Ambulatory Health Care Curriculum for the PGYI-IV Resident-Park West Clinic

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Department of Obstetrics and Gynecology

I. Educational Purpose:

Obstetrician–gynecologists provide primary health care services to their patients both within and outside the traditional purview of reproductive medicine. As primary care physicians, obstetrician–gynecologists establish relationships with their patients that transcend the disease spectrum and extend to routine assessments, preventive care, early intervention, and management of medical disorders. Periodic assessments provide an excellent opportunity to counsel patients about preventive care. These assessments should include screening, evaluation, and counseling based on age and risk factors. As the major providers of reproductive health care for women, obstetrician–gynecologists are responsible for all aspects of care of reproductive disorders. Both the role of primary care physician and the role of reproductive health care provider require specialized skills and training and should be recognized as essential components in the practice of obstetrics and gynecology. Even when certain disorders extend beyond the scope of their practice and require referral, obstetrician–gynecologists serve in a consultant capacity in which they are involved in the continuing health maintenance of their patients.

Perform initial assessment
To gain the patient’s confidence and cooperation in obtaining the history and performing the physical examination, the resident should appreciate the effects of age; racial, ethnic, and cultural backgrounds; sexual orientation; personality; mental status; and the patient’s level of comfort and modesty.

- Obtain a complete medical history, including a history of genetic diseases.
- Perform an appropriate general or focused physical examination.

Perform routine screening for selected diseases
The content and frequency of routine health examinations for screening and counseling should be tailored to risk factors (see Table) and the patient’s age (see Periodic Assessment). Major causes of morbidity and mortality by age can direct attention to areas that warrant special care.

1. Ages 12 years and younger
For the preadolescent patient, the obstetrician–gynecologist usually serves as a consultant. All primary care can be performed by a pediatrician or family physician after assessment of the specific problem for which the patient was referred.
2. Ages 13–18 years
For adolescents, the obstetrician–gynecologist serves either as a consultant or as a primary health care provider, depending on the nature of his or her practice and level of expertise in the spectrum of reproductive tract disorders. The following areas warrant special attention in this age group:

a. Assess patients for evidence of substance use (tobacco, alcohol, and other drugs).

b. Perform a Pap test for sexually active adolescents in accordance with current guidelines.

c. Assess reproductive concerns, such as:
   - Family planning
   - Prevention of STIs
   - Pregnancy care
   - Infertility

d. Test sexually active adolescents for sexually transmitted infections (STIs), such as:
   - Gonorrhea
   - Chlamydia
   - Syphilis
   - Hepatitis B
   - Human immunodeficiency virus (HIV) infection

e. Counsel adolescents about the use of automobile safety belts and bicycle helmets.

f. Evaluate psychosocial well-being, including issues regarding abuse.

g. Assess nutritional and growth status.

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

a. Describe normal reproductive physiology, including issues such as fecundity and sexuality.

b. Assess reproductive concerns, such as:
   - Family planning
   - Prevention of STIs
   - Pregnancy care
   - Infertility

c. Treat menstrual disorders, such as:
   - Amenorrhea
   - Oligomenorrhea
Abnormal uterine bleeding

d. Manage breast disorders, such as:
   - Mastitis
   - Galactorrhea
   - Mastodynia

e. Evaluate psychosocial well-being including issues regarding abuse.

f. Describe the principal reproductive health care issues of women with developmental delay and physical disabilities.

4. Ages 40–64 years
Women ages 40–64 are in a time of transition and may face reproductive and perimenopausal concerns, medical conditions, and psychosocial issues. The following areas warrant special attention in this age group:

a. Assess and manage reproductive concerns, such as:
   - Family planning until menopause
   - Prevention of STIs
   - Pregnancy care (e.g., offering genetic counseling/prenatal diagnosis with amniocentesis or chorionic villus sampling)
   - Infertility

b. Evaluate and treat perimenopause/menopause concerns:
   - Normal aging, lifestyle modifications, and hormone therapy.
   - Risk factors for osteoporosis.

c. Assess risks for cancers (e.g., lung, breast, endometrium, ovary, colon, and skin).

d. Evaluate psychosocial risks and well-being including issues of abuse.

e. Describe the appropriate interventions to prevent fractures in older women.

f. List the major risk factors for cardiovascular disease.

g. Assess risks for cancers (e.g., lung, breast, endometrium, ovary, colon, and skin).

h. Describe the appropriate assessment for urinary and fecal incontinence.
4. Ages 40–64 years
The goal of health maintenance in older women is improvement of the quality of life and prolongation of a disease-free state. The following areas warrant special attention in these patients:

a. Describe the biologic effect of aging on major organ systems.
b. Describe the psychologic problems that may be associated with aging, such as:
   - Depression
   - Emotional abuse or neglect
   - Change in sexual function
c. Describe the appropriate interventions to prevent fractures in older women.
d. Describe the appropriate assessment for urinary and fecal incontinence.
e. List the major risk factors for cardiovascular disease.
f. Assess risks for cancers (e.g., lung, breast, endometrium, ovary, colon, and skin).
g. Describe the altered pharmacokinetics of drugs in the elderly population and the likelihood of drug interactions with medications commonly prescribed in this age group.
h. List the drugs that most commonly cause adverse reactions in geriatric patients.
i. Summarize age-related changes in common laboratory values.
j. Assess nutritional status.
k. Perform a basic assessment of functional status including:
   - Activities of daily living
   - Mini-mental status examination
   - Capacity for independent decision making

Counsel patients
Counseling encourages patients to adopt healthy behaviors and to seek regular preventive care that may reduce the prevalence of disorders later in life. The obstetrician–gynecologist is in a position to evaluate the patient’s general health and to counsel her regarding general health risk behavior. Patients should be counseled about high-risk and health maintenance behaviors at least annually. Counseling should include factors such as:
   - The importance of a healthy diet and exercise.
   - Risk factors and health problems associated with substance abuse.
   - Weight management and Psychological issues
   - Contraception and the prevention of STI’s
   - Interventions to prevent accidents in the home and workplace.
   - Interventions for preserving good dental health, such as regular tooth brushing and flossing and regular dental appointments.
II. **Goals, Objectives and Competencies:**

During this rotation the resident will participate in the delivery of a number of primary care services. During this rotation the resident will:

- Directly participate in the comprehensive management of outpatients of all ages
- Consult specialists and other health care personnel.
- Coordinate care delivered by a multidisciplinary team, including generalists, specialists, nurses, social workers, home care personnel, etc
- Effectively communicate with the patient, the patient’s family, and the health care team
- Emphasize the value of continuity of care and application of evidence-based medicine to office practice
- Effectively summarize, record and communicate the patient’s problem list and care issues to other physicians and health care personnel who precept or provide care to the patient
- Counsel the patient regarding preventive care and screening for early detection of disease.

1. **Medical Knowledge**

- Describe the etiology diagnosis and management for common gynecologic problems including: abnormal/dysfunctional bleeding, threatened abortion, pelvic pain, infertility, evaluation of the pelvic mass, first trimester pregnancy loss, sexually transmitted disease, and some urogynecologic disorders.
- Describe the principle causes of abnormal uterine bleeding and distinguish abnormal uterine bleeding from dysfunctional uterine bleeding
- List the laboratory and diagnostic tests which are helpful in the management of abnormal/dysfunctional bleeding
- Outline the therapeutic modalities for the treatment of abnormal/dysfunctional uterine bleeding using both surgical and non-surgical methods
- Describe the common vulvovaginidities
- Identify the common benign vulvar lesions and vulvar dystrophies
- Discuss the pathogenesis, epidemiology, diagnosis and treatment of sexually transmitted disease including; chlamydia, gonorrhea, syphilis, hepatitis B, hepatitis C, human immunodeficiency virus (HIV), herpes simplex, and HPV
- Outline the diagnostic criteria for pelvic inflammatory disease and discuss appropriate therapeutic intervention
- Describe the anatomic support system of the pelvic viscera and the principle etiologies of support defects and incontinence
• Describe the pathophysiology and evaluation of urinary tract infections including; common causative organisms and related factors such as age, pregnancy, and high residuals.
• Outline the major causes of the pelvic mass and the diagnostic tests which assist in the evaluation of same.
• Define chronic pelvic pain; outline the various causes; list the tests useful in establishing the diagnosis; and discuss the indications for surgical and non-surgical intervention.
• Summarize the theories of pathogenesis of endometriosis and the typical clinical history of a patient with endometriosis.
• Describe the clinical history, pathophysiology, and management of benign breast disorders.
• Discuss first trimester pregnancy loss including the differential diagnosis, the principle causes, the use of appropriate laboratory/ultrasound testing and the clinical management.
• Discuss the various contraceptive methods including hormonal contraception, IUD, barrier methods and review the risks and benefits of each.
• Describe the major factors that predispose to ectopic pregnancy and discuss the diagnostic tests that assists in the diagnosis of ectopic pregnancy.

2. **Patient Care (Clinical Skills)**

• Obtain a focused history and pelvic exam to investigate several clinical disorders.
• Counsel patients regarding planned surgical procedures including risks and benefits and obtain a valid and meaningful informed consent.
• Manage and counsel patients about post-operative recovery care.
• Demonstrate improving technical skills in the surgical laboratory setting including knot tying and suturing techniques and basic laparoscopic skills.
• Perform outpatient procedural skills such as endometrial biopsy, IUD insertion, word catheter insertion.
• Utilize all types of contraceptive technology and guide patients in choices which are both medically appropriate and acceptable to the patient.
• Utilize sonography in the management of disorders in the first trimester of pregnancy.
• Conduct detailed preoperative assessment with consideration to the needs of special patient groups such as:
  o Children and adolescents
  o Elderly
Patients with co-existing medical conditions such as cardiopulmonary disease or coagulation disorders

• Develop an evidence based care plan for his/her Continuity Clinic patients
• Perform, interpret, and utilize lab tests and other diagnostic procedures (e.g. ultrasound, CT scan, MRI, mammogram) in the management of a variety of clinical diagnosis.

III. Practice Based Learning
• Formulate and answer important questions that arise from patient care and demonstrate improved diagnostic skills that arise from these inquiries
• Incorporate formative and summative feedback to improve knowledge and skill base
• Maintain and record five focused annual exams every six months.
• Participate in quality assurance activities of the department
• Use personal experience with difficult and challenging patients to optimize future relationships with patients

IV. Communication/Interpersonal Skills
a. Present pertinent history and physical findings to ambulatory attending in a clear concise fashion
b. Counsel patients in language and manner that is appropriate to her educational background and emotional needs
c. Inform patients and designated individuals of pertinent medical developments and complications
d. Counsel the patient with respect to appropriate screening for cervical, breast and colorectal neoplasms, as well as all other age specific screenings.

V. Professionalism
a. Conduct all patient interactions with sensitivity, respect, and compassion
b. Provide patient centered care in a non-judgmental fashion that is responsive to the emotional, educational and social needs of the patient
c. Demonstrate truthful and timely disclosure of adverse events to the patient and designated individuals
d. Participate in the gynecologic education of the attending staff, fellow residents, medical students and nursing staff
VI. **Systems Based Practice**

a. Organize appropriate consultations (e.g. anesthesia, internal medicine, cardiology) for the comprehensive care of the outpatient.

b. Order diagnostic tests with consideration of multiple system assessment. These tests should be cost effective and have clinical relevance.

c. Review the importance of exercise and nutrition and counsel the patients in high risk behaviors.

**Types of Clinical Encounters:**

- PGY I residents will participate in the care of Women’s Health Center (clinic) patients
- Outpatient experience is achieved through Continuity Clinics and by shadowing the assessment of Emergency Department patients by upper level residents
- Residents will encounter a wide variety of both outpatient pathology

**Rotation Structure**

All residents will attend ambulatory continuity clinic throughout their four years of residency. The hospital's role is to provide all the oversight medical service in pediatrics, internal medicine and obstetrics and gynecology. Full faculty supervision is provided for each patient seen in this facility.

The program director serves as lead physician for the obstetrical and gynecological clinics. The clinic has an extremely high level of acuity and our patients have multiple medical issues. These complex patients are seen both by the resident and the faculty member working in close proximity to manage these health care issues in a true continuity clinic. Individual appointments are scheduled and patients remain within the resident's panel usually for the full four years of their residency.

The faculty, both full-time and private, are chosen for their particular expertise in ambulatory medicine. Sub-specialist in maternal fetal medicine provide the oversight for the high-risk obstetrical clinic. Resident clinic schedules are provided to Park West and specific patient appointments are made through the appointment desk. Caseloads are carefully monitored and day sheets are collated for compliance. Templates for resident caseloads are assigned, based on level of acuity and post-graduate resident year.
**Resident Supervision:**
The resident will be under the supervision of his/her Chief Resident and an Attending physician at all time. There will be an attending present for all patient encounters as well as any procedures done in the out patient Park West Ambulatory center.

**Method of Evaluation:**
- Global and 360 degree evaluations of PGY I residents are conducted every three months and reflect input from the attending staff, medical students, nurses and patients. The performance by the residents is included in this evaluation and is reported to the resident in the competency format as a written document. This document is then reviewed with the resident by the Program Director or Assistance Program Director.
- Residents also have a Focused assessment of their entire clinical encounter with the patient. The patient is then interviewed as to the nature of the encounter.
- Finally the residents history and physical is reviewed by the attending, utilizing a template, assessing completeness with immediate resident feedback.
Procedures
The following Table lists the procedures pertinent to primary and preventive ambulatory care and summarizes the level of technical proficiency that should be achieved by a graduating resident. The resident should either understand a procedure (including indications, contraindications, and principles) or be able to perform it independently. These distinctions are based on the premise that knowledge of a procedure is implicit in the ability to perform it. (PC)

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<thead>
<tr>
<th>Procedure</th>
<th>Understand</th>
<th>Understand and Perform</th>
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<tbody>
<tr>
<td>Arterial blood gas assessment</td>
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<td>Auditory acuity testing</td>
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<td>Bone densitometry studies</td>
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<td>Complete physical examination</td>
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<td>Electrocardiography</td>
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<td>External auditory canal and tympanic membrane</td>
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<td>Fecal occult blood testing</td>
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<td>Funduscopic examination (basic)</td>
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<td>Gastrointestinal endoscopy</td>
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<td>Insertion and removal of intrauterine device</td>
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<td>Insertion and removal of implantable steroid</td>
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<tr>
<td>Peak expiratory flow (FEV₁) determination</td>
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<td>Fitting of diaphragm or cervical cap</td>
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<td>Pulse oximetry</td>
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<tr>
<td>Procedure</td>
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<td>Skin biopsy</td>
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<td>Scraping of skin lesions for microscopy</td>
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<tr>
<td>Visual acuity testing (i.e., standard eye chart)</td>
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<td>Visual field deficit testing</td>
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