Gynecologic Curriculum for the PGY III Resident

Sinai Hospital of Baltimore Maryland
Department of Obstetrics and Gynecology

I. Educational Purpose
The PGY III Gynecologic experience provides the opportunity for the PGY III resident to perfect his/her skills in the diagnosis and management of common gynecologic conditions and also to gain introduction into the management of some complex pelvic conditions such as urogenital prolapse, endometriosis, urogynecologic disorders, incontinence surgery and advanced endoscopic procedures.

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

1. Medical Knowledge
   - Discuss hereditary cancer syndromes in women
   - 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
   - Describe the static/dynamic interrelationship and function of the pelvic viscera
   - Describe the mechanisms for urinary continence
   - Describe the normal function of the bladder during filling and voiding phases
   - 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 the various types of urinary voiding disorders
   - Describe abnormal urethral conditions including diverticuli, urethritis, lower urinary tract syndrome
   - Discuss the diagnosis and management of interstitial cystitis
   - Discuss the role of serum markers in the evaluation and monitoring of a patient with pelvic mass
   - Summarize indication and approximate success for interactions for chronic pelvic pain; including laparoscopy, presacral neurectomy, uterosacral nerve ablation, adhesiolysis, and extirpative procedures
   - Describe various features of endometriosis on visceral inspection by laparoscopy/laparotomy
   - Discuss the endometriosis staging system according the American Society of Reproductive Medicine
   - Describe long-term follow up in patients who have endometriosis including fertility
• Describe the indications and contraindications for the medical management of ectopic pregnancy
• Describe the indications for the surgical management of ectopic pregnancy
• Describe the etiologies and principles of treatment in the management of gram positive (toxic) shock
• Describe the principles of management of septic shock including antimicrobial and supportive therapy
• Describe the principles of treatment of Adult Respiratory Distress Syndrome
• Describe the principles of advanced cardiac life supporting according the American Heart Association guidelines
• Describe the differential diagnosis of a drug reaction
• Summarize the complications of anesthesia in an elderly patient

2. Patient Care (Clinical Skills)
• Demonstrate some competence in the performance of several surgical procedures including:
  o Ablative and excision of endometriotic implants
  o Laser ablation of cervical, vaginal, and vulvar lesions
  o Ablation of endometrium by at least one technique
  o Incontinence procedures in this rotation and Urogynecology
  o Colporrhaphy
  o Culdoplasty
  o Cystometrogram (complex, multi-channel and pressure flow study)
  o Cystotomy repair
  o Laparoscopically assisted vaginal hysterectomy
  o Vaginal hysterectomy
  o Operative hysteroscopy
  o Myomectomy
  o Ovarian biopsy and cystectomy
  o Perineorrhaphy/perinealplasty
  o Pessary fitting
  o Salpingostomy
  o Simply vulvectomy/wide local excision
  o Uterine evacuation for termination when the resident is not morally opposed.
  o Manage all the complications pregnancy termination
  o Would care including incision, drainage and debridement
• Choose surgical instruments and suture material appropriate to the procedure
• Treat clinical pelvic pain with surgical and 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 the surgical and non-surgical methods
• Manage post-operative complications such as ileus, obstruction, infection, fluid electrolyte imbalance and thromboembolism
• Perform a physical examination to confirm the diagnosis of septic shock and assess the severity of the illness
• Perform appropriate physical exam for evaluation of patients with suspected Adult Respiratory Distress Syndrome
• 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, excisional biopsy, mammography, ultrasonography, MRI
• Perform appropriate diagnostic tests for the management of the toxic shock patient
• Perform diagnostic tests for evaluation of patients with suspected Adult Respiratory Distress Syndrome
• Interpret the results of hemodynamic monitoring for the patient with hemodynamic compromise

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 patient logs to assess surgical skills

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
• Counsel patients following first trimester loss regarding future fertility issues and risks of recurrent pregnancy loss
• Counsel patients following ectopic pregnancy about the risks of recurrent ectopic pregnancy vs. normal intrauterine pregnancy
• Counsel patients following toxic shock syndrome regarding the risks of recurrence and the value of preventative measures
• Assess the geriatric patients capacity for independent decision making related to surgical consent
• Inform consultants, students and nurses of pertinent medical developments pertaining to their gynecologic patients
• Appraise all professionals involved in the care of the gynecologic patient of significant and clinical update information
• Inform gynecologic patients regarding complications and developments of their care process

6. Professionalism
• Provide surgical and 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 ones actions and clinical decisions in the management of the gynecologic patient
• Participate in the gynecologic education of the patient, attending staff, fellow residents, medical students and nursing staff
• Acknowledge errors of omission in the pre-operative, intraoperative and post-operative care of the gynecologic surgical patient and strive to remedy these errors

7. Systems Based Practice
• Describe the indications for referral of a patient to a specialist in general surgery, urology, gastroenterology, psychiatry as a compliment to 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 supervising PGY IV resident. The PGY III resident will actively participate in:
  o Gyn Continuity Clinic
  o Gyn pathology review
  o Gyn textbook chapter review
  o Gyn Quality Assurance case presentations
  o Daily rounds, usually two times daily
  o One outside conference/meeting per year
  o Attendance and participation in a variety of procedures
o Emergency room call coverage
o 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 and the certification process will continue in accordance with the Orange Card System.

IV. Types of Clinical Encounters
- The PGY III resident will begin to assume a more dominant role in the surgical and 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

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
• 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)
• Each surgical procedure for which the PGY III resident has primary operative responsibility is evaluated by the attending. This provides the opportunity for immediate formative feedback to the resident at the time of the procedure and for eventual procedural certification. When competency has been achieved the resident will be certified for that particular surgical procedure.
RESIDENT RESPONSIBILITIES
PGY-III/PGY-IV

OBSTETRICS

Arrive in-house no later than 6:30 a.m.

1. Rounds on personal surgical (i.e. Cesarean section/cerclage) patients, postpartum service patients
2. Review all service postpartum and post-op charts
3. Attend Morning Report, Chairman’s rounds, Grand Rounds, Journal Club
4. Attend all scheduled lectures, Tumor Board
5. Responsible for senior level management on L&D, carry the OB Resident Vocera
6. OB consults when MFM resident unavailable
7. Attend all non-private deliveries
8. Prepare OB lectures as assigned (ACOG guidelines)
9. Attend weekly continuity clinics as scheduled
10. Cesarean section experiences include: emergent sections, preterm deliveries, classical sections, multiple gestations, and any other high risk delivery
11. Experience with operative vaginal deliveries, vaginal breech deliveries, etc.
12. Takes outside non-private patient calls during the day
13. May be required to attend HROB clinic and assist MFM resident
14. Cover the floor during Grand Rounds
15. Sign-out to night float team prior to leaving for the day
16. Assist PGY-I on L&D, triage and all complicated postpartum/post-op patients
17. Prepare Journal Club presentations as assigned

GYNECOLOGY

Arrive in-house no later than 6:30 a.m.

1. Round on personal surgical patients including c/sections
2. Oversee PGY-I management of B6 floor calls on Gyn patients
3. Responsible for in-house floor consults
4. Collect the ER pager from the night float team no later than 6:30 a.m.
5. Assist junior resident in covering the ER, covers the ER when the PGY-II is not available; follows ER consults in the absence (i.e. vacation) of the PGY-II
6. Attend Ambulatory and Main OR cases as assigned
7. Attend weekly continuity clinics as scheduled, including Colposcopy clinic and Adolescent clinic
8. Attend Chairman’s Rounds if not in the OR or ER
9. Attend Grand Rounds, Journal Club
10. Attend all scheduled lectures, Tumor Board
11. Prepare GYN or other lectures as assigned
12. Sign-out to night float team prior to leaving for the day
13. Prepare Journal Club presentations as assigned

MATERNAL FETAL MEDICINE (MFM)

Arrive in-house as needed to prepare for morning report

1. Round on all private and non-private antepartum patients
2. Resident level responsibilities with perinatal consults on Labor and Delivery or antepartum unit
3. Carry the MFM resident vocera
4. Attend High Risk OB clinic and weekly continuity clinics as scheduled
5. Preparation of Perinatal cases and other lectures as assigned
6. Supervision by MFM attending
7. Attend Chairman’s Rounds, Grand Rounds, Journal Club
8. Attend all scheduled lectures, Tumor Board
9. Participation in antepartum care in antenatal testing unit as assigned by the MFM attending (i.e. genetic amniocentesis, antepartum testing, ultrasonography)
10. Participation in cerclage placement, external versions
11. Cover OB Chief in his/her absence (i.e. clinic, vacation)
12. Sign-out to night float senior resident prior to leaving for the day
13. Prepare Journal Club presentations as assigned
14. No vacation to be taken

ONCOLOGY

Arrive in-house as needed to prepare for attending rounds.

1. Round with Abbas Oncology team
2. Attend Abbas Oncology cases as scheduled; scrubs night and weekend cases as scheduled if free from call responsibilities
3. Attend weekly continuity clinics as scheduled
4. Oversee PGY-I/II management of B6 floor calls, pager calls, office nursing calls, and outpatient infusion center calls, pre-ops
5. Attend Chairman’s Rounds, Grand Rounds, Journal Club
6. Attend all scheduled lectures, Tumor Board
7. Cover Gyn Chief in his/her absence (i.e: vacation)
8. Sign-out to night float team prior to leaving for the day
9. Collect Onc pager from night float team no later than 6:30 a.m.
10. Prepare Journal Club presentations as assigned
**UROGYNECOLOGY**

1. Primary resident for urogyn cases
2. Attend weekly continuity clinics as scheduled
3. Attend all scheduled lectures, Tumor Board
4. Attend Chairman’s Rounds if available
5. Attend Grand Rounds, Journal Club
6. Cover Gyn Chief (together with Onc Chief) in his/her absence (ie: vacation)
7. Sign-out to night float team prior to leaving for the day
8. Prepare Journal Club presentations as assigned

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**AMBULATORY GYNECOLOGY**

1. As determined by Gynecologists office
2. Attend weekly continuity clinics as scheduled

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**CALL/NIGHT FLOAT RESPONSIBILITIES**

Night Float begins at 6:00 p.m. (Mon – Thurs). Sign-out is at 12:30 p.m. (Fri), if no lectures. If there are Friday lectures, then call begins immediately after. On holidays that fall on a weekday, sign-out is at 7:00 a.m.

**Night Float:**
1. Round on personal surgical (c/section) patients
2. Oversee management of L&D by junior residents
3. Supervision of PGY-I in Triage
4. Manage antepartum patients
5. Attend all non-private deliveries
6. Oversee management of B6 floor calls for benign and Oncology patients
7. Cesarean section experience include: service patients with junior residents, additional experience with emergent and high risk Cesarean deliveries
8. Oversee ER consults by junior resident
9. Oversee Oncology admissions by junior resident
10. Dictate all Floor consults
11. Take all non-private outside calls
12. Attend continuity clinics as scheduled
13. Assist PGY-I/II in presenting the board during morning report
14. Duty ends after Morning Report/Lectures/Grand Rounds/Tumor Board/Clinic
15. Attend Chairman’s Rounds, Grand Rounds, Journal Club
16. Attend all scheduled lectures, Tumor Board
17. Prepare Journal Club presentations as assigned
18. Prepare OB lectures as assigned (ACOG guidelines)
19. Vacations may not be taken
20. Attend private deliveries if the private physician is not immediately available

**Weekend Call:**
1. Round as determined by outgoing and incoming call teams
2. Review all service postpartum and post-op charts
3. Oversee management of L&D by junior residents
4. Manage antepartum patients
5. Attend all non-private deliveries
6. Take all non-private outside calls
7. Oversee management of B6 floor calls for benign and Oncology patients
8. Cesarean section experiences are to include: service patients with junior residents, additional experience with emergent and high risk Cesarean deliveries
9. Oversee ER consults by junior resident
10. Oversee Oncology admissions by junior resident
11. Dictate all Floor consults
12. Attend private deliveries if the private physician is not immediately available