## Gynecology Rotations

### PGY-I

**COMPETENCY 1. Patient Care,**
Provide patient centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Residents must be able to:

- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.
- gather essential and accurate information about their patients;
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment;
- develop and carry out patient management plans;
- counsel and educate patients and their families;
- use information technology to support patient care decisions and patient educations’
- competently perform all medical and invasive procedures considered essential for the area of practice;
- provide health care services aimed at preventing health problems or maintaining health;
- work with health care professionals, including those from other disciplines, to provide patient-focused care.

At the conclusion of the first-year, the resident should be able to:

- Perform a competent gynecologic history and physical examination
- Prepare adequate progress notes and discharge summaries
- Understand and provide informed consent
- Perform preoperative evaluation of uncomplicated patients
- Perform routine pelvic examination
- Evaluate and treat
  - Vulvar disease
  - Vaginitis
  - Dysmenorrhea
  - STD’s
  - PID
- Recognize complications of abortions
- Know indications and contraindications of different methods of contraception
- Perform wet smear/KOH
- Perform the following surgical procedures:
  - Dilatation and curettage
  - Cervical, endometrial and vulvar biopsies
  - Colposcopy
  - Interval tubal ligation (minilaparotomy, laparoscopy)
  - Diagnostic laparoscopy
  - Cone biopsy
  - IUD removal/placement
  - Cryo/LEEP/LEETZ
  - Diaphragm insertion/fitting
  - Assist in uncomplicated cystectomy, salpingo-oophorectomy
  - Treatment of condyloma/surgical excision, electrocautery, and laser vaporization
  - Bartholin abscess incision and drainage

COMPETENCY 2. Medical Knowledge.
Understand the scope of established and evolving biomedical, clinical and cognate sciences, as well as the application of this knowledge to patient care.

Residents expected to:

- demonstrate an investigatory and analytic thinking approach to clinical situations;
- know and apply the basic and clinically supportive sciences which are appropriate to their discipline.

At the conclusion of the first-year, the resident should know:

A. Basic Science/Mechanism of Disease
   Genetics
   1. Describe the inheritance of hemoglobinopathies
   2. Summarize the genetic basis for hereditary cancer syndromes in women
   Physiology
   1. Describe the hemodynamic changes associated with blood loss
   Pharmacology
   1. Describe the general principles of drug delivery, distribution, metabolism, and excretion
   2. Summarize the pharmacology of medications used in the treatment of common gynecological disorders
   3. Explain the pharmacologic principles of drug therapy in prepubertal girls, women of reproductive age, and elderly patients
   Microbiology and immunology
1. Describe the normal bacteriologic flora of the lower genital tract
2. Describe the microbiologic principles germane to the diagnosis and treatment of gynecologic infectious diseases. Describe the epidemiologic principles involved in the spread of infectious diseases in both patients and health care workers, including the transmission and prevention of human immunodeficiency virus (HIV) and hepatitis
3. Discuss the immunologic response to infection

B. Disorders of the Urogenital Tract and Breast
1. Elicit a pertinent history to evaluate abnormal uterine bleeding
2. Perform a focused physical examination to investigate the etiology of abnormal uterine bleeding
3. Perform and interpret the results of selected diagnostic tests to determine the cause of abnormal uterine bleeding such as:
   a. Endometrial biopsy
   b. Pelvic ultrasonography/saline infusion ultrasonography
4. Interpret the results of other diagnostic tests, such as:
   a. Serum/urine human chorionic gonadotropin (hCG) assay
   b. Endocrinologic assays
   c. Microbiologic cultures of the genital tract
   d. Complete blood count
   e. Coagulation profile

Vaginal and vulvar infections
1. Describe the principal infections that affect the vulva and vagina
2. Elicit a pertinent history in a patient with a possible infection of the vulva or vagina
3. Perform a focused physical examination
4. Perform and interpret the results of selected tests to confirm the diagnosis of vulvar or vaginal infection, such as:
   a. Vaginal PH
   b. Saline microscopy
   c. Potassium hydroxide microscopy
   d. Bacterial and viral culture
   e. Colposcopic examination
   f. Vulvar or vaginal biopsy
5. Treat vulvar and vaginal infections
6. Describe the follow up that is necessary for a patient with a vulvar or vaginal infections, for example:
   a. Assessing and treating sexual partner(s)
   b. Requirements for reporting a communicable disease
   c. Assessing the patient for other possible genital tract infections
   d. Counseling the patient with respect to measures that prevent re-infection

Sexually transmitted diseases
1. Describe the most common STDs, including causes, symptoms, and risk of transmission, such as:
   a. Chlamydia
   b. Gonorrhea
c. Syphilis
d. Hepatitis B and hepatitis C
e. Human immunodeficiency virus (HIV)
f. Herpes simplex
g. Human papillomavirus
h. Chancroid

2. Elicit a pertinent history in a patient with a suspected STD
3. Perform a focused physical examination in patient with a suspected STD
4. Perform and/or interpret results of specific tests to confirm the diagnosis of an STD, such as:
   a. Bacterial and/or viral culture
   b. Endocervical aspirate for Gram stain
   c. Endocervical swab for nucleic acid probe
   d. Endocervical culture
   e. Cervical or vaginal cytologic screening (Pap test)
   f. Scraping of an ulcer or chancre
   g. Serologic assays
   h. Tzanck smear

5. Treat STDs with appropriate antimicrobial agents
6. Describe the long-term follow up for patients with a STD, including assessment of the patient’s sexual partner, discussion of preventive measures, and review of serious sequelae such as:
   a. Infertility
   b. Ectopic pregnancy
   c. Chronic pelvic pain
   d. Pelvic inflammatory disease (PID)

Pelvic Inflammatory Disease (PID)
1. Describe the diagnostic criteria for PID
2. List the common infections agents implicated in PID
3. Elicit a pertinent history from a patient suspected to have PID
4. Perform a physical exam to confirm the diagnosis of PID
5. Describe the appropriate diagnostic tests to confirm PID, including indications for the tests to confirm PID, including indications for the tests, and how to perform and/or interpret the results
   a. Endocervical swab for culture or nucleic acid probe
   b. Endometrial biopsy
   c. Imaging studies
   d. Laparoscopy
6. Treat PID with appropriate antimicrobial and surgical options
7. Summarize the potential long-term effects and counsel patients regarding risks of further complications, including:
   a. Chronic pelvic pain
   b. Infertility
   c. Ectopic pregnancy

Urinary tract disorders (infection, nephrolithiasis)
1. Distinguish the types of urinary tract infections, including bacteruria, urethritis, cystitis and pyelonephritis
2. Describe the pathophysiology related to urinary tract infection, including the organisms commonly implicated in lower and upper urinary
3. Describe the pathophysiology of the common forms of nephrolithiasis, including patient risk factors for the development of nephrolithiasis
4. Describe the typical clinical presentations, and elicit a pertinent history, in a patient with a possible urinary tract infection or nephrolithiasis
5. Describe the diagnostic methods and diagnostic criteria for the various types of urinary tract infections
6. Summarize the methods used for the diagnosis of nephrolithiasis
7. Describe modes of therapy for acute, chronic, and complicated urinary tract infections, including prophylaxis for recurrent infection
8. Summarize therapeutic options for nephrolithiasis, and strategies to prevent recurrence

Chronic pelvic pain
1. Define chronic pelvic pain
2. Outline the principal gynecologic and nongynecologic causes of chronic pelvic pain, and describe the pathophysiology of each cause
3. Elicit a pertinent, detailed medical, menstrual, and sexual history to characterize the patient’s chronic pelvic pain, including signs/symptoms emanating from non-reproductive organs
4. Elicit an appropriate social and mental health history in a patient with chronic pelvic pain
5. Perform a focused physical examination, including attempts to localize the pain and an evaluation of neurologic and musculoskeletal components

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

1. Describe the principal causes of, or predisposing factors for, spontaneous first-trimester abortion
2. Describe the differential diagnosis of early spontaneous abortion
3. Describe the usual symptoms and findings experienced by a patient with an early pregnancy loss
4. Perform a focused physical examination to confirm the diagnosis of spontaneous abortion
5. Perform and/or interpret the results of selected tests used in the diagnosis and management of early pregnancy loss:
   a. Quantitative serum hCG titer
   b. Ultrasonography (abdominal and endovaginal)
   c. Serum progesterone
   d. Complete blood count
6. Treat a patient with an early spontaneous abortion, using nonsurgical or surgical methods
7. Describe and treat the complications that may develop as a result of treatment of a spontaneous abortion, for example:
   a. Genital tract infection
   b. Uterine perforation
   c. Retained products of conception
8. Describe the indications for anti-D immune globulin in patients experiencing a spontaneous abortion
9. Counsel patients regarding future fertility issues and risk of recurrent pregnancy losses depending on the etiology
10. Summarize signs and symptoms, diagnosis, treatment, and potential sequelae for septic abortion

Cardiopulmonary resuscitation

1. Perform a rapid, focused physical examination to identify the patient who requires cardiopulmonary resuscitation and attempt to determine the cause of the patient’s decompensation.
2. Perform the basic cardiac life support as per American Heart Association guidelines
3. Describe the principles of Advanced Cardiac Life Support (ACLS), and in conjunction with an ACLS team, participate in the performance of ACLS according to American Heart Association guidelines

Allergic drug reactions

1. Describe the typical symptoms associated with a drug reaction
2. Describe the varying degrees of severity of a drug reactions, including anaphylaxis
3. Describe the differential diagnosis of a drug reaction

**COMPETENCY 3. Practice-based Learning and Improvement.**
Demonstrate knowledge, skills and attitudes needed for continuous self-assessment that includes the investigation and evaluation of care for patients, the appraisal and assimilation of scientific evidence, and improvements in one’s patient care practice.
Residents are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology;
- locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems;
- obtain and use information about their own population of patients and the larger population from which their patients are drawn;
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness;
- use information technology to manage information, access on-line medical information and support their own education;
- facilitate the learning of students and other health care professionals.
- attend the didactic lectures
- attend and participate in the antepartum and cesarean section conferences
- participate in the Residents Study Groups

**COMPETENCY 4. Interpersonal and Communication Skills.**
Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

Residents are expected to:

- create and sustain a therapeutic and ethically round relationship with patients;
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills;
- work effectively with others as a member or leader of a health care team or other professional group.

**COMPETENCY 5. Professionalism.**
Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

Residents are expected to:

- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development;
• demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices;
• demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities

**COMPETENCY 6. System-Based Practice.**
Understand how to practice quality health care and advocate for patients as manifested by actions that 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 how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice;
• know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources;
• practice cost-effective health care and resource allocation that does not compromise quality of care;
• advocate for quality patient care and assist patients in dealing with system complexities
• know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance

**PGY-II**

**Gynecology Rotations**

At the conclusion of the second year, the resident should be able to complete the goals and competency requirements of the first year resident in addition to the following:
At the conclusion of the second year, the resident should be able to:

- Meet all the learning objectives for the first year residents
- Evaluate and treat patients with abnormal vaginal bleeding
- Evaluate and diagnose ectopic pregnancy
- Evaluate and identify pelvic masses
- Perform
  - Diagnostic and operative laparoscopy
  - Hysteroscopy
  - Cystoscopy/sigmoidoscopy
  - Assist in major GYN cases
  - Perform uncomplicated abdominal procedures (i.e., ovarian cystectomy, salpingooophorectomy)
- Assist in vaginal surgery
- Exploratory laparotomy

COMPETENCY 1. Patient Care.
Provide patient centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Residents must be able to:

- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families;
- gather essential and accurate information about their patients;
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment;
- develop and carry out patient management plans;
- counsel and educate patients and their families
- use information technology to support patient care decisions and patient education;
- perform competently all medical and invasive procedures considered essential for the area of practice;
- provide health care services aimed at preventing health problems or maintaining health;
- work with health care professionals, including those from other disciplines, to provide patient-focused care.
COMPETENCY 2. Medical Knowledge.
Understand the scope of established and evolving biomedical, clinical and cognate sciences, as well as the application of this knowledge to patient care.

Residents are expected to:

- demonstrate an investigatory and analytic thinking approach to clinical situations;
- know and apply the basic and clinically supportive sciences which are appropriate to their discipline.

A. Basic Science/Mechanisms of Disease
   Physiology
   1. Summarize the changes that occur in the cardiopulmonary function of an anesthetized and post anesthetic patient
   2. Describe the physiology of wound healing
   3. Describe the physiology of blood pressure maintenance and abnormalities of blood pressure

B. Disorders of the Urogenital Tract and Breast
   Abnormal/Dysfunctional uterine bleeding
   1. Describe the principal causes of abnormal uterine bleeding and distinguish abnormal uterine bleeding from dysfunctional uterine bleeding
   2. Perform and interpret the results of selected diagnostic tests to determine the cause of abnormal uterine bleeding, such as:
      a. Hysteroscopy
      b. Laparoscopy
   3. Treat abnormal uterine bleeding using both nonsurgical and surgical methods
   4. Recommend appropriate follow up that is necessary for a patient with abnormal uterine bleeding

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

Pelvic Masses
1. Describe the major causes of pelvic masses, including nongynecologic sources and those arising from the female genital tract, such as:
   a. Uterine fibroids
   b. Adnexal cystic and solid masses
   c. Tuboovarian abscess
   d. Adnexal torsion
   e. Ovarian cysts/benign neoplasms
   f. Diverticulitis
   g. Appendicitis
2. Elicit a pertinent history suggestive of a pelvic mass, such as:
   a. Weight loss or weight gain
   b. Gastrointestinal symptoms
   c. Menstrual abnormalities
   d. Pelvic pain or pressure
3. Perform a focused physical examination to confirm the diagnosis of a pelvic mass
4. Perform and/or interpret tests such as endovaginal or abdominal ultrasonography to confirm the diagnosis of a pelvic mass
5. Interpret the results of other tests, such as MRI, ultrasound, or tomographic imaging, in the evaluation of a pelvic mass
6. Discuss the roles of serum markers in the evaluation and monitoring of the patient with a pelvic mass
7. Treat benign pelvic masses, using nonsurgical or surgical methods, considering such factors as the patient’s:
   a. Age
   b. General health
   c. Treatment preference
   d. Desire for future childbearing
   e. Symptom complex
8. Describe the appropriate follow up for patients who have been treated for a benign pelvic mass

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

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

Ectopic pregnancy
1. Describe the major factors that predispose to ectopic pregnancy
2. Elicit a pertinent history in a patient with a suspected ectopic pregnancy
3. Perform a focused physical examination in a patient with suspected ectopic pregnancy
4. Describe the differential diagnosis of ectopic pregnancy
5. Perform and interpret the results of test to confirm the diagnosis of ectopic pregnancy, such as:
   a. Endovaginal ultrasonography
   b. Uterine curettage or aspiration
   c. Laparoscopy
6. Interpret the results of other diagnostic tests, such as:
   a. Quantitative serum hCG titer
   b. Serum progesterone
   c. Complete blood count
7. Describe the indications and contraindications for, and complications of, medical management of an ectopic pregnancy
8. Describe the indications for, and complications of, surgical management of ectopic pregnancy
9. Treat an affected patient using appropriate nonsurgical or surgical methods
10. Describe the indications for anti-D immune globulin in patients with an ectopic pregnancy
11. Describe the follow up that is indicated for a patient treated for an ectopic pregnancy
12. Counsel patients about the recurrence risk for an ectopic pregnancy and prognosis for a normal intrauterine pregnancy

C. Critical Care
   Toxic shock syndrome
   1. Describe the pathogenesis and microbiology of toxic shock syndrome (TSS)
   2. Describe the typical signs and symptoms of a patient with TSS and distinguish signs/symptoms according to the infectious agent
   3. Perform a focused physical examination to confirm the diagnosis of TSS, and assess the severity of the patient’s illness
   4. Interpret the results of diagnostic tests to evaluate TSS
   5. Counsel affected patients about the risk of recurrence and the value of preventive measures

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

Adult respiratory distress syndrome
   1. Identify the principal causes of adult respiratory distress syndrome (ARDS)
   2. Explain the pathophysiology of ARDS depending on the etiology
   3. Describe the usual signs and symptoms manifested by a patient with ARDS
   4. Perform a focused physical examination to aid in the diagnosis of ARDS and assess the severity of the condition
   5. Interpret the results of diagnostic tests such as:
      a. Chest x-ray
      b. Pulse oximetry
      c. Arterial blood gases
      d. Pulmonary function tests
      e. Central hemodynamic monitoring
   6. Describe the principles of treatment of ARDS

Allergic drug reactions
1. List the drugs most likely to produce allergic reactions in obstetric and gynecologic patients
2. Perform a focused physical examination to confirm the diagnosis of a drug reaction and assess the severity of the reaction

**COMPETENCY 3. Practice-based Learning and Improvement.**
Demonstrate knowledge, skills and attitudes needed for continuous self-assessment that includes the investigation and evaluation of care of patients, the appraisal and assimilation of scientific evidence, and improvements in one’s patient care practice.

Residents are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology;
- locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems;
- obtain and use information about their own population of patients and the larger population from which their patients are drawn;
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness;
- use information technology to manage information, access on-line medical information and support their own education;
- facilitate the learning of students and other health care professionals
- attend the didactic lectures
- attend and participate in the antepartum and cesarean section conferences
- attend journal clubs/clinical expert series
- participate in the Residents Study Groups

**COMPETENCY 4. Interpersonal and Communication Skills.**
Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

Residents are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients;
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills;
- work effectively with others as a member or leader of a health care team or other professional group.
Residents are expected to:

- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development;
- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices;
- demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities

**COMPETENCY 5. Professionalism.**
Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

Residents are expected to:

- understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice;
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources;
- practice cost-effective health care and resource allocation that does not compromise quality of care;
- advocate for quality patient care and assist patients in dealing with system complexities
- know how to partner with health care manager and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance.

**COMPETENCY 6. System-Based Practice.**
Understand how to practice quality health care and advocate for patients as manifested by actions that 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.
PGY-III

Gynecology Rotations

At the conclusion of the third year, the resident should be able to complete the goals and competency requirements of the first and second year residents in addition to the following:

COMPETENCY 1. Patient Care.
Provide patient centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Residents must be able to:

- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families;
- gather essential and accurate information about their patients;
- make informed decision about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment;
- develop and carry out patient management plans;
- counsel and educate patients and their families;
- use information technology to support patient care decisions and patient education;
- perform competently all medical and invasive procedures considered essential for the area of practice;
- provide the health care services aimed at preventing health problems or maintaining health;
- work with health care professionals, including those from other disciplines, to provide patient-focused care.

- Meet all learning objectives for the first and second year residents
- Evaluate and treat patients with
  - Pelvic mass
  - Pelvic relaxation
  - Stress incontinence
  - TOA
- Provide pre- and postoperative care of GYN patients with medical problems
- Perform the following surgical procedures:
  - Laparotomy
  - TAH/BSO
  - Vaginal hysterectomy
  - Perineoplasty
  - Assist in GYN tumor cases
At the conclusion of the third year, the resident should know:

A. Basic Science/Mechanisms of Disease
   Physiology
   1. Describe the physiologic changes related to the maintenance of adequate urine output
   2. Describe the physiology of thermoregulation in the anesthetized and postanesthetic patient

   Pathology and neoplasia
   1. Summarize the pathogenesis and epidemiology of the common nonmalignant neoplasms that affect the external and internal genitalia
   2. Describe the histology of the common non-malignant neoplasms that affect the external and internal genitalia

B. Disorders of the Urogenital Tract and Breast
   Urogynecology (Urinary Incontinence and Pelvic Support Defects)
   1. Explain the normal anatomic supports of the vagina, rectum, bladder, urethra, and uterus (or vaginal cuff in the setting of prior hysterectomy), including the bony pelvis, pelvic floor nerves and musculature, and connective tissue
   2. Describe the static and dynamic interrelationships and function of the pelvic organs and support mechanisms
   3. Summarize the normal function of the lower urinary tract during the filling and voiding phases, and the mechanisms responsible for urinary continence
   4. Summarize the potential psychological, social, and sexual consequences of urogynecologic disorders
   5. Describe the principal etiologies of pelvic support defects, urinary incontinence, and fecal incontinence, including effects of pregnancy and delivery
   6. Identify the anatomic defects associated with various aspects of pelvic support disorders
   7. Characterize the major types of urinary incontinence
   8. Describe abnormal urethral conditions, including urethral syndrome, urethritis, and diverticuli
   9. Describe the possible etiologies, diagnostic strategies, and treatment approaches for interstitial cystitis
   10. Characterize and explain various types of urinary voiding disorders
   11. Describe the etiologies, prevention, diagnostic techniques, and approaches to repairing various fistulae that may involve the pelvic organs

COMPETENCY 2. Medical Knowledge.
Understand the scope of established and evolving biomedical, clinical and cognate sciences, as well as the application of this knowledge to patient care.

Residents are expected to:
- demonstrate an investigatory and analytic thinking approach to clinical situations;
- know and apply the basic and clinically supportive sciences which are appropriate to their discipline.
12. Describe the symptoms that may be experienced by a patient with pelvic support defects, urinary incontinence, or fecal incontinence

13. Elicit a pertinent history in patient with a suspected pelvic support defect, urinary incontinence, or fecal incontinence

14. Perform a focused physical examination to identify and characterize specific pelvic support defects, including:
   a. Anterior compartment
   b. Urethral hypermobility
   c. Posterior compartment
   d. Apical compartment (cervix/uterus or vaginal cuff)

15. Perform a focused physical exam in a patient with urinary and/or fecal incontinence, including assessment of:
   a. Bladder and urethral support
   b. Perineal, levator, and anal sphincter strength
   c. Neurologic status

16. Perform and interpret the results of selected tests to characterize urinary incontinence disorders, including:
   a. Assessment of residual urine volume
   b. Simple cystometry
   c. Q-tip test

17. Describe the indication for, and interpret the results of other diagnostic tests, such as:
   a. Urinalysis
   b. Urine culture
   c. Cystourethroscopy
   d. Multichannel cystometry
   e. Urethral profilometry
   f. Uroflowmetry
   g. Radiologic tests
   h. Electromyography
   i. Assessment of anal sphincter integrity (eg. manometry, radiologic imaging studies, neurologic testing)

18. Treat urogynecologic disorders by both nonsurgical (eg. pelvic floor exercise regimens, physical therapy, pessary) and surgical methods

19. Describe the types of injuries or complications that may occur related to medical and surgical treatments of urogynecologic disorders, and the approaches to managing them

20. Describe the appropriate follow up for a patient who has been treated for a urogynecologic disorder

21. Summarize and counsel patients regarding risks, benefits, and expected outcomes of surgical and non-surgical approaches to management of pelvic support and incontinence disorders

Endometriosis
1. Treat endometriosis medically and surgically

C. Preoperative and Postoperative Care
   Preoperative care
1. Conduct detailed preoperative assessment with consideration given to the needs of special patient groups, such as:
   a. Children and adolescents
   b. The elderly
   c. Patients with coexisting medical conditions, such as cardiopulmonary disease or coagulation disorders
2. Describe indications for and perform appropriate preoperative evaluation and/or referral, including laboratory tests, radiographic imaging, and EKG
3. Summarize indications and compose appropriate preoperative preparation plans for patients undergoing gynecologic surgery, including:
   a. Mechanical bowel preparation
   b. Antibiotic use
   c. Thromboembolism prophylaxis
4. Choose appropriate suture and surgical instruments as dictated by the procedure
5. Describe the options for intraoperative pain control

Postoperative care
1. Choose appropriate pain control based on the surgical procedure, degree of patient discomfort, and patient characteristics, including age and presence of coexisting morbidities
2. Manage and counsel patients about normal postoperative recovery. Include the following topics:
   a. Advancement of diet and return to normal dietary and bowel function
   b. Ambulation
   c. Management of urethral catheterization and return to normal urinary function
   d. Thromboembolism prophylaxis
   e. Wound care
   f. Return to normal activity levels and/or appropriate restrictions, including sexual activity
3. Elicit appropriate history, perform a physical examination, perform and/or interpret appropriate tests, and manage common postoperative complications, such as:
   a. Fever
   b. Gastrointestinal ileus/obstruction
   c. Infection
   d. Wound complications
   e. Fluid or electrolyte imbalances, including abnormalities of urinary output
   f. Respiratory problems
   g. Thromboembolism

Hemodynamic assessment
1. Describe the conditions most likely to cause cardiovascular dysfunction in obstetric and gynecologic patients
2. Perform a focused physical examination to detect signs of hemodynamic derangements, such as:
   a. Hypotension or hypertension
   b. Bradycardia or tachycardia
   c. Apnea or tachypnea
   d. Signs of poor tissue perfusion (eg. oliguria, delayed capillary refill)
e. ARDS  
f. Myocardial failure  
g. Altered mental status  

3. Explain the indications for central hemodynamic monitoring (right heart catheterization)  
4. Interpret the results of central hemodynamic monitoring and describe management of patients in whom central monitoring is being performed based on hemodynamic parameters obtained.  
5. Describe the complications of central hemodynamic monitoring and consult with an appropriate specialist, as needed, when managing those complications

COMPETENCY 3. Practice-based Learning and Improvement.  
Demonstrate knowledge, skills and attitudes needed for continuous self-assessment that includes the investigation and evaluation of care for patients, the appraisal and assimilation of scientific evidence, and improvements in one’s patient care practice.  

Residents are expected to:  

- analyze practice experience and perform practice-based improvement activities using a systematic methodology;  
- locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems;  
- obtain and use information about their own population of patients and the larger population from which their patients are drawn;  
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness;  
- use information technology to manage information, access on-line medical information and support their own education;  
- facilitate the learning of students and other health care professionals.  
- attend the didactic lectures  
- attend and participate in the antepartum and cesarean section conferences  
- attend journal clubs/clinical expert series  
- participate in the Residents Study Groups

COMPETENCY 4. Interpersonal and Communication Skills.  
Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

Residents are expected to:  

- create and sustain a therapeutic and ethically sound relationship with patients;
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills;
- work effectively with others as a member or leader of a health care team or other professional group.

COMPETENCY 5. Professionalism

Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

Residents are expected to:

- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development;
- demonstrate commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices;
- demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities

COMPETENCY 6. System-Based Practice

Understand how to practice quality health care and advocate for patients as manifested by actions that 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 how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice;
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources;
- practice cost-effective health care and resource allocation that does not compromise quality of care;
- advocate for quality patient care and assist patients in dealing with system complexities
- know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance
PGY-IV:

Gynecology Rotations

At the conclusion of the fourth year, the resident should be able to complete the goals and competency requirements of the first, second and third year residents in addition to the following:

COMPETENCY 1. Patient Care

Provide patient centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Residents must be able to:

- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families;
- gather essential and accurate information about their patients;
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment;
- develop and carry out patient management plans;
- counsel and educate patients and their families;
- use information technology to support patient care decisions and patient education;
- perform competently all medical and invasive procedures considered essential for the area of practice;
- provide health care services aimed at preventing health problems or maintaining health;
- work with health care professionals, including those from other disciplines, to provide patient-focused care.

At the conclusion of the fourth year, the resident should be able to:

- Meet all the learning objectives for the first, second and third year residents
- Manage all major postoperative complications
- Urodynamics evaluation
- Perform:
  - Incontinence procedures (abdominal, laparoscopic and vaginal)
  - Abdominal and vaginal hysterectomies
  - Anterior-posterior repair
  - Vaginal vault prolapse (vaginal and abdominal)
  - Operative laparoscopy, LAVH
  - Operative hysteroscopy
  - Repair of vesicovaginal and rectovaginal fistula
COMPETENCY 2. Medical Knowledge
Understand the scope of established and evolving biomedical, clinical and cognate sciences, as well as the application of this knowledge to patient care.

Residents are expected to:

- demonstrate an investigatory and analytic thinking approach to clinical situations;
- know and apply the basic and clinically supportive sciences which are appropriate to their discipline.

A. Critical Care
   Septic Shock
   1. Manage a patient with septic shock, consulting an appropriate specialist as needed
   2. Adult respiratory distress syndrome (ARDS)
   1. Manage a patient with ARDS, consulting an appropriate specialist as needed
   3. Allergic drug reactions
   1. Describe the principles of treatment of a drug reaction. Manage a patient with a drug reaction, in consultation with an appropriate specialist, as needed.

B. Surgical Care of the Geriatric Patient
   1. Explain surgical options for a given indications in a geriatric patients, accounting for the patient’s medical condition and functional status
   2. Assess the impact of the proposed surgical intervention on a patient’s capacity for independent living, including assessment of availability of assistance, or need for assistance during treatment or the recovery period
   3. Summarize complications of anesthesia that are more common in the elderly patient
   4. Assess the geriatric patient’s capacity for independent decision making related to surgical consent
   5. Counsel patients and family members about advance directives, living wills, DNR orders, power of attorney, and surrogate decision-making
   6. Describe the appropriate preoperative evaluation for a geriatric patient, including consultation with other medical disciplines as indicated
   7. Describe the unique considerations related to preoperative, intraoperative, and postoperative care of the geriatric patient, such as:
      a. Entrapment (pressure) neuropathies
      b. Hypothermia
      c. Fluid and electrolyte imbalances
      d. Thromboembolism
      e. Pain management
      f. Adverse drug events
      g. Mental status changes
      h. Incontinence
      i. Infection
      j. Nutrition
      k. Stress-induced gastrointestinal ulceration
1. Pressure ulcers
m. Ambulation difficulties
n. Prevention of falls
o. Functional decline
p. Possible referral to an assisted-living facility or possible need for assistance within the home

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- advocate for quality patient care and assist patients in dealing with system complexities
- know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance