Gynecologic Curriculum for the PGY IV Resident

Sinai Hospital of Baltimore Maryland
Department of Obstetrics and Gynecology

I. Educational Purpose
This rotation serves as the culmination for the resident’s gynecologic experience. During this rotation the resident will hone his/her existing diagnostic, surgical and management skills and acquire any new skills fundamental to the function of an independent practitioner of gynecology. Residents will assume primary responsibility for the surgical, non-surgical, inpatient and outpatient care of the gynecologic patients of the Park West Women’s Health Center. Staff supervision will be in a teaching but often consultative roll.

II. Competencies, Goals and Objectives
By the completion of his/her fourth year gynecology rotation the resident should:

- Demonstrate a sound knowledge base for the basic science of gynecologic disorders including genetics, physiology, embryology, anatomy, pharmacology, pathology and immunology.
- Explain the clinical relevance of less commonly performed gynecologic procedure such as:
  - Ovarian transposition
  - Presacral neurerection
  - Tracheectomy
  - Trigger point injection
  - Enterotomy repair
  - Fistula repair
  - Hypogastric artery ligation
  - Colpo suspension
  - Total laparoscopic or supracervical hysterectomy
  - Colpocleisis
  - Abdominal sacrocolpopexy
- Demonstrate understanding and satisfactory competence in the diagnosis and management of several gynecologic conditions that will certify him/her for function as an independent private practitioner including:
  - Abnormal uterine bleeding
  - Vaginal and vulvar infections
  - Vulvar dystrophies and dermatoses
  - Sexually transmitted diseases
  - Pelvic inflammatory disease
  - Various urogynecologic disorders
  - Urinary tract disorders
  - Pelvic masses
- Chronic pelvic pain
- Endometriosis
- Disorders of the breast
- Spontaneous abortion
- Ectopic pregnancy
- Comprehensive preoperative and postoperative care
- Toxic shock syndrome
- Septic shock
- Adult respiratory distress
- Hemodynamic assessment
- Allergic drug reactions

- Describe the types of injuries and complications that may occur related to the medical and surgical management of urogyn disorders.
- Describe the principles of treatment for drug reaction.
- Describe appropriate preoperative evaluation in the geriatric patient.
- Describe unique considerations related to the preoperative, intraoperative and postoperative care of the geriatric patient.

2. Patient Care (Clinical Skills)

- Demonstrate proficiency and competence in the performance of all minor and major surgical procedures fundamental to the routine care of the Gynecologic patient including:
  - Hysteroscopy
  - Diagnostic Hysteroscopy
  - Ablation
  - Hysteroscopy Resectoscopic
  - D & C
  - D & E & C
  - Cervical conization
  - LEEP
  - Partial vulvectomy
  - Enterocele Repair
  - Abdominal hysterectomy
  - Vaginal hysterectomy
  - Supracervical Hysterectomy
  - Laparoscopically assisted vaginal hysterectomy
  - Laparoscopic Supracervical Hysterectomy
  - Sacrospinous Colpopexy
  - Adnexitomy
  - Salpingectomy
  - Salpingostomy
  - Myomectomy
  - Microsurgical pelvic reconstruction
  - Anterior/Posterior Colporrhaphy
- Endoscopic Surgery Diagnostic
- Pelviscopy
- Laparoscopic sterilization (BTC, clip,)
- Laproscopic Salpingectomy, Salpingostomy
- Laparoscopic Oophorectomy
- Laparoscopic Ovarian Cystectomy
- Endoscopic Laser Surgery
- Laser Surgery of the lower genital tract
- Incontinence Surgery (Burch, TVT, TVTO)

- Treat urogynecologic disorder by both non-surgical (e.g. pelvic floor exercise, pessary) and surgical methods.
- Conduct detailed preoperative assessment for the consideration given to special patient groups such as children, adolescents, patients with existing medical conditions.
- Include appropriate preoperative preparation for patients undergoing gynecologic surgery including bowel prep, antibiotic prophylaxis, and thromboembolism prophylaxis.
- Choose appropriate surgical instruments and suture for surgical procedures.
- Demonstrate competence in the ordering and interpretation of laboratory and radiographic studies for the diagnosis and management of gynecologic disorders commensurate with an independent practitioner of gynecology.
- Demonstrate competence in the performance and interpretation of pelvic ultrasound (transabdominal, vaginal) in the evaluation and management of gynecologic disorders as expected of an independent practitioner of gynecology.
- Demonstrate competence in the performance of all necessary outpatient procedures fundamental to the function of an independent gynecologic practitioner including:
  - Hystereosalpingogram
  - Endometrial biopsy
  - Colposcopy
  - LEEP
  - Vulvar biopsy
  - Bartholin cyst/abscess management
  - Breast cyst aspiration
  - Wound care
  - Multi channel urodynamic testing

3. **Patient Care (Management Skills)**
   - Manage a patient with septic shock consulting a specialist when needed.
   - Manage a patient with adult RDS consulting a specialist when needed.
- Manage a patient with drug reaction.
- Manage post operative complications including, fever, ileus/obstruction, infection, wound complications, electrolyte imbalance, and thromboembolism.
- Provide thorough and comprehensive intraoperative and postoperative care to the gyn surgical patient commensurate with the performance by and independent practitioner of gynecology.

4. Practice Based Learning
- Complete gynecologic procedure log for ACGME system.
- Seek formative and summative feedback that will assist the resident in achieving a level of competence expected of the independent practitioner of gynecology.
- Analyze scientific studies and statistical methods (evidence based medicine) to appraise therapeutic effectiveness in the management of the gynecologic patient.
- Organize, conduct and report on gynecologic quality assurance activities.
- Utilize personal experience with challenging patients to optimize future patient relationships.

5. Communication/Interpersonal Skills
- Counsel every patient regarding her diagnosis, management, surgical intervention and potential complications of therapy in language suitable to her emotional/cultural needs and educational background.
- Inform consultants, peers, students and nurses of pertinent medical developments in the care of the gynecologic patient.
- Appraise patients in a timely fashion of outcomes, developments and complications related to her care.
- Update designated individuals (when appropriate and approved by the patient) of pertinent medical developments in language appropriate to their educational background.

6. Professionalism
- Conduct all patient interactions (outpatient and inpatient gynecology) with candor, sensitivity, respect and compassion.
- Provide patient-centered gynecologic care in a non-judgmental fashion that is responsive to the emotional, educational and social needs of the patient.
- Demonstrate accountability for all actions and clinical decisions.
- Demonstrate truthful and timely disclosure of adverse events to the patient and designated individuals.
• Acknowledge errors in the preoperative, intraoperative and postoperative care of the gyn patient and work toward remediation of these errors.
• Participate in the gynecologic education of the attending staff, fellow residents, medical students and nursing staff.

7. Systems Based Practice
• Utilize consultation and referral to other health care professionals when appropriate in the care of the gynecologic patient including:
  o Anesthesia
  o Gynecologic Oncology
  o REI
  o Internal Medicine
  o Cardiology
  o Infectious Disease
  o Gastroenterology
  o Urology
  o Psychiatry
• Order appropriate, cost effective and clinically relevant test in the evaluation of the gynecologic patient.
• Make appropriate referrals to ancillary health care teams such as pain/behavior specialists.

III. Teaching Methods and Rotation Structure
• The chief resident PGY IV will assume primary responsibility for all outpatient and inpatient gynecology patients generated through the Park West Women’s Health Center. These patients are considered the private patients of the chief resident. The role of the staff physician in the supervision of these patients will be largely consultative. The PGY IV will supervise and provide a leadership role in:
  o Gyn continuity clinic (weekly)
  o Gyn quality assurance case presentation Daily rounds
  o All surgical procedures on gynecologic patients derived from the Park West Women’s Health Center
• The PGY IV resident will also participate in:
  o Gyn pathology review (once monthly) conducted by Reading Hospital and Medical Center pathologists
  o Gyn textbook chapter review (twice monthly)
  o Continuing Medical Education Conference (2-3 times weekly)
  o A wide variety of private patient gynecologic procedures
• PGY IV residents will continue to work towards certification (Orange Card System) of all minor and major surgical procedures fundamental to the practice of the generalist in gynecology. It is anticipated that this certification process will be completed by the
IV. Types of Clinical Encounters

- PGY IV residents will consider the Women’s Health Center gynecology patients as his/her private patients. Outpatient/inpatient care and surgical/non-surgical management of these patients will be the ultimate responsibility of the PGY IV resident. In this capacity, the chief resident will assume a supervisory teaching role of the lower level residents in gynecologic principles. The PGY IV resident will establish the level of involvement of lower level residents in the management of the patient.
- Clinic patients generated through the Emergency Department are also under the direct supervision of the chief resident.
- Chief residents will participate at a high level in the surgical and non-surgical management of a large number of private gynecologic patients representing a wide variety of gynecologic pathology.

V. Resident Supervision

- Despite a high level of autonomy, responsibility and independence for the PGY IV resident during this rotation, the chief resident is still under the direct supervision of the attending staff. The staff is always available for consultation and feedback and is present for all surgical procedures.

VI. Reading List

- **Up to date** (available to all residents)
- **Comprehensive Gynecology**; Stankover, Drogauller and Huberst and Michelle
- **Te Linde’s Operative Gynecology**; Rock and Jones
- **Novak’s Gynecology**; Jonathan Berick
- **Compendium of Selective Publications 2005**; American College of Ob/Gyn
- **Beckman**

VII. Method of Evaluation

- Global and 360 degree evaluation of PGY IV residents are conducted every six months and reflect input from the attending staff, medical students, nurses and patients. The PGY IV gynecology performance 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 the Assistant Program Director.
• Cognitive assessment of the resident’s gynecologic knowledge is achieved by a satisfactory score on the gynecology section of the CREOG In-Service Exam (given annually) and by frequent pre tests conducted prior to chapter review sessions in gynecology.
• Pass rate on the written portion of the American Board of Ob/Gyn examination is also used as a measure of the gynecology skills of the resident completing the program. Historically this pass rate has been excellent.
• Outpatient care feedback is achieved by onsite timely reviews by the attending physician for the Women’s Health Center continuity clinic.
• Each surgical procedure for which the resident has operative responsibility is scored by the attending physician (Orange Card System). This provides the opportunity for the immediate formative feedback to the resident at the time of the surgical encounter and provides a method for eventual procedural certification. It is anticipated that residents will be credentialed for all major and minor gynecologic procedures which are fundamental to the performance of the independent practitioner of general gynecology.
• After satisfactory completion of the PGY IV year, the resident will receive an affidavit from the Program Director affirming his/her competency to function as an independent practitioner of general gynecology.
Procedures:

The following Table lists the procedures pertinent to gynecology 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.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Understand</th>
<th>Understand and Perform</th>
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<tbody>
<tr>
<td>Abdominal sacrocolpopexy</td>
<td>X 3,4</td>
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<tr>
<td>Ablation and excision of endometriosis implants</td>
<td>X 1</td>
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<tr>
<td>Ablative procedures (cervix endometrium, vagina, vulva)</td>
<td>X 1</td>
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<tr>
<td>Anti-incontinence (urinary) procedures</td>
<td>X 3,4</td>
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<tr>
<td>Anoscopy</td>
<td>X 2,3,4</td>
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<td>Appendectomy</td>
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<tr>
<td>Biopsy</td>
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<tr>
<td>Cervix</td>
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<tr>
<td>Endocervix</td>
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<td>Endometrium</td>
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<tr>
<td>Skin</td>
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<td>Vagina</td>
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<td>Vulva</td>
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<tr>
<td>Peritoneum</td>
<td>X 1</td>
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<tr>
<td>Breast, cyst aspiration</td>
<td>X 1</td>
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<tr>
<td>Cervical Conization</td>
<td>X 2</td>
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<tr>
<td>Colonic endoscopy</td>
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<tr>
<td>Colpocleisis</td>
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<tr>
<td>Colporrhaphy</td>
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<tr>
<td>Anterior (including urethropexy)</td>
<td>X 3,4</td>
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<tr>
<td>Posterior</td>
<td>X 3,4</td>
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<tr>
<td>Colposcopy, with directed biopsy of cervix, vagina or vulva</td>
<td>X 1</td>
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<td>Colposuspension</td>
<td>X 3,4</td>
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<tr>
<td>Culdoplasty</td>
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<tr>
<td>Cystometrography</td>
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<tr>
<td>Simple</td>
<td>X 3,4</td>
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<tr>
<td>Complex (multichannel)</td>
<td>X 3,4</td>
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<tr>
<td>Cystototomy repair</td>
<td>X 2</td>
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<tr>
<td>Cystourethroscopy</td>
<td>X 1</td>
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Dilation and curettage \( \times 1 \)  
Enterocele repair \( \times 3,4 \)  
Enterotomy repair \( \times 3,4 \)  
Excision of cyst  
(ovarian, tubal, vaginal, vulvar) \( \times 2 \)  
Excision of Bartholin’s gland \( \times 3,4 \)  
Fistula repair  
\( \text{Rectovaginal} \times 3,4 \)  
\( \text{Vesicovaginal} \times 3,4 \)  
\( \text{Ureterovaginal} \times 3,4 \)  
\( \text{Urethrovaginal} \times 3,4 \)  
Hernia repair (incisional) \( \times 2 \)  
Hymenotomy \( \times 2 \)  
Hypogastric artery ligation \( \times 2 \)

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<tr>
<th>Procedure</th>
<th>Understand</th>
<th>Understand and Perform</th>
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<tbody>
<tr>
<td>Hysterectomy</td>
<td>( \times 1 )</td>
<td>( \times 2 )</td>
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</tbody>
</table>
| Laparoscopic, total or supracervical | \( \times 1 \) | \( \times 2 \)  
| Abdominal, total or supracervical | \( \times 2 \)  
| Vaginal | \( \times 3,4 \)  
| Vaginal, laparoscopically assisted | \( \times 2 \)  
| Hysterosalpingography | \( \times 2 \)  
| Hysteroscopy | \( \times 1 \)  
| Diagnostic | \( \times 1 \)  
| Operative | \( \times 1 \)  
| Incision and drainage of an abscess or hematoma | \( \times 1 \)  
| Laparoscopy, diagnostic and/or operative | \( \times 1 \)  
| Laparotomy incisions, abdominal | \( \times 2 \)  
| Lysis of adhesions | \( \times 2 \)  
| Abdominal | \( \times 2 \)  
| Laparoscopic | \( \times 1 \)  
| Marsupialization of Bartholin’s cyst | \( \times 1 \)  
| Myomectomy | \( \times 2 \)  
| Omentectomy, infracolic | \( \times 2 \)  
| Oophorectomy | \( \times 2 \)  
| Ovarian biopsy | \( \times 2 \)  
| Ovarian or paraovarian cystectomy | \( \times 1 \)  
| Ovarian drilling, laparoscopic | \( \times 2 \)  
| Ovarian transposition | \( \times 2 \)  
| Paravaginal repair | \( \times 3,4 \)  
| Perineorrhaphy | \( \times 3,4 \)  

LifeBridge Health  
06/17/09
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Perform</th>
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<tbody>
<tr>
<td>Perineoplasty</td>
<td>X 3,4</td>
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<tr>
<td>Pessary fitting</td>
<td>X 1</td>
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<tr>
<td><strong>Procedure</strong></td>
<td><strong>Understand</strong></td>
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<tr>
<td>Polypectomy</td>
<td>X 1</td>
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<tr>
<td>Presacral neurectomy</td>
<td>X 3,4</td>
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<tr>
<td>Pressure-flow study (urodynamics)</td>
<td>X 3,4</td>
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<tr>
<td>Q-tip test</td>
<td>X 3,4</td>
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<tr>
<td>Salpingectomy and/or oophorectomy</td>
<td>X 2</td>
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<tr>
<td>Salpingostomy</td>
<td>X 1</td>
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<tr>
<td>Salpingotomy</td>
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<td>Sterilization</td>
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<td>Abdominal</td>
<td>X 1</td>
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<tr>
<td>Laparoscopic</td>
<td>X 1</td>
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<tr>
<td>Hysteroscopic</td>
<td>X 1</td>
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<tr>
<td>Trachelectomy</td>
<td>X 2</td>
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<td>Trigger point injection</td>
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<td>Ultrasonography</td>
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<tr>
<td>Abdominal</td>
<td>X 1</td>
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<tr>
<td>Endovaginal</td>
<td>X 1</td>
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<tr>
<td>Saline infusion ultrasonography</td>
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<tr>
<td>Urethral bulking procedures</td>
<td>X 3,4</td>
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<tr>
<td>Urethral diverticulum repair</td>
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<tr>
<td>Urethral pressure profilometry</td>
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<tr>
<td>Ureteroureterostomy</td>
<td>X 2</td>
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<tr>
<td>Ureteral reimplantation</td>
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<td>Uterine artery embolization</td>
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<td>Procedure and</td>
<td>Understand</td>
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<tr>
<td>Uterine evacuation (for pregnancy termination, incomplete abortion, fetal death)</td>
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<tr>
<td>Dilation and evacuation</td>
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<td>Suction curettage</td>
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<td>Mechanical or osmotic preprocedural cervical preparation</td>
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<td>Vulvectomy, simple</td>
<td>X</td>
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<tr>
<td>Wide local excision (vulva)</td>
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<td>Wound care</td>
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<td>Débridement</td>
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<td>Incision and drainage</td>
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<td>Placement of fascial or skin graft</td>
<td>X</td>
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<tr>
<td>Repair of dehiscence</td>
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<tr>
<td>Secondary closure</td>
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