Gynecologic Curriculum for the PGY I Resident

Sinai Hospital of Baltimore Maryland
Department of Obstetrics and Gynecology

The practice of gynecology includes both surgical and nonsurgical treatment of disorders of the female reproductive tract. Once primarily a surgical specialty, as a result of advances in therapeutic and diagnostic techniques, gynecology has increasingly become more office-based. In addition to primary office care, the gynecologist often cares for patients with more specialized needs, including those of patients with endocrinologic disorders, infertility and pregnancy loss, urologic disorders, cancer of the reproductive tract, and conditions requiring acute and critical care. In acquiring skills and knowledge in the general discipline of obstetrics and gynecology, residents should assimilate diagnostic and therapeutic principles underlying a broader spectrum of medical and surgical disorders. Once in clinical practice, the gynecologist often remains the primary health care provider for patients who have been treated by subspecialists or by physicians outside the specialty of obstetrics and gynecology.

I. Educational Purpose:
This rotation represents the introduction of the PGY I resident to comprehensive gynecologic care, including office gynecology and management of the gynecologic surgical patient. During this rotation the resident will begin to develop the basic cognitive, attitudinal, technical and psychomotor skills necessary for the diagnosis and management of gynecologic problems.

II. Competencies, Goals and Objectives:
By the completion of the PGY I year the resident should demonstrate satisfactory achievement of several skill sets.

He/She should be able to:

1. Medical Knowledge
   - Understand the pharmacology of medications used to treat common gynecological disorders
   - Describe the hemodynamic changes associated with blood loss, the physiology of wound healing, and the management of the post operative gynecological patient
   - 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, and sexually transmitted infections.
• 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 vulvar and vaginal infections.
• Identify the common benign vulvar lesions and vulvar dystrophies
• Discuss the pathogenesis, epidemiology, diagnosis and treatment of sexually transmitted infections including; chlamydia, gonorrhea, syphilis, hepatitis B, hepatitis C, human immunodeficiency virus (HIV), herpes simplex, chancroid, 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
• List the major types of urinary incontinence
• Describe the pathophysiology and evaluation of urinary tract disorders such as infections and nephrolithiasis.
• 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 treatment both medical and surgical of endometriosis
• Describe the clinical history pathophysiology and management of benign breast disorders
• Discuss the indications for various diagnostic procedures (e.g. ultrasound, mammogram, aspiration and biopsy) in the evaluation of 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
• Summarize indications and compose appropriate preparation plans for pre-op gynecologic patients including bowel prep, antibiotic use, and thromboembolism prophylaxis
• Choose appropriate suture and surgical instruments as it pertains to specific gynecological procedures
• Describe the pathogenesis and etiology of certain critical care situations such as: Toxic shock syndrome, ARDS, drug reactions, and acute blood loss

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

• Obtain a focused gynecologic history and pelvic exam to investigate several clinical disorders and interpret the results of diagnostic tests used in the following conditions:
  i. Abnormal bleeding
  ii. Pelvic pain
  iii. Pelvic mass
  iv. Infertility
  v. Sexually transmitted infections
  vi. Pelvic inflammatory disease
  vii. Endometriosis
  viii. Vulvar and vaginal infections
  ix. Urinary tract disorders
  x. Spontaneous abortions
  xi. Ectopic pregnancy
  xii. Endometriosis

• Perform physical exam to evaluate abnormalities of the breast, and be able to perform and interpret various diagnostic procedures
• Perform physical exam and know signs and symptoms of critical care areas such as: Toxic shock syndrome, ARDS, drug reactions, and acute blood loss
• 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
• Demonstrate appropriate skills in some gynecologic procedures including hysteroscopy, D&C, D&E, laparoscopic sterilization, and postpartum sterilization
• Function as the primary assistant in the performance of more advanced gynecologic surgical procedures
• Conduct detailed preoperative assessment with consideration to the needs of special patient groups such as:
  o Children and adolescents
  o Elderly
  o Patients with co-existing medical conditions such as cardiopulmonary disease or coagulation disorders

3. Patient Care (Management Skills)
• 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 and recommend appropriate treatment and follow up for the following;
  o Abnormal bleeding
  o Pelvic pain
  o Infertility
  o Sexually transmitted infections
  o Pelvic inflammatory disease
  o Endometriosis
  o Pelvic Mass
  o Breast mass/mastodynia
  o Vulvar Dystrophy and dermatoses
  o Urinary tract disorders
  o Endometriosis
  o Ectopic Pregnancy
  o Critical care situations
• Provide comprehensive postoperative care including fluid and electrolyte management and appropriate pain control based on the surgical procedure, the degree of patient discomfort and co-existing morbidities
• Respond to intraoperative and postoperative emergency with appropriate interventions and recommendations for staff
• Assist in the management of common postoperative complications such as;
  i. Fever
  ii. Gastrointestinal ileus/obstruction
  iii. Infection
  iv. Wound complications
  v. Fluid electrolyte imbalance
  vi. Respiratory problems
vii. Thromboembolism
viii. Damage to other viscera

4. Practice Based Learning
   - Formulate and answer important questions that arise from patient care and demonstrate improved gynecologic skills that arise from these inquiries
   - Incorporate formative and summative feedback to improve knowledge and skill base
   - Maintain an updated gynecologic procedural log as detailed on the ACGME website
   - Participate in gynecologic quality assurance activities of the department
   - Use personal experience with difficult and challenging patients to optimize future relationships with patients

5. Communication/Interpersonal Skills
   - Obtain informed consent, and counsel patient about the normal postoperative recovery
   - Present pertinent history and physical findings to gynecologic team members and consultants in a clear concise fashion
   - Counsel patients in language and manner that is appropriate to her educational background and emotional needs
   - Inform patients and designated individuals of pertinent medical developments and complications
   - Update the gynecologic care team (attending physicians, fellow residents, anesthesiologists, medical student and nursing staff) on the status of patient(s)
   - Counsel the patient with respect to appropriate screening for cervical, breast and colorectal neoplasms
   - Counsel patient about risks and further complications as related to sexually transmitted infections, pelvic inflammatory disease, recurrent pregnancy loss, and ectopic pregnancy

6. Professionalism
   - Conduct all patient interactions (outpatient and inpatient gynecology) with 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 one’s action and clinical decisions
   - Demonstrate truthful and timely disclosure of adverse events to the patient and designated individuals
• Acknowledge errors in omission in the pre-operative, intraoperative, and postoperative care of the surgical 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
• Organize appropriate consultations (e.g. anesthesia, internal medicine, cardiology) for the comprehensive care of the outpatient and inpatient gynecologic patient
• Identify the gynecologic symptoms and presentation for various medical and social disorders (e.g. abnormal bleeding as a manifestation of thyroid dysfunction and the relationship of chronic pelvic pain with domestic abuse and violence) and proceed with appropriate consultations: endocrinology, gastroenterology, psychiatry and social service
• Order diagnostic tests with consideration of multiple system assessment. These tests should be cost effective and have clinical relevance
• Review the importance of exercise and nutrition and counsel the patients in high risk behaviors
• Describe follow up with patients who have gynecological infections, discuss preventative measures, and review sequelae

III. Teaching Methods and Rotation Structure:
• The PGY I Gyn experience will be 2 months in duration (usually non-consecutive). The resident will review the curriculum prior to the first day of the rotation with his/her supervising PGY IV Chief Resident. The PGY I resident will actively participate in:
  o Continuity Clinic –
  o Gynecologic textbook chapter review
  o Gyn Quality Assurance case presentations
  o Training sessions in the Gyn Surgical Simulation Laboratory
  o Daily rounds
  o Attendance at a wide variety of gynecologic procedures
• All procedures are performed under direct supervision by an Attending Physician. This provides the opportunity for immediate formative feedback and eventual procedural certification
• Prior to live patient operating room experience the PGY I resident will participate in several training sessions in the Gyn Simulation surgical lab. Under staff supervision the resident will practice the following skill sets
  o Suturing and surgical knot tying
  o Laparoscopic eye-hand skills
  o Laparoscopic Peg Transfer
- Laparoscopic sterilization procedures
- Resident surgical experience will be progressive and gradual with demonstration of level appropriate skills, the resident will progress from assisting at minor surgical procedures (e.g. hysteroscopy, D&C) to major abdominal/vaginal procedures
- Each procedure for which the resident has operative responsibility will be evaluated for both operative skills and for the resident’s ability to discuss the clinical management of the patient. This provides the opportunity for immediate feedback to the resident and eventual procedural certification

IV. Types of Clinical Encounters:
- PGY I residents will participate in the gynecologic care of both private and Park West Health Center patients
- Outpatient experience in the PGY I year 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 and inpatient 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 PGY-1 GYNECOLOGY Resident Responsibilities

- Arrive in-house no later than 6:00a.m.
- Round on all personal surgical patients (gyn and c/section patients)
- Assist with postpartum rounds on private patients and report complicated patients to the senior OB resident
- Round on private Gyn non-surgical patients
- Manage B6 floor calls
- Attend Ambulatory and main OR cases as assigned
- Attend weekly continuity clinics as scheduled
- Attend Morning Report if available
- Attend Chairman’s rounds, Grand Rounds, Journal Club
- Attend Morning Gyn rounds if any
- Attend all scheduled lectures, Tumor Board
- Collect ER pager from night float team no later than 6:30 a.m.
- Prepare Gyn or other lectures as assigned
- Sign-out to night float team prior to leaving for the day
- May be required to attend HROB clinic and assist MFM resident
- Prepare Journal Club presentations as assigned
VI. Reading List:
- Up to Date (available to all residents)
- Te Linde’s Operative Gynecology; Rock and Jones
- Novak’s Gynecology; Jonathan Berick

VII. Method of Evaluation:
- Global and 360 degree evaluations of PGY I residents are conducted every four 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 Assistance Program Director.
- Cognitive assessment of the resident’s gynecologic skills is achieved by a satisfactory gynecologic score from the CREOG exam.

VII. Method of Evaluation:
- Outpatient care feedback is achieved by onsite timely reviews conducted by the Attending Physician for the Park West Health Center at the time of the encounter.
- Each surgical procedure for which the PGY I resident has operative responsibility is scored by the Attending Physician. This provides the opportunity for the immediate formative feedback to the resident at the time of the procedure and for eventual procedural certification.
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</td>
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<tr>
<td>Ablation and excision of endometriosis implants</td>
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<td>X</td>
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<tr>
<td>Ablative procedures (cervix endometrium, vagina, vulva)</td>
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<tr>
<td>Anti-incontinence (urinary) procedures</td>
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<td>Anoscopy</td>
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<td>Appendectomy</td>
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<td>Biopsy</td>
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<td>Cervix</td>
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<td>Endocervix</td>
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<td>Endometrium</td>
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<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>
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<tr>
<td>Breast, cyst aspiration</td>
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<td>Cervical Conization</td>
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<td>Colonic endoscopy</td>
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<td>Colpocleisis</td>
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<tr>
<td>Colporrhaphy</td>
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<tr>
<td>Anterior (including urethropexy)</td>
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<tr>
<td>Posterior</td>
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<tr>
<td>Colposcopy, with directed biopsy of cervix, vagina or vulva</td>
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<tr>
<td>Colposuspension</td>
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<td>Culdoplasty</td>
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<tr>
<td>Cystometrography</td>
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<tr>
<td>Simple</td>
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<tr>
<td>Complex (multichannel)</td>
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<tr>
<td>Cystotomy repair</td>
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<tr>
<td>Cystourethroscopy</td>
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<tr>
<td>Dilation and curettage</td>
<td>X</td>
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</tbody>
</table>
Enterocoele repair  X
Enterotomy repair  X
Excision of cyst  (ovarian, tubal, vaginal, vulvar)  X
Excision of Bartholin’s gland  X
Fistula repair
Rectovaginal  X
Vesicovaginal  X
Ureterovaginal  X
Urethrovaginal  X
Hernia repair (incisional)  X
Hymenotomy  X
Hypogastric artery ligation  X

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<tr>
<th>Procedure</th>
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<tr>
<td>Hysterectomy</td>
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<tr>
<td>Laparoscopic, total or supracervical</td>
<td>X</td>
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<tr>
<td>Abdominal, total or supracervical</td>
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<tr>
<td>Vaginal</td>
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<tr>
<td>Vaginal, laparoscopically assisted</td>
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<tr>
<td>Hysterosalpingography</td>
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<tr>
<td>Hysteroscopy</td>
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<tr>
<td>Diagnostic</td>
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<tr>
<td>Operative</td>
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<tr>
<td>Incision and drainage of an abscess or hematoma</td>
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<td>X</td>
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<tr>
<td>Laparoscopy, diagnostic and/or operative</td>
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<td>X</td>
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<tr>
<td>Laparotomy incisions, abdominal</td>
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<tr>
<td>Lysis of adhesions</td>
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<tr>
<td>Abdominal</td>
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<td>Laparoscopic</td>
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<tr>
<td>Marsupialization of Bartholin’s cyst</td>
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<td>Myomectomy</td>
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<td>Omentectomy, infracolic</td>
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<td>Oophorectomy</td>
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<td>Ovarian biopsy</td>
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<tr>
<td>Ovarian or paraovarian cystectomy</td>
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<td>Ovarian drilling, laparoscopic</td>
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<td>Ovarian transposition</td>
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<tr>
<td>Paravaginal repair</td>
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<td>Perineorrhaphy</td>
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<td>Perineoplasty</td>
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<td>Pessary fitting</td>
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<td>Procedure</td>
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<tr>
<td>Polypectomy</td>
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<td>Presacral neurectomy</td>
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<td>Pressure-flow study (urodynamics)</td>
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<tr>
<td>Q-tip test</td>
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<tr>
<td>Salpingectomy and/or oophorectomy</td>
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<tr>
<td>Salpingostomy</td>
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<td>Salpingotomy</td>
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<td>Sterilization</td>
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<tr>
<td>Laparoscopic</td>
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<tr>
<td>Hysteroscopic</td>
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<td>Trachelectomy</td>
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<td>Trigger point injection</td>
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<tr>
<td>Ultrasonography</td>
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<tr>
<td>Abdominal</td>
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<tr>
<td>Endovaginal</td>
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<tr>
<td>Saline infusion ultrasonography</td>
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<td>Urethral bulking procedures</td>
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<td>Urethral diverticulum repair</td>
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<td>Urethral pressure profilometry</td>
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<td>Ureteroureterostomy</td>
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<td>Ureteral reimplantation</td>
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<td>Uterine artery embolization</td>
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<tr>
<td>Procedure</td>
<td>Understand</td>
<td>Understand and Perform</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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<tr>
<td>Suction curettage</td>
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<td>X</td>
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<tr>
<td>Mechanical or osmotic preprocedural cervical preparation</td>
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<td>X</td>
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<tr>
<td>Vulvectomy, simple</td>
<td>X</td>
<td></td>
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<tr>
<td>Wide local excision (vulva)</td>
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<td>X</td>
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<tr>
<td>Wound care</td>
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<tr>
<td>Débridement</td>
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<tr>
<td>Incision and drainage</td>
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<td>X</td>
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<tr>
<td>Placement of fascial or skin graft</td>
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<tr>
<td>Repair of dehiscence</td>
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<td>X</td>
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<tr>
<td>Secondary closure</td>
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</tbody>
</table>
OB/GYN RESIDENT RESPONSIBILITIES
2009 - 2010
PGY-I

GYNECOLOGY

Arrive in-house no later than 6:00a.m.

1. Round on all personal surgical patients (gyn and c/section patients)
2. Assist with postpartum rounds on private patients and report complicated patients to the senior OB resident
3. Meet your Gyn team prior to 7:00 a.m. on B6. Assist with finishing Gyn rounds and obtain all updates on
   Gyn patients (since you are first call on all Gyn patient matters).
4. Attend Ambulatory and main OR cases as assigned
5. Attend weekly continuity clinics as scheduled
6. Attend Morning Report if available
7. Attend Chairman’s rounds, Grand Rounds, Journal Club
8. Attend all scheduled lectures, Tumor Board
9. Collect ER pager from night float team no later than 6:30 a.m.
10. Prepare Gyn or other lectures as assigned
11. Sign-out to night float team prior to leaving for the day
12. May be required to attend HROB clinic and assist MFM resident
13. Prepare Journal Club presentations as assigned

ONCOLOGY

Arrive in-house as determined by Oncology chief.

1. Round with Abbas Oncology team
2. Round on all personal surgical patients (c/sections)
3. Attend Abbas Oncology surgical cases as scheduled
4. Attend Abbas Wed clinic if not in OR/rounding on patients
5. Attend weekly continuity clinics as scheduled
6. Assist the PGY-II with the management B6 floor calls on Abbas oncology patients
7. Assist the PGY-II with the management of Abbas Oncology pager calls
8. Assist the PGY-II with the management of Abbas office nursing calls, outpatient infusion
   center calls regarding Abbas chemotherapy patients
9. Assist the PGY-II with Pre-Ops of surgical patients
10. Attend Chairman’s rounds, Grand Rounds, Journal Club
11. Attend Morning Report if available
12. Not required to attend OR cases on weekends; may be excused from night cases at the
    discretion of the Oncology chief
13. Assist PGY-II with the preparation of Tumor Board
14. Attend all scheduled lectures, Tumor Board
15. Prepare Onc or other lectures as assigned
16. Collect Onc pager from night float team no later than 6:30 a.m.
17. Sign-out to night float team prior to leaving for the day
18. Prepare Journal Club presentations as assigned
**OB/GYN ULTRASOUND**

Arrive in-house no later than 6:00 a.m.
1. Assist with private postpartum rounds and report all complicated patients to the senior OB resident
2. Round on all personal surgical patients (c/sections)
3. Attend Morning Report, Chairman’s Rounds, Grand Rounds, Journal Club
4. Participate in OB ultrasound in antenatal testing unit
5. Attend weekly continuity clinics
6. May be required to attend HROB clinic and assist MFM resident
7. Attend perinatal rounds
8. Attend all scheduled lectures, Tumor Board
9. Learn basics of antenatal testing (i.e. NST, BPP)
10. Prepare Journal Club presentations as assigned
11. Vacations may not be taken

**INTERNAL MEDICINE ICU**

1. As outlined by the combined Johns Hopkins/Sinai Hospital Internal Medical Program
2. May not be pulled to cover weekend calls/clinic/OR cases/L&D

**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. All non-surgical and surgical patients are to be seen prior to the start of call responsibilities. On holidays, weekend call starts Saturday at 6:30 a.m. with sign-out, and Sunday at 7:00 a.m. with sign-out. The on-call team rounds on all patients prior to sign-out, however, if for some reason they would not finish rounding, the oncoming call team will finish rounding.

**Night Float:**

1. Round on personal surgical (c/section) patients
2. Manage B1 floor calls on postpartum/post-op patients with the senior resident
3. Manage B6 floor calls on benign gyn patients with the senior resident
4. Primary cesarean section experience/uncomplicated service vaginal deliveries and assistance with private deliveries
5. Learn basics of L&D triage with the assistance of senior resident, carry the OB Triage Resident Vocera
6. Post-call intern should be presenting Triage/Labor patients in morning report with the assistance of the rest of the night float team
7. Present service post-op patients with the assistance of senior resident
8. Duty ends after Morning Report
9. Attend Chairman’s Rounds, Journal Club
10. Prepare Journal Club presentations as assigned
11. Vacations may not be taken

**Weekend Call:**

1. Rounds as determined by outgoing and incoming call teams
2. Manage B1 floor calls on postpartum/post-op patients with the senior resident
3. Manage B6 floor calls on benign gyn patients with the senior resident
4. First call for Triage, carry the OB Triage Resident Vocera
5. Primary cesarean section experience/uncomplicated service vaginal deliveries and assistance with private deliveries
6. Manage L&D patients with the assistance of senior residents
7. Circumcision of service patients if not done during the day
RESIDENT RESPONSIBILITIES
PGY-I

OBSTETRICS

Arrive in-house no later than 6:00a.m.

1. Postpartum rounds on private vaginal deliveries and personal surgical (Cesarean section) patients.
2. Must report All complicated private postpartum patients to OB senior resident.
3. Present service post-op patients in morning report with the assistance of senior resident.
5. Attend weekly continuity clinic as scheduled.
6. Primary cesarean section experience.
7. Performance of circumcisions of service patients with attending staff supervision
   On PPD#1, performance of circumcisions of service post-op patients on POD #1/2/3.
8. Manage B-1 floor rounds and calls, carry the OB Triage Resident Vocera.
9. Learn triage of OB patients/board management with senior resident
10. Prepare OB lectures as assigned (ACOG guidelines)
11. Attend all scheduled lectures, Tumor Board
12. Follow up labs in the culture book
13. Sign-out to night float team prior to leaving for the day. Board sign out is at 6:00pm
14. Dictate own Cesarean sections op note and discharge summaries for Cesarean sections and private
    postpartum stays greater than 48 hours.
15. May be required to attend HROB clinic and assist MFM resident.
16. Prepare Journal Club presentations as assigned.