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 neurectomy
  - Trachelectomy
  - Trigger point injection
  - Enterotomy repair
  - Fistula repair
  - Hypogastric artery ligation
  - Colpo suspension
  - Total laparoscopic or supracervical hysterectomy
  - Colpocleisis
  - Abdominal sacrocolopopexy
- 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
     - Laproscopic Supracervical Hysterectomy
     - Sacrospinous Colpopexy
     - Adnexitomy
     - Salpingectomy
     - Salpingostomy
     - Myomectomy
     - Microsurgical pelvic reconstruction
     - Anterior/Posterior Colporrhaphy
- Endoscopic Surgery Diagnostic
- Pelviscopy
- Laparoscopic sterilization (BTC, clip.)
- Laparoscopic 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, illius/obstruction, infection, wound complications, electrolyte imbalance, and thrombo embolism.
- 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:
  - Anesthesia
  - Gynecologic Oncology
  - REI
  - Internal Medicine
  - Cardiology
  - Infectious Disease
  - Gastroenterology
  - Urology
  - 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:
  - Gyn continuity clinic (weekly)
  - Gyn quality assurance case presentation Daily rounds
  - All surgical procedures on gynecologic patients derived from the Park West Women’s Health Center

• The PGY IV resident will also participate in:
  - Gyn pathology review (once monthly) conducted by Reading Hospital and Medical Center pathologists
  - Gyn textbook chapter review (twice monthly)
  - Continuing Medical Education Conference (2-3 times weekly)
  - 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, Droegmuller 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.
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 (ie: 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 (ie: 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

AMBULATORY GYNECOLOGY

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

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