COMPETENCY-BASED GOALS AND OBJECTIVES FOR EACH ASSIGNMENT AND AT EACH EDUCATION LEVEL
For details on how these goals will be evaluated, please refer to the Evaluations section in the Appendix.

1. Specific Goals and Objectives for:

Obstetrics 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:

Provide routine prenatal care
- obtain adequate obstetric history and perform a competent physical examination
- write accurate progress notes and discharge summaries
- identify patients with obstetric complications and seek appropriate consultation
- screen triage patients and consult with senior residents
- recognize abnormal laboratory results and obtain appropriate consultation
- care for a patient with normal course of labor
- recognize abnormal labor and obtain appropriate consultation
• recognize indications for antepartum testing
• interpret FHR tracings and obtain consultation for evaluation of abnormal tracings
• recognize indications for ultrasound
• perform Level I obstetric ultrasound
• recognize the indications for genetic counseling
• diagnose and know management guidelines of the following obstetric entities:
  → Preterm labor
  → Ruptured membranes
  → Chorioamnionitis
  → Preeclampsia
  → Vaginal bleeding
  → STD’s
  → UTI
  → GI pathology
  → Diabetes
• Understand and know guidelines for the use of prostaglandins and oxytocin
• Recognize, know management, and seek consultation for:
  → Shoulder dystocia
  → Postpartum hemorrhage
  → Uterine inversion
• Perform/understand the following surgical procedures:
  → Spontaneous vaginal delivery
  → Forceps delivery and vacuum extraction
  → Place fetal scalp electrode and intrauterine pressure catheter (IUPC)
  → Midline/mediolateral episiotomy
  → Repair of vaginal and perineal lacerations
  → Manual extraction of the placenta
  → Primary cesarean deliveries
  → Postpartum tubal ligation
  → Vaginal delivery after cesarean
  → Perform amniotomy
  → Neonatal intubation and resuscitation
• Understand indications for radiological studies (X-ray, CT pelvimetry, MRI)
• Provide routine postpartum and postoperative care
• Evaluate febrile patients
• Provide breastfeeding instructions
• Know all methods of contraception
• Provide emotional support
• Provide counseling to patients with IUFD/nonviable pregnancy
• Understand and obtain informed consent
• Diagnose abnormal presentation
• Diagnose mastitis
• Understand indications for genetic counseling/amniocentesis
At the conclusion of the first-year, the resident should know:

A. Basic Science/Mechanism of Disease
   Physiology
   1. Describe the major physiologic changes in each organ system during pregnancy.
   2. Evaluate systems and physical findings in a pregnant patient to distinguish physiologic from pathologic findings
   3. Interpret common diagnostic tests in the context of the normal physiologic changes of pregnancy
   Embryology and developmental biology
   1. Describe the normal process of gametogenesis
   2. Describe the normal process of fertilization
   3. Describe the normal process of embryologic development of the singleton pregnancy
   4. Describe the embryology of multiple gestations
   Anatomy
   1. Describe the muscular and vascular anatomy of the pelvis and vulva
   2. Describe the anatomic changes in the mother caused by normal physiologic adaptation to pregnancy
   3. Describe the anatomic changes that occur during the intrapartum period, such as cervical effacement and dilatation
   4. Describe the anatomic changes that occur during the puerperium, such as alterations in the breast and uterine involution
   Pharmacology
   1. Describe the role for nutritional supplementation in pregnancy (eg, iron, folic acid)

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.
2. Describe the impact of pregnancy on serum and tissue drug concentrations and drug efficacy
3. Describe the factors that influence transplacental drug transfer, such as:
   a. Molecular size
   b. Lipid solubility
   c. Degree of ionization at physiologic PH
   d. Protein binding

B. Antepartum Care
   Prenatal Care
   1. Perform a comprehensive history and physical examination
   2. Order and interpret routine laboratory tests and those required because of risk factors during pregnancy
   3. Counsel patients about lifestyle modifications that improve pregnancy outcome
   4. Counsel patients about warning signs of adverse pregnancy events
   5. Schedule and perform appropriate antepartum follow-up visits for routine and high-risk obstetric care
   6. Counsel patients about appropriate immunizations during pregnancy
   7. Counsel patients about the benefits of breast feeding

Antepartum fetal monitoring
   1. Describe the indications, contraindications, advantages, and disadvantages of antepartum diagnostic tests, such as:
      a. Nonstress test
      b. Contraction stress test
      c. Biophysical profile
      d. Vibroacoustic stimulation test

C. Medical Complications
   Diabetes mellitus
   1. Classify diabetes mellitus in pregnancy
   2. Interpret screening tests for gestational diabetes
   3. Monitor and control blood sugar in the pregnant patient with diabetes mellitus
   Diseases of the urinary system
   1. Evaluation signs and symptoms of urinary tract pathology in pregnant patients
   2. Describe the indications for the common diagnostic tests for renal disease in pregnancy
   3. Interpret the results of common diagnostic tests for renal disease in pregnancy
   Cardiopulmonary disease
   1. Describe symptoms and physical findings suggestive of cardiopulmonary disease in pregnancy
   2. Describe the indications for and interpret the results of common diagnostic tests for cardiopulmonary disease in pregnancy
   Gastrointestinal disease
1. Perform a history and physical examination for the diagnosis of gastrointestinal disease in pregnancy
2. Describe the indications for and interpret the results of common diagnostic tests for gastrointestinal disease in pregnancy
3. Diagnose, and provide initial management of, common gastrointestinal diseases in pregnancy

Neurologic disease
1. Perform a focused history and neurologic examination in pregnant patients with a known or suspected neurologic disorder
2. Describe the indications for and interpret the results of common diagnostic tests for neurologic disease in pregnancy

Psychiatric disorders
1. Perform a mental status examination
2. Describe the symptoms of common psychiatric disorders in pregnancy

Substance abuse in pregnancy
1. Describe behavior patterns suggestive of substance abuse
2. Perform a thorough history and physical examination in patients suspected of substance abuse in pregnancy

D. Obstetric Complications

Second-trimester pregnancy loss
1. Describe the usual symptoms and clinical manifestations of a second-trimester abortion
2. Perform diagnostic tests to assess patients with threatened second-trimester pregnancy loss, such as:
   a. Ultrasonography
   b. Genital tract cultures

Hypertension in pregnancy
1. Describe the possible causes of hypertension in pregnancy
2. Describe the usual clinical manifestations of chronic hypertension, gestational hypertension, and preeclampsia

Intrauterine growth restriction
1. Assess uterine size by physical examination and identify size/date discrepancies

Postterm pregnancy
1. Determine gestational age using a combination of menstrual history, physical examination, and ultrasound

Premature rupture of membranes
1. Perform diagnostic tests to confirm rupture of membranes

Fetal Death
1. Confirm the diagnosis of fetal death by ultrasound examination
2. Describe the grieving process associated with pregnancy loss and refer patients for counseling as appropriate

E. Intrapartum Care

Intrapartum fetal assessment
1. Perform and interpret the following methods of fetal monitoring:
a. Intermittent auscultation  
b. Electronic monitoring  
c. Fetal scalp stimulation  
d. Vibroacoustic stimulation  

Labor and delivery  
1. Obtain an accurate history, describing onset of uterine contractions and ruptured membranes  
2. Perform a pertinent physical examination to assess:  
   a. Status of membranes  
   b. Presence of vaginal bleeding  
   c. Fetal presentation  
   d. Fetal position  
   e. Fetal weight  
   f. Cervical effacement  
   g. Cervical dilatation  
   h. Station of the presenting part  
   i. Clinical pelvimetry  
   j. Uterine contractility  
3. Describe the normal course of labor  
4. Identify the abnormalities of labor:  
   a. Failed induction  
   b. Prolonged latent phase  
   c. Protracted active phase  
   d. Arrest of dilatation  
   e. Protracted descent  
   f. Arrest of descent  

Vaginal birth after cesarean delivery  
1. Document an accurate history of a patient’s previous operative delivery  
2. Counsel a patient about risks and benefits of vaginal birth after cesarean delivery (VBAC)  
3. Describe the appropriate criteria for, and contraindications to, VBAC  

Anesthesia  
1. Describe the types of anesthesia that are appropriate for control of pain during labor and delivery:  
   a. Epidural  
   b. Spinal  
   c. Pudendal  
   d. Local infiltration  
   e. General  
   f. Intravenous analgesia/sedation  

F. Postpartum Care  
Evaluation of the newborn  
1. Perform an immediate assessment of the newborn infant and determine if resuscitative measures are indicated  
2. Resuscitate a depressed neonate
a. Properly position the baby in the radiant warmer  
   b. Suction the mouth and nose  
   c. Provide tactile stimulation  
   d. Administer positive pressure ventilation with bag and mask  
   e. Administer chest compressions  

3. Assign Apgar scores  
4. Describe the indications for cord blood gas analysis and interpret the test results  
5. Obtain cord blood for the following purposes:  
   a. Blood gas analysis  
   b. Determination of fetal blood type  
   c. Cord blood storage  
6. Describe the rationale for administration of topical antibiotics to prevent neonatal ophthalmic infection  
7. Counsel parent about the advantages and disadvantages of circumcision  

The puerperium  
1. Perform a focused physical examination in postpartum patients  
2. Prescribe methods of reversible contraception  
3. Counsel patients about permanent sterilization  
4. Perform postpartum surgical sterilization  
5. Counsel patients about the advantages of and answer questions related to breast feeding.  

## 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

Obstetrics Rotations

In addition to the PGY-I goals and objectives, residents should be able to:

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<tr>
<th>COMPETENCY 1. Patient Care.</th>
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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.
- Evaluate prenatal patients with pregnancy complications
- Manage high-risk intrapartum patients
- Manage patients in labor, evaluate and diagnose labor disorders, and recognize indications for administering oxytocin
- Evaluate patients in preterm labor and determine the need for tocolysis
- Manage patients with PROM
- Recognize and manage abnormal fetal heart patterns
- Recognize patients who need cesarean and prepare patients for surgery
- Manage patients with shoulder dystocia and inverted uterus
- Recognize postoperative complications and provide postoperative care for high-risk patients
- Recognize and treat postpartum hemorrhage
- Understand indications and contraindications for different methods of analgesia and anesthesia
- Evaluate abnormalities of early pregnancy
- Evaluate bleeding in pregnancy
- Perform amniocentesis to assess fetal lung maturity
- Perform the following surgical procedures:
  - Forceps and vacuum delivery
  - Repeat cesarean deliveries

**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.

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

A. Basic Science/Mechanisms of Disease
   - Microbiology and immunology
     1. Describe the principal features of the host immunologic response
     2. Describe how the maternal immune response is altered by pregnancy
     3. Describe the basic features and timing of development of the fetal immunologic response
     4. Describe the association between genital tract infection and adverse Perinatal outcomes, such as:
        a. Preterm labor
b. Preterm premature rupture of membranes
c. Neonatal infection
d. Maternal infection

B. Medical Complications

Cardiopulmonary disease
1. Classify maternal cardiac disease in pregnancy and describe the associated maternal and fetal risks.

Gastrointestinal disease
1. Counsel patients about the impact of gastrointestinal disease on pregnancy and the impact of pregnancy on gastrointestinal disease

Endocrine disorders (excluding diabetes mellitus)
1. Perform a focused history and physical examination in pregnant patients with a known or suspected endocrine disease
2. Describe the indications for and interpret the results of common diagnostic tests for endocrine disease, such as:
   a. Thyroid function tests
   b. Adrenal function tests
   c. Pituitary function tests
   d. Imaging studies

Psychiatric disorders
1. Assess the risk of psychiatric disorders such as bipolar disorder, schizophrenia, depressions, and the safety of psychiatric medications in the patient and her fetus
2. Identify patients who require referral for psychiatric consultation

Emergency care during pregnancy
1. Perform a diagnostic history and physical examination in pregnancy patients with a medical or surgical emergency

Substance abuse in pregnancy
1. Counsel patients about the impact of substance abuse on the fetus/neonate

C. Obstetric Complications

Second-trimester pregnancy loss
1. Describe the risk factors for, and the etiologies of, second-trimester pregnancy loss
2. Perform a physical examination and order diagnostic tests to identify the site of genital tract bleeding, assess cervical effacement and dilatation, and evaluate uterine contractions

Preterm labor
1. Describe the multifactorial etiology of preterm labor
2. Obtain a complete obstetric history in patients with preterm labor
3. Perform a thorough physical examination to determine uterine size, fetal presentation, and fetal heart rate and to assess cervical effacement and dilatation
4. Perform an interpret biophysical, biochemical, and microbiologic tests to assess patients with suspected preterm labor

Bleeding in late pregnancy
1. Describe the etiology of bleeding in late pregnancy
2. Describe the factors that predispose to placenta previa and abruption placentae
3. Perform a focused physical examination in patients with bleeding in late pregnancy
4. Interpret diagnostic tests, such as:
   a. Hematocrit
   b. Platelet count
   c. Coagulation profile
   d. Kleihauer-Betke test

Hypertension in pregnancy
1. Describe the possible causes of hypertension in pregnancy
2. Perform a physical examination pertinent to patients with hypertension
3. Performs tests to:
   a. Determine the etiology of chronic hypertension
   b. Differentiate chronic hypertension from preeclampsia and gestational hypertension
   c. Assess the severity of chronic hypertension, gestational hypertension, and preeclampsia
4. Assess fetal well-being in patients with hypertension in pregnancy (see antepartum testing)

Multiple gestation
1. Describe the factors that predispose to multiple gestation
2. Describe the physical findings suggestive of multiple gestation
3. Confirm the diagnosis of multiple gestation by performing an endovaginal or abdominal ultrasound examination

Postterm pregnancy
1. Perform and interpret surveillance tests for the Postterm fetus
   a. Antepartum fetal heart rate testing
   b. Ultrasound examination

Premature rupture of membranes
1. Describe the possible causes of premature rupture of membranes (PROM) in preterm and term patients
2. Assess patients with PROM for lower and upper genital tract infection

Fetal death
1. Describe the clinical history indicative of fetal death
2. Describe the possible causes of fetal death

D. Intrapartum Care

Intrapartum fetal assessment
1. Describe the possible causes for, and clinical significance of, abnormal fetal heart rate patterns:
   a. Bradycardia
   b. Tachycardia
   c. Increased variability
   d. Decreased/absent variability
   e. Early decelerations
   f. Variable decelerations
   g. Late decelerations
   h. Sinusoidal waveform
Labor and delivery
1. Describe appropriate indications for induction of labor
2. Describe appropriate indications for, and complications of, cervical ripening agents
3. Assess the progress of labor
4. Describe the risk factors for abnormal labor
5. Describe the appropriate role for, and complications of, the following interventions for abnormal labor:
   a. Analgesia/anesthesia
   b. Amniotomy
   c. Augmentation of labor
   d. Uterine contraction monitoring
   e. Episiotomy
   f. Operative vaginal forceps/vacuum delivery
   g. Cesarean delivery
6. Recognize and appropriately evaluate abnormal fetal presentations and positions
7. Counsel patients about the prognosis for abdominal versus vaginal delivery in a subsequent pregnancy

Anesthesia
1. Describe appropriate indications for, and contraindications to, these forms of anesthesia/analgesia
2. Recognize and treat maternal and fetal complications of anesthesia and analgesia

The puerperium
1. Identify and treat the most common maternal complications that occur in the puerperium
   a. Uterine hemorrhage
   b. Infection
   c. Wound dehiscence (abdominal incision and episiotomy)
   d. Bladder instability
   e. Postoperative ileus
   f. Injury to the urinary tract
   g. Breast engorgement and mastitis
   h. Pulmonary embolism (including amniotic fluid)
   i. Deep vein thrombosis
2. Recognize, treat, and refer as appropriate, postpartum affective disorders
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 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.

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 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 manager and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance.

PGY-III

Obstetrics 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.

- Manage complicated antepartum patients
- Interpret antepartum testing
- Manage patients with preterm labor, preeclampsia, eclampsia, PROM
- Understand and manage labor induction
- Manage patients with abnormal presentation
- Perform repeat cesarean deliveries
- Assist in cesarean hysterectomy and recognize the need for it
- Perform twin delivery
- Manage shoulder dystocia, inverted uterus, intra-and postpartum hemorrhage
- Perform amniocentesis
- Recognize and treat complications of regional anesthesia
- Perform cervical cerclage

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

A. Basic Science/Mechanisms of Disease
   Pharmacology
   1. Describe the possible teratogenic effects of prescription drugs in pregnancy, such as:
      a. Tetracycline
      b. Angiotensin-converting enzyme inhibitors and angiotensin antagonists
      c. Quinolone antibiotics
      d. Lithium
      e. Isotretinoin
      f. Seizure medications
   Pathology and neoplasia
   1. Describe the physical findings suggestive of malignancy in the pregnant patient
   2. In consultation with a medical or gynecologic oncologist, counsel a patient about treatment options and their impact on pregnancy and the timing of delivery

B. Antepartum Care
   Preconception care
   1. Perform a thorough history, assessing historical and ongoing risks that may affect future pregnancy
   2. Counsel a patient regarding the impact of pregnancy on maternal medical conditions
   3. Counsel a patient regarding the impact of maternal medical conditions on pregnancy
   4. Counsel a patient regarding appropriate lifestyle modifications conducive to favorable pregnancy outcome
   5. Counsel a patient regarding appropriate preconception testing
   6. Counsel a patient regarding pregnancy-associated risks and conditions, such as:
      a. Advanced age
      b. Hypertension
      c. Diabetes
      d. Genetic disorder
      e. Prior aneuploidy or anomalous fetus/newborn
   Antepartum fetal monitoring
   1. Describe the indications, contraindications, advantages, and disadvantages of antepartum diagnostic tests, such as:
      a. Doppler velocimetry
   Diseases of the urinary system
   1. Develop, in consultation with other specialists, a comprehensive plan for the Perinatal management of a patient with renal disease
   Hematologic disorders
   1. Evaluate possible causes of anemia, thrombocytopenia, deep vein thrombosis, and coagulopathy in pregnancy
   2. Institute appropriate acute and chronic management plans for these conditions, including prophylaxis to minimize recurrence risk
3. Counsel patients about the fetal and maternal impact of hematologic disorders in pregnancy

Cardiopulmonary disease
1. Order appropriate fetal evaluation in patients with congenital heart disease
2. Counsel patients about the impact of pregnancy on cardiopulmonary disease and the impact of these diseases on pregnancy

Gastrointestinal disease
1. Develop, in consultation with other specialists, a comprehensive plan for the perinatal management of patients with gastrointestinal disease.

Neurologic disease
1. Counsel pregnant patients regarding the impact of pregnancy on neurologic disease and the impact of the disease on pregnancy
2. Develop, in consultation with other specialists, a comprehensive plan for the perinatal management of patients with neurologic disease

Endocrine disorders (excluding diabetes mellitus)
1. Counsel patients about the impact of an endocrine disease and its treatment on pregnancy and the impact of pregnancy on the endocrine disorder
2. In consultation with other specialists, develop a comprehensive plan for the perinatal management of patients with an endocrine disorder

Collagen vascular disorders
1. Performs a focused history and physical examination in pregnant patients with known or suspected collagen vascular disease

Emergency care during pregnancy
1. Order and interpret diagnostic tests, such as CT or MRI scan, lumbar puncture, and x-rays, to assess for adverse effects of emergency conditions on the developing pregnancy

Substance abuse in pregnancy
1. Assess the fetus for adverse effects of substance abuse, such as congenital anomalies or growth restriction
2. Refer patients with known or suspected abuse for counseling and follow-up

C. Obstetric Complications

Second-trimester pregnancy loss
1. Manage the complications of second trimester pregnancy loss, such as:
   a. Chorioamnionitis
   b. Retained placenta
   c. Uterine hemorrhage

Preterm labor
1. Recognize the indications for, and complications of, interventions for preterm labor, such as:
   a. Antibiotics
   b. Tocolytics
   c. Corticosteroids
   d. Aminocentesis
   e. Cerclage
   f. Bed rest
2. Describe the expected frequency and severity of neonatal complications resulting from preterm delivery, and describe the survival rates for preterm neonates based on age and weight.

Hypertension in pregnancy
1. Treat hypertensive disorders of pregnancy

Multiple gestation
1. Perform tests to assess the general well-being of the fetuses of a multiple gestation

Intrauterine growth restriction
1. Describe the factors that predispose to fetal growth restriction
2. Evaluate the patient for causes of intrauterine growth restriction
3. Perform an accurate ultrasound examination to assess fetal growth
4. Monitor a fetus with suspected growth restriction (e.g. with antepartum heart rate tests, ultrasonography, and Doppler velocimetry) to determine the appropriate time and method of delivery

Isoimmunization and alloimmune thrombocytopenia
1. Describe the major antigen-antibody reactions that result in red cell isoimmunization or thrombocytopenia
2. Interpret serologic assays that quantify antibody titers
3. Describe the appropriate indications for determination of paternal antigen status
4. Describe the major fetal complications of isoimmunization and alloimmune thrombocytopenia

Postterm pregnancy
1. Describe the potential fetal and neonatal complications of Postterm pregnancy, such as:
   a. Macrosomia
   b. Meconium aspiration syndrome
   c. Oligohydramnios
   d. Hypoxia
   e. Dysmaturity syndrome
   f. Fetal demise
2. Describe appropriate indications for delivery in the Postterm pregnancy

Premature rupture of membranes
1. Describe the indications for, and complications of, expectant management in preterm and term patients with PROM
2. Describe the indications for, and complications of, induction of labor in preterm and term patients with PROM

D. Intrapartum Care
1. Interpret the results of umbilical artery Doppler velocimetry
2. Labor and delivery
   1. Select and perform the most appropriate procedure for delivery

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 form 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:

Obstetrics 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.

- Supervise and teach residents and students
- Provide complete antepartum, intrapartum and postpartum management of obstetrics patients
- Perform genetic amniocentesis
- Understand/assist in PUBS
- Manage maternal transfers
- Perform Cesarean hysterectomies
- Deliveries of high order multifetal gestations
- Cesarean deliveries where there is a high risk of cesarean hysterectomy (previa, accrete, leiomyomata)

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

A. Basic Science/Mechanism of Disease
   Antepartum fetal monitoring
   1. Perform and interpret antepartum diagnostic tests accurately and integrate the interpretation of such tests into clinical management algorithms

B. Medical Complications
   Diabetes mellitus
   1. Assess, recognize, and manage fetal and maternal complications such as:
      a. Fetal malformations
      b. Disturbances in fetal growth
      c. Diabetic ketoacidosis
   2. Counsel patients with diabetes regarding future reproduction and the long-term health implications of their medical condition

   Disease of the urinary system
   1. Counsel patients about the possible adverse effects of diseases of the urinary tract on fetal and maternal outcome, such as:
      a. Intrauterine growth restriction
      b. Prematurity
      c. Perinatal mortality
      d. Hypertension

   Cardiopulmonary disease
   1. Develop, in consultation with other specialists, a comprehensive plan for the perinatal management of patients with cardiopulmonary disease

   Collagen vascular disorders
   1. Describe the indications for and interpret the results of common diagnostic tests for collagen vascular disease in pregnancy, such as:
      a. Serologic tests for rheumatoid factor
      b. Anti-DNA antibodies
      c. Antinuclear antibodies
      d. Lupus anticoagulant
      e. Anticardiolipin (antiphospholipid) antibodies
      f. Anti-Ro, Anti-La
   2. Counsel patients regarding the impact of collagen vascular disease and its treatment on pregnancy and the impact of pregnancy on collagen vascular disease
   3. Develop, in consultation with other specialist, a comprehensive plan for the Perinatal management of patients with collagen vascular disease

C. Obstetric Complications
   Second-trimester pregnancy loss
1. Implement appropriate medical and surgical management (including cervical cerclage) for patients with threatened second-trimester abortion
2. Counsel patients who have experienced second-trimester pregnancy loss about recurrence risk

Pre-term labor
1. Appropriately counsel patients about management options for the extremely premature fetus
2. Counsel patients about recurrence risk and preventive measures for preterm delivery

Bleeding in late pregnancy
1. Perform the following diagnostic tests:
   a. Abdominal ultrasonography to localize the placenta and evaluate for possible placental separation
   b. Endovaginal or transperineal ultrasonography to localize the placenta
2. Determine the appropriate timing and method of delivery in patients with bleeding in late pregnancy
3. Manage serious complications of abruptio placentae and placenta previa, such as hypovolemic shock and coagulopathy
4. Counsel patients about the recurrence risk for placenta previa and abruptio placentae

Hypertension in pregnancy
1. Recognize and treat possible maternal complications of hypertension in pregnancy, such as:
   a. Cerebrovascular accident
   b. Seizure
   c. Renal failure
   d. Pulmonary edema
   e. HELLP (hemolysis, elevated liver enzymes, and low platelet count) syndrome
   f. Abruptio placenta
2. Counsel patients about recurrence risk for gestational hypertension and preeclampsia in a subsequent pregnancy.

Multiple gestation
1. Describe the medical rationale for selective fetal reduction in higher order multiple gestation
2. Describe, diagnose, and manage the maternal and fetal complications associated with multiple gestations

Intrauterine growth restriction
1. Counsel patients about the recurrence risk for intrauterine growth restriction

Premature rupture of membranes
1. Describe the role and possible complications of the following interventions in patients with preterm PROM:
   a. Tocolytic
   b. Corticosteroids
   c. Antibiotics
   d. Amniocentesis

Fetal death
1. Interpret the results of diagnostic tests to determine the etiology of fetal death
2. Select and perform the most appropriate procedure for uterine evacuation based on considerations of gestational age and maternal history
3. Describe and treat the principal complications of retained dead fetus
4. Describe and treat the major complications of surgical and medical uterine evacuation
5. Counsel patients about recurrence risk for fetal death

Intrapartum Care
The puerperium
1. Counsel patients regarding future pregnancies

COMPETENCY 3. Practice-based Learning and Improvement
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- 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