas for personal improvement and implement strategies to enhance skills, attitudes, and patient care. Use patients as basis for directed reading topics. Facilitate learning of students by hands on help and basic teaching. 	<ol style="list-style-type: none"> Clinical teaching Case-based teaching Clinical experiences Performance feedback Lectures/Conferences Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> Attending review of objectives at beginning and completion of rotation Global rating scale
Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> Develop skills to maintain therapeutic and ethically sound relationships with patients, families, colleagues, and other health care professionals. Develop understanding of team concept and work well as a member of a team. Continue to develop patient counseling skills. Coordinate surgical schedule with OR and anesthesia staff, treating other services with respect. Inform attending surgeon of patient’s history and planned procedure prior to scheduled surgery date. 	<ol style="list-style-type: none"> Clinical teaching Case-based teaching Clinical experiences Performance feedback Lectures/Conferences Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> Global rating scale
Professionalism	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> Demonstrate accountability to patients, society and profession by exhibiting honesty, punctuality, efficiency and a strong work ethic. Apply basic ethical concepts of autonomy, beneficence, justice and nonmaleficence in selection of patients for surgery. Demonstrate understanding of issues regarding stress management, substance abuse and sleep deprivation. 	<ol style="list-style-type: none"> Clinical teaching Case-based teaching Clinical experiences Performance feedback Lectures/Conferences Self-directed learning – rotation reading list Role modeling Mentoring 	<ol style="list-style-type: none"> Global rating scale
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> Understand how our patient care and practices affect other health 	<ol style="list-style-type: none"> Clinical teaching 	<ol style="list-style-type: none"> Global rating scale

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	care professionals, the organization and the larger society. 2. Develop understanding of the Baptist Memorial Hospital model of care and barriers to care faced by the patients and the physicians. 3. Practice cost-effective health care and resource allocation. 4. Recognize errors and initiate systemic changes to prevent future complications.	2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Lectures/Conferences 6. Self-directed learning – rotation reading list	
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Procedural Skills to be logged:

1. Total vaginal hysterectomy
2. Total abdominal hysterectomy with and without bilateral salpingo-oophorectomy
3. Laparotomy
4. Anterior and posterior repair
5. Complicated hysterectomy
6. Culdoplasty
7. Operative laparoscopy
8. Operative hysteroscopy

Line of Supervision and Expectations:

PGY-3 residents are able to perform the following procedures with the supervision of the upper level resident and/or faculty. Evaluations are completed by attendings. In addition to procedures listed under PGY-2 guidelines, PGY-3 residents should demonstrate proficiency for the following procedures with limited supervision: TAH/BSO, operative laparoscopy, anterior and posterior colporrhaphy, culdoplasty, lysis of adhesions, ovarian cystectomy, supracervical hysterectomy, TVH/BSO.

EDUCATIONAL GOALS AND OBJECTIVES

GYNECOLOGIC ONCOLOGY

PGY-3

At the conclusion of the **PGY-3** year, the resident should have developed competency in the gynecologic oncology goals and objectives for that year as well as proficiency in the gynecologic oncology goals and objectives outlined for PGY-2.

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
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Patient Care	SPECIALTY SPECIFIC OBJECTIVES		
	Carcinoma of the Uterus and of the Endometrium: <ul style="list-style-type: none"> • With the assistance of a subspecialist, provide definitive treatment for a patient with endometrial carcinoma. • Manage, in combination with a subspecialist, the common complications of surgical and radiation treatment for endometrial cancer. 	CT SDL LSC	GR
	Cervical disorders Invasive cervical cancer: <ul style="list-style-type: none"> • With the assistance of a subspecialist, provide definitive treatment for a patient with invasive cervical cancer. • Manage, in combination with a subspecialist, the common complications of surgical and radiation treatment for cervical cancer. • Describe the psychosocial concerns of patients who have invasive cervical cancer. • Describe the indications for referral to a specialist for treatment of psychosocial dysfunction 	CT SDL LSC	GR
	Gestational Trophoblastic Disease Malignant gestational trophoblastic disease: <ul style="list-style-type: none"> • Provide, in consultation with a subspecialist, medical and surgical treatment for a patient with malignant GTD. • Provide appropriate follow-up at the completion of treatment. • Counsel patients regarding risk of recurrence and prognosis for future pregnancies. 	CT SDL LSC	GR
	Ovarian and tubal carcinoma Carcinoma of the fallopian tube: <ul style="list-style-type: none"> • Perform procedures to treat women with fallopian tube cancer, in consultation with subspecialists when indicated. • Manage, in consultation with a subspecialist, the common complications resulting from treatment of fallopian tube cancer. • Provide psychosocial support and appropriately palliate women dying of fallopian tube cancer. Carcinoma of the ovary: <ul style="list-style-type: none"> • With the assistance of a subspecialist, provide definitive treatment for a patient with ovarian cancer. • Describe the indications for secondary cytoreductive surgery. 	CT LSC SDL	GR

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	<ul style="list-style-type: none"> • Manage, in consultation with a subspecialist, the common complications resulting from treatment of ovarian cancer. • Provide psychosocial support and appropriate palliative therapy for women dying of ovarian cancer. 		
	<p>Vulvar and vaginal malignancies</p> <p>Invasive carcinoma of the vagina:</p> <ul style="list-style-type: none"> • With the assistance of a subspecialist, provide treatment for a patient with invasive cancer of the vagina. • Manage, in combination with a subspecialist, the common complications of surgical and radiation treatment for vaginal cancer. <p>Invasive vulvar carcinoma:</p> <ul style="list-style-type: none"> • With the assistance of a subspecialist, provide definitive treatment for a patient with an invasive vulvar malignancy. • Manage, in consultation with a subspecialist, the common complications of surgical and radiation treatment for invasive vulvar cancer. • Describe the impact of treatment of vulvar cancer on sexual function and appropriately refer the patient for specialized treatment if sexual dysfunction develops. 	CT LSC SDL	GR
	<p>Therapy - Radiation therapy:</p> <ul style="list-style-type: none"> • In consultation with a subspecialist, manage the complications of radiation therapy 	CT	GR
	<p>Perform the following procedures with assistance, including but not limited to:</p> <ul style="list-style-type: none"> • Repair of vessel injury (hypogastric artery ligation) • Cancer chemotherapy 	CT	GR
	<p>Perform the following procedures independently, including but not limited to:</p> <ul style="list-style-type: none"> • Vulvectomy (simple) • Repair of bowel injury (small or large) • Surgical exposure (iliac vessels, ureter, obturator nerve) • Dehiscence/evisceration management • Evacuation of retroperitoneal hematoma <p>Be familiar with pelvic side wall anatomy including opening the sidewall to identify the ureter and its course</p>	CT SDL	SSA

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	<p>Perform:</p> <ul style="list-style-type: none"> • TAH/BSO for endometrial cancer • Appropriate ovarian staging cases • Assist on radical hysterectomy, radical vulvectomy and pelvic lymph node sampling 		
Medical Knowledge	SPECIALTY SPECIFIC OBJECTIVES		
	<ul style="list-style-type: none"> • Describe the likely changes in the anatomic relationships of the pelvic and abdominal viscera created by surgical or radiation treatment for malignancy. <p>Demonstrate an understanding of the indications, contraindications, and principles of the following procedures including but not limited to:</p> <ul style="list-style-type: none"> • Bowel resection and anastomosis • Para-aortic and pelvic lymph node excision • Radical hysterectomy • Ureteral repair • Brachytherapy 	LSC CT SDL	CITROG
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES		
	<p>See General Obstetrics and Gynecology Goals and Objectives</p> <ul style="list-style-type: none"> • Develop an understanding of how to fill out and sign a death certificate • Recognize untoward complications in the treatment of cancer • Describe the hospital policy for restraints for the patient with confusion 	CT SDL	GR 360
Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES		
	<p>See General Obstetrics and Gynecology Goals and Objectives</p> <ul style="list-style-type: none"> • Counsel patients in regard to: <ul style="list-style-type: none"> ○ Palliative care ○ Quality of life issues ○ Sexual function after cancer surgery ○ Options for patients who desire to die at home 	CT SDL LSC	360 GR
Professionalism	SPECIALTY SPECIFIC OBJECTIVES		
	<p>See General Obstetrics and Gynecology Goals and Objectives</p>	CT SDL	360 GR

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	<ul style="list-style-type: none"> • Increase sensitivity and awareness to patients who have limited income and resources for home health care • Increase awareness how to incorporate medical students into the health care team of an individual with a chronic and terminal illness • Refine ethical principles in patient care 	LSC	
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES		
	See General Obstetrics and Gynecology Goals and Objectives <ul style="list-style-type: none"> • Describe how a living will works and understand how to implement one • Describe how a do not resuscitate order works and how to implement one 	CT SDL	GR

Duty Hours/Call Responsibilities:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Clinic - MR	OR-MR	OR - MR	Clinic	Clinic (Smiley) or floor
PM	COCC	OR - MR	OR - MR	Didactics/Protected Time	COCC

Faculty Supervision: Mark Reed, MD

EDUCATIONAL GOALS AND OBJECTIVES

OBSTETRICS

PGY-3

At the conclusion of the **PGY-3** year, the resident should have developed competency in the obstetric goals and objectives for the third year as well as proficiency in the obstetric goals and objectives outlined for PGY-1 and PGY-2.

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Patient Care	SPECIALTY SPECIFIC OBJECTIVES		
	INTRAPARTUM CARE	Clinical Teaching	

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	<p>Vaginal birth after cesarean delivery:</p> <ul style="list-style-type: none"> Recognize and treat possible complications of VBAC, such as scar dehiscence, hemorrhage, fetal compromise, and infection (see the list of procedures at the end of this unit). 	Self-directed Learning	SSA M and M
	<p>Breech Delivery:</p> <ul style="list-style-type: none"> Obtain a history of a patient’s previous deliveries. Counsel a patient concerning risks and benefits of vaginal breech delivery. Describe the appropriate criteria for, and contraindications to, vaginal breech delivery. Describe and assess clinical pelvimetry and X-ray pelvimetry including CT pelvimetry. Recognize and treat possible complications of vaginal breech delivery, such as ruptured uterus, nuchal arms, entrapped head, hemorrhage, fetal compromise, and infection. <p>Bleeding in late pregnancy</p> <ul style="list-style-type: none"> Manage serious complications of abruptio placenta and placenta previa, such as hypovolemic shock and coagulopathy. <p>Intrauterine growth restriction</p> <ul style="list-style-type: none"> Perform an accurate ultrasound examination to assess fetal growth and identify symmetric or asymmetric growth restriction. 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. Counsel patients about the recurrence risk for intrauterine growth restriction. 	<p>Clinical teaching</p> <p>Role modeling Didactics</p> <p>Reading</p> <p>Clinical teaching</p>	<p>CLR</p> <p>CITROG 360</p> <p>M and M CITROG</p> <p>CITROG M and M</p>
	Perform the following procedures independently, including but not		

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	<p>limited to:</p> <p>ANTEPARTUM:</p> <ul style="list-style-type: none"> • Amniocentesis • Genetic diagnosis • Maturity Assessment <p>INTRAPARTUM:</p> <ul style="list-style-type: none"> • Vacuum extraction – Low, Outlet <p>POSTPARTUM:</p> <ul style="list-style-type: none"> • Hematoma evacuation – Intraabdominal, Vaginal, Vulvar • Wound care - Repair of dehiscence, Secondary closure 	<p>Clinical teaching</p> <p>Clinical teaching Didactics Reading</p> <p>Clinical teaching Reading</p>	<p>CLR</p> <p>CITROG M and M CLR</p> <p>CITROG M and M CLR</p>
	<p>Multiple gestation</p> <ul style="list-style-type: none"> • Understand the medical rationale for selective fetal reduction in higher order multiple gestation. • Describe, diagnose, and manage the maternal and fetal complications associated with multiple gestations. • Perform tests to assess the general well-being of the fetuses of a multiple gestation 	<p>Clinical teaching Reading Didactics</p>	<p>Logs CITROG M and M</p>
	<p>Hypertension in Pregnancy</p> <ul style="list-style-type: none"> • Recognize and treat possible maternal complications of hypertension in pregnancy, such as: <ul style="list-style-type: none"> a. Cerebrovascular accident b. Seizure c. Renal failure d. Pulmonary edema e. HELLP (hemolysis, elevated liver enzymes, and low platelet count) syndrome • Counsel patients regarding recurrence risk for pregnancy-induced hypertension in a subsequent pregnancy. 	<p>Clinical teaching Reading Didactics</p>	<p>CLR CITROG M and M</p>

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Medical Knowledge	SPECIALTY SPECIFIC OBJECTIVES		
	Pathology and neoplasia (OB): <ul style="list-style-type: none"> • Describe symptoms and physical findings suggestive of malignancy in the pregnant patient. • In consultation with a medical or gynecologic oncologist, counsel a patient about treatment options and their impact on pregnancy and the timing of delivery. 	Didactics	CITROG
		Reading	CITROG
	Isoimmunization and alloimmune thrombocytopenia: <ul style="list-style-type: none"> • Describe the major antigen-antibody reactions that result in red cell isoimmunization or thrombocytopenia. • Interpret antibody titer assays. • Describe the appropriate indications for determination of paternal antigen status. • Describe the indications for amniocentesis for assessment of amniotic fluid optical density and determination of fetal blood type. • Describe the performance of amniocentesis at appropriate intervals to assess patients with isoimmunization. • Detect signs of fetal anemia on ultrasound examination. • Describe the indications for cordocentesis in assessment of the fetus with red cell isoimmunization or thrombocytopenia. • Describe the indications for, and complications of, intrauterine fetal transfusion: Intraperitoneal transfusion and Intravascular transfusion. • Determine the appropriate time and method of delivery for the isoimmunized fetus. • Describe the short- and long-term prognosis for infants with red cell isoimmunization or thrombocytopenia. • Counsel patients regarding the recurrence risk for isoimmunization and thrombocytopenia. 	Didactics Clinical teaching Reading	CITROG
	Clinical teaching	CITROG	
	Clinical teaching Reading	CITROG	
	Clinical teaching	CITROG	
	Clinical teaching Role modeling	CITROG	
	Didactics	CITROG	
	Clinical teaching	CLR	

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	<ul style="list-style-type: none"> Intrauterine transfusion INTRAPARTUM: <ul style="list-style-type: none"> Hypogastric artery ligation 	Role modeling Reading M and M	Written Exams M and M
	Anesthesia <ul style="list-style-type: none"> Understand the types of anesthesia that are appropriate for control of pain during labor and delivery: <ol style="list-style-type: none"> Epidural Spinal Pudendal Local infiltration General Intravenous analgesia/sedation Intranasal analgesia Describe appropriate indications for, and contraindications to, these forms of anesthesia/analgesia. Recognize and treat maternal and fetal complications of anesthesia and analgesia. Perform selected procedures related to anesthesia and analgesia (see the list of procedures at the end of this unit). 	Didactics	CITROG
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES See General Obstetrics and Gynecology Goals and Objectives		
Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES See General Obstetrics and Gynecology Goals and Objectives		
Professionalism	SPECIALTY SPECIFIC OBJECTIVES See General Obstetrics and Gynecology Goals and Objectives		

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Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES		
	See General Obstetrics and Gynecology Goals and Objectives		

Duty Hours/Call Responsibilities:

Rounds: AM postpartum rounds 6 AM-7:15
Board turn-over: 7:30-8:00 each morning

Call: Currently q 4 days; beginning July, 08: 12 hour shifts
Duty hours
Vacation month
1 day in 7 free of clinical responsibilities

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM				Didactics/Protected Time	

Required Reading: Williams Obstetrics

Faculty Supervision: Faculty supervision for L and D and a separate faculty supervisor in Evaluations on most day time shifts. Faculty members are present for postpartum AM rounds

Vacuum Assisted Deliveries
Forcept Assisted Deliveries
Multi-fetal Pregnancies
Cesarean Deliveries (Repeat)
Cesarean Assist on Primary

EDUCATIONAL GOALS AND OBJECTIVES

REPRODUCTIVE ENDOCRINOLOGY

PGY-3

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At the conclusion of the PGY-3 year, the resident should have developed competency in the REI goals and objectives for that year as well as proficiency in the REI goals and objectives outlined for PGY-2, and the anatomy and laparoscopy objectives outlined for the PGY-2. Residents should have also obtained further exposure to private patients and to practice management-

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Patient Care	SPECIALTY SPECIFIC OBJECTIVES		
	1. The resident will be expected to fully understand the diagnosis, indications for surgery, and potential management alternatives of every patient going to the operating room. The resident should read about the case prior to surgery. Any resident may be dismissed from the OR if the attending staff realizes that the resident is not prepared to participate in the case.	CT SDL LSC	GR
	2. The resident will learn the principles of diagnostic laparoscopy for infertility as well as the techniques of performing laparoscopy with one or more accessory punctures.	CT SDL VF	SSA GR
	3. The resident will become familiar with instrumentation for advanced laparoscopy including safe use and appropriate maintenance of the equipment.	CT SDL VF	SSA GR
	4. The resident will learn the common complications of laparoscopy, the best techniques to avoid these complications, and techniques and management of all major complications of laparoscopy.	CT SDL VF	SSA GR
	5. The resident will increase his/her technical skills in operative laparoscopy to include lysis of adhesions, treatment of endometriosis, tuboplasty, and tubal anastomosis procedures under direct and ongoing supervision by the attending.	CT SDL	SSA GR
	6. The resident will learn indications and techniques of both diagnostic hysteroscopy and operative hysteroscopy in a manner analogous to objectives of laparoscopy.	CT SDL VF	GR SSA
	7. The resident will be expected to maintain surgical care experience logs and document all surgical cases attended will on the service.	SDL	CLR
	8. The resident should understand the indications for hysterosalpingogram and sonohysterograms, as well as the information obtained by a well-performed study.	CT SDL	GR
	9. The resident should be familiar with the varying techniques of performing hysterosalpingograms and sonohysterograms.	CT SDL	GR

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	10. The resident will be expected to observe initially and ultimately to perform sonohysterograms.	CT SDL	SSA GR
	11. The resident will be expected to understand TVUS skills and measurements of CRL, gestational sac, yolk sac, and FHM in early pregnancies from 6 to 9 weeks.	CT SDL	GR
Medical Knowledge	SPECIALTY SPECIFIC OBJECTIVES		
	1. The resident will observe and learn interview techniques with specific reference to potential contributors to infertility or reproductive problems.	VF CT SDL	GR
	2. The resident will develop the ability to present patient problems and plans in an organized and comprehensive manner, learn the subtleties of the basic infertility evaluation, and the indications for each of the diagnostic techniques.	CT SDL	GR
	3. The resident will understand and be able to outline steroid biosynthesis and abnormalities as they may relate to various reproductive problems.	CT SDL LSC	CITROG
	4. The resident will understand the principles and practice of ovulation monitoring and ovulation induction.	CT SDL	GR CITROG
	5. The resident will learn the technique of vaginal sonography to specifically include appreciation of normal anatomy, identification of ovaries, identification of early intrauterine pregnancy and pregnancy abnormalities, and identification and diagnosis of follicular development.	CT SDL LSC	SSA GR
	6. The resident will be expected to understand current coding techniques using CPT (Current Procedural Terminology) and ICD-9-CM (International Classification of Diseases) used for outpatient clinics used in Reproductive Endocrinology.	CT SDL LSC	GR
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES		
	See General Obstetrics and Gynecology Goals and Objectives Coding and billing · Become aware of how successful IVF cycles are defined · Understand what aspects of infertility are covered by insurance · Become familiar with the quality control used in an IVF lab · Become knowledgeable of JCAHO policy and procedures ensuring privacy and confidentiality	CT SDL LSC	GR

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	· Andrology laboratories: semen analysis and sperm washing		
Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES		
	See General Obstetrics and Gynecology Goals and Objectives · Counsel patients regarding aspects of assisted reproductive technologies including IUI, ovarian stimulation, egg retrieval, and transfer of the embryo. · Gain an awareness of the personnel in an IVF office and their roles · Understand the psychological impact that infertility has on a couple and the community resources to offer them support.	CT RDM SDL LSC	GR 360
Professionalism	SPECIALTY SPECIFIC OBJECTIVES		
	See General Obstetrics and Gynecology Goals and Objectives Demonstrate sensitivity to couples undergoing infertility treatment and appreciate the impact this has on their personal lives · Increase awareness of the difference between health coverage in females and males · Gain exposure to some of the ethical dilemmas in assisted reproductive technology	CT SDL RM	GR 360
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES		
	See General Obstetrics and Gynecology Goals and Objectives · Become aware of adoption agencies and how they assist couples · Increase awareness of egg and sperm donors	CT SDL	GR

Duty Hours:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	OR-RM	Clinic – WK	Clinic - RM	OR-WK	OR- VM
PM	COCC	SHG - RM	SHG	Didactics/Protected Time	Clinic - VM

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At the conclusion of the PGY- 3 year, the resident should have developed competency in the urogynecology goals and objectives and care of the geriatric patient.

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Urge Incontinence	<ul style="list-style-type: none"> • Define the term “detrusor overactivity, over activity incontinence, urge incontinence, overactive bladder and other symptoms. • Understand the pathophysiology of the condition. • Understand the clinical presentation of the condition and other conditions from which it must be distinguished. • Understand the diagnostic measures required to identify the condition. • Understand the various treatment modalities; including behavior modification, pelvic floor exercises pharmacotherapy, and electrical stimulation. • Is able to discuss risks, benefits, and expected outcomes or nonsurgical and surgical management of urge incontinence. 	<ul style="list-style-type: none"> • CT/SDL/RM 	<ul style="list-style-type: none"> • global rating/ verbal feed • GR/VF
Voiding Abnormalities	<ul style="list-style-type: none"> • Understanding the normal mechanisms of voiding in women. • Understanding the terminology related to mechanism of voiding including valsalva voiding, detrusor sphincter dysynergia, and post-void residual. • Understand the pathophysiology of abnormal voiding, hesitancy, acute and chronic urinary retention, and overflow incontinence. • Understand the relationship between pelvic floor surgery and postoperative voiding difficulties. • Understand the clinical presentation of abnormal voiding. • Understand the evaluation of abnormal voiding patterns. • Understand the various treatments used for this condition, their risks and benefits, including intermittent self-catheterization. 	<ul style="list-style-type: none"> • CT/SDL/RM 	<ul style="list-style-type: none"> • GR/VF
Pelvic Organ Prolapse	<ul style="list-style-type: none"> • Understand the normal support of the vagina (levels I, II, III), uterus, bladder, and return • Understand the anatomic and structural factors associated with pelvic organ prolapse. • Understand the neuromuscular changes in the pelvic floor 	<ul style="list-style-type: none"> • CT/SDL/RM 	<ul style="list-style-type: none"> • GR/VF

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Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
	<p>associated with genital prolapse.</p> <ul style="list-style-type: none"> • Understand the relationship of childbearing, age, hormonal factors, and genetic factors to pelvic organ prolapse • Understand the anatomic and symptomatic consequences of abnormal pelvic floor support. 		
Diagnosis	<ul style="list-style-type: none"> • Understand the anatomy of various anterior vaginal wall defects, including midline, lateral, and transverse cystocele and anterior enterocele. • Understand the anatomy of uterine and vaginal apex prolapse, including anatomic defects associated with apical enterocele. • Understand the anatomy of various posterior vaginal wall defects, including rectocele, perineal descent, and posterior enterocele. • Understand the criteria for staging of pelvic organ prolapse according to the International Continence Society (ICS) grading system and how it compares with the other classification systems. • Perform a pelvic organ prolapse assessment according to POP-Q guidelines. • Know the symptoms associated with various types and increasing stage of pelvic organ prolapse. • Recognize the frequent disparity between objective anatomic findings and clinical symptoms. 	<ul style="list-style-type: none"> • CT/SDL/RM 	<ul style="list-style-type: none"> • GR/immediate VF = IVF
Treatment of Pelvic Organ Prolapse	<ul style="list-style-type: none"> • Understand the indications for treatment • Understand the nonsurgical options for treatment, including care and use of pessaries, and administration of vaginal estrogen. • Understand the possible side effects of nonsurgical treatment, such as infection, ulceration, urinary incontinence or retention associated with pessary use. • Understand the options for surgical correction by vaginal, abdominal, laparoscopic and combined routes based on anatomy, functional needs, and health status of the patient. • Know and be able to perform the various operative repairs appropriate to the treatment of pelvic organ prolapse. 	<ul style="list-style-type: none"> • CT/SDL/RM 	<ul style="list-style-type: none"> • GR • SSA • IVF

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Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
	<ul style="list-style-type: none"> Understand the outcome and possible complications of surgical correction. Be able to counsel the patient on treatment plan, including side-effects, risk failure and complications Recognized the economic impact of pelvic organ prolapse in the United States. Understand the psychological, social, and sexual impact of pelvic organ prolapse. 		
Primary anti-incontinence procedures	<ul style="list-style-type: none"> Understand and perform a pubovaginal sling. Understand a urethral bulking procedure. 	<ul style="list-style-type: none"> SDL CT 	<ul style="list-style-type: none">
Apical vaginal suspension with hysterectomy	<ul style="list-style-type: none"> Understand and assist with an abdominal uterosacral reattachment. Understand and a vaginal uterosacral suspension. Understand and abdominal sacrocolpopexy. Understand a sacrospinous ligament suspension. 	<ul style="list-style-type: none"> CT/SDL 	<ul style="list-style-type: none">
Urethral Diverticulum	<ul style="list-style-type: none"> Understand a urethral diverticulum repair. 	<ul style="list-style-type: none"> SDL 	<ul style="list-style-type: none">
Urethral Disorders	<ul style="list-style-type: none"> Understand the definitions of urethral syndrome, infectious urethritis, atrophic urethritis, and urethral diverticulae. Understand pathophysiology infectious urethritis, atrophic urethritis, and urethral diverticulae. Understand clinical presentation infectious and noninfectious urethritis, atrophic urethritis, and urethral diverticulae. Understand role of endoscopic evaluation. Understand methods of prophylaxis and treatment, both medical and surgical, and their indications and contraindications. 	<ul style="list-style-type: none"> SDL CT/SDL 	<ul style="list-style-type: none"> GR
Fistulae	<ul style="list-style-type: none"> Understand a vesicovaginal fistula repair. Understand a rectovaginal fistula repair. 	<ul style="list-style-type: none"> SDL/video view SD/VV 	<ul style="list-style-type: none"> GR GR

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Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Pessary Fitting	<ul style="list-style-type: none"> Understand and perform pessary fitting 	<ul style="list-style-type: none"> CT/SDL/ didactic 	<ul style="list-style-type: none"> GR

EDUCATIONAL GOALS AND OBJECTIVES

GYN SURGERY –BAPTIST HOSPITAL

PGY-4

Goals of Rotation: The purpose of the rotation is for the PGY-4 to master surgical skills, and develop a high level appreciation for healthcare systems. The resident is responsible for peri-operative care of patients on the service and acts as a liaison between residents, faculty, nursing, and other members of the health care team. The resident works to develop refined skills for all basic gynecologic surgeries and also concentrates on reconstructive vaginal and abdominal operations. The PGY-4 resident is expected to take the lead role in teaching junior residents and medical students.

Rotation Sites: Baptist Hospital for Women

Work Duty Hours and Call Responsibility: The PGY-4 resident is expected to have a working knowledge of patients, to consult with the supervising faculty attending(s), interface with the nursing administration on the hospital wards and the operating room, and anesthesia attending as needed. They will compose the OR schedule for the team. In-house call is at Baptist Hospital for Women and is approximately 5 per rotation, with relief from duty the post-call day.

Monday	Tuesday	Wednesday	Thursday	Friday
Surgery – BWH	Surgery – BWH	Surgery – BWH	Surgery – BWH	Surgery – BWH
Surgery – BWH	Surgery – BWH	Surgery – BWH	Didactics Preoperative Staffing Conference	Surgery – BWH

Required Reading:

1. Comprehensive Gynecology (Droegemueller), 5th Edition; Katz, Lentz, Lobo & Gershenson

2. TeLinde’s Operative Gynecology, 9th Edition

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Faculty Supervision: 1. Clinical Faculty – intra-operative care, consults

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Patient Care	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Demonstrate mastery of abdominal procedures 2. Demonstrate proficiency in vaginal procedures 3. Demonstrate proficiency in operative laparoscopy 4. Demonstrate ability to effectively and cordially perform intra-operative consultation 5. Demonstrate ability to problem solve issues arising with laparoscopic equipment 6. Demonstrate proficiency in basic pelvic reconstructive procedures 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale 2. Case Log 3. S-FAC
Medical Knowledge	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Read required chapters listed above 2. Continue to develop investigatory and analytic thinking approach to clinical situations 3. Describe the principal types of vulvar dystrophies and dermatoses. 4. Describe the types of injuries or complications that may occur related to the medical or surgical treatment of urogynecologic disorders, and approaches to managing them. 5. Describe appropriate follow up for patients treated with urogynecologic disorders 6. Summarize risks, benefits, and expected outcomes of surgical and non-surgical approaches to management of pelvic support and incontinence disorders 7. Describe abnormal urethral conditions including urethral syndrome, urethritis, and diverticula 8. Describe possible etiologies, prevention, diagnostic techniques, and approaches to repairing fistulae involving pelvic organs 9. Describe the etiologies, prevention, diagnostic techniques and approaches to repairing fistulae involving pelvic organs 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences –M&M 6. Self-directed learning 	<ol style="list-style-type: none"> 1. Global rating scale 2. In-service examination

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	<ol style="list-style-type: none"> 10. Demonstrate knowledge of energy sources used in laparoscopic surgery 11. Describe the pathophysiology of septic shock. Describe the usual causes of septic shock in gynecology patients. Describe the typical symptoms and indications for diagnostic tests/imaging. Describe principles of management of septic shock 		
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Understand how our patient care and practices effect other health care professionals, the organization, and the larger society. 2. Develop understanding of Baptist Memorial Hospital model of care and barriers to care faced by the patients and the physicians. 3. Practice cost-effective health care and resource allocation. 4. Recognize errors and initiate systemic changes to prevent future complications. 	<ol style="list-style-type: none"> 1. Create individual PBL learning objectives 2. Clinical teaching 3. Case-based teaching 4. Clinical experiences 5. Performance feedback 6. Conferences –M&M, Stats Review 7. Self-directed learning 	<ol style="list-style-type: none"> 1. Attending review of objectives at beginning and completion of rotation 2. Completion of IT questionnaire 3. Global rating scale
Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Develop skills to maintain therapeutic and ethically sound relationships with patients, families, colleagues, and other health care professionals 2. Coordinate surgical schedule with clinical faculty and junior residents 3. Give thorough, efficient presentations at Stats Review 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences –M&M 6. Self-directed learning – rotation reading list 	Global rating scale
Professionalism	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Demonstrate accountability to patients, society and profession by exhibiting honesty, punctuality, efficiency, and a strong work ethic 2. Apply basic ethical concepts of autonomy, beneficence, justice and nonmaleficence 3. Demonstrate understanding of issues regarding stress management, substance abuse, and sleep deprivation. Monitor team for problems with above 4. Provide solid example for lower level residents as far as interactions with patients, families, staff, students and other medical professionals 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Self-directed learning 6. Role modeling 	Global rating scale

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Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Understand how patient care and practices affect other health care professionals, the organization, and society at large. 2. Develop an understanding of the Baptist Memorial Hospital model of care and barriers to care faced by patients and physicians. 3. Practice cost-effective health care and resource allocation. 4. Attending M&M to facilitate recognition of errors and to begin error analysis. 5. Understand patient care and practices in a private practice setting compared to hospital-based, and public sector settings. 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Self-directed learning – rotation reading list 	Global rating scale

Procedural Skills to be logged:

1. Laparoscopic-assisted vaginal hysterectomy
2. Total laparoscopic hysterectomy
3. Sacrospinous ligament fixation
4. Advanced operative laparoscopy and hysteroscopy
5. Urogynecologic procedures, (i.e. abdominal and suprapubic urethropexy)

Line of Supervision

PGY-4 residents are able to perform and instruct procedures under the supervision of the faculty. Evaluations are completed by attendings. PGY-4 residents should demonstrate proficiency for the following procedures with limited supervision: total and supracervical abdominal hysterectomy with and without BSO, vaginal hysterectomy with and without BSO, operative laparoscopy, anterior and posterior colporrhaphy, culdoplasty, lysis of adhesions, ovarian cystectomy. Additional procedures to focus proficiency include: Sacrospinous ligament fixation, abdominal sacrocolpopexy, transvaginal tape placement, enterotomy repair, cystotomy repair, operative hysteroscopy, vulvectomy, enterocele repair.

Revision date 02/15/2008

EDUCATIONAL GOALS AND OBJECTIVES

GYNECOLOGY

PGY-4

Goals of Rotation: The purpose of the rotation is for the PGY-4 to master surgical skills, master team management skills, and develop a high level appreciation for healthcare systems. The resident is responsible for all preoperative and postoperative care of patients on the service, to assume responsibility for the organization of the Gyn B team, and act as a liaison between residents, faculty, nursing, and other members of the health care team. The resident works to develop refined skills for all basic gynecologic surgeries and also concentrates on reconstructive vaginal and abdominal operations. The PGY-4 resident is expected to take the lead role in teaching junior residents and medical students.

Rotation Sites: Regional Medical Center at Memphis, including Methodist-Lebonheur Children's Medical Center

Work Duty Hours and Call Responsibility: The PGY-4 resident is expected to have a working knowledge of all patients on the service patients, to consult with the supervising faculty attending(s), interface with the nursing administration on the hospital wards and the operating room, and anesthesia attending as needed. They should sign-out any pertinent information to the on-call resident at 1745 daily. They will compose the call schedule for the team, which includes 2 weekends and 8 total weeknights of home call. One weekend is back-up for PGY-1. They have 2 weekends off and 1 in 7 days free from clinical responsibility.

Monday	Tuesday	Wednesday	Thursday	Friday
0700 rounds	0700 rounds	GYN Morning Conference 4 th Wednesday – 0700-0800	0700 rounds	0700 rounds
Medplex Gyn Clinic	Surgery - MED	Surgery – Susan Murrmann MD	Prep for Practice - Attorney	Surgery - MED
Preop Clinic	Surgery - MED	Surgery cases	Didactics Preoperative Staffing Conference	Surgery, Tubal Clinic

Required Reading:

1. Comprehensive Gynecology (Droegemueller), 5th Edition; Katz, Lentz, Lobo & Gershenson
Chapter 9. Emotional Aspects of Gynecology - Sexual Dysfunction, Eating Disorders, Substance Abuse, Depression, Grief, Loss
Chapter 21. Urogynecology - Physiology of Micturition, Diagnosis of Voiding Dysfunction and Incontinence: Surgical and Nonsurgical
Chapter 42. Menopause - Endocrinology, Consequences of Estrogen Deficiency, Effects of Hormonal Replacement Therapy, Treatment
2. TeLinde's Operative Gynecology, 9th Edition
Chapter 36- Urinary Stress Incontinence
Chapter 37- Operative Injuries to the Ureter
Chapter 38- Vesicovaginal and Urethrovaginal Fistulas

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Faculty Supervision: 1. Monthly faculty attending – educational activities, patient continuity
 2. Daily OR attending – postoperative rounds, consults

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Patient Care	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Demonstrate mastery of abdominal procedures 2. Demonstrate proficiency in vaginal procedures 3. Demonstrate proficiency in operative laparoscopy 4. Demonstrate ability to effectively and cordially perform intra-operative consultation 5. Demonstrate ability to problem solve issues arising with laparoscopic equipment 6. Demonstrate proficiency in basic pelvic reconstructive procedures 7. Perform history and physical, including ordering and evaluating selected tests, in the work up of patient with urogynecologic disorders 8. Treat urogynecologic disorders medically and surgically 9. Efficiently manage team to care for patients, both pre and post-op as well as those admitted through the ER with acute gynecologic problems 10. Demonstrate judgment as to when medical management has failed and surgical intervention is warranted. 11. Manage patients with acute problems related to gynecologic disorders such as TSS, septic shock and ARDS 12. Counsel patient regarding risks, benefits and expected outcome of surgical and non-surgical approaches to management of pelvic support and incontinence disorders 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences – Colposcopy, GYN Morning conference, Preoperative Staffing conference, M&M 6. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale 2. OSATS 3. Case Log 4. 360° evaluation 5. Patient survey
Medical Knowledge	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Read required chapters listed above 2. Continue to develop investigatory and analytic thinking approach to clinical situations 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 	<ol style="list-style-type: none"> 1. Global rating scale 2. Written examination 3. 360° evaluation

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	<ol style="list-style-type: none"> 3. Describe the principal types of vulvar dystrophies and dermatoses. 4. Describe the types of injuries or complications that may occur related to the medical or surgical treatment of urogynecologic disorders, and approaches to managing them. 5. Describe appropriate follow up for patients treated with urogynecologic disorders 6. Summarize risks, benefits, and expected outcomes of surgical and non-surgical approaches to management of pelvic support and incontinence disorders 7. Describe abnormal urethral conditions including urethral syndrome, urethritis, and diverticula 8. Describe possible etiologies, prevention, diagnostic techniques, and approaches to repairing fistulae involving pelvic organs 9. Describe the etiologies, prevention, diagnostic techniques and approaches to repairing fistulae involving pelvic organs 10. Demonstrate knowledge of energy sources used in laparoscopic surgery 11. Describe the pathogenesis and microbiology of toxic shock syndrome. Describe the typical signs and symptoms of patients with TSS. Describe the treatment for TSS 12. Describe the pathophysiology of septic shock. Describe the usual causes of septic shock in gynecology patients. Describe the typical symptoms and indications for diagnostic tests/imaging . Describe principles of management of septic shock 13. Identify the principal causes of ARDS and explain the pathophysiology depending on the etiology. Describe the usual signs and symptoms and principles of treatment of ARDS 	<ol style="list-style-type: none"> 4. Performance feedback 5. Conferences – Colposcopy, GYN Morning conference, Preoperative Staffing conference, M&M 6. Self-directed learning – rotation reading list 	
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Understand how our patient care and practices effect other health care professionals, the organization, and the larger society. 2. Develop understanding of the MED and Methodist Healthcare model of care and barriers to care faced by the patients and the physicians. 3. Practice cost-effective health care and resource allocation. 4. Recognize errors and initiate systemic changes to prevent future 	<ol style="list-style-type: none"> 1. Create individual PBL learning objectives 2. Clinical teaching 3. Case-based teaching 4. Clinical experiences 5. Performance feedback 6. Conferences – Colposcopy, GYN 	<ol style="list-style-type: none"> 1. Attending review of objectives at beginning and completion of rotation 2. Completion of IT questionnaire 3. Global rating scale

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	complications.	Morning conference, Preoperative Staffing conference, M&M 7. Self-directed learning – rotation reading list	
Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Develop skills to maintain therapeutic and ethically sound relationships with patients, families, colleagues, and other health care professionals 2. Apply understanding of team concept and provide team leadership 3. Master patient counseling skills 4. Coordinate surgical schedule with OR and anesthesia staff 5. Inform attending surgeon of patient’s history and planned procedure prior to scheduled surgery date 6. Give thorough, efficient presentations at pre-op conference 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences – Colposcopy, GYN Morning conference, Preoperative Staffing conference, M&M 6. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale 2. 360° evaluation 3. Patient survey
Professionalism	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Demonstrate accountability to patients, society and profession by exhibiting honesty, punctuality, efficiency, and a strong work ethic 2. Apply basic ethical concepts of autonomy, beneficence, justice and nonmaleficence 3. Demonstrate understanding of issues regarding stress management, substance abuse, and sleep deprivation. Monitor team for problems with above 4. Provide solid example for lower level residents as far as interactions with patients, families, staff, students and other medical professionals 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences – Colposcopy, GYN Morning conference, Preoperative Staffing conference 6. Self-directed learning – rotation reading list 7. Role modeling 8. Mentoring 	<ol style="list-style-type: none"> 1. Global rating scale 2. 360° evaluation 3. Patient survey
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Understand how patient care and practices affect other health care professionals, the organization, and society at large. 2. Develop an understanding of the MED and Methodist Healthcare model of care and barriers to care faced by patients and physicians. 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences – 	<ol style="list-style-type: none"> 1. Global rating scale 2. 360° evaluation 3. Patient survey

Legend: CT = Clinical Teaching; LSC = Lectures/Seminars/Conferences; RM = Role Modeling; GR = Global Rating; IVF = Immediate Verbal Feedback; SSA = Surgical Skills Assessment; CITROG = In-service Examination; OE = Oral Exam; CLR = Case Log Review

	<ol style="list-style-type: none"> 3. Practice cost-effective health care and resource allocation. 4. Attending M&M to facilitate recognition of errors and to begin error analysis. 5. Understand patient care and practices in a private practice setting compared to hospital-based, and public sector settings. 	<p>Colposcopy, GYN Morning conference, Preoperative Staffing conference</p> <p>6. Self-directed learning – rotation reading list</p>	
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Procedural Skills to be logged:

1. Laparoscopic-assisted vaginal hysterectomy
2. Total laparoscopic hysterectomy
3. Sacrospinous ligament fixation
4. Advanced operative laparoscopy and hysteroscopy
5. Urogynecologic procedures, abdominal and suprapubic urethropexy)

Line of Supervision

PGY-4 residents are able to perform and instruct procedures under the supervision of the faculty. Evaluations are completed by attendings. In addition to procedures listed under PGY-1 and PGY-2, PGY-3 objectives, PGY-4 residents should demonstrate proficiency for the following procedures with limited supervision: total and supracervical abdominal hysterectomy with and without BSO, vaginal hysterectomy with and without BSO, operative laparoscopy, anterior and posterior colporrhaphy, culdoplasty, lysis of adhesions, ovarian cystectomy. Additional procedures to focus proficiency include: Sacrospinous ligament fixation, abdominal sacrocolpopexy, transvaginal tape placement, enterotomy repair, cystotomy repair, operative hysteroscopy, vulvectomy, enterocele repair.

Revision date 02/15/2008

EDUCATIONAL GOALS AND OBJECTIVES

GYN SURGERY -METHODIST

PGY-4

Goals of Rotation: The purpose of the rotation is for the PGY-4 to master surgical skills, and develop a high level appreciation for healthcare systems. The resident is responsible for peri-operative care of patients on the service and acts as a liaison between residents, faculty, nursing, and other members of the health care team. The resident works to develop refined skills for all basic gynecologic surgeries and also concentrates on reconstructive vaginal and abdominal operations. The PGY-4 resident is expected to take the lead role in teaching junior residents and medical students.

Legend: CT = Clinical Teaching; LSC = Lectures/Seminars/Conferences; RM = Role Modeling; GR = Global Rating; IVF = Immediate Verbal Feedback; SSA = Surgical Skills Assessment; CITROG = In-service Examination; OE = Oral Exam; CLR = Case Log Review

Rotation Sites: Methodist Hospital Systems

Work Duty Hours and Call Responsibility: The PGY-4 resident is expected to have a working knowledge of patients, to consult with the supervising faculty attending(s), interface with the nursing administration on the hospital wards and the operating room, and anesthesia attending as needed. They will compose the OR schedule for the team. In-house call is at Baptist Hospital for Women and is approximately 4 per rotation, with relief from duty the post-call day.

Monday	Tuesday	Wednesday	Thursday	Friday
Surgery – Methodist Germantown	Surgery – Methodist Germantown	Surgery – Methodist Germantown	Surgery – Methodist Germantown	Surgery – Methodist Germantown
Surgery – Methodist Germantown	Surgery – Methodist Germantown	Surgery – Methodist Germantown	Didactics Preoperative Staffing Conference	Surgery – Methodist Germantown

Required Reading:

1. Comprehensive Gynecology (Droegemueller), 5th Edition; Katz, Lentz, Lobo & Gershenson
2. TeLinde’s Operative Gynecology, 9th Edition

Faculty Supervision: 1. Clinical Faculty – intra-operative care, consults

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Patient Care	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Demonstrate mastery of abdominal procedures 2. Demonstrate proficiency in vaginal procedures 3. Demonstrate proficiency in operative laparoscopy 4. Demonstrate ability to effectively and cordially perform intra-operative consultation 5. Demonstrate ability to problem solve issues arising with laparoscopic equipment 6. Demonstrate proficiency in basic pelvic reconstructive procedures 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Self-directed learning – rotation reading list 	<ol style="list-style-type: none"> 1. Global rating scale 2. Case Log 3. S-FAC
Medical	SPECIALTY SPECIFIC OBJECTIVES		

Legend: CT = Clinical Teaching; LSC = Lectures/Seminars/Conferences; RM = Role Modeling; GR = Global Rating; IVF = Immediate Verbal Feedback; SSA = Surgical Skills Assessment; CITROG = In-service Examination; OE = Oral Exam; CLR = Case Log Review

Knowledge	<ol style="list-style-type: none"> 1. Read required chapters listed above 2. Continue to develop investigatory and analytic thinking approach to clinical situations 3. Describe the principal types of vulvar dystrophies and dermatoses. 4. Describe the types of injuries or complications that may occur related to the medical or surgical treatment of urogynecologic disorders, and approaches to managing them. 5. Describe appropriate follow up for patients treated with urogynecologic disorders 6. Summarize risks, benefits, and expected outcomes of surgical and non-surgical approaches to management of pelvic support and incontinence disorders 7. Describe abnormal urethral conditions including urethral syndrome, urethritis, and diverticula 8. Describe possible etiologies, prevention, diagnostic techniques, and approaches to repairing fistulae involving pelvic organs 9. Describe the etiologies, prevention, diagnostic techniques and approaches to repairing fistulae involving pelvic organs 10. Demonstrate knowledge of energy sources used in laparoscopic surgery 11. Describe the pathophysiology of septic shock. Describe the usual causes of septic shock in gynecology patients. Describe the typical symptoms and indications for diagnostic tests/imaging . Describe principles of management of septic shock 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences –M&M 6. Self-directed learning 	<ol style="list-style-type: none"> 1. Global rating scale 2. In-service examination
Practice Based Learning and Improvement	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <ol style="list-style-type: none"> 1. Understand how our patient care and practices effect other health care professionals, the organization, and the larger society. 2. Develop understanding of Methodist Healthcare model of care and barriers to care faced by the patients and the physicians. 3. Practice cost-effective health care and resource allocation. 4. Recognize errors and initiate systemic changes to prevent future complications. 	<ol style="list-style-type: none"> 1. Create individual PBL learning objectives 2. Clinical teaching 3. Case-based teaching 4. Clinical experiences 5. Performance feedback 6. Conferences –M&M, Stats Review 7. Self-directed learning 	<ol style="list-style-type: none"> 1. Attending review of objectives at beginning and completion of rotation 2. Completion of IT questionnaire 3. Global rating scale
Interpersonal	SPECIALTY SPECIFIC OBJECTIVES		

Legend: CT = Clinical Teaching; LSC = Lectures/Seminars/Conferences; RM = Role Modeling; GR = Global Rating; IVF = Immediate Verbal Feedback; SSA = Surgical Skills Assessment; CITROG = In-service Examination; OE = Oral Exam; CLR = Case Log Review

and Communication Skills	<ol style="list-style-type: none"> 1. Develop skills to maintain therapeutic and ethically sound relationships with patients, families, colleagues, and other health care professionals 2. Coordinate surgical schedule with clinical faculty and junior residents 3. Give thorough, efficient presentations at Stats Review 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Conferences –M&M 6. Self-directed learning – rotation reading list 	Global rating scale
Professionalism	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Demonstrate accountability to patients, society and profession by exhibiting honesty, punctuality, efficiency, and a strong work ethic 2. Apply basic ethical concepts of autonomy, beneficence, justice and nonmalfeasance 3. Demonstrate understanding of issues regarding stress management, substance abuse, and sleep deprivation. Monitor team for problems with above 4. Provide solid example for lower level residents as far as interactions with patients, families, staff, students and other medical professionals 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Self-directed learning 6. Role modeling 	Global rating scale
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES		
	<ol style="list-style-type: none"> 1. Understand how patient care and practices affect other health care professionals, the organization, and society at large. 2. Develop an understanding of the MED and Methodist Healthcare model of care and barriers to care faced by patients and physicians. 3. Practice cost-effective health care and resource allocation. 4. Attending M&M to facilitate recognition of errors and to begin error analysis. 5. Understand patient care and practices in a private practice setting compared to hospital-based, and public sector settings. 	<ol style="list-style-type: none"> 1. Clinical teaching 2. Case-based teaching 3. Clinical experiences 4. Performance feedback 5. Self-directed learning – rotation reading list 	Global rating scale

Procedural Skills to be logged:

1. Laparoscopic-assisted vaginal hysterectomy
2. Total laparoscopic hysterectomy
3. Sacrospinous ligament fixation
4. Advanced operative laparoscopy and hysteroscopy

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5. Urogynecologic procedures, (i.e. abdominal and suprapubic urethropexy)

Line of Supervision

PGY-4 residents are able to perform and instruct procedures under the supervision of the faculty. Evaluations are completed by attendings. PGY-4 residents should demonstrate proficiency for the following procedures with limited supervision: total and supracervical abdominal hysterectomy with and without BSO, vaginal hysterectomy with and without BSO, operative laparoscopy, anterior and posterior colporrhaphy, culdoplasty, lysis of adhesions, ovarian cystectomy. Additional procedures to focus proficiency include: Sacrospinous ligament fixation, abdominal sacrocolpopexy, transvaginal tape placement, enterotomy repair, cystotomy repair, operative hysteroscopy, vulvectomy, enterocele repair.

EDUCATIONAL GOALS AND OBJECTIVES

GYNECOLOGIC ONCOLOGY

PGY-4

At the conclusion of the **PGY-4** year, the resident should have developed competency in the gynecologic oncology goals and objectives for that year as well as proficiency in the gynecologic oncology goals and objectives outlined for PGY-1, 2, and 3 years.

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Patient Care	SPECIALTY SPECIFIC OBJECTIVES		
	Carcinoma of the Uterus and of the Endometrium: <ul style="list-style-type: none"> • With the assistance of a subspecialist, provide definitive treatment for a patient with endometrial carcinoma. • Manage, in combination with a subspecialist, the common complications of surgical and radiation treatment for endometrial cancer. 	CT SDL LSC	GR 360
	Cervical disorders Invasive cervical cancer: <ul style="list-style-type: none"> • With the assistance of a subspecialist, provide definitive treatment for a patient with invasive cervical cancer. • Manage, in combination with a subspecialist, the common complications of surgical and radiation treatment for cervical cancer. • Describe the psychosocial concerns of patients who have invasive cervical cancer. 	CT SDL LSC	GR 360

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	<ul style="list-style-type: none"> • 4. Describe the indications for referral to a specialist for treatment of psychosocial dysfunction. 		
	<p>Gestational Trophoblastic Disease Malignant gestational trophoblastic disease:</p> <ul style="list-style-type: none"> • Provide, in consultation with a subspecialist, medical and surgical treatment for a patient with malignant GTD. • Provide appropriate follow-up at the completion of treatment. • Counsel patients regarding risk of recurrence and prognosis for future pregnancies. 	CT SDL LSC	GR
	<p>Ovarian and tubal carcinoma Carcinoma of the fallopian tube:</p> <ul style="list-style-type: none"> • Perform procedures to treat women with fallopian tube cancer, in consultation with subspecialists when indicated. • Manage, in consultation with a subspecialist, the common complications resulting from treatment of fallopian tube cancer. • Provide psychosocial support and appropriately palliate women dying of fallopian tube cancer. <p>Carcinoma of the ovary:</p> <ul style="list-style-type: none"> • With the assistance of a subspecialist, provide definitive treatment for a patient with ovarian cancer. • Describe the indications for secondary cytoreductive surgery. • Manage, in consultation with a subspecialist, the common complications resulting from treatment of ovarian cancer. • Provide psychosocial support and appropriate palliative therapy for women dying of ovarian cancer. 	CT SDL LSC	GR
	<p>Vulvar and vaginal malignancies Invasive carcinoma of the vagina:</p> <ul style="list-style-type: none"> • With the assistance of a subspecialist, provide treatment for a patient with invasive cancer of the vagina. • Manage, in combination with a subspecialist, the common complications of surgical and radiation treatment for vaginal cancer. <p>Invasive vulvar carcinoma:</p> <ul style="list-style-type: none"> • With the assistance of a subspecialist, provide definitive treatment for a patient with an invasive vulvar malignancy. 	CT SDL LSC	GR OE

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	<ul style="list-style-type: none"> • Manage, in consultation with a subspecialist, the common complications of surgical and radiation treatment for invasive vulvar cancer. • Describe the impact of treatment of vulvar cancer on sexual function and appropriately refer the patient for specialized treatment if sexual dysfunction develops. 		
	<p>Radiation therapy:</p> <ul style="list-style-type: none"> • In consultation with a subspecialist, manage the complications of radiation therapy. 	CT SDL LSC	GR
	<p>With assistance manage cancer chemotherapy.</p> <ul style="list-style-type: none"> • Determine the cancer stage of gynecologic cancers and correlate stage with prognosis • Operate more comfortably in the retroperitoneal space • Identify the ureter from the kidney to the bladder • Manage intraoperative complications: <ul style="list-style-type: none"> ○ Cystotomy ○ Enterotomy ○ Hemorrhage • Manage postoperative complications <ul style="list-style-type: none"> ○ Fistulas ○ Pelvic abscess ○ Bowel obstruction • Coordinate critical care for oncology patients 	CT SDL LSC	GR VF SSA
	<p>Perform the following procedures independently, including but not limited to:</p> <ul style="list-style-type: none"> • Bowel resection and anastomosis • Para-aortic and pelvic lymph node excision • Radical hysterectomy • Vulvectomy (simple) • Repair of bowel injury (small or large) • Repair of vessel injury (hypogastric artery ligation) • Surgical exposure (iliac vessels, ureter, obturator nerve) • Ureteral repair • Dehiscence/evisceration management • Evacuation of retroperitoneal hematoma • Ovarian Cancer debulking 	CT SDL	GR SSA

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	<ul style="list-style-type: none"> • Brachytherapy 		
Medical Knowledge	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <ul style="list-style-type: none"> • Describe the likely changes in the anatomic relationships of the pelvic and abdominal viscera created by surgical or radiation treatment for malignancy. • Expand core knowledge of: <ul style="list-style-type: none"> ○ Risk factors associated with gynecological malignancies ○ critical care for oncology patients ○ Historical and physical findings associated with a gynecological malignancy ○ Screening tests for gynecological malignancies ○ Vascular, lymphatic and nerve supply to the pelvic organs ○ Gynecological cancer staging ○ Surgical treatment for gynecological cancer ○ Alterations in immune mechanisms that result from cancer and chemotherapy ○ Genetics and how it relates to treatment and inheritance of cancer ○ Abdominal surgery principles ○ Preoperative evaluation ○ Postoperative care ○ Intraoperative complications 	CT SDL LSC	CITROG GR
Practice Based Learning and Improvement	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>See General Obstetrics and Gynecology Goals and Objectives</p> <ul style="list-style-type: none"> • Investigate the impact palliative care has on quality of life • Investigate psychosocial issues of dying patients 	CT SDL	GR
Interpersonal and Communication Skills	<p>SPECIALTY SPECIFIC OBJECTIVES</p> <p>See General Obstetrics and Gynecology Goals and Objectives</p> <ul style="list-style-type: none"> • Develop skills in counseling: <ul style="list-style-type: none"> ○ Medical, legal, and ethical implication of do not resuscitate order ○ Recognize and know how to deal with the durable power of attorney for patients and the legal rights of this individual ○ Counsel patients regarding burial options 	CT RM SDL	GR 360

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	<ul style="list-style-type: none"> ○ Counsel patient regarding autopsy and understand how to obtain an autopsy consent ○ Understand who can consent for an autopsy in this state 		
Professionalism	SPECIALTY SPECIFIC OBJECTIVES		
	See General Obstetrics and Gynecology Goals and Objectives <ul style="list-style-type: none"> • Demonstrate a sensitivity to health care members who take care of terminally ill patients • Recognize how family dynamics impact the care of a terminally ill individual • Develop leadership skills that help your team cope with the stress of taking care of dying patients 	RM CT SDL	GR 360
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES		
	See General Obstetrics and Gynecology Goals and Objectives <ul style="list-style-type: none"> • Recognize how long-term health care insurance works • Recognize the impact the care of the terminally ill patient has on the Medicare budget • Develop an awareness of how the cost of screening tests compare to the cost of treatment of a cancer patient • Recognize the importance of GOG protocols • Recognize the difference between Phase I, II and III trials 	CT SDL	GR

Duty Hours/Call Responsibilities:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	OR-TT	Clinic-TT	OR-JS	OR-JS	Clinic-JS
PM	OR-TT	Clinic-TT	OR-JS	Didactics/Protected Time	Clinic-JS

Faculty Supervision: Joseph Santoso, MD; Todd Tillmanns, MD

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EDUCATIONAL GOALS AND OBJECTIVES

OBSTETRICS

PGY-4

At the conclusion of the **PGY-4** year, the resident should have developed proficiency in the obstetrics goals and objectives outlined for PGY-1, PGY-2, and PGY-3.

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Patient Care	SPECIALTY SPECIFIC OBJECTIVES		
	Supervise consultation to MED – Trauma, Medicine wards.	Role Modeling Clinical teaching	360 M and M
	Supervise the PGY-2, 3, 4 in MED Evaluations and L&D.	Role Modeling Clinical teaching	360 M and M
	Teaching assistant for operative deliveries at MED Labor and Delivery	Role Modeling	360 M and M
Medical Knowledge	SPECIALTY SPECIFIC OBJECTIVES		
	Intrapartum Care <ul style="list-style-type: none"> • Cervical cerclage - Transvaginal • Version of breech, external • Cesarean hysterectomy • Forceps delivery – Outlet, Low, Mid • Vaginal delivery, breech - Application of forceps to the, After-coming head, Assisted • Total Breech extraction 	Clinical teaching Didactics Reading	Case Logs M and M CITROG
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES		
	See General Obstetrics and Gynecology Goals and Objectives		

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Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES		
	See General Obstetrics and Gynecology Goals and Objectives		
Professionalism	SPECIALTY SPECIFIC OBJECTIVES		
	See General Obstetrics and Gynecology Goals and Objectives		
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES		
	See General Obstetrics and Gynecology Goals and Objectives		

At the conclusion of the PGY- 4 year, the resident should have developed competency in the urogynecology goals and objectives and care of the geriatric patient.

Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
Urge Incontinence	<ul style="list-style-type: none"> Define the term “detrusor overactivity, over activity incontinence, urge incontinence, overactive bladder and other symptoms. Understand the pathophysiology of the condition. Understand the clinical presentation of the condition and other conditions from which it must be distinguished. Understand the diagnostic measures required to identify the condition. Understand the various treatment modalities; including behavior modification, pelvic floor exercises pharmacotherapy, and electrical stimulation. Is able to discuss risks, benefits, and expected outcomes or nonsurgical and surgical management of urge incontinence. 	<ul style="list-style-type: none"> SDL/CT/RM 	<ul style="list-style-type: none"> GR
Voiding Abnormalities	<ul style="list-style-type: none"> Understanding the normal mechanisms of voiding in women. Understanding the terminology related to mechanism of voiding including valsalva voiding, detrusor sphincter dysynergia, and post-void residual. Understand the pathophysiology of abnormal voiding, hesitancy, acute and chronic urinary retention, and overflow incontinence. Understand the relationship between pelvic floor surgery and postoperative voiding difficulties. Understand the clinical presentation of abnormal voiding. Understand the evaluation of abnormal voiding patterns. 	<ul style="list-style-type: none"> SDL/CT/RM 	<ul style="list-style-type: none"> GR

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Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
	<ul style="list-style-type: none"> Understand the various treatments used for this condition, their risks and benefits, including intermittent self-catheterization. 		
Pelvic Organ Prolapse	<ul style="list-style-type: none"> Understand the normal support of the vagina (levels I, II, III), uterus, bladder, and rectum Understand the anatomic and structural factors associated with pelvic organ prolapse. Understand the neuromuscular changes in the pelvic floor associated with genital prolapse. Understand the relationship of childbearing, age, hormonal factors, and genetic factors to pelvic organ prolapse Understand the anatomic and symptomatic consequences of abnormal pelvic floor support. 	<ul style="list-style-type: none"> SDL/CT/RM 	<ul style="list-style-type: none"> SSA GR
Diagnosis	<ul style="list-style-type: none"> Understand the anatomy of various anterior vaginal wall defects, including midline, lateral, and transverse cystocele and anterior enterocele. Understand the anatomy of uterine and vaginal apex prolapse, including anatomic defects associated with apical enterocele. Understand the anatomy of various posterior vaginal wall defects, including rectocele, perineal descent, and posterior enterocele. Understand the criteria for staging of pelvic organ prolapse according to the International Continence Society (ICS) grading system and how it compares with the other classification systems. Perform a pelvic organ prolapse assessment according to POP-Q guidelines. Know the symptoms associated with various types and increasing stage of pelvic organ prolapse. Recognize the frequent disparity between objective anatomic findings and clinical symptoms. 	<ul style="list-style-type: none"> SDL/CT/RM 	<ul style="list-style-type: none"> SSA GR
Treatment of Pelvic Organ Prolapse	<ul style="list-style-type: none"> Understand the indications for treatment Understand the nonsurgical options for treatment, including care and use of pessaries, and administration of vaginal estrogen. 	<ul style="list-style-type: none"> CT/SDL/RM 	<ul style="list-style-type: none"> GR

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Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
	<ul style="list-style-type: none"> • Understand the possible side effects of nonsurgical treatment, such as infection, ulceration, urinary incontinence or retention associated with pessary use. • Understand the options for surgical correction by vaginal, abdominal, laparoscopic and combined routes based on anatomy, functional needs, and health status of the patient. • Know and be able to perform the various operative repairs appropriate to the treatment of pelvic organ prolapse. • Understand the outcome and possible complications of surgical correction. • Be able to counsel the patient on treatment plan, including side-effects, risk failure and complications • Recognized the economic impact of pelvic organ prolapse in the United States. • Understand the psychological, social, and sexual impact of pelvic organ prolapse. 		<ul style="list-style-type: none"> • SSA • IVF
Primary anti-incontinence procedures	<ul style="list-style-type: none"> • Understand and perform a pubovaginal sling. • Understand a urethral bulking procedure. 	<ul style="list-style-type: none"> • CT/SDL/RM 	<ul style="list-style-type: none"> • GR
Apical vaginal suspension with hysterectomy	<ul style="list-style-type: none"> • Understand and assist with an abdominal uterosacral reattachment. • Understand and a vaginal uterosacral suspension. • Understand and abdominal sacrocolpopexy. • Understand a sacrospinous ligament suspension. 	<ul style="list-style-type: none"> • CT/SDL/RM/ video viewing 	<ul style="list-style-type: none"> • SSA
Urethral Diverticulum	<ul style="list-style-type: none"> • Understand a urethral diverticulum repair. 	<ul style="list-style-type: none"> • SDL/ didactic 	<ul style="list-style-type: none"> • SSA
Urethral Disorders	<ul style="list-style-type: none"> • Understand the definitions of urethral syndrome, infectious urethritis, atrophic urethritis, and urethral diverticulae. • Understand pathophysiology infectious urethritis, atrophic urethritis, and urethral diverticulae. 	<ul style="list-style-type: none"> • SDL/ didactic • CT 	<ul style="list-style-type: none"> • SSA

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Competency	Required Skill(s)	Teaching Method(s)	Evaluation Method(s)
	<ul style="list-style-type: none"> • Understand clinical presentation infectious and noninfectious urethritis, atrophic urethritis, and urethral diverticulae. • Understand role of endoscopic evaluation. • Understand methods of prophylaxis and treatment, both medical and surgical, and their indications and contraindications. 	•	
Fistulae	<ul style="list-style-type: none"> • Understand a vesicovaginal fistula repair. • Understand a rectovaginal fistula repair. 	• SDL/CT/ video viewing	• SSA
Pessary Fitting	<ul style="list-style-type: none"> • Understand and perform pessary fitting 	• SDL/CT/ video viewing	• SSA
	•	•	•
Professionalism	<ul style="list-style-type: none"> ○ Demonstrate a commitment to excellent patient care ○ Refine your skills in dealing with the older patient ○ Maintain medical records in a timely fashion • 	• RM	• GR
Interpersonal & Communication Skills	<p>Demonstrate your knowledge by teaching students</p> <ul style="list-style-type: none"> ○ Communicate with consult services as needed ○ Work with the office staff to provide comprehensive care in the outpatient setting ○ Appropriate communication with the patient and her family • 	• RM	• GR
Practice-based Learning and Improvement	<p>Improve your knowledge of CPT and ICD-9 codes</p> <ul style="list-style-type: none"> ○ Continue to use resources to improve self directed learning • 	• RM • SDL	• GR
Systems-based Practice	<p>Demonstrate an understanding of costs of inpatient care versus out-patient care</p> <ul style="list-style-type: none"> • 	• RM	• GR
	•	•	•

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