Vanderbilt University Department of OBGYN
EDUCATIONAL GOALS AND OBJECTIVES
2009/2010

General Considerations

The following document is an educational plan to be used by both residents and faculty as a guide in progressing through the course of the residency training program. While not inclusive, or designed to be followed in a rigid manner, this guide sets educational and procedural milestones we believe are appropriate to be attained at the completion of the rotations for that year. Please refer to this plan at the beginning of each new rotation with your faculty to develop a learning plan-and set goals to achieve through the course of the rotation. This document will be reviewed on an annual basis and be modified to reflect the education needs of the resident staff and

Overall Educational Objectives

The overarching goal of the OBGYN residency training program at Vanderbilt University is to train a resident to become competent in the independent practice of general Obstetrics and Gynecology, and to serve as a consultant to physicians in the community. Following four years of residency training, graduates will be equally prepared to enter into independent practice as well as to train for subspecialty practice in a fellowship. The residents will assume increasing levels of autonomy and responsibility as they progress through their training; however will maintain a close interaction with the faculty who are charged with the supervision, education, and evaluation necessary in a training program.

At Vanderbilt, we seek to accomplish this goal through the following educational objectives:

Patient Care:
During the four years of training- the residents are exposed to a high volume of both low and high risk patients. As a tertiary referral center, the residents become competent with the assessment of complicated OB and GYN patients and serve as a referral source for many community practices and hospitals. With rare exception, all patients are available for resident learning.

Medical Knowledge:
The program provides protected time for the residents to attend weekly didactics. We also seek to help the residents to apprise the rapidly expanding body of literature, and to understand effective means of finding and managing information. In accordance with the changes in board certification, we highlight the skills of life-long learning.

Professionalism and Professional Development:
The resident staff is taught professionalism through modeling, training in effective communication skills and teamwork, as well as information management and a focus on life-long learning. As an academic institution we feel it is important to emphasize the importance of education and help foster the teaching skills of the resident and attending staff.

Interpersonal and Communication Skills:
All staff are trained in effective communication skills through participation in faculty and resident development programs, as well as through modeling and experience. Communications skills are evaluated monthly by 360 degree evaluation.
Systems Based Practice:
Throughout their training, the resident staff work in multidisciplinary teams, and are knowledgeable of the roles and skills of the members of the health care team. As they advance in their training, they become knowledgeable in working within the larger context of the system of medicine.

Practice Based Learning and Improvement:
The resident staff participates in regularly held Morbidity and Mortality Conferences which place a focus upon the role of systems and systems errors; principles of quality assessment and improvement, as well as outcomes based interventions. The resident staff is trained to critically evaluate the literature, as well as to employ principles of evidence-based medicine to their practices.

**ROTATION**
**Obstetrics**
**Labor and Delivery PGY1**
Four months, 2 days and 2 night float

**Faculty:**
MFM, FOGG staff

**Faculty Responsibilities for all Labor and Delivery Rotations (PGY1-PGY4)**
The faculty on Labor and Delivery are present on the L&D Unit at all times. The faculty and senior residents are responsible to directly oversee all invasive procedures, deliveries and surgeries. The faculty and/or senior residents oversee all patient encounters with junior residents, and are immediately available for consultation regarding the patient encounters with senior residents. The faculty orients all members of the team to the rotation including the roles and responsibilities, the learning goals and objectives, and is responsible to monitor each resident’s progress throughout the rotation. They provide education and learning activities and are charged with providing timely objective feedback. The faculty helps to cover the clinical service to allow the residents to attend scheduled conferences and didactics

**Goals:**
This rotation is designed to introduce the PGY1 resident to the conduct of normal labor and delivery as well as routine care during the immediate post-partum period. Additionally, the PGY1 will be exposed to the evaluation of labor in triage as well as to the more common clinical problems women tend to present to triage with for evaluation.

**Schedule**
Daily Rounds: Attending rounds for Labor and Delivery begin at 7:00; the chief resident will set an appropriate time for work rounds. The day OB intern will generally round on the MFM post-partum patients, the night OB intern will generally round on the resident practice (PGP) patients. Rounds on Fridays will be set by the chief resident and attending.

Conferences and Didactics:
- Friday morning didactics: 7:00-10:00, 512 Light Hall
- Monday OB didactics on L&D: 11:00-1:00 Labor and Delivery

Continuity Clinic: Thursday 1:00-5:00, 100 Oaks

**Responsibilities of resident:**
Care of patients admitted to the post partum service
OB triage
Following low-risk OB patients in labor and delivery

Night Float:
Same plus scrubbing for primary Cesarean Deliveries rounds on routine delivered patients with FOGG at 6:30

OBJECTIVES:

Medical Knowledge:
Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the patient in normal labor and delivery and immediate post-partum:

Anatomy:
- Be able to identify the structures of the bony pelvis, as well as the musculature, fascial planes, vascular and nerve supply of the pelvis and perineum

Maternal Physiology:
- Describe the physiologic adaptation of each major organ system to the pregnant state. Interpret common diagnostic tests within the context of a normal pregnancy

Placental physiology:
- Identify the types of placental discs and cord insertions, correctly identify and locate umbilical arteries and veins. Describe the transportation of nutrients and oxygen across the placenta to the fetus.

Fetal Physiology:
- Demonstrate appropriate interpretation of fetal heart rate and contraction monitoring, as well as basic interpretation of fetal arterial and venous blood gasses.

Mechanisms and conduct of labor:
- Be able to describe the conduct of normal labor and delivery (cardinal movements, Friedman’s curve), as well as the mechanisms of birth (stages)

Infectious Disease:
- List and describe the common etiologies of Intra-amniotic infection, PPROM, post partum metritis and mastitis

Peurperium:
- Describe the physiologic changes occurring during the peuperium as well as common concerns found during this period (lactation, pp depression)

Pharmacology:
- Discuss the role of basic nutritional support and supplementation needed in low-risk pregnancies.

Procedures:
1. Diagnosis of labor
2. Perform a sterile speculum exam and diagnose rupture of membranes
3. Amniotomy
4. Placement of internal monitors
5. Cervical exam with correct assessment of cervical dilation, effacement, station and position.
   Assess clinical pelvimetry
6. SVD
7. Use of deLee suction catheter for passage of meconium
8. Delivery of the placenta
9. Identification and repair of first and second degree lacerations and episiotomy
10. Perform and interpret tests of fetal well being: NST, AFI, BPP, CST
11. Perform basic obstetrical ultrasound to determine number of fetuses, placentaion, fetal lie, AFI, basic dating and measurements
12. Perform immediate assessment of the newborn and demonstrate basic newborn resuscitation skills
13. Demonstrate indications for and the technique of post-partum tubal ligation

**Interpersonal and Communication Skills:**
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- Take a complete but concise OB and general medical history and effectively communicate the history, presentation and care plan to members of the healthcare team.
- Develop and maintain a therapeutic relationship with patients in L&D by appreciating the need for ongoing communication with the patient throughout the course of her labor and delivery.
- Communicate effectively with the families of the patient being mindful of the broad range of socioeconomic and cultural backgrounds that our patients come from.
- Identifies emotional concerns of patients and communicates this to the team.

**Professionalism:**
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles and sensitivity to a diverse patient population. Residents are expected to demonstrate:

- Show respect for privacy and confidentiality of all patient information
- Acts respectfully toward all members of the healthcare team.
- Demonstrate compassion and sensitivity in an acute care setting especially in times of stress during labor and delivery
- Maintain responsiveness to patient’s needs being mindful of her ethnic, cultural and social needs.
- Develop and maintain an excellent work ethic by being prompt to respond to calls/pages, answering questions in a respectful and appropriate manner and seeking advice from all team members when in doubt of correct action.

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

- Become familiar with the abilities and scope of practice of the many care providers working with our patients.
- Work in interprofessional teams to enhance patient safety and improve patient care quality.
- Participate in identifying system errors and suggesting potential solutions.

**Practice Based Learning and Improvement:**
Residents must demonstrate the ability to investigate and evaluate their care of patients in labor and delivery, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. During this rotation, residents are expected to begin developing skills and habits to be able to meet the following goals:

- Demonstrate interest and receptiveness to feedback and use this to improve the quality of care rendered to patients.
• Use information technology to locate, appraise and assimilate evidence from scientific studies related to the patient in labor and delivery.
• Participate in the education of patients, families, students and staff members.

Assigned Materials:
   Obstetrics, Normal and Problem Pregnancies, Gabbe et al, 4th edition
   NALS Course: completed in Orientation
   Packet of selected articles: In P&P manual given at orientation

Labs:
Simulator Lab:
   SVD
   Episiotomy repair
   Amniotomy
   Placement of internal monitors
   Cervical exam
   Shoulder dystocia drill

ROTATION

Obstetrics:
Labor and Delivery PG2
Four months: 2 on days, 2 on nights

Faculty:
MFM, FOGG staff

Faculty Responsibilities:
Outlined previously

Goals:
This rotation is designed to further the exposure of the residents to management of normal labor, as well as the identification and management of abnormal labor. Additionally, at this level the residents will be responsible for the triaging of emergent visits to the triage area. The second year resident will be involved in more complicated operative deliveries, and will be expected to assist on a majority of the cesarean sections, as well as care for the high risk patients admitted to the antepartum service.

Schedule
Daily Rounds
Attending rounds begin at 7:00; the chief resident will set an appropriate time for work rounds. Rounds on Fridays to be determined by the chief and the attending.

Conferences and Didactics:
   Friday morning didactics: 7:00-10:00, 512 Light Hall
   Monday skills/didactics: 11:00-1:00 Labor and Delivery
   Continuity Clinic: Wednesday 1:00-5:00 100 Oaks

Responsibilities of residents:
The PG2 will follow patients who have abnormal labor, or who present with high risk problems.
Care for PTL, protracted and arrest of labor patients  
Assist in triage of high risk patients  
Cesarean Deliveries  
Operative deliveries where appropriate  
Circumcisions  
Care for the high risk patients admitted to the antepartum service  
** the PG2 will report to L&D at 6-6:30 to ensure the scheduled cesareans, inductions and procedures are ready to go (orders, H&Ps etc)  

*Night Float*  
At night, the PG2 carries the consult pager and responds to consult requests from the ED and floor, as well as care for the patients on the GYN, REI, ONC  
See specific Goals and Objectives  

**OBJECTIVES**  

**Medical Knowledge:**  
Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the patient in normal and abnormal labor and delivery:

- **Diagnosis and management of normal labor:**  
  - Identify abnormal labor and selection of appropriate interventions to augment labor based upon the etiology  
  - Demonstrate knowledge of and indications for selecting agents to stimulate labor  
  - Understand indications for and selection of techniques for induction of labor  
  - Demonstrate knowledge of obstetrical analgesia and anesthesia both regional and general  

- **Embryology and Developmental Biology:**  
  - Describe the process of fertilization, embryo development and the development of multiple gestations  

- **Anatomy:**  
  - Identify the key anatomic landmarks necessary to perform cesarean delivery  

- **Pharmacology:**  
  - Understand the alteration in plasma volume in pregnancy and its effect upon drug distribution and drug efficacy. Describe factors that influence trans-placental drug transfer.  

- **Infectious Disease:**  
  - Describe the association between genital tract infections and poor perinatal outcomes such as: PTL, PROM, neonatal infections  

- **Preterm labor:**  
  - Discuss the etiologies identified with preterm labor, the common evaluation of patients presenting with preterm labor as well as the therapeutic options including: fluids, tocolytics, antibiotics and steroids  

- **High Risk OB patients:**  
  - Become familiar with the common reasons for antepartum admission, including PPROM, PTL, PIH and others  
  - Become familiar with the use and interpretation of common antepartum tests including the NST, BPP, AFI and the use of Doppler as a marker of placental functioning.  

- **Procedures:**  
  1. Third trimester **amniocentesis** for diagnosis of fetal lung maturity  
  2. Demonstrate ability to perform and correctly interpret testing to assure fetal well-being including: NST, BPP, CST, vibroacoustic stimulation
3. Understand the indications for and the steps in performing external cephalic version
4. Initiate Amnioinfusion
4. Obstetric Ultrasound: Demonstrate ability to perform a targeted ultrasound to correctly date a fetus, as well as to assess rate and appropriateness of growth, AFI and placentation. Demonstrate ability to perform a basic anatomic survey.
5. Cesarean Delivery: Demonstrate ability to perform a low transverse cesarean section delivery under routine and emergent conditions. Demonstrate knowledge of the anatomy, stages of the operation, selection of the proper instruments and appropriate tissue handling.
6. Repair of first, second and third degree episiotomy
7. Operative Delivery: Demonstrate knowledge of the indications for, instruments used in and the technique of operative vaginal delivery from the outlet position (without significant rotation)
8. Management of shoulder dystocia
10. Circumcision

Interpersonal and Communication skills:
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- Perform assessments of the high risk patients, formulate a care plan and communicate to members of the health care team, the patient and her family and to appropriate care givers.
- Keep patients, families and care team apprised of patient’s progress and any necessary change in plan.
- Explain benefits and risks of treatment

Professionalism:
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles and sensitivity to diverse patient population. Residents are expected to:

- Assure that the patient’s needs are key concerns of the healthcare team in a culturally sensitive manner.
- Maintain patient’s autonomy in decision-making when appropriate
- Demonstrate compassion and sensitivity in a stressful abnormal labor and delivery.
- Be aware of one’s own beliefs, values and practices when dealing with patients who are different from our own.

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

- Become competent in the role of a consultant to outside services.
- Use the skills of the many care providers working with the patients who may need more assistance because of an abnormal labor and delivery.
- Participate in identifying personal and system errors rotation and suggest potential solutions.

Practice Based Learning and Improvement:
Residents must demonstrate the ability to investigate and evaluate their care of patients with an abnormal labor and delivery, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. During this rotation, residents are expected to refine their skills and habits to be able to meet the following goals:
• Identify strengths, deficiencies, and limits in your knowledge and expertise when meeting with the faculty mentor at the end of the rotation.
• Set several learning and improvement goals in a learning plan.
• Use feedback to improve the quality of care rendered to patients and discuss this with faculty.
• Use information technology to locate, appraise and assimilate evidence from scientific studies related to the patient with abnormal labor and delivery.
• Participate in the education of patients, families, students and staff members.

Assigned Materials:
- NALS Course: completed in Orientation

Labs:
- Simulator Lab
- Repair or second and third degree laceration
- Performance and interpretation of testing for fetal well-being including NST, BPP, CST
- Shoulder dystocia
- Operative vaginal delivery with both forceps and vacuum from the outlet position

Rotation
Obstetrics:
Labor and Delivery PGY3
Four Months: 2 on days, 2 on night float

Faculty:
MFM, FOGG staff

Faculty Responsibilities:
Outlined previously

Goals:
During this rotation, the resident is responsible for all of the patients admitted to Labor and Delivery and tracks the course of each. This involves the development of excellent time management and organizational skills, experience with setting priorities as well as an introduction to delegation of jobs among the obstetrical team and the appropriate use of consultants where indicated. The third year residents take on more of a supervisory role and education role to the junior residents and become clinically involved in the more complex deliveries and complications thereof.

Schedule:
Daily Rounds
Attending rounds begin at 7:00; the chief resident will set an appropriate time for work rounds. Rounds on Fridays to be determined by the chief and the attending

Conferences and Didactics:
- Friday morning didactics: 7:00-10:00, 512 Light Hall
- Monday skills/didactics: 11:00-1:00 Labor and Delivery
- Continuity Clinic: Monday 1:00-5:00, 100 Oaks
Responsibilities of residents:
The PG3 is the “board doctor” and is responsible for coordinating the care of all of the patients on the labor floor. The PG3 follows all patients in labor, assists and oversees the junior residents and is present at deliveries. The PG3 will become proficient in operative vaginal delivery. He/she will participate in the more complex cesarean deliveries. The PG3 admits and performs the initial evaluation on all transport patients.

OBJECTIVES:

Medical Knowledge:
Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the patient in normal and abnormal labor and delivery:

- **Pharmacology:** Be able to describe the pharmacology of drugs commonly used in labor and delivery including tocolytics, pitocin, antibiotics, and analgesics.
- Describe the common etiology, diagnostic evaluation and management of patients diagnosed with IUFD
- **Second trimester loss:** Describe the evaluation, diagnostic tests available and therapeutic options (medical and surgical) for evacuation of the uterus. Discuss complications common to second trimester loss and their management.
- **Bleeding in late pregnancy:** Describe the common etiologies of bleeding in late pregnancies, including placenta previa, vasa previa, abruption, uterine rupture. Know how to perform a focused exam to differentiate among these causes and be able to order and interpret diagnostic tests.
- **IUGR:** Discuss the etiologies of IUGR, the diagnostic evaluation and appropriate means to monitor the fetus throughout pregnancy including the timing of delivery.

Procedures:
1. Demonstrate the knowledge and skill used in the performance of repeat cesarean delivery
2. Demonstrate the skills used in the performance of safe STAT/emergent cesarean delivery
3. Demonstrate ability to perform a classical cesarean section
4. Use of the vacuum to effect delivery for a low position with/without rotation
5. Demonstrate knowledge and skill to identify, assess and repair 4th degree lacerations
6. Demonstrate knowledgeable management of post-partum hemorrhage
7. Post-partum curettage for an abnormally adherent placenta

Interpersonal and Communication Skills:
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- As the board doctor, become proficient with overseeing a larger group of patients through appropriate delegation of assignments to junior residents.
- Develop excellent communication skills and be responsible for coordinating patient care among several groups including students, junior residents, nursing staff, the chief and the attending
- Be responsible for maintaining open communication of care plans with patients and their families

Professionalism:
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles and sensitivity to diverse patient population. Residents are expected to:

- Demonstrate compassion and sensitivity in a situation that may involved abuse, or difficult social circumstances including delivering bad news to patients and communicating adverse outcomes.
- Be prepared to handle ethical dilemmas or cultural issues that could preclude use of best known practice.
Systems Based Practice:
Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

- Prioritizing and organizational skills are honed as well as time management and delegation.
- Use skills and contributions of all team members to maximize each member’s contribution to care.
- Identify and prioritize changes that could be tested to improve the system.

Practice Based Learning and Improvement:
Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to:

- As a senior resident it is important to look critically at skill and knowledge base and make practice- and evaluation-based improvements on an ongoing basis
- Actively seek feedback to improve the quality of care rendered to patients
- Use literature to base clinical decision making.

Assigned Materials:
Obstetrics, Normal and Problem Pregnancies, Gabbe et al, 4th edition
CCOB course offered in the fall to all PGY3 residents
NALS Course: completed in Orientation

Labs:
Simulation Lab
Operative vaginal delivery from low-position with/without rotation
Repair of third and fourth degree vaginal lacerations
Shoulder dystocia

ROTATION

Obstetrics:
Labor and Delivery PGY4
Four months: 2 on days, 2 on night float

Faculty:
MFM, MAG, CNM Staff

Faculty Responsibilities:
Outlined previously

Goals:
The chief resident is ultimately responsible for the care of all patients admitted to the Obstetrical service including all women seen in triage, women admitted to labor and delivery, and women on the post partum service. The chief is responsible for supervising and teaching junior level residents. The chief is the initial consultant of the resident staff, but will learn when to consult the attending and/or appropriate faculty from other clinical services. The chief is responsible for conducting and monitoring daily rounds and is responsible for monitoring administrative responsibilities including documentation, resident work hours, and scheduling variances.
including call. The chief is responsible for the medical students as well as for the off-service and MS4s rotating on the Obstetrical service.

**Schedule:**
Daily Rounds Daily Rounds
Attending rounds begin at 7:00; the chief resident will set an appropriate time for work rounds. Rounds on Friday to be set by the chief resident and the attending.

Conferences and Didactics:
- Friday morning didactics: 7:00-10:00, 512 Light Hall
- Monday skills/didactics11:00-1:00 Labor and Delivery

Continuity Clinic: Tuesday 1:00-5:00, 100 Oaks

**Responsibilities of residents:**
The PG4 will act as a junior attending on the OB service, and as such is responsible for the care of all patients on the Obstetrical service both antepartum, laboring and post partum. The PG4 will supervise all other residents and will be present at all operative and cesarean births. The PG4 will supervise low risk deliveries where possible and will oversee the care of patients in triage. The chief will help to orient and involve the medical students on the rotation and to develop appropriate talks, demonstrations and educational experiences for them.
The PG4 will see all antepartum patients, transport patients and complicated delivered patients
The chief is responsible to ensure all of his/her team is up to date with administrative duties including dictations, charting and duty hours.

**Night Float**
Same plus supervision of all consults and complicated floor patients. If a GYN case goes in the night, the PG4 should scrub if able to do so. The OB chief will take all calls from the antepartum service and assign tasks as needed to appropriate residents on call.

**OBJECTIVES**

**Medical Knowledge:**
Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the patient in normal and abnormal and emergency situations:

**Emergency Care during pregnancy:**
- Be able to elicit an appropriate history in a pregnant patient in an emergent situation, as well as be able to assess the state of the patient and her fetus.
- Discuss options for diagnostic testing including US, CT, MRI and tests using ionizing radiation.
- Discuss timing of delivery in emergent situations.
- Discuss fetal hydropic disorders (immune and non-immune), the risk factors for, evaluation and management of pregnancies affected by iso-immunization and/or fetal hydrops.
- Discuss etiologic factors predisposing to disorders of wound healing, appropriate evaluation of patients presenting with wound complaints and therapeutic options depending upon the severity of the problem.
- Fetal physiology: Discuss the frequency and severity of the consequences associated with preterm labor and delivery according to gestational age and other associated factors including the presence of anomalies, infection, multiples etc.
• Describe the physiologic alterations and clinical course in patients diagnosed with severe preeclampsia, HELLP and eclampsia.

Procedures:
1. Amniocentesis: Demonstrate the indications for and technique for second trimester genetic amniocentesis
2. **Cervical Cerclage**: Demonstrate the indications for and the technique for abdominal and transvaginal placement of cervical cerclage
3. Ultrasound: Perform and demonstrate ability to interpret color Doppler assessment of umbilical artery blood flow
4. Ultrasound: Demonstrate knowledge of and use of transvaginal ultrasound in early pregnancy to assess the fetus, and to evaluate problems common to early pregnancy including threatened abortion, assessing for ectopic and establishing a correct due date.
5. Spontaneous **Vaginal Breech delivery** with use of piper forceps to the after-coming head.
6. **Operative delivery**: demonstrate safe use of forceps
7. Demonstrate knowledge of safe operative or **vaginal delivery of twins** and higher order pregnancies.
8. Demonstrate operative management of post-partum hemorrhage including the use of **B Lynch stitch** and **uterine artery ligation**
9. Demonstrate knowledge of and skills to manage post-delivery uterine inversion.
10. Perform **Cesarean Hysterectomy**
11. Perform and understand the procedure of **dilation and evacuation** of a second trimester fetus
12. Evaluation and drainage of vulvar and vaginal hematoma
13. Demonstrate skills to evaluate and manage post-operative abdominal and vaginal wound separations, infection, dehiscence and evisceration

**Interpersonal and Communication skills:**
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Chief residents are expected to:

- Be a role model and teacher in documenting comprehensive, timely and accurate notes in medical record.
- Create and sustain a therapeutic and ethically sound relationship with the patient and teach this to junior residents and medical students.
- Use effective listening skills and be cognizant of nonverbal cues from patients and families
- Teach effective communication skills (i.e. SBAR) especially under stressful conditions.
- Work effectively with others as the leader of a health care team.

**Professionalism:**
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles and sensitivity to diverse patient population. Residents are expected to:

**Administrative Responsibilities of the chief resident:**
- In conjunction with the attending staff is responsible for overseeing resident duty hours, dictations, medical records and other administrative duties.
- Demonstrate accountability to patients, health care team and the profession through academic and professional honesty, work ethic and sense of responsibility
- Be responsible for maintaining an ongoing list of patients for the monthly M&M conference and for maintaining and reporting statistics to the department education specialist and quality officer
• Be a role model for all learners in practicing safe, ethical and compassionate care for all women regardless of ethnicity, race or socio-economic status.

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

**Leadership:**
- The PG4 position is that of junior faculty. It is anticipated that the chief will be knowledgeable and responsible for the care of all patients on the service, yet will allow the more junior residents manage the patients as they are able.
- The chief must be immediately available to supervise all deliveries and to address any emergent situations arising on the floor, the OR or the ED. The chief is responsible to keep the attending physicians informed.
- Be aware of cost issues and resource allocation that does not compromise quality of care.

**Education:**
- The chief is responsible for both formal and informal education sessions for the medical students and junior residents
- Be a role model to staff, medical students and junior residents in identify strengths, deficiencies and limits of one’s knowledge and identify learning goals to assist with ongoing learning.
- Will instruct learners how to improve the care of women in labor and delivery.

**Practice Based Learning and Improvement:**
Residents must demonstrate the ability to investigate and evaluate their care of patients to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to:
- Demonstrate use of the literature to base clinical decision making
- Obtain and use information about their own population of patients and the larger population from which their patient are drawn
- Demonstrate the ability to make practice and performance-based improvements on an ongoing basis
- Demonstrate a commitment to ongoing education and professional development

**Assigned Materials:**
Obstetrics, Normal and Problem Pregnancies, Gabbe et al, 4th edition
NALS Course: completed in Orientation

**Labs:**
Simulation Lab
Operative vaginal Delivery: Use of rotational forceps
Breech vaginal delivery with use of piper’s forceps to the after coming head
Placement of cervical cerclage.
Shoulder dystocia
ROTATION
Night Float: PGY2

Faculty:
MFM, FOGG and GYN staff

Faculty Responsibilities:
Outlined previously. There is an attending assigned to be in-house on L&D at all times. There are available faculty for GYN and GYN Oncology on call from home, but immediately accessible to the resident staff as needed.

Goals:
The night float rotation combines some of the duties performed on the OB service as a PGY2, however the primary function of the OGY2 on night float is to care for the patients on the GYN and GYN Oncology services as well as to answer urgent consults made to the OBGYN services at night. As such, it is an introduction to both routine and complicated post-op care, responding to post op emergencies, and responding to consultations under the guidance of the chief resident and on-call attending.

Schedule
Daily Rounds: Night float starts at 5pm. Times to make rounds or receive sign out from the services will be arranged on an individual basis.

Conferences and Didactics:
   Friday morning didactics: 7:00-10:00, 512 Light Hall

Continuity Clinic: There are no assigned or continuity clinics while on night float

Responsibilities of residents:
At night, the PG2 carries the consult pager and responds to consult requests from the ED and floor, as well as care for the patients on the GYN, REI, ONC

OBJECTIVES

Medical Knowledge:
Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the post operative patients, or patients with an urgent medical condition or sudden change in health status.

- Identify the key anatomic landmarks necessary to perform cesarean delivery
- Become knowledgeable with common post-op physiology including effects of blood loss, fluid shifts, temperature changes and anesthesia.
- Become familiar with common sequelae of surgery including post-op atelectasis, ileus, small bowel obstruction, post op bleeding, formation of VTE, reactions to medications, wound disruption
- Be proficient at initiating BLS and ACLS protocols
- Become familiar with evaluation of common scenarios seen in the ED including acute vaginal bleeding, accidents of pregnancy, pelvic infections, trauma among others
• Understand the principles of transfusion medicine

Procedures:
  
1. **Cesarean Delivery**: Demonstrate ability to perform a low transverse cesarean section delivery under routine and emergent conditions. Demonstrate knowledge of the anatomy, stages of the operation, selection of the proper instruments and appropriate tissue handling.

2. **Exploration of post surgical wounds, cleansing and packing**

3. **Interpretation of EKGs**

4. **Incision and drainage of abscesses**

Interpersonal and Communication skills:
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

• Act as a consultant to the Emergency Department as well as to other services with urgent GYN needs, communicating well to all members of the team

• Communicate a patient history, findings and assessment to an out of house attending in an accurate and timely manner

• Calm effective communication during a crisis.

• Keep patients, families and care team apprised of patient’s progress and any necessary change in plan.

• Explain benefits and risks of treatment

• Become proficient at patient hand-offs by developing a systematic approach and means of communication

Professionalism:
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles and sensitivity to diverse patient population. Residents are expected to:

• Assure that the patient’s needs are key concerns of the healthcare team in a culturally sensitive manner.

• Maintain patient’s autonomy in decision-making when appropriate

• Demonstrate compassion and sensitivity in a stressful clinical situation

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

• Become competent in the role of a consultant to outside services.

• Use the skills of the many care providers working with the patients who may need more assistance because of an abnormal labor and delivery.

• Participate in identifying personal and system errors rotation and suggest potential solutions.

Assigned Materials:
Obstetrics, Normal and Problem Pregnancies, Gabbe et al, 4th edition
NALS Course: completed in Orientation
ACLS, BLS
Novak’s Gynecology, selected ACOG materials
ROTATION
Night Float: PGY4
Two months

Faculty:
MFM, FOGG and GYN staff

Faculty Responsibilities:
Outlined previously. There is an attending assigned to be in-house on L&D at all times. There are available faculty for GYN and GYN Oncology on call from home, but immediately accessible to the resident staff as needed.

Goals:
The night float rotation combines all of the duties performed on the OB service as a PGY4, and adds the supervision of patient care rendered by junior residents to the remaining patients on the departmental services as well as to oversee all consultations made to the OBGYN service from the ED or other services. The night float chief will gain proficiency at the evaluation and initial management of critically ill patients.

Schedule
Daily Rounds: Night float starts at 5pm. Times to make rounds or receive sign out from the services will be arranged on an individual basis.

Conferences and Didactics:
  Friday morning didactics: 7:00-10:00, 512 Light Hall

Continuity Clinic: There are no assigned or continuity clinics while on night float

Responsibilities of residents:
At night, the PG4 is responsible for the oversight of the labor and delivery unit, GYN and GYN Oncology services as well as for any consults made to the OBGYN service. The chief is responsible for overseeing the care of junior residents and students and for consulting the attending staff when needed.

OBJECTIVES

Medical Knowledge:
Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the post operative patients, or patients with an urgent medical condition or sudden change in health status.

- Identify the key anatomic landmarks necessary to perform cesarean delivery, including classical and stat cesarean delivery and cesarean hysterectomy
- Become knowledgeable with common post-op physiology including effects of blood loss, fluid shifts, temperature changes and anesthesia.
- Become familiar with common sequelae of surgery including post-op atelectasis, ileus, small bowel obstruction, post op bleeding, formation of VTE, reactions to medications, wound disruption
- Be proficient at initiating BLS and ACLS protocols
- Management of massive blood loss and hemodynamic shock
- Become familiar with overseeing the evaluation of common scenarios seen in the ED including acute vaginal bleeding, accidents of pregnancy, pelvic infections, trauma among others
Procedures:
1. **Cesarean Delivery**: Act as the primary and/or teaching surgeon in performing routine and urgent cesarean deliveries. Demonstrate ability to perform classical CS as well as cesarean hysterectomy.
2. **Emergent Operative Delivery**
3. **Urgent evaluation of a fetus and mother including emergent delivery of infants outside of the labor ward.**
4. **Exploration of post surgical wounds, cleansing and packing**
5. **Emergent laparoscopy for ectopic, ovarian torsion and bleeding**
6. **Management of abscesses of the genital tract as well as post-op abscesses.**

**Interpersonal and Communication skills:**
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- Act as a consultant to the Emergency Department as well as to other services with urgent GYN needs, communicating well to all members of the team
- Communicate a patient history, findings and assessment to an out of house attending in an accurate and timely manner
- Calm effective communication during a crisis.
- Keep patients, families and care team apprised of patient’s progress and any necessary change in plan.
- Deliver informed consent counseling in an emergency
- Patient hand-offs

**Professionalism:**
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles and sensitivity to diverse patient population. Residents are expected to:

- Act as an effective team leader in a crisis
- Demonstrate leadership of your team
- Obtain consultation, back up as appropriate
- Maintain patient’s autonomy in decision-making when appropriate
- Demonstrate compassion and sensitivity in a stressful clinical situation

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

- Become competent in the role of a consultant to outside services.
- Demonstrate knowledge of using the resources of the unit/ hospital in the urgent care needs of patients
- Participate in identifying personal and system errors rotation and suggest potential solutions.

**Assigned Materials:**
- NALS Course: completed in Orientation
- ACLS, BLS
- Novak’s Gynecology, selected ACOG materials
ROTATION
Gynecology PG1: 2 months

Faculty:
General and Specialty Gynecology Staff, FOGG staff

Faculty Responsibilities:
For all residents on the GYN service (PGY1-PGY4)
The faculty on the GYN rotation are responsible to make teaching rounds daily on the inpatient service and to be present to see any consultations made to the GYN service. Faculty are to be present in the Operating Room to supervise or scrub on all procedures performed on all patients, including bedside and Emergency Department procedures. Faculty on the GYN service are expected to attend GYN Conferences, and to contribute to the its educational content. The faculty orients all members of the team to the rotation including the roles and responsibilities, the learning goals and objectives, and is responsible to monitor each resident’s progress throughout the rotation. GYN faculty are responsible to provide education and learning activities and are charged with providing objective and timely feedback. Faculty are to assist in providing clinical coverage to the resident staff during the Friday morning conferences.

Goals:
The goals of the first year rotations in benign Gynecology include the care of post op patients, and an introduction to minor GYN operative procedures along with exposure to assisting in major procedures. Additionally, this rotation will introduce the resident to basic pre-op evaluation and post-op care. It is anticipated that the PG1 will be able to scrub on a variety of minor procedures (tubal ligations, dilation and curettage, hysteroscopy and laparoscopy) as well as assist on major procedures.

Schedule:
Rounds: daily rounds begin at 6:30, or earlier as determined by the chief resident. It is anticipated that the PG1 pre-rounds on the floor patients and enters their note and orders, as well as completing their discharge summaries when discharged. Teaching and attending rounds will be arranged between the chief of the service and the attending.

Conferences and Didactics:
  - Friday morning didactics: 7am-10 am, 512 Light Hall
  - UroGYN conference: Wednesdays 7am-8am, MCN
  - Ultrasound Conference: Thursdays, 10:30 TVC radiology
  - Pre-Op conference: individually scheduled
  - CELA time: Thursdays, arranged on a weekly basis

Clinics:
  - Continuity Clinic Thursday 1:00-5:00 pm, 100 Oaks

Responsibilities of residents:
Care of the inpatients on the Gynecology service as assigned by the chief residents including coordinating consultations, discharge planning.
For operative patients, review H&P day of surgery, review peri-operative orders and paperwork for completeness. Help to facilitate discharge if SDS patients.
Preparation of the pathology follow up from the cases during the preceding week to be reviewed and presented at the Pre op conference.
OBJECTIVES:

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

- Wound healing: describe the principles of wound healing and risk factors for wound disruption. Discuss the evaluation of a disrupted/infected wound and treatment options.
- Post-operative care: describe the principles of post op care and the evaluation of common post-op concerns including: post-op fever, pain, decreased urine output and ileus.

Procedures:
1. Diagnostic Hysteroscopy
2. Dilation and Curettage (obstetric/gynecologic)
3. Diagnostic Laparoscopy
4. Bilateral Tubal Ligation (abdominal and L/S)
5. Incision and drainage of abscess/ hematoma-vulva or vagina
6. Skin incision and closure (vertical and transverse)

Interpersonal and Communication skills:
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- Obtain a complete H&P with focused Gynecologic assessment
- Provide pre-operative informed consent, discussing risks, benefits and alternatives to surgery and answer questions generated from the informed consent process.
- Appreciate all members’ skill levels and contributions to patient care through effective dialogue about care issues

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

- Become familiar with working as a team in the operating room and the roles of each team member.
- Coordinating care of in-house patients with the various contributing caregivers.
- Identify clinical or social issues that help or hinder care of patients

Assigned materials:
Novak’s Gynecology
Te Lind’s Operative Gynecology
Assigned materials-packet

Labs:
Endoscopy Lab/Simulator Curriculum:
Diagnostic hysteroscopy, laparoscopy, D&C
Gynecology PG2

Faculty:
Gynecology Staff, FOGG staff

Faculty Responsibilities:
Outlined previously

Goals:
The PG2 resident will be exposed to more complicated GYN patients and procedures in this year, as well as become increasingly responsible for the care of patients in the operating room and on the inpatient service. The PG2 resident will be responsible for the GYN consult pager. The PG2 fills in for the PG1 when he/she is on vacation

Schedule:
Daily rounds begin at 6:30 am, with work rounds to begin earlier as scheduled by the chief resident.

Conferences and Didactics:
Friday morning didactics: 7am-10 am, 512 Light Hall
UroGYN conference: Wednesdays 7am-8am, MCN
Ultrasound Conference: Thursdays, 10:30 TVC radiology
Pre-Op conference: individually scheduled
CELA time: Thursdays, arranged on a weekly basis

Clinics:
Continuity Clinic: Monday 1:00 pm 100 Oaks

OBJECTIVES:

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

- Abnormal and dysfunctional uterine bleeding: The resident should be able to define the limits of the normal menstrual cycle, and be able to differentiate AUB from DUB. Understand the correct sequence of tests based on the patient history, correct interpretation of such tests and delineate therapeutic options, both surgical and non-surgical.
- Become familiar with the evaluation and management of acute GYN problems, and acute exacerbations of long-standing GYN problems
- Ectopic pregnancy: know the incidence, common presentation, diagnosis and management options (medical and surgical)
- Early Pregnancy Failure: Understand the incidence, common etiologies, diagnosis and treatment options (medical and surgical)
- Contraception options in women with complex medical histories
- Evaluation of GYN trauma and management of victims of sexual assault
- Common GYN infections and screening for STDs
Procedures:
1. **Diagnostic and basic operative laparoscopy**
2. **Diagnostic and basic operative hysteroscopy** including endometrial ablation
3. Hysteroscopic sterilization
4. Laparoscopic sterilization
5. **Total Abdominal Hysterectomy**
6. Open ovarian cystectomy, oophorectomy, salpingoophorectomy
7. Marsupialization or excision of Bartholin’s or Skene’s glands
8. Wide local excision (vulva)
9. Wound Care I&D, debridement, wound vac placement, delayed primary closure, healing by secondary intention
10. I&D of abscess (vulva, vaginal, incision)
11. Biopsy of vulva, vagina, endometrium, cervix
12. **Transvaginal US**

**Interpersonal and Communication Skills:**
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- Provide accurate, concise transfer of information to other care-givers (patient hand-offs).
- Become proficient in the role of a consultant

**Professionalism**
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles and sensitivity to diverse patient population. Residents are expected to:

- Interact with colleagues in a respectful and professional manner
- Demonstrate timely evaluation of patients, accurate documentation, and concise communication with families and appropriate services
- Provide appropriate and timely written communication and documentation

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

- Understand the various roles of the medical team- including advanced practice nurses.
- Become familiar with role of a consultant to a primary team
- Develop a familiarity with appropriate use of hospital resources (both people and equipment) in the appropriate evaluation of patients presenting with OB and GYN complaints in the ED setting.

**Assigned materials:**
Novak’s Gynecology
Te Lind’s Operative Gynecology

**Labs:**
Cadaver labs as scheduled
CELA
ROTATION
Gynecology PG3

Faculty:
Gynecology Staff, FOGG staff

Faculty Responsibilities:
Outlined previously

Goals:
The rotation for the PG3 resident includes two months on the general GYN service, with an emphasis on learning urogynecology.

Schedule:
Rounds: daily rounds begin at 6:30, work rounds begin earlier as determined by the chief resident.

Conferences and Didactics:
  Friday morning didactics: 7am-10 am, 512 Light Hall
  UroGYN conference: Wednesdays 7am-8am, MCN
  Ultrasound Conference: Thursdays, 10:30 TVC radiology
  Pre-Op conference: individually scheduled
  CELA time: Thursdays, arranged on a weekly basis

Clinics:
Continuity Clinic: Tuesday 1:00-5:00, TVC

Resident Responsibilities:
The PG3 will primarily scrub with the Urogynecology faculty, as well as scrubbing on general Gynecology patients and helping to supervise junior residents in the care of patients admitted to the Gynecology service. This resident will have an exposure to urodynamics as well as outpatient evaluation and care of women with urogynecologic and pelvic support conditions. The PGY3 will assume the roles and responsibilities of the chief resident when the chief is out of the hospital.

OBJECTIVES

Medical Knowledge:
Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of women with urogynecology problems.

- Describe the anatomy of the female urinary system Urogynecology- describe the normal anatomy and function of the urogenital tract. Understand the processes responsible for urinary continence and the disruptions leading to incontinence, the evaluation and treatment options of these disorders.
- Describe common etiology, evaluation and management of fecal incontinence

Procedures:
1. Physical examinations skills relevant to examining women with incontinence and basic pelvic floor disorders.
2. Perform basic multi-channel urodynamics
3. Diagnostic cystoscopy
**Interpersonal and Communication Skills:**
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- Taking a complete gyn and urinary systems history
- Communicate with all team members problems and plan for patients

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

- Learn how to interact with the office staff and practitioners in a multi disciplinary practice setting at the 100 Oaks facility
- Become familiar with the contributions of outpatient and inpatient services and practitioners in the delivery of care to patients

**Assigned Materials:**
Novak’s Genecology
Te Lind’s Operative Gynecology
Atlas of pelvic surgery and pelvic anatomy

**Labs:**
Cadaver Labs as scheduled
Endoscopy lab/Simulator Curriculum:
  Diagnostic cystoscopy

**ROTATION**
**Gynecology PG4 2 months**

**Faculty:**
General and specialty GYN staff, FOGG staff

**Faculty Responsibilities:**
Outlined previously

**Responsibility of Chief Residents:**
The chief resident on the Gynecology services are responsible for the care of all of the patients on the service. He/she is responsible for overseeing the pre-operative selection of patients and procedures and for ensuring that their pre-op evaluations are complete. The chief assigns cases to the GYN team and assists those members of the team in caring for the patients post-op. The GYN chief oversees daily work rounds and is responsible for the general care of all the patients and consults cared for by the GYN service, and for communicating with the attending staff on a regular basis. The chief is responsible for overseeing the administrative duties of the junior residents including documentation, dictations and duty hour reporting. Finally, the chief is responsible for organizing the educational experience of the rotating MS3 and MS4s. This rotation provides a heavy operative experience for the chief, where he/she can have a concentrated exposure to complex pelvic support, laparoscopic and to some urogynecology procedures.
Schedule:
Daily Rounds: Attending rounds occur at 6:30; the chief will set the time for work rounds. The GYN chief is responsible for ensuring that OR cases are assigned to appropriate junior residents and students and that all assigned clinics are covered. The GYN chief is generally assigned to cover the advanced operative laparoscopy and complex pelvic support procedures, and is also primarily responsible to cover resident and unassigned patients needing admission or surgery.

Conferences and Didactics:
- Friday morning didactics: 7am-10 am, 512 Light Hall
- UroGYN conference: Wednesdays 7am-8am, MCN
- Ultrasound Conference: Thursdays, 10:30 TVC radiology
- Pre-Op conference: individually scheduled
- CELA time: Thursdays, arranged on a weekly basis

Clinics:
- Continuity Clinic Friday, 1:00-5:00, 100 Oaks
- Dr. Zimmerman: Thursdays 8:00-5:00, 100 oaks
- Urodynamics Clinic: Thursdays 1:00-5:00, 100 Oaks.

** Your goal would be to attend 2-3 of these sessions during the course of the rotation. Contact Suzie Csorna NP, prior to attending for the first session.

Resident Responsibilities:
- Responsible for care of all inpatients on inpatient and consult services
- Daily rounds
- Responsible for pre-op management of all patients going to the OR
- Case assignment (residents and students)
- Prepare monthly Morbidity and Mortality list and patient roster
- Incorporate MS3 students into the rotation by assigning patients, procedures and topics to discuss.
- Monitoring the team’s dictations and other administrative tasks

OBJECTIVES:

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

- Pre-op and post op care, including assessing patients for common pre-op co-morbid conditions and complete assessment and management of common post-operative complications
- Describe the physiology of the following processes in the peri-operative setting: BP, thermoregulation, CV and respiratory function and urine output.
- Wound healing and disruption
- Critical Care: Recognize the critical care issues that arise in post op patients including: Hemorrhage, sepsis, ARDS, PE, GI obstruction, allergies and anaphylaxis, CNS and CV emergencies.
- Pelvic mass: Enumerate the differential diagnoses, evaluation and management of women presenting with a pelvic mass.
- Chronic pelvic pain. Discuss gyn and non-gyn etiologies contributing to pelvic pain. Describe the approach to patients presenting with pelvic pain including history, exam, lab and imaging evaluation, interpretation of results and treatment options.
Surgical Care of the Geriatric patient. Describe the unique considerations related to the peri-operative care of geriatric patients including; common drugs, effects of anesthesia, susceptibility to infection, DVT, nerve and musculoskeletal injury, tolerance of blood loss, nutritional needs, fluid and electrolyte imbalances among others.

Procedures:

1. **Operative Laparoscopy** including laser and electrosurgical ablation of lesions, lysis of adhesions as well as LS suturing, and use of devices to seal and ligate vessels and tissues.
2. **Total LS hysterectomy, LASH, LAVH**
3. **Anterior Colporrhaphy**
4. **Posterior Colporrhaphy**
5. **Vaginal vault suspension** (L/S and open procedures)
6. Paravaginal repair(vaginal and open)
7. **Colpocleisis**
8. **Perineorrhaphy**
9. **Urodynamics-simple and multi-channel**
10. **Cystoscopy**
11. **Repair of cystotomy**
12. **Repair of enterotomy**
13. **Hysteroscopy-diagnostic and operative (ablation/myomectomy)**
14. **Hysterectomy-(total abdominal/supracervical/vaginal)**
15. **Myomectomy-abdominal**
16. **Excision of Bartholin’s Gland**
17. **Oophorectomy/Ovarian Cystsectomy(open and LS)**
18. **Operative management of Ectopic pregnancy**
19. **Wide local excision-vulva**
20. **Wound care(breakdown, evisceration, debridement)**

**Interpersonal and Communication skills:**
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Chief residents are expected to:

- Become competent with pre-operative informed consent, communication of post-op findings and complications as well as communicating plan of care with patients, family and all members of medical team.
- Conduct organized and efficient rounds.
- Demonstrate appropriate teaching skills and dedication to the education of the junior residents and medical students

**Professionalism**
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles and sensitivity to diverse patient population. Residents are expected to:

- Develop leadership skills to allow for the inclusion of all members of the Gynecology team to participate and learn from the care of the team’s patients.
- The chief is responsible to see that the team’s administrative duties are met, and that the resident duty hours are met.
Assigned materials:
Novak’s Gynecology
Te Lind’s Operative Gynecology
Pelvic Anatomy Atlas (Wheeless, Baggish and Karram)

Labs:
Cadaver labs as scheduled throughout the year
Laparoscopy and Hysteroscopy courses as scheduled
Pelvic surgery course
Simulator/Endoscopy lab

ROTATION
Gynecology Oncology
PGY2
2 months

Faculty:
GYN Oncology Division: Dr. Howard Jones, Dr. Marta Crispens, Dr. Dineo Khabele and Dr. Michael Gold
Associate staff: Dr. Stephen Dudley, Alison Barlow, NP

Faculty Responsibilities
For PGY2, PGY3 and PGY4 residents
The faculty on GYN Oncology along with the senior residents are responsible to oversee all aspects of patient care on this service. Attendings make rounds twice daily to oversee the evaluation and management decisions made on all inpatients. They are present to oversee any clinical procedures done in the clinic, ED or on the floor. Attendings are responsible to supervise all surgical procedures and for the preoperative evaluation and preparation of patients scheduled for the OR. The faculty orients all members of the team to the rotation including the roles and responsibilities, the learning goals and objectives, and is responsible to monitor each resident’s progress throughout the rotation. Attendings are responsible to oversee the learning environment at the tumor board and colposcopy conferences. They are responsible for providing objective and timely feedback to the residents.

Goals:
The PG2 position of GYN Oncology has been affectionately termed “GUMP” or “gynecologist under maximal pressure”. During this rotation, the goal for the PG2 is to have an intensive, but well structured and well-supported exposure to running a service of medically and surgically complicated GYN cancer patients. An introduction to outpatient follow up and evaluation, and operative management is also included.

Schedule:
Daily Rounds: Attending rounds begin at 7:30 in the 4E conference room M-Th. Friday rounds will be arranged on a weekly basis.

Conferences and Didactics:

   Friday morning Didactics: 7:00-10:00, 512 Light Hall

   Tumor Board: Tuesdays 4:30pm, Chair’s conference room

   Pre-op Conference: Immediately following tumor board
Colposcopy conference: Wednesday 8:00 100 Oaks

Colposcopy Clinic: Wed 8:30-12:00 and Friday 1:00-5:00, 100 Oaks (if free)

** There are no continuity clinic responsibilities on this rotation

**Resident Responsibilities:**
The PG2 is responsible for the care of all patients admitted to the GYN Oncology service. The PG2 is responsible for obtaining a complete history and physical, for collecting all pertinent lab and radiology studies and for formulating a management plan which is to be discussed with the chief. The PG2 is responsible for ordering tests, consults, coordinating care for patients and for maintaining open communication between the patients, their families and members of the health care team.

**OBJECTIVES**

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

1. Develop an understanding of the management of normal post-operative care
   a. Advancement of diet and return to normal dietary and bowel function
   b. Ambulation
   c. Management of urethral catheterization and return of normal urinary function
   d. Thromboembolism prophylaxis
   e. Wound care
   f. Post-operative pain management
   g. Post-operative management of pre-existing medical conditions
   h. Development and implementation of post-discharge care plans
2. Develop an understanding of the evaluation and management of complications following gynecologic surgical procedures
   i. Fever
   j. Gastrointestinal ileus obstruction
   k. Infection
   l. Wound complications
   m. Fluid and electrolyte imbalances, including abnormalities of urinary output
   n. Respiratory problems
   o. Thromboembolism
   p. Mental status changes
   q. Develop an understanding of when consultation is needed for assistance with the management of these problems
   r. Demonstrate ability to work collaboratively with consulting physicians
   s. Demonstrate appropriate utilization and ability to work with members of ancillary hospital services (i.e. PT/OT, nutritionist, wound/ostomy nurse)
1. Begin to develop skills for the initial diagnosis and evaluation of patients with a potential gynecologic malignancy
   a. Obtain a targeted history
   b. Perform a focused physical examination
   c. Perform appropriate diagnostic biopsies
   d. Obtain appropriate diagnostic, staging, and pre-operative testing
   e. Develop plans for the evaluation and management of the patient with pre-existing medical conditions that could impact her surgery, recovery, or cancer treatment
f. In consultation with a gynecologic oncologist, develop a treatment plan for the patient’s gynecologic cancer

2. Begin to develop an understanding of the use of chemotherapy in gynecologic malignancies
   a. List the general classes of chemotherapeutic agents used in the treatment of gynecologic malignancies
      i. Alkylating agents
      ii. Antimetabolites
      iii. Vinca alkaloids
      iv. Antibiotics
      v. Hormones
      vi. Heavy metals
      vii. Immunotherapy
   b. Describe the general mechanisms of action of chemotherapy
   c. Describe the general indications for chemotherapy in the treatment of gynecologic malignancy
   d. Describe the potential complications of chemotherapy
   e. Understand supportive care methods/medications which can be used to ameliorate the following treatment complications:
      i. Bone marrow suppression
      ii. Nausea and vomiting
      iii. Hemorrhagic cystitis
      iv. Peripheral neuropathy
      v. Renal toxicity
      vi. Cardiac toxicity

3. Develop an understanding of terminal care
   a. Describe the basic principles of palliative care
   b. Describe medical, radiation, and operative modalities for palliation of symptoms in terminally ill patients
   c. Describe the implementation and use of durable power of attorney for health care and living will
   d. Describe the appropriate indications for a “do not resuscitate” (DNR) order
   e. Describe the medical, ethical, and legal implications of a DNR order
   f. Describe the concept of therapeutic index when considering medical or operative intervention to improve patients’ quality of life
   g. Describe pain management for patients with terminal illness

Procedures:
1. Paracentesis (required to demonstrate competence)
2. Pelvic examination under anesthesia with or without biopsies
3. Hysteroscopy with D&C
4. Wide local excision of the vulva
5. LEEP and cold knife conization of the cervix
6. Venous access device placement
7. Placement of intracavitary brachytherapy devices
8. Suction D&C of molar pregnancy (Required to demonstrate competence)
9. Diagnostic and operative laparoscopy
10. Extrafascial hysterectomy with or without bilateral salpingo-oophorectomy

Interpersonal and Communication skills:
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:
• The PG2 on the ONC service is responsible a majority of the care of patients on the floor-as such it is imperative to develop excellent communication of clinical information and disseminate to the team, the nursing staff and to ancillary and consulting teams.
• Become proficient at obtaining informed consent for tests and more common procedures.

**Professionalism**
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles and sensitivity to diverse patient population. Residents are expected to:

• Maintain calm and controlled demeanor under the stress of a high-acuity service.
• Complete medical records promptly and accurately.

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

• Utilize the many hospital-based services to optimize care of patients on the service.
• Use information technology to locate, appraise and assimilate evidence from scientific studies related to the patient with abnormal labor and delivery.
• Participate in the education of patients, families, students and staff members.

**ROTATION**
**GYN ONC**
**PGY3 (Pathology Resident)**
2 months

**Faculty:**
GYN Oncology Division: Dr. Howard Jones, Dr. Marta Crispens and Dr. Gautam Rao
Associated Staff: Dr. Stephens Dudley, Alison Barlow, NP

**Faculty Responsibilities:**
Outlined previously

**Goals:**
The PG3 position of GYN Oncology is designed to focus on the outpatient aspects of the service, including exposure to each attending’s outpatient practices for exposure to both the preoperative evaluation and the post-operative follow up of patients seen while in the hospital. The additional focus of this rotation is pathology: the path resident will be primarily responsible for preparing for tumor board and for reviewing all pathology and cytology with the pathology attending.

**Responsibilities of Residents:**
Assist in the OR and on the floor where needed
Attend the outpatient clinics of the GYN ONC staff
Prepare for the Tumor Board conference, by meeting with pathology to review clinical cases and pathology

**Schedule:**
Daily Rounds: Attending rounds begin at 7:30 in the 4E conference room M-Th. Friday rounds will be arranged on a weekly basis.
Conferences and Didactics:
  - Friday morning Didactics: 7:00-10:00, 512 Light Hall
  - Tumor Board: Tuesdays 4:30pm, Chair’s conference room
  - Pre-op Conference: Immediately following tumor board
  - Colposcopy conference: Wednesday 8:00, 100 Oaks

Clinics:
  - Continuity Clinic: Thursday 1:00-5:00, 100 Oaks
  - Colposcopy Clinic: Wednesday 8:30-12:00 and Friday 1:00-5:00, 100 Oaks
  - Dr. Jones: Tuesday 1:00-5:00, Ingram Cancer Center
  - Dr. Crispins: Thursday 8:00-12:00, Ingram Cancer Center

OBJECTIVES

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

I. Describe the histology of malignant and pre-malignant conditions of the pelvic organs and breast
II. Describe the epidemiology and risk factors for malignancies of the pelvic organs and breast
III. Describe the prognosis for the major malignancies of the pelvic organs and breast
IV. Describe the FIGO staging of the major malignancies of the pelvic organs
V. Further develop and understanding of the use of chemotherapy in the treatment of gynecologic malignancies, focusing on the general indications for chemotherapy in treatment of gynecologic neoplasms
VI. Develop an understanding of the use of radiotherapy in the treatment of gynecologic neoplasms
   a. Describe the general principles of radiation therapy
   b. Describe the indications for radiation therapy in the treatment of gynecologic neoplasms
   c. Describe the potential complications of radiation therapy
   d. With the consultation of a gynecologic oncologist, develop multidisciplinary care plans for the treatment of gynecologic malignancies taking into account factors that can influence decisions regarding intervention, such as:
      i. Classification and FIGO stage of disease and histology
      ii. Age of patient and her functional status
      iii. Underlying medical conditions
      iv. Implications for future fertility
      v. Concomitant therapy with radiosensitizers or chemotherapy
      vi. Previous abdominal procedures
      vii. Need for palliative management
   e. Describe the potential complications of radiotherapy
   f. Perform competently all medical and invasive procedures considered essential for generalist practice in the discipline of obstetrics and gynecology.
   g. Work with health care professionals, including those from other disciplines, to provide patient-focused care.
VII. Further develop skills for the initial diagnosis and evaluation of patients with a potential gynecologic malignancy
   a. Obtain a targeted history
   b. Perform a focused physical examination
   c. Perform appropriate diagnostic biopsies
   d. Obtain appropriate diagnostic, staging, and pre-operative testing
e. Develop plans for the evaluation and management of the patient with pre-existing medical conditions that could impact her surgery, recovery, or cancer treatment
f. In consultation with a gynecologic oncologist, develop a treatment plan for the patient’s gynecologic cancer

VII: Develop skills in the ability to obtain and evaluate information from multiple sources (i.e. textbooks, medical literature, consensus statements, evidence-based guidelines) to develop care plans for patients with gynecologic malignancies

g. Locate, appraise, assimilate evidence from scientific studies related to patient health problems
h. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
i. Use information technology to manage information, access online medical information
j. Develop ability to present patient case and care plan in a concise, yet complete fashion
k. Demonstrate sensitivity and responsiveness to the culture, age, sexual orientation, behaviors, socioeconomic status, beliefs, and disabilities of patients and professional colleagues

Procedures:

1. Paracentesis (Required to demonstrate competence if not done as PGY2)
2. Pelvic examination under anesthesia with or without biopsies
3. Hysteroscopy with D&C
4. Wide local excision of the vulva
5. LEEP and cold knife conization of the cervix
6. Venous access device placement
7. Placement of intracavitary brachytherapy devices
8. Diagnostic and operative laparoscopy
9. Suction D&C of molar pregnancy (Required to demonstrate competence if not done as PGY2)
10. Extafascial hysterectomy with or without bilateral salpingo-oophorectomy

Interpersonal and Communication Skills:
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- Counsel and educate patients and families in the outpatient setting-pre-operative, and post-op.
- Hone non-verbal communication skills and active listening.
- Convey very detailed and sophisticated information to patients in appropriate-language

Professionalism:
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles with sensitivity to a diverse patient population. Residents are expected to:

- Demonstrate prompt and professional responsiveness to patients and families
- Commit to timely and accurate documentation and appropriate dispersal of clinical information

Practice Based Learning and Improvement:
Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to:

- Demonstrate performance-driven improvements to clinical skills and fund of knowledge.
- Use literature to prepare for tumor board and to base clinical decision making
- Actively seek feedback to improve own knowledge and quality of patient care.
**Systems Based Practice:**
Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

- Work effectively within the healthcare team in coordinating complex care plans for patients and families
- Become familiar with local outpatient resources to help provide care for oncology patients.

**ROTATION**
**GYN ONC**
**PGY4**
2 months

**Faculty:**
GYN Oncology Division: Dr. Howard Jones, Dr. Marta Crispens and Dr. Gautam Rao
Associated Staff: Dr. Stephens Dudley, Alison Barlow, NP

**Faculty Responsibilities**
Outlined Previously

**Goals:**
The chief of the Oncology service is responsible to oversee the care of all of the patients, both inpatient and outpatient that are cared for by the GYN Oncology team. The PG4 oversees the care of hospitalized patients, goes to the OR, as well as seeing consultations with the junior residents. The PG4 is responsible to incorporate the MS3s into the rotation by assigning appropriate patients, surgeries and didactic tasks to enhance their educational experience.

**Schedule:**
Daily Rounds: Attending rounds begin at 7:30 in the 4E conference room M-Th. Friday rounds will be arranged on a weekly basis.

Conferences and Didactics:
- Friday morning Didactics: 7:00-10:00, 512 Light Hall
- Tumor Board: Tuesdays 4:30pm, Chair’s conference room
- Pre-op Conference: Immediately following tumor board
- Colposcopy conference: Wednesday, 8:00, 100 Oaks

Clinics:
- Continuity Clinic: Wednesday 1:00-5:00, 100 Oaks
- Colposcopy Clinic: Wednesday 8:30-12:00 and Friday 1:00-5:00, 100 Oaks

**Responsibilities of residents:**
Oversee care of all patients on the service
Pre-op and post operative management
Oversee patient consultations
Prepare for M&M
Monitor the administrative responsibilities of the junior residents
OBJECTIVES

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

I. Develop leadership skills in the management of a clinical service
   a. Supervision of patient care
   b. Planning and coordination of team to cover all required activities
   c. Teaching of medical students, residents, and other members of the patient care team
   d. Ability to accept constructive criticism and implement appropriate changes based on this input
   e. Ability to work collaboratively with all members of the patient care team: medical students, residents, attending physicians, consultant physicians, nurses, nurse practitioners, patient care technicians, secretaries, other staff

II. Further develop skills for the initial diagnosis and evaluation of patients with a potential gynecologic malignancy
   a. Obtain a targeted history
   b. Perform a focused physical examination
   c. Perform appropriate diagnostic biopsies
   d. Obtain appropriate diagnostic, staging, and pre-operative testing
   e. Develop plans for the evaluation and management of the patient with pre-existing medical conditions that could impact her surgery, recovery, or cancer treatment
   f. In consultation with a gynecologic oncologist, develop a treatment plan for the patient’s gynecologic cancer

Procedures:
1. Paracentesis (Required to demonstrate competence if not done as PGY2 or 3)
2. Wide local excision of the vulva
3. Venous access device placement
4. Placement of intracavitary brachytherapy devices
5. Diagnostic and operative laparoscopy, particularly advanced laparoscopy for surgical staging
6. Suction D&C of molar pregnancy (Required to demonstrate competence if not done as PGY2 or 3)
7. Extrafascial hysterectomy with or without bilateral salpingo-oophorectomy (Required to demonstrate competence)
8. Colectomy/colostomy
9. Fistula repair
   i. Enterocutaneous
   ii. Ureterovaginal
   iii. Vesicovaginal
   iv. Rectovaginal
11. Radical hysterectomy with or without bilateral salpingo-oophorectomy
12. Lymphadenectomy
   v. Inguinal
   vi. Paraortic
   vii. Pelvic
   viii. Sentinel
13. Pelvic exenteration with or without reconstruction
14. Port placement, intraperitoneal
15. Resection of large and small bowel
16. Staging laparotomy
   ix. Biopsy of pelvic and paraaortic lymph nodes
   x. Biopsy of peritoneal implants and cytologic washings of the peritoneal cavity (Required to demonstrate competence)
xi. Cytologic smear of diaphragm (Required to demonstrate competence)

xii. Exploration of abdomen (Required to demonstrate competence)

xiii. Infracolic omentectomy (Required to demonstrate competence)

17. Tumor debulking surgery for ovarian cancer

18. Vaginal reconstruction
   xiv. Gracilis flap
   xv. Martius flap
   xvi. Skin graft
   xvii. Transverse rectus abdominus myocutaneous flap

19. Radical vulvectomy

Interpersonal and Communication Skills:
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- Demonstrate clear communication of patient care plans to team members, families, and patients.
- Coordinate the daily activities among team members, and monitor progress throughout the day to maintain cohesive care for patients.
- Become proficient with discussion of advanced directives, DNR/DNI decision making, and discussion of end-of-life care
- Facilitate the education of junior residents and medical students on the team

Professionalism:
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles with sensitivity to a diverse patient population. Residents are expected to:

- Demonstrate respect for all patients in light of their preferences, backgrounds and beliefs-and hold junior residents to this standard.
- Assist junior residents in maintaining compliance with administrative duties
- Be punctual, responsible and accountable
- Become knowledgeable with recognizing signs of stress and burn-out in junior members of the team.

Practice Based Learning and Improvement:
Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to:

- Use information technology to drive clinical decision making
- Demonstrate performance-base improvements from feedback and self-evaluation
- Demonstrate a commitment to ongoing education
ROTATION
Baptist Gynecology/Oncology
PG3: 2 months
Faculty: Drs. Laura Williams and John Wheelock

Baptist Gynecology
PG4: 2 Months
Faculty: Mike Swan, M.D.

Faculty Responsibility:
The clinical faculty at the Baptist Hospital site for both the Benign GYN and GYN Oncology rotations have the following responsibilities:
Faculty are responsible to be present in the OR to supervise all procedures. The faculty are responsible for the overall pre-operative preparation of patients for surgery and for directly supervision of post operative care rendered by the resident staff. Faculty are responsible for providing education and maintaining an active learning environment, as well as for providing objective and timely feedback.

Goal:
The primary goal of the Gynecology and GYN Oncology Rotations at Baptist Hospital is for the resident to have the opportunity to broaden their surgical experience while gaining exposure to GYN Oncology in a private setting.

Schedule:
Daily Rounds: To be determined by the attending staff

Conferences: Friday am Didactics: 7:00-10:00, 512 Light Hall

Continuity Clinics:
   (Baptist GYN) TBD in 2010
   *There will be no continuity of care clinics for the Baptist ONC residents

OBJECTIVES

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

Knowledge that was ascertained by the course director to be important to this rotation includes:
1. Embryology and developmental biology of the reproductive organs
2. Abnormal uterine bleeding
3. Vulvar dystrophies and dermatoses
4. Pelvic masses
5. Chronic pelvic pain
6. Endometriosis
7. Ectopic pregnancy
8. Recurrent Pregnancy loss
9. Critical Care including: TSS, Septic Shock, ARDS, CPR
10. Preoperative management and staging of GYN malignancies.
11. Operative staging and management of GYN malignancy
12. Post operative/adjuvant therapy of GYN malignancy

**Procedures:**
1. Diagnostic and Operative laparoscopy
2. Laser ablation of endometriosis and adhesions
3. Conization of the cervix
4. Diagnostic and operative hysteroscopy
5. Myomectomy: abdominal and laparoscopic
6. Laparotomy
7. Abdominal hysterectomy plus/minus oophorectomy
8. Vaginal Hysterectomy
9. Omentectomy and Lymph node dissection

**Interpersonal and Communication Skills:**
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- Gain experience in pre-op and post-op care and counseling.
- Discuss advanced directives, DNR status and withholding support

**Professionalism:**
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles with sensitivity to a diverse patient population. Residents are expected to:

- Complete their documentation in a timely and accurate manner.
- Conduct themselves in an honest and ethical manner outside of their home institution and to represent their institution well

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

- Interact with patients and care providers in a community based/private practice setting.
- Develop a different skill set and communication style from what they are accommodated to at the University

**Assigned Materials:**
DiSaia: Clinical Gynecologic Oncology
TeLind’s Operative Gynecology
Others as assigned by the course director.

**Labs:**
As determined by the course director and faculty
ROTATION
Reproductive Endocrinology and Infertility
PG2: 2 months

Faculty: Dr. Esther Eisenberg and Dr. John Lucas
Associate Faculty: Lucy Koroma, WHNP

Faculty responsibilities:
The faculty are responsible to oversee all clinical care rendered by the residents to patients. They are responsible to directly supervise all procedures including ultrasound, sono-hysterogram and HSG, as well as any procedures performed in the clinic. The faculty orients all members of the team to the rotation including the roles and responsibilities, the learning goals and objectives, and is responsible to monitor each resident’s progress throughout the rotation. Faculty are responsible for providing an educational experience for the residents including timely and objective feedback.

Goals:
During the REI rotation, the resident will have exposure to evaluation and treatment options open to the infertile couple. Educational opportunities both at Nashville Fertility will expose the PGY2 to ART. Additionally, the REI resident will be exposed to a variety of GYN Endocrinology, Pediatric and Adolescent Gynecology, as well as aspects of Medical Endocrinology that a practicing OB GYN is likely to encounter.

Schedule:
Daily Rounds: At the discretion of the attending

Conferences and Didactics:
Friday Morning didactics: 7:00-10:00 Light Hall
REI Conference: Wednesday am, REI Conference room

Daily Schedule:
Monday am: Dr. Lucas, 100 Oaks
Monday pm: Continuity Clinic, 100 Oaks

Tuesday: Nashville Fertility

Wednesday am: Education/REI Conference
SHG/HSG when scheduled, VUMC
Wednesday pm: Pediatric and Adolescent Gynecology Clinic, Drs. Weeks and Najaar, VCH
VCH- Doctor’s office Tower 6th Floor- Endocrine Clinic
1st Wed of the month
Alternating with Medical Endocrinology Clinic with Dr. Bao-Eskind Center
(8210 MCE South Tower)

Thursday: Dr. Eisenberg, 100 Oaks

Friday am: Didactics 7:00-10:00, 512 Light Hall, then OR

Pm: OR, Dr. Lucas
OBJECTIVES

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

- Recurrent pregnancy loss: definitions, etiology, evaluation and management
- Diagnosis and evaluation of primary and secondary infertility
- Describe methods of ovulation induction
- Understand role of surgery in evaluation and treatment of infertility
- Discuss indications for referral for ART
- Discuss mechanisms of ART including general prognoses and complications
- Pediatric and Adolescent Gynecology: It is expected that the resident become familiar with the normal sequence of normal pubertal development as well as delayed and precocious puberty
- Common adolescent GYN problems: vulvovaginitis, STDs, dysmenorrhea, contraception, sexuality,
- Developmental abnormalities of the reproductive tract
- Physiology of the normal menstrual cycle and common menstrual disorders including: amenorrhea, menorrhagia, metrorrhagia
- Evaluation of hirsutism and virilization
- Evaluation and management of endometriosis
- Evaluation of galactorrhea and hyperprolactinemia
- Management of the climacteric
- Evaluation and management of PCOs
- Diagnosis and treatment strategies of PMS

Procedures:
1. Transvaginal Ultrasound
2. Hysterosalpingogram (HSG)
3. Sonohysterogram

Interpersonal and Communication Skills:
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- Conduct in-depth interviews and obtain complete reproductive histories.
- Become comfortable in the role of a consultant including timely communication with referring physician.
- Clinical encounters will involve extensive counseling and education and will require the resident to acquire empathetic and sensitive interview skills.

Professionalism:
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles with sensitivity to a diverse patient population. Residents are expected to:

- Complete and timely documentation of visits and consults.
- Maintain strict adherence to patient confidentiality, demonstrating respect for patient autonomy, as well as demonstrating respect, compassion and responsiveness to patient’s needs.

Assigned Materials:
Speroff: Clinical Gynecologic and Endocrinology and Infertility
Sonography in OBGYN: Just the Facts: Art Fleischer, M.D.
Selected Readings in REI from the Compendium, ACOG
**Faculty: Internal Medicine, VUMC**

**Faculty responsibilities:**
The faculty are responsible for making rounds with the resident team on a daily basis, and providing educational opportunities for the residents. Faculty are responsible to directly oversee the evaluation and management of patients and to oversee all aspects of care. Faculty are to be present at all procedures and are to be accessible for consultation and questions. The faculty are responsible for providing verbal feedback during the rotation as well as written feedback at the conclusion of the rotation.

**Goals:**
As a PGY1 on the Internal Medicine Service at the Veteran’s Administration Hospital, the resident will work as a member of one of the medicine teams, under the supervision of the senior VUMC Medicine resident and VUMC Medicine team attending. This month will serve as a comprehensive exposure to hospital-based general internal medicine. While on the Medicine service the OB PG1s will participate in all medicine conferences, Grand Rounds and additional teaching opportunities.

**Schedule:**
**Daily Rounds:** To be coordinated by the Senior Medicine Residents.

**Call:** Call responsibilities are set up by the senior medicine resident and are divided into short-call and long-call. The Medicine department follows and adheres the general AGCME duty hour restrictions. Final oversight of duty hours, however rests with the OBGYN program, so it is the responsibility of the OBGYN resident on this rotation to report duty hour violations to the program director.

**Conferences:**
Attending Rounds and Morning Report: daily
Medicine Grand Rounds: weekly
Teaching Conferences: as scheduled to include EKG conferences,

**OBJECTIVES**

**Medical Knowledge:**
Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients.

- Become familiar with the long term management and acute complications related to common medical conditions including: hypertension, cardiovascular disease, COPD and asthma, endocrine disorders, diabetes and others.
- Provide initial evaluation of all patients, assimilation of labs, medical records etc.
- Formulate a treatment plan for each and present to the senior medicine resident, and then to the family when finalized.

**Procedures:**
It is anticipated that the resident will become familiar with the following procedures, and/or interpretation of the following tests:
1. ABG
2. EKG
3. Routing radiology tests including: CXR, AXR, US and CT
4. Fecal Occult Blood Testing
5. Basic fundoscopic exam

**Interpersonal and Communication Skills:**
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- Have documentation complete in the EMR in a timely manner, along with timely completion of all discharge documentation
- Communicate with the patient and family about treatment plans, all risks and benefits of procedures and medications.
- Discuss advanced directives and DNR orders where appropriate.

**Professionalism:**
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles with sensitivity to a diverse patient population. Residents are expected to:

- Attend to all administrative duties including: proper completion of admission and discharge documentation.
- Attend morning report, daily attending rounds, Grand Rounds and teaching conferences

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

- Initiating proper discharge planning.
- Interact with the various para-medical services within the hospital including Social Services, PT/OT.
- Teach Medical Students
- As the primary care provider, communicate and coordinate care among the various services involved in caring for patients.

**Assigned Materials:**
Assigned by the Medicine Department

**Labs:**
Assigned by the Medicine Department
Faculty: Emergency Medicine Department, VUMC

Faculty responsibilities:
The faculty in the Emergency Medicine Department are responsible to oversee all aspects of patient care, including reviewing the patient’s history, all labs tests and to oversee management decisions. Faculty are to be present at all procedures and resuscitations and emergency interventions. Faculty are responsible to maintain a learning environment and for providing educational experiences. Faculty are to be present on the until at all times and immediately available to answer questions and assist as needed.

Goals:
It is anticipated that the resident will see a wide variety of patients and clinical conditions-and it is emphasized and important that the OBGYN residents do not limit themselves to the treatment of women. As a PGY1 on the Emergency Medicine rotation, the resident will function as a member of the ED team, working to evaluate new patients, choosing appropriate diagnostic testing and formulating management plans under the supervision of the ED residents and attending staff.

Schedule:
During this rotation, you will be scheduled for a pre-arranged number of 12 hour shifts (typically 18). You are expected to participate in the educational opportunities offered by the Emergency Medicine department.

Conferences:
**Friday morning OBGYN didactics: 7:00-10:00, Light Hall, room 512 (if available only)
Other EM conferences assigned by their department

Responsibilities of residents:
The PGY1 residents in the ED are responsible for the initial evaluation of patients that present to the ED at the discretion of the senior residents and/or faculty. The resident is responsible to follow up on all tests ordered, all consultations obtained and for communicating results in a timely manner.
Accurate and timely completion of all documentation

OBJECTIVES

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

- Evaluation of acute respiratory illness: Asthma, COPD, infection, PE
- Evaluation of acute cardiovascular complications including the evaluation of chest pain, VTE, hypertensive crisis
- Evaluation of acute neurological conditions such as migraine, stroke, change of mental status
- Acute GI disorders including an evaluation of the “acute abdomen”
- Acute Psychiatric conditions
- Evaluation of acute presentation of endocrine disorders including DKA, HHNK, thyroid storm
Procedures:
It is anticipated that the resident will gain familiarity with the following procedures and/or interpretation of the following tests:
1. ABG
2. EKG
3. Routine radiology studies: CXR, AXR, CT. US, MRI

Interpersonal and Communication Skills:
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- Communicate with patients and family in urgent/emergent situations.
- Keep team informed of status of patient

Professionalism:
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles with sensitivity to a diverse patient population. Residents are expected to:

- Complete all documentation in a timely manner
- Attend all scheduled shifts, meetings and conferences

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

- Gain experience working as a member of a collaborative team of nurses, physicians and physician extenders.
- Become comfortable in the use of consultants and in assimilating input from these various sources in formulating a care plan.

Assigned Materials:
Determined by the EM Staff

Labs:
Determined by the EM Staff
ROTATION  
SICU  
PG1: 1 month

Faculty:  
SICU staff

Faculty Responsibilities:  
The faculty on the SICU rotation are responsible for the direct supervision of the residents in the unit. The faculty conduct teaching rounds on a daily basis and are responsible for maintaining an educational environment. Faculty oversee patient evaluation and medical decision making. Faculty are present to oversee all procedures and tests performed. The SICU faculty are responsible for the evaluation of all residents in a timely and objective manner.

Goals:  
OBGYN residents commonly care for critically ill patients, sick post op patients or for patients who have the capacity to become ill quickly. The overall goals of the SICU rotation are to familiarize the resident with elements critical care, and to become more familiar with the medications and procedures used in stabilizing patients post-op. The SICU rotation is designed to introduce the OBGYN residents to critical care under the guidance of SICU fellows and attending staff. While on rotation, residents will have the opportunity to become competent with monitoring patients on central monitoring and ventilators, and will become familiar with adjusting medications and fluids to maintain patient’s stability. Residents will have the opportunity to place and change lines. The focus of patient care will be critically ill post-op patients, who our residents are likely to encounter during their training and career.

Schedule:  
All shifts, call and rounding schedules will be established by the SICU team

Conferences and Didactics:  
While on the SICU rotation, residents will attend conferences and didactics assigned by the SICU service. There are no official responsibilities to the OB GYN service during this month, including didactics and continuity clinics

Responsibilities:  
While on the SICU rotation, the OBGYN residents share in the duties and patient responsibilities as outlined by the SICU attending and fellow. The OBGYN intern will work along side residents from surgery and anesthesia

OBJECTIVES

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

• Evaluation and management of acute hemorrhage and hemorrhagic shock  
• Use of blood and blood products  
• Evaluation and management of sepsis and septic shock  
• Ventilator management  
• Methods of central monitoring  
• Multi-system organ failure
**Interpersonal and Communication Skills:**
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- Communicate effectively with the ICU and consulting teams
- Communicate effectively in a crisis
- Communicate plan of care to patients and families
- Provide safe and systematic methods of patient hand-offs

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

- To become comfortable communicating with and working within teams comprised of multiple levels of providers
- Understand the role of each provider and the value each brings to patient care

**Procedures:**
- ABGs
- Arterial Line placement
- Central Line Placement
- Changing Central Lines

**Assigned Materials:**
The ICU Book

**Labs:**
As assigned by the faculty
**ROTATION**
Clinic PG1: 2 months

**Faculty:**
Rotating staff from Gynecology, Radiology, Geriatrics and Surgical Oncology (Breast)

**Faculty Responsibilities:**
The faculty assigned to this rotation are responsible to oversee all aspects of care rendered to patients in their clinics, including overseeing all procedures and interpretation of tests. The faculty are responsible for providing appropriate educational opportunities and for giving the residents timely objective feedback.

**Goals:**
This rotation serves as a broad introduction to women’s health in the outpatient setting, including focused exposures to primary and preventive care and OB care as well as subspecialty areas. The PG1 will have focused exposure to low risk OB care in GOG clinic, GYN Ultrasound, OB ultrasound, Geriatrics and Breast clinic.

**Schedule:**
Conferences and Didactics:
- Friday Morning Didactics: 7:00-10:00 512 Light Hall
- Clinic teaching sessions (Low Risk OB Curriculum): as scheduled by faculty

Clinics:
- Monday am: 8:00-12:00 GOG, 100 Oaks
- Monday pm: GYN US, Dr. Sacks, 100 Oaks
- Tuesday am: 8:00-12:00 GOG, 100 Oaks
- Tuesday pm: Geriatrics Clinic, Drs. Powers and Habermann, 7 MCE
- Wednesday am: 8:00-12:00 GOG, 100 Oaks
- Wednesday pm: Continuity Clinic, 100 Oaks
- Thursday am: 8:00-12:00 GOG, 100 Oaks
- Thursday pm: Breast Clinic-Dr. Kelley, 100 Oaks
- Friday am: Didactics/ GOG clinic at 10:30, 100 Oaks
- Friday pm: OB Ultrasound (OBUS), 100 Oaks, admin time

Responsibility of residents:
In general, the PG1 is the first resident to evaluate a patient, assimilate all data, and synthesize a care plan to present to the senior resident or attending. The resident is responsible to follow up with appropriate patient counseling and education, as well as to attend to all documentation generated by the clinic visit.

**OBJECTIVES**

**Medical Knowledge:**
Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients.

- Periodic health screening including immunizations
• Contraceptive counseling/Family Planning
• Crisis Intervention/Screening for domestic violence, drug dependency
• Menopausal health
• Breast Health: screening for cancer, management of abnormal mammography or physical exam findings
• Care of the geriatric patient including primary and preventive care, knowledge of physiologic changes and of medication and medication interactions

**Procedures:**
1. General complete patient history including a focused OB, GYN and female sexual health history
2. General physical exam including focused breast and pelvis exam.
3. Pap smear, vaginal, cervical cultures and wet prep
4. General Care of the low risk OB patient
5. Breast cyst aspiration

**Interpersonal and Communication Skills:**
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- Take an accurate, complete (or focused where appropriate) history in an efficient manner, and synthesize a problem list and care plan.
- Communicate the plan to the patient and team.

**Professionalism:**
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles with sensitivity to a diverse patient population. Residents are expected to:

- Be attentive to the significant documentation and administrative responsibilities involved in caring for patients in the outpatient setting
- Become familiar with interaction with women and families from a variety of cultural and socioeconomic backgrounds

**Practice Based Learning and Improvement:**
Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to:

- With the addition of focused assessments in the clinic setting, the residents will have immediate feedback regarding outpatient encounters.
- Use resources/the literature to help guide patient care.

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

- Learn appropriate CPT and ICD-9 coding, and know supporting documentation.
- Work with case managers and social support staff to carry out patient care in the home, and to coordinate consultations, testing, etc. which is a reflection of how we are increasingly providing services to patients in an outpatient setting.
**Assigned Materials:**
Glass and Curtis: Office Gynecology
Other OB and GYN texts as needed are available in the clinic
Geriatrics reading materials

**ROTATION**
**Clinic PGY2**

**Faculty:**
MFM staff, FOGG staff

**Faculty Responsibilities**
**PGY2 Rotations**
Faculty oversee all procedures including ultrasounds and interpretation of antenatal tests such as NSTs and BPPS. While in the clinic, the faculty oversee the care rendered to patients by the resident staff and are immediately available for consultation. The faculty are responsible to be present to supervise resident performed ultrasounds, or to review the scans with the resident at a later time if unable to attend. The faculty orient all members of the team to the rotation including the roles and responsibilities, the learning goals and objectives, and is responsible to monitor each resident’s progress throughout the rotation. The faculty provide education and learning activities and are charged with providing timely objective feedback at mid rotation and throughout the rotation as appropriate.

**Goals:**
The PGY2 resident will have a focused experience in caring for high risk OB patients in the outpatient setting by way of exposure to genetics counseling, OB US, fetal testing and MFM consultation and subspecialty clinics. Additionally, the MFM PG2 resident will have focused training in OB ultrasound and will become proficient in performing a basic anatomic survey as well as in performing and interpreting the various tests of fetal well-being. A PGY2 OB US curriculum is provided for and evaluated by the MFM faculty.

**Schedule:**
This is an outpatient rotation (except for the afternoon covering the PGY2 when he/she is in continuity clinic) Time to meet in clinic to be arranges by the chief and/or attending of the rotation

Conferences and Didactics:
- Friday morning didactics: 7am-10am, 512 Light Hall
- Rotation-specific didactics will be announced

Clinics:
- Monday: am: MFM clinic, 100 Oaks
- Monday pm: OBUS, 100 Oaks

- Tuesday am: 8:00- 12:00 GOG, 100 Oaks
- Tuesday pm: Genetics/OBUS, 100 Oaks

- Wednesday am: GOG Clinic, 100 Oaks
- Wednesday pm: Cover on L&D
Thursday am: Eskind Diabetes Clinic  
Thursday pm: open/admin time

Friday am: 7:00-10:00, Didactics, 5th floor Light Hall  
** OC3 clinic (comprehensive care clinic for HIV infected mothers) dates and times to be determined by the MFM faculty attending the clinic, generally occurs once/month

Friday pm: COC clinic, 100 Oaks

Responsibilities of residents:
The PG2 on MFM is responsible for seeing high risk patients in the outpatient setting. The residents are responsible for accurate, timely documentation. The clinic/outpatient MFM resident is responsible to coordinate care with the inpatient team where needed. The PG2 should run management plans past the chief and/or attending on the service

OBJECTIVES

Medical Knowledge:
Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the patient in normal and abnormal and emergency situations:

- Maternal physiologic adaptations to pregnancy, both normal and abnormal
- Basic fetal physiology
- Preterm labor and preterm birth: Mechanisms of action, current therapeutic options and management strategies
- Gestational Diabetes: Define and understand appropriate screening strategies, diagnosis and management of gestational diabetes for patients with both A1 and A2 disease
- Pre-gestational diabetes: Describe how to monitor and control blood sugar in pregnant patients with diabetes, including appropriate surveillance for the mother and the fetus. Describe the maternal and fetal complications of this disorder such as DKA, disturbances of growth, etc.
- Abnormal placental location and development. Discuss the etiology of bleeding in the second and third trimester, the diagnosis and common manifestations of abnormal placentation, as well as the potential complications and their management
- Multiple gestations: mechanisms involved in multiple gestations. Describe appropriate diagnosis. Understand the common complications that can arise and the management of same. Discuss the surveillance and delivery management strategies.
- Hypertensive disorders of pregnancy. Describe the diagnosis and management of the common hypertensive disorders of pregnancy-and how to differentiate between the classifications. Discuss treatment options and methods of maternal and fetal surveillance. Describe how to recognize and treat complications of these disorders.
- Premature rupture of membranes: Describe the known factors leading to this complication. Discuss methods of diagnosis, treatment, surveillance and when to deliver.
- IUGR: Discuss the common etiologies of IUGR, method of diagnosis and surveillance, possible complications and decision of when to deliver
- Fetal Death: Discuss the common etiologies, diagnostic tests recommended to perform, delivery options and common post-partum practices for the family
Procedures:
1. Performance and interpretation of tests of fetal well-being such as NST, BPP, AFI
2. Responsible for completing the US curriculum and to become competent to perform a basic anatomic survey of the fetus at various gestational ages.
3. Understand the elements of a genetics history and pedigree analysis, and to become competent to perform a complete genetic/family history.

Interpersonal and Communication skills:
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Chief residents are expected to:

- Communicates effectively patient care issues to the various members of the health care team
- Involves patient/family in decision making when appropriate
- Use language that is clearly understood by patients and family.
- Practices good listening skills and exhibits compassion during difficult situations.

Professionalism:
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles and sensitivity to diverse patient population. Residents are expected to:

- Completes medical records in a timely and accurate manner- the MFM patients frequently transfer between inpatient and outpatient care.
- Demonstrate ethical, appropriate and culturally sensitive care
- Demonstrates compassion and respect for patients facing difficult pregnancies

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

- Works effectively within the health care team in coordinating complex care plans for patients and families
- Becomes familiar with local outpatient resources to help provide MFM patients with on going care in the community and calls on those resources when needed

Practice Based Learning and Improvement:
Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to:

- Uses IT to access on-line medical information and support one’s own learning.
- Applies knowledge of study design and statistical methods to appraise clinical studies and other information on diagnostic and therapeutic effectiveness.
- Uses self-reflection to evaluate one’s own practice and creates a learning plan for improvement

Assigned Materials
Obstetrics: Normal and Complicated Pregnancies by Dr. Gabbe
Articles and chapters will be assigned as appropriate throughout the rotation

**Please also see specific US and Genetics curriculum distributed by the MFM staff**
ROTATION  
Clinic: PGY4  
Two months  

Faculty:  
MFM, FOGG and GYN Faculty  

Faculty Responsibilities:  
Faculty oversee all procedures including ultrasounds and interpretation of antenatal tests such as NSTs and BPPS, GYN procedures and examinations. While in the clinic, the faculty oversee the care rendered to patients by the resident staff and are immediately available for consultation. The faculty orient all members of the team to the rotation including the roles and responsibilities, the learning goals and objectives, and is responsible to monitor each resident’s progress throughout the rotation. The faculty provide education and learning activities and are charged with providing timely objective feedback at mid rotation and throughout the rotation as appropriate.

Goals:  
The PGY4 resident in clinic will have a focused experience in complicated GYN and OB (MFM) in the outpatient setting. There will also be opportunity to hone experience in both OB and GYN Ultrasound, and an opportunity to perform and interpret tests of fetal well-being. A limited exposure to GYN outpatient procedures (cystoscopy, hysteroscopy) will be provided. A PGY4 curriculum in OB US is provided and evaluated by the MFM faculty.

Schedule:  
Conferences and Didactics:  
  Friday morning didactics: 7am-10am, 512 Light Hall  
  Rotation specific conferences at the direction of the attending  
Monday: MFM consult clinic, 100 Oaks  
Tuesday am: GYN clinic, 100 Oaks  
Tuesday pm: COC, 100 oaks  
Wednesday am: MFM Consult clinic  
Wednesday pm: CAMF clinic  
Thursday am: GYN Clinic, 100 oaks  
Thursday pm: GYN US, 100 oaks  
Friday am: 7am-10am, Education, 512 Light Hall  
Friday pm: Genetics/OBUS and admin time when OBUS curriculum complete  

Responsibility of the residents  
The PGY2 resident in the clinic is responsible for seeing complex GYN patients as well as MFM patients in an outpatient setting. The resident is assigned to clinics to advance US experience in both OB and GYN US. All residents are responsible for complete and timely documentation
OBJECTIVES

Medical Knowledge
Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the patient in MFM and complicated GYN patients.

• Demonstrate pre-conception counseling skills
• Renal disease in pregnancy
• Infectious disease. Discuss the diagnosis, management and sequelae of common infections diseases in pregnancy, including: HIV, CMV, hepatitis, varicella, syphilis, HSV, influenza.
• Medical disorders in pregnancy including cardiovascular, GI, pulmonary, endocrine and neurologic diseases.
• Emergency care in pregnancy: Describe the evaluation and management considerations in the pregnant trauma patient.
• Discuss issues related to substance abuse in pregnancy
• Discuss the diagnosis and management of isoimmunization and allimmune thrombocytopenia
• Demonstrate knowledge of the evaluation of pelvic masses, abnormal bleeding, abdomino-pelvic pain, and complicated post op courses.
• Advanced OB and GYN Ultrasound

Procedures
1. Amniocentesis for FLM and genetic amniocentesis
2. Targeted OB US
3. Perform and interpret Doppler velocimetry
4. GYN Ultrasound
5. Biopsy of cervix, vagina, vulva and endometrium.

Interpersonal and Communication skills:
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

• Demonstrate and teach effective counseling skills to junior residents and medical students
• Demonstrate proficient history taking skills with complex OB and GYN patients
• Act as a consultant to others
• Invites patients to provide feedback on her care and her interaction with the team.

Professionalism
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles and sensitivity to diverse patient population. Residents are expected to:

• Demonstrate ethical and culturally sensitive and appropriate practice
• Teaches students, junior residents how to deliver bad news to patients in a compassionate and ethical manner.
• Timely and accurate completion of documentation and administrative duties

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

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• Assist in the coordination of care for high risk OB patients
• Using effective communication with team members, identifies improvement needed
• Work in the outpatient setting with a multi-disciplinary group of professional to optimize patient care.

**Practice Based Learning and Improvement:**
Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to:

• Teach medical students and junior residents how to use self-reflection to evaluate one’s own practice and create a learning plan for improvement
• Use the literature to find best-practices, and propose research or improvement methodology to test changes in the care of patients.

**Assigned Materials:**
Gabbe: Obstetrics: Normal and Problem pregnancies
Speroff, Clinical Gynecologic Endocrinology and Infertility
Novak’s Gynecology
Selected publications per faculty

**ROTATION**
**Outpatient Gynecology: PGY1**
One month

**Faculty:**
GYN and FOGG Faculty
Planned Parenthood staff, Ashley Santich, NP

**Faculty Responsibilities:**
Faculty are to be present to supervise all procedures performed by residents, as well as to be immediately available for consultation and assistance with patient care. Faculty are responsible for providing an educational experience as well as for providing objective and timely feedback to the resident staff.

**Goals:**
This rotation is designed to give a basic introduction to outpatient Gynecology, including performing annual exams, contraception counseling, management of cervical dysplasia and colposcopy, as well as common lower genital tract infection and conditions. Additionally, there is focused experience in transvaginal ultrasound as well as an opportunity to learn and perform elective termination of pregnancy at Planned Parenthood of Nashville for those who elect to participate.

**Schedule:**
Conferences and Didactics:
   Friday Morning didactics: 7am-10am, 512 Light Hall

Schedule:
Monday am: GOG-GYN clinic, 100 Oaks
Monday pm: Vulvar disorders clinic, Dr. Andrews, 100 Oaks
Tuesday and Wednesday: Planned Parenthood or Ultrasound (100 Oaks)
Thursday am: GOG-GYN Clinic, 100 Oaks  
Thursday pm: COC clinic, 100 Oaks  
Friday am: 7am-10am, Education 512 Light Hall  
10:30: GOG clinic, 100 Oaks  
Friday pm: Colposcopy Clinic, 100 oaks

OBJECTIVES

Medical Knowledge:
- Microbiology: describe the normal flora of the lower genital tract, as well as the common upper and lower tract GYN infections including: BV, yeast, Chlamydia, gonorrhea, PID and TOAs.  
- STDs: describe common transmission routes, clinical manifestations, evaluation and treatment  
- Describe common vulvar disorders and dystrophies.  
- Cervical dysplasia: Pathogenesis, progression, evaluation and treatment  
- Principles of primary and preventive health care of women, including elements of the annual examination  
- Methods available for the elective termination of pregnancy, and complications there of

Procedures:
1. Transvaginal Ultrasound  
2. Colposcopy with directed biopsy  
3. Biopsy of the vulva and vagina  
4. Wet prep evaluation  
5. Endometrial Biopsy  
6. Placement of Mirena and Paragard IUDs, and Implanon devices  
7. Removal of IUDs, Mirena and Norplant

Interpersonal and Communication Skills:
1. Become proficient at family planning and contraceptive counseling including counseling regarding methods used in the elective termination of pregnancy.  
2. Demonstrate proficiency at delivering informed consent for common office procedures and completing appropriate documentation  
3. Communicate with patients and families during an US examination  
4. Demonstrate ability to counsel women regarding age-appropriate health risks, screening tests and available immunizations.

Professionalism:
1. Completion of all documentation in a timely and accurate manner  
2. Demonstrate ethical, appropriate and culturally sensitive care and counseling

Systems Based Practice:
1. Demonstrate knowledge of working within a multi-disciplinary group of professionals along with familiarity of the scope of practice of each  
2. Demonstrate familiarity with resources within the clinic to deliver comprehensive care to patients and their families.
Assigned Materials:
As determined by the faculty
A year-specific colposcopy curriculum will be administered by the GYN Oncology staff to the residents rotating through the Colposcopy clinic.
ASCCP examination

ROTATION
Electives: PGY3
Two months, one in house, one out of house

Goals:
The goal for the electives rotation is two-fold. In the out-of house portion of the rotation, the resident has an opportunity to have a focused experience either in a non-traditional area of medicine/OGYN or a more focused experience that what is generally offered within the context of a traditional residency training program. This experience also gives the residents the opportunity to set their own learning goals and objectives, then design the experience to work toward meeting these goals.

During the in-house portion of the electives, the resident will have time to prepare and present their journal club, work on the resident research project as well as completing a quality project, gaining a focused experience in systems based practice and quality improvement.

OUT of HOUSE ELECTIVE MONTH
Schedule:
During the out-of house elective month, the resident is excused from continuity clinic and the routine educational activities. The schedule will be arranged by the faculty sponsor for the experience and overseen by the VUMC program director. During this time, the ACGME work hour rules apply.

Responsibility of the Resident:
1. Arrange for the elective experience, travel, lodging and any temporary licensing that may be required
2. Meet with the program director at least 8 weeks in advance with a detailed proposal including the following information:
   - Description of the experience
   - Proposed schedule
   - Faculty Contact/mentor
   - Detailed Goals and Objectives
   - Methods of Evaluation
   - Assure proper licensing and continuance of benefits, malpractice and salary
   - Contact information
   - Any presentation or assignment to be completed
3. Bring an elective evaluation form with you to be completed by the faculty contact
4. **Any resident who does not make arrangements to do an elective rotation and who have not contacted the PD with an idea or plan within 8 weeks of the scheduled rotation will be assumed not to be taking an elective month, and will be assigned clinical duties including continuity clinic or other sites as needed, and attendance at all required educational functions. The duties will be determined and assigned by the Program Director and/or Administrative Chief Residents and may take the form of a “jeopardy” system.**
IN HOUSE ELECTIVE MONTH

Faculty:
OBGYN Clinical Faculty
Program Director

Faculty Responsibilities:
The faculty are responsible to oversee completion of the assignments to be completed during this block including the Quality Project and the Journal Club Presentation. The faculty role in these assignments is that of a mentor- to provide ideas, guidance and advice as needed.

Goals:
The educational goals of this month are to have the opportunity to complete several non-traditional learning activities at the resident’s own pace and level of interest. During this month, the resident will be assigned to complete and present journal club, a quality of care project as well as to have time to complete on-line learning modules. Any additional time may be directed toward completion of the required research project. This is also a time in which additional courses such as ACLS, NALS and USMLE examinations may be scheduled. While on the Alternative Education month, the residents will be expected to participate in the continuity of care clinics as well as in the regularly scheduled resident educational activities.

Schedule:
Conferences and Didactics:
Friday morning didactics: 7:00-10:00, 512 Light Hall
Continuity Clinic: Monday, 1:00-5:00, 100 Oaks

Responsibilities of the Resident
1. Journal Club: Meet with assigned faculty (each resident will be assigned to a division- the division head will in turn assign a particular faculty) early in the rotation to select articles and an appropriate faculty mentor. The articles should be available to the department approximately 1 week in advance. You will be evaluated on the preparation and presentation of the articles.
2. Quality Project: During the first days of the rotation, complete the on-line tutorial set up by Dr. Quinn. Select a quality project to complete during the remaining 3 weeks. A list of on-going quality issues is maintained by Drs. Boehm and Spetalnick from the items identified during the department M&M conferences. Another resource may be the department quality officer (Dr. Callahan for 2008-09). A brief presentation of your quality project will be at the M&M following your rotation.
4. On Line learning modules: It is anticipated that the resident will use this flexible time to complete all on-line learning modules assigned by the department, the GME office and the hospital.
5. Addition time can be used to work on the required research project, in the simulation lab, or to take additional required courses: ACLS, NALS, Step 2/3 etc.
6. Additional time in Ultrasound may be arranged-please coordinate with Dr. New

OBJECTIVES:

Interpersonal and Communications Skills:
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals. Residents are expected to:

1. Become proficient with presenting information to a group of learners in a professional setting
2. Become proficient at presenting information and teaching to a group of learners of from different disciplines and levels of experience
Professionalism:
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles with sensitivity to a diverse patient population. Residents are expected to:

1. Attend to continuing medical education requirements
2. Timely and accurate completion of medical records

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

1. Look at a patient care issue from a systems point of view, analyze the effectiveness of the current status of care, and then look at each contributing component in an effort to optimize patient care and or patient safety.
2. Work with various health care professionals to address health care issues

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

1. Become proficient in evaluating the medical literature including interpreting the type of study and statistics used, determining whether the results are valid and applicable, and in learning to assign a level of evidence
2. Be able to incorporate findings in the medical literature into patient care as appropriate.