Curriculum for the PGYIII Ambulatory Gynecological Rotation

Sinai Hospital of Baltimore Maryland
Department of Obstetrics and Gynecology

I. Educational Purpose
The PGY III Ambulatory Gynecologic experience provides the opportunity for the PGY III resident to perfect his/her skills in the management of common gynecologic conditions as experienced in a busy office practice setting. In addition they will gain an introduction into the office management of some complex pelvic conditions such as urogenital prolapse, pelvic pain and urogynecologic disorders.

II. Competencies, Goals and Objectives
By the completion of this rotation the PGY III resident should be able to:

1. Medical Knowledge
   - Explain the pharmacological principles of drug therapy for women in the pre-pubertal, reproductive and menopausal ages
   - Discuss the normal anatomic supports of the vagina, uterus, and rectum
   - Discuss the etiology of pelvic support defects and the anatomic defects associated with various aspects of pelvic support disorders
   - Categorize the major types of urinary incontinence
   - Describe abnormal urethral conditions including diverticuli, urethritis, lower urinary tract syndrome
   - Discuss the endometriosis staging
   - Describe the indications and contraindications for the medical management of ectopic pregnancy
   - Describe the etiologies and principles of treatment in the management of all forms of vaginitis
   - Utilize office management of urogynecological prolapse, insertion of pessary etc.

2. Patient Care (Clinical Skills)
   - Demonstrate some competence in the performance of several surgical procedures including:
     - Key’ punch biopsy of the perineum and vulva
     - Diaphragm fitting
     - IUD insertion
     - Implanon insertion
     - Wet smear interpretation
     - Cystometrogram (complex, multi-channel and pressure flow study)
- Treat clinical pelvic pain with non-surgical methods
- Treat the complications that may result from the treatment of spontaneous abortions e.g. infection, perforation, retrained products
- Treat ectopic pregnancy by non-surgical methods
- Manage post-operative complications such as ileus, obstruction, infection, fluid electrolyte imbalance and thromboembolism
- Perform a focused physical exam to establish the diagnosis of drug reaction and evaluate its severity

3. Patient Care (Management Skills)
- Perform diagnostic tests to confirm the diagnosis of vulvar dystrophy
- Perform and interpret selected tests to assess urinary incontinence including multi-channel cystometrics, Q-tip test, urethroscopy, uroflowmetry, EMG
- Perform and interpret diagnostic tests for the management of chronic pelvic pain including genitor-urinary cultures, imaging studies, hysteroscopy, laparoscopy, trigger point injection, mental health evaluation
- Interpret the results of procedures to assess breast disorders including biopsy, mammography, ultrasonography, MRI

4. Practice Based Learning
- Analyze personal practice experience and implement strategies to enhance knowledge, skills and quality of patient gynecologic care
- Apply knowledge of scientific studies and statistical methods to appraise therapeutic effectiveness in the management of the gyn patient
- Obtain and utilize demographic information regarding their gynecologic patient population.
- Update annual Physical Exams on Menopausal and peri menopausal patients.

5. Communication/Interpersonal Skills
- Summarize and counsel patients regarding risks and expected outcomes of surgical and non-surgical management of pelvic support and incontinence disorders.
- Assess the geriatric patients capacity for independent decision making related to surgical consent.
- Appraise all professionals, involved in the care of the gynecologic patient, of significant updated clinical information.
- Communicate with patients regarding test results.
6. Professionalism
- Provide non-surgical gynecologic care in a non-judgmental fashion that is responsive to the emotional, educational and social needs of the patient
- Demonstrate accountability for one’s actions and clinical decisions in the management of the gynecologic patient
- Participate in the gynecologic education of the patient.
- Treat patient’s health care with genuine sensitivity.

7. Systems Based Practice
- Describe the indications for referral of a patient to a specialist in order to compliment their gynecologic care
- Describe the indications for referral to a multi-disciplinary group including pain management specialists, behavior specialist and/or mental health specialist
- Coordinate the peri-operative care of the gynecologic patient with anesthesia and internal medicine when indicated

III. Teaching Methods and Rotation Structure
- The PGY III gynecologic resident will review the curriculum objectives prior to the first day with his/her rotation.
  - Gyn Continuity Clinic
  - Gyn textbook chapter review
  - Gyn Quality Assurance case presentations
  - Attendance and participation in a variety of procedures
  - Emergency room call coverage
  - Department CME/GME activities
- All procedures are performed under direct supervision of an Attending Physician. Timely and formative feedback will be given to the resident
- Resident surgical experience will be progressive

IV. Types of Clinical Encounters
- The PGY III resident will begin to assume a more dominant role in non-surgical care of both private and Park West Health Center (clinic) gynecologic patients
- PGY III residents will take an increasing role in the responsibility in the evaluation of Emergency Department referral patients
- PGY III residents will assume greater responsibility for the management of his/her expanding cadre of Continuity Clinic patients
- Residents will continue to encounter a wide range of gynecologic pathology.
• **Training in Comprehensive Family Planning:**

For residents who have requested more extensive training in Comprehensive Family Planning, an opportunity to rotate at the Planned Parenthood of Maryland has been formally arranged with the Director of Planned Parenthood. This training will supplement the training that is provided during the course of their clinical activities in the Department. However, this will be a dedicated rotation for one week to a site that provides a comprehensive program for learning the technical skills and non-technical requirements to perform medical and surgical terminations of pregnancy. In addition, Dr. McDonald-Mosley, the Director of Planned Parenthood of Maryland, has been included on the active Attending Physician Staff of the Department. Dr. McDonald-Mosley will be available to help supervise inpatient terminations of pregnancy, as well as participate in didactic teaching that will be included in the lecture series.

Additional Topics covered during this rotation include:

1. All options for counseling for family planning.
2. Use of ultrasound in first trimester dating.
3. Appropriate judgment in procedure selection.
5. Performance of surgical abortions up to 14 weeks gestation.
6. Recognition, assessment and management of abortion complications.
7. Contraception initiation.
8. Legal issues regarding abortion and family planning.
10. IUD, Implanon insertion and removal.
11. Management of common gynecological presentation of the reproductive age patient.
12. Counseling teenagers about reproduction health issues and family planning.
Benign Disorders of the Breast Rotation Learning Goals and Objectives

Sinai Hospital of Baltimore Maryland
Department of Obstetrics and Gynecology

1. Describe the clinical history and principal pathophysiologic conditions that affect the breast, such as:
   - Breast mass
   - Nipple discharge
   - Pain
   - Infection (mastitis)
   - Asymmetry
   - Excessive size
   - 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 indications for and results of each of them:
   - Needle aspiration of a cyst or abscess
   - Collection of nipple discharge for cytological examination
   - Fine needle aspiration of a mass
   - Needle localization biopsy
   - Excisional biopsy
   - Mammography
   - Ultrasonography
   - MRI
Carcinoma of the Breast Learning Goals and Objectives

A. Epidemiology and risk assessment of breast cancer

1. Evaluate a patient’s personal or family history of breast cancer, including the risk associated with BRCA1 or BRCA2.

2. Evaluate other epidemiologic factors to assess a woman’s risk for developing breast cancer, such as:
   - Patient age
   - Parity
   - Ethnicity
   - Lactation
   - Hormone replacement
   - Alcohol consumption

3. Counsel patients regarding breast cancer prevention strategies.

4. Counsel patients regarding the use of screening methods, such as mammography.

5. Refer patients appropriately for genetic counseling and testing.

B. Diagnosis of invasive carcinoma of the breast

1. Perform a focused history and physical examination in women with signs or symptoms of breast cancer.

2. Order and explain to the patient appropriate diagnostic tests for evaluating a suspicious breast lesion.

3. Describe the indications for and interpret for the patient the results of needle aspiration of a breast cyst and fine needle biopsy of a solid lesion.

4. Describe the indications for and interpret for the patient the results of other diagnostic studies, such as:
• Mammography
• Ultrasonography
• Core-needle biopsy
• Excisional biopsy

C. Management of invasive breast cancer

1. Describe the staging of breast cancer and the prognostic significance of histologic type, regional lymph node metastasis, distant metastasis, and hormone receptor status.

2. Describe the indications for lumpectomy vs. mastectomy.

3. Describe the indications for adjuvant therapy with hormonal treatment, chemotherapy, or radiation therapy.

4. Describe the impact of pregnancy on the treatment and prognosis of breast cancer.

D. Breast cancer survivorship

1. Describe the psychosocial impact of breast cancer on family dynamics, sexuality, and stress management and make appropriate referral to support groups and health care professionals.

2. Manage the adverse effects of antiestrogen medications, such as tamoxifen and aromatase inhibitors.
V. **Resident Supervision**

- The resident will be under the supervision of his/her Chief Resident and an Attending physician at all time including nights, holidays and weekends. This is insured by 24-hour house coverage by the Attending staff. The level of supervision and interaction from the Attending staff will be modified as resident experience and skills progress.

VI. **Reading List**

- **Up to Date** (available to all residents)
- **Comprehensive Gynecology**; Stankover, Drogmuller and Huberst and Michelle
- **Te Linde’s Operative Gynecology**; Rock and Jones
- **Novak’s Gynecology**; Jonathan Berick
- **Compendium of Selective Publications** 2009, American College of Ob/Gyn
- **Urogynecology and Pelvic Floor Dysfunction**; Bend, Osteogard, Kondiff and Swift
- **Female Pelvic Medicine and Reconstructive Pelvic Surgery**; Dritz, Hershone and Diamant

VII. **Method of Evaluation**

- Global and 360 degree evaluations of PGY III residents are conducted every three months and reflect input from the attending staff, medical students, nurses and patients. The gynecologic 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 Assistant Program Director.

- Cognitive assessment of the resident’s gynecologic skills is achieved by a satisfactory gynecologic score from the CREOG exam (held annually)

- Outpatient care feedback is achieved by onsite timely reviews by the Attending Physician who is providing coverage for the Park West Health Center (clinic)

- During the ambulatory rotation the resident is evaluated by the practice and the office personal.