

Obstetrics and Gynecology Rotation Educational Goals & Objectives

The Obstetrics and Gynecology rotation will provide the resident with an opportunity to become skilled in the management of pregnancy from prenatal counseling through postpartum care, and in the prevention, evaluation and management of conditions unique to women from adolescence through geriatrics. Residents will become familiar with a subset of issues in endocrinology, general internal medicine, genetics, neonatology, nutrition, and psychology pertinent to the care of their female patients.

Faculty will facilitate learning in the 6 core competencies as follows:

Patient Care and Procedural Skills

- I. All residents must be able to provide compassionate, culturally-sensitive care for women.
 - PGY2s should seek directed and appropriate consultation from the obstetrician, gynecologist, maternal fetal medicine specialist, pediatrician, and other specialists when necessary to further patient care.
 - PGY3s should be able to coordinate input from multiple consultants and manage conflicting recommendations.

- II. All residents will demonstrate the ability to take a complete medical history, with particular attention to family history with respect to heritable female cancers, social history, menstrual history, sexual and pregnancy history, and review of past pap and mammogram results.
 - PGY2s will independently obtain the above information, in addition to screening for drug and alcohol abuse, and mood and eating disorders.
 - PGY3s will become proficient in obtaining history regarding sensitive topics, such as sexual orientation, sexual dysfunction, and domestic violence.

- III. Residents should be able to perform a focused physical exam.
 - PGY1s should be able to perform routine breast, pelvic, bimanual, and thyroid exams; and assess the normal growth and position of the fetus.
 - PGY2s should be able to characterize abnormal findings on breast and axillary exam as well as on internal and external vaginal exam, including cystocele, rectocele, uterine prolapse, pediculosis, masses, lichen planus, cervicitis, vaginitis, warts, ulcers, imperforate hymen, and pelvic masses. PGY2s should also be able to evaluate fetal maturity and fetoplacental adequacy.
 - PGY3s should be able to independently perform complete female exams and understand the sensitivity and specificity of physical findings. PGY3s should also be able to perform an exam to document sexual assault.

- IV. Residents will understand the indications for and become competent in performing routine procedures involved in labor and delivery, including:
 - Use of epidurals and administration of local anesthetics
 - Induction and/or augmentation of labor

- Vaginal deliveries and first assisting in Caesarian sections
- Episiotomy and repair
- Repair of perineal tears

Residents will become familiar with more complex procedures during labor and delivery, including emergency breech delivery, use of vacuum extractor and outlet forceps, manual removal of placenta, and vaginal delivery after Caesarian section.

- V. Residents will be comfortable acting as first assistant for common major gynecologic surgeries, such as hysterectomy and tubal ligation, and with routine postoperative care.
- VI. Residents will understand the indications, contraindications, complications, limitations, and interpretation of the following procedures, and become competent in their safe and effective use:
- PGY1s: cervical cancer screening; pelvimetry to assess pelvic adequacy, Leopold's maneuvers to assess fetal weight, fetal monitoring, fetal non-stress test and biophysical profile, limited obstetrical ultrasound; non-invasive prenatal testing (NIPT); ALSO, PALS, and NALS
 - PGY2s: breast cyst aspiration and incision and drainage of breast abscess, colposcopy, pessary sizing and usage, endometrial biopsy, pessary fitting/placement, removal of foreign body from vagina, subcutaneous implant insertion and removal; use of fetal scalp electrode and intrauterine pressure catheter
 - PGY3s: cervical biopsy and polypectomy, dilation and curettage for incomplete abortion, IUD insertion and removal, vulvovaginal biopsy; external version

Medical Knowledge

- I. PGY1s will develop a basic understanding of the pathophysiology and approach to common complaints faced by female patients, such as:
- Abnormal menstruation and amenorrhea
 - Abnormal Papanicolaou smear
 - Anorgasmia and libido issues
 - Bladder pain
 - Breast lump, tenderness, nipple discharge
 - Contraception
 - Cystocele, enterocele, rectocele, uterine prolapse
 - Dysmenorrhea
 - Dyspareunia
 - Dysuria
 - Eating disorders
 - Genital warts

- Hirsutism
- Hot flashes and other perimenopausal symptoms
- Incontinence
- Infertility
- Pelvic mass or pain
- Premenstrual dysphoric disorder and premenstrual syndrome
- Symptoms and signs of early pregnancy
- Post-traumatic stress disorder
- Vaginal bleeding: anovulatory, dysfunctional uterine, menorrhagia, and postcoital
- Vaginal discharge
- Varicose veins

PGY2s should be able to incorporate presenting information into the context of past medical history and a risk assessment to generate a differential diagnosis and a more thorough plan of care. PGY2s will also develop an understanding of the pathophysiology, clinical presentation, and therapy for the following conditions:

- Bartholin duct cyst
- Benign breast disease
- Cervicitis and pelvic inflammatory disease
- Endometriosis
- Fibroids
- Breast, cervical, endometrial, and ovarian cancer
- HPV disease
- Interstitial cystitis
- Mastitis
- Ovarian torsion
- Vaginitis and vulvitis

PGY3s should also be able to evaluate patients presenting with emotional, physical, or sexual abuse; incest or rape; and sexuality issues. PGY3s should be able to understand statistical concepts such as pretest probability, number needed to treat, etc. and their effect on diagnostic workup and treatment.

- II. PGY1s will become familiar with the normal physiology and psychology of pregnancy, stages of labor and delivery and indications for Caesarian section, and common problems in each trimester of pregnancy and postpartum, including
- Bleeding/spotting
 - Body image changes and weight gain
 - Depression
 - Fever
 - Hemorrhage
 - Hyperemesis gravidarum
 - Infection
 - Musculoskeletal changes and discomforts

- Pelvic pain

PGY2s should also become skilled in the following issues pertaining to pregnancy:

- recognition of ectopic pregnancy
- treatment of medical disorders complicating pregnancy, including gestational diabetes, HELLP syndrome and acute fatty liver of pregnancy, pregnancy-induced hypertension, and preeclampsia and eclampsia
- management of adolescent pregnancy
- recognition and treatment of substance abuse in pregnancy
- management of preterm labor and post-term pregnancy
- care of the VBAC patient
- management of pregnancy loss, including differential diagnosis and referral for surgical intervention in high risk situations, for example when spontaneous abortion is complicated by infection or with retained products of conception
- stabilization and management of obstetrical complications, including amniotic fluid embolism, blood factor isoimmunization, DIC, fetal demise and stillbirth, fetal malposition, hemorrhage, labor dystocia, placental abruption, and trauma and deceleration injuries

PGY3s will approach the above conditions with increasing levels of independence as they progressively acquire knowledge and skills

III. Residents will be able to recognize and treat systemic illnesses that complicate pregnancy, including asthma, cardiomyopathy, cholecystitis and cholelithiasis, diabetes, hypertension, obesity, opiate dependence, pyelonephritis and renal calculi, and thromboembolic disease.

V. Residents will gain experience in counseling patients on the following issues pertaining to women's health care and maternity care:

- Adoption
- Breast feeding
- Contraception
- Cosmetic/reconstructive surgery
- Crisis and psychosocial counseling
- Cultural issues, such as female circumcision/female genital mutilation
- Domestic violence and rape
- Drug and alcohol use
- Hormone replacement therapy
- Labor support methods, such as Lamaze
- Nutrition, obesity, and exercise
- Preconception genetic counseling and prenatal counseling
- Pregnancy loss
- Pregnancy termination
- Prevention of birth defects
- Sexual function, health, and satisfaction

- STD prevention and partner counseling
- Vaccination

VI. Residents will be able to understand the indications for ordering and interpretation of results from laboratory and diagnostic studies, including an understanding of physiologic changes during pregnancy:

For PGY1s:

- AFP/quadruple marker testing
- Amniocentesis
- Beta-hCG
- Chlamydia and gonorrhea testing
- Complete blood count
- DEXA scan
- Gestational diabetes screening
- Group B beta-hemolytic strep screening
- Hepatitis serology
- HIV
- Mammography
- Papanicolaou pathology report
- Pelvic ultrasound
- Thyroid function tests
- Ultrasound for nuchal lucency
- Urinalysis
- Urine pregnancy test
- Wet mount

For PGY2s:

- Bladder function tests
- Fertility studies
- Sex hormone assays

PGY3s should be able to independently plan a diagnostic evaluation and appropriate therapeutic interventions based on test results.

Practice-Based Learning and Improvement

- I. All residents should be able to access current clinical practice guidelines from www.womenshealth.gov, journals, and other sources to apply evidence-based strategies to patient care.
- II. PGY2s should develop skills in evaluating studies in published literature, through Journal Club and independent study.
- III. All residents should learn to function as part of a team, including the OB/GYN, nurse, certified nurse midwife, dietician and social worker to optimize patient care, with PGY3s taking a leadership role.

- IV. All residents should respond with positive changes to feedback from members of the health care team.

Interpersonal and Communication Skills

- I. PGY1s must demonstrate organized and articulate electronic and verbal communication skills that build rapport with patients and families, convey information to other health care professionals, and provide timely documentation in the chart.
- II. PGY2s must also develop interpersonal skills that facilitate collaboration with patients, their families, and other health professionals.
- III. PGY3s should demonstrate leadership skills to build consensus and coordinate a multidisciplinary approach to patient care.
- IV. PGY3s must be able to elicit information or agreement in situations with complex social dynamics, for example, identifying risks for domestic violence, identifying the power of attorney or surrogate decision maker, and resolving conflict among family members with disparate wishes.

Professionalism

- I. All residents must demonstrate strong commitment to carrying out professional responsibilities as reflected in their conduct, ethical behavior, attire, interactions with colleagues and community, and devotion to patient care.
- II. All residents should be able to educate patients and their families in a manner respectful of gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation on choices regarding their care.
- III. PGY2s should be able to use time efficiently in the clinic to see patients and chart information.
- IV. PGY3s should be able to provide constructive criticism and feedback to more junior members of the team.

Systems-Based Practice

- I. PGY1s must have a basic understanding that their diagnostic and treatment decisions involve cost and risk and affect quality of care.
- II. PGY2s must be able to discuss alternative care strategies and the cost and risks involved in current quality issues in Women's Health, such as cancer screening.
- III. PGY3s must demonstrate an awareness of and responsiveness to established quality measures, risk management strategies, and cost of care within our system.

Teaching Methods

- I. Supervised patient care in the clinic and hospital
 - Residents will initially be directly observed with patients, to facilitate the acquisition of excellent history taking, physical exam, and procedural skills.

- As residents become more proficient, they will interact independently with patients and present cases to faculty.
 - For PGY1s, initial emphasis will be on diagnosis and basic management.
 - For PGY2s/PGY3s, focus will be on medical decision-making, and residents will work with supervising physicians to finalize a care plan.
- II. Conferences
- Specialty-specific didactics
- III. Independent study
- Journal and textbook reading as recommended by Attending physician
 - Online educational resources
 - NEJM Clinical Skills pelvic exam
<http://www.nejm.org/doi/full/10.1056/NEJMvcm061320>
 - www.womenshealth.gov
 - Up To Date
 - Clinical Key
 - ACOG Clinical Guidance & Publications <https://www.acog.org/Clinical-Guidance-and-Publications/Search-Clinical-Guidance>
 - Ethical considerations for the care of patients with obesity:
<https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Ethics/Ethical-Considerations-for-the-Care-of-Patients-With-Obesity>
 - Trans and gender diverse resources:
 - <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/03/health-care-for-transgender-and-gender-diverse-individuals>
 - <https://transcare.ucsf.edu/guidelines>
 - <http://transhealth.ucsf.edu/trans?page=guidelines-terminology>
 - <http://transhealth.ucsf.edu/trans?page=lib-providers>
 - <http://transhealth.ucsf.edu/trans?page=guidelines-cervical-cancer>
 - By the end of the rotation, **all residents** must complete a **3-hour online Baby Friendly Hospital Training course**, pass the course exam, and present the **certificate of completion** to their program coordinator.

Evaluation

- I. Case and procedure logs
- II. Mini-CEX bedside evaluation tool
- III. Verbal mid-rotation individual feedback
- IV. 360 Evaluation
- V. Attending written evaluation of resident at the end of the month based on rotation observations and chart review.

Rotation Structure

- I. Residents should contact the attending the day prior to determine start time and location.
 - Residents planning to practice in an area where they are the primary provider of obstetric and gynecologic care should notify the attending at the start of the rotation to arrange additional, more in depth training experiences.
- II. Residents should spend their time in the clinic or hospital, dividing their time as appropriate to achieve the above educational goals.
 - Residents are the primary care providers for these patients. Residents will be involved in discussion of patient presentation, generation of a differential diagnosis, development of a treatment plan, and patient follow up. In addition, residents will be involved in surgical procedures as is appropriate.
 - Case-based learning is most effective. Nightly reading/study should be based on patients seen during the day.
 - When doing OB/GYN consults, the resident should understand the question asked and provide a concise answer.
 - Residents will be on-call for cesarean section assist to develop operative skills.
- III. Residents may be asked to do focused literature searches or presentations during the course of the rotation.
- IV. Call and weekend responsibilities TBD by the attending physician.
 - Hours worked must be consistent with ACGME requirements and are subject to approval by the Program Director.
- V. Residents have specialty-specific didactics and should be excused in a timely fashion to attend.