

## EDUCATIONAL OBJECTIVES

### Gynecologic Oncology

#### Educational Purpose

The mission of the Department of Obstetrics & Gynecology at Columbia University is to provide the finest comprehensive training for future practitioners in our specialty by using the latest knowledge and innovative research and to provide to the community at large the highest quality of patient care. Our goal is to create a learning environment that fosters the knowledge, skills, attitudes and behaviors of physicians who exhibit the highest levels of professional competence in women's health care.

The rotations in **Gynecologic Oncology** will involve direct participation in the care of patients in the operating room, ambulatory clinic and inpatient hospital services. The resident will gain experience in the management of both routine and complicated post-operative patients and will also assist in surgical procedures. Didactic sessions including lectures, tumor board conferences and research meetings will supplement the core clinical experience.

#### Learning Objectives

We have generated the following set of educational objectives for the rotation, modified from the CREOG Educational Objectives Core Curriculum in Obstetrics and Gynecology, Ninth Edition. Residents at each PGY level must demonstrate mastery of these competencies that have been identified by the Accreditation Council for Graduate Medical Education (ACGME).

***Objective 1:*** *The resident will acquire and demonstrate knowledge about core areas in gynecological oncology, including:*

#### PGY-1

1. The epidemiology, pathophysiology, staging, usual presentation, and means of diagnosis as well as common treatment methods for the following gynecologic malignancies:
  - a. Vulvar cancer
  - b. Vaginal cancer
  - c. Cervical cancer
  - d. Uterine cancer
  - e. Ovarian cancer
  - f. Fallopian tube cancer
  - g. Gestational trophoblastic disease

2. The basic principles of radiobiology, including external therapy and brachytherapy, and their immediate application to the treatment of gynecologic cancers, as well as possible complications of treatment.
3. The basic principles of chemotherapy, including their pharmacology, indications, contraindications and common side effects.
4. Age and risk-appropriate recommendations for screening of reproductive cancers.
5. Routine care of postoperative patients, and clinical skill development to recognize when a patient is showing signs and symptoms of physiologic decompensation such as sepsis, pulmonary embolus, myocardial infarct, or internal bleeding.

### **PGY-2**

1. Maintenance and refinement of the above areas of knowledge, and additional knowledge to include:
2. Familiarity with pelvic anatomy, both internal and external with emphasis on the blood supply to pelvic organs, ureteral location and course, and retroperitoneal anatomy.
3. The usual presentation, diagnosis, staging and common treatment options for vaginal cancers and gestational trophoblastic disease.
4. The principles of physics and safety with laser.

### **PGY-3**

1. Maintenance and refinement of the above areas of knowledge, and additional knowledge to include:
2. Familiarity with basic repair options for intra-operative complications including bleeding, bowel and bladder lacerations, and ureteral injuries.
3. Initial best practices for the acute care of a patient who is manifesting signs of physiologic decompensation.
4. Appreciate the choices of energy available for intra-operative surgical dissection, and to be able to discuss the relative strengths and weaknesses of each modality including specific safety concerns.

#### **PGY-4**

1. Maintenance and proficiency in all the above areas of knowledge.
2. A demonstrated ability to teach all junior members of the team, including medical students, regarding the diagnosis, evaluation, treatment and complications of site-specific cancers.
3. Proficiency in describing the level of evidence that supports common treatment plans for gynecologic oncologic conditions.

*ACGME competency domains addressed: Medical Knowledge  
Interpersonal Skills and Communication*

<p><b><u>Objective 2:</u></b> <i>The resident will develop and demonstrate patient history-taking, diagnostic, and management-planning knowledge and skills, including:</i></p>
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#### **PGY-1**

1. The ability to perform a thorough menstrual history, obstetric history, gynecologic history, contraceptive history and sexual history.
2. The ability to communicate the results of the history and physical examination by well organized written notes and oral reports.
3. The ability to develop hypotheses, diagnostic strategies and management plans in the evaluation of patients with gynecologic problems, including routine postoperative care following gynecologic surgery.

#### **PGY-2**

1. Maintenance and refinement of the above history-taking and communication skills.
2. The ability to develop hypotheses, diagnostic strategies and management plans in the evaluation of post-operative patients on the floor following gynecologic

oncology surgeries, including those with problems of greater acuity, such as sepsis and those with complicated medical problems.

### **PGY-3**

1. Maintenance and proficiency in all of the above areas.
2. The ability to perform a thorough family history for cancers and identify patients at higher risk for the development of gynecologic cancers.
3. The ability to determine which patients should be considered for genetic testing.
4. The ability to develop hypotheses, diagnostic strategies and management plans in the evaluation of patients with genetic mutations.

### **PGY-4**

1. Maintenance and proficiency in all of the above areas.
2. The ability to perform off-service oncology consultations and communicate effectively and professionally with other services.

***ACGME competency domains addressed:*** *Medical Knowledge*  
*Patient Care*  
*Interpersonal Skills and Communication*  
*Practice-Based Learning*

<p><b><u>Objective 3:</u></b> <i>The resident will acquire and demonstrate patient management skills, including:</i></p>
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### **PGY-1**

1. The ability to manage radiation therapy implants.
2. The ability to manage patients receiving chemotherapy, including principles of management for febrile neutropenia.

3. The ability to recognize, prioritize, and institute initial treatment while immediately notifying others of life-threatening clinical emergencies encountered on the floor (e.g. sepsis induced hypotension, cardiopulmonary arrest, pneumothorax, anaphylaxis).

### **PGY-2**

1. Maintenance and refinement of the above patient management skills.
2. The ability to evaluate and manage patients in the Emergency Room with emergencies related to gynecologic oncologic conditions and/or procedures.
3. The ability to evaluate oncology patients on an outpatient basis in the Gyn Oncology ambulatory clinic.
4. The ability to describe disease, disease progression, and the implications of disease progression and begin to make treatment recommendations based on this understanding, evidenced through composing write-ups for Tumor Conference.

### **PGY-3**

1. Maintenance and refinement of the above patient management skills.
2. The ability to assess the meaning of genetic tests results conducted for hereditary gynecologic cancers.
3. Maintenance and refinement of understanding of disease, disease progression and implications of disease progression for patient management and increasingly independent decision-making about treatment based on this understanding, evidenced through composing write-ups for Tumor Conference.

### **PGY-4**

1. Maintenance and proficiency in all the above patient management skills.
2. The ability to act as a supervisor in the colposcopy clinic.
3. Proficiency in understanding disease, implications of disease progression for patient management and decision-making about treatment based on this understanding, evidenced through composing write-ups for Tumor Conference.

***ACGME competency domains addressed:*** *Patient Care*  
*Interpersonal Skills and Communication*  
*Practice-Based Learning*

**Objective 4:** *The resident will demonstrate understanding of, and the ability to perform, gynecologic procedures, including:*

**PGY-1**

1. The following basic gynecologic procedures under direct supervision:
  - a. Pap smear
  - b. Colposcopy
  - c. Cervical biopsy and endocervical curettage
  - d. Loop electrical excision
  - e. Endometrial biopsy
  - f. Vaginal and vulvar biopsy
  - g. Paracentesis
  - h. Thoracentesis
  - i. Central line placement
  
2. The following uncomplicated basic gynecologic surgeries under visual supervision:
  - a. Cervical conization
  - b. Dilation and curettage
  - c. Diagnostic and operative hysteroscopy
  - d. Diagnostic laparoscopy
  - e. Opening and closing the abdomen for major gynecologic laparotomies
  - f. Laser ablation of intraepithelial neoplasias of the lower genital tract

**PGY-2**

1. Maintenance and refinement of the above operative skills.
  
2. The ability to perform basic colposcopy and accurately describe the workup of an abnormal Pap smear, including indications for conization and treatment options for CIN.
  
3. The understanding of basic surgical principles of open laparotomy.
  
4. The ability to describe the accepted indications and risks for the following procedures and perform them under visual supervision:
  - a. Exploratory laparotomy
  - b. Simple hysterectomy with or without removal of the adnexae
  - c. Loop electrical excision
  - d. Cold knife cervical conization

### **PGY-3**

1. Maintenance and refinement of the above operative skills.
2. The ability to perform basic laparoscopic surgeries including removal of adnexae.
3. The understanding of laparoscopic exposure of retroperitoneal space including direct ureteral visualization.
4. Understand the importance and proper execution of patient positioning in the operating room to prevent iatrogenic complications including nerve injuries.

### **PGY-4**

1. Maintenance and proficiency in all of the above operative skills.
2. Mastery of the skills required to operate in an abnormal surgical field such as cancer, endometriosis, hemorrhage, etc.
3. The ability to describe the accepted indications and risks for the following procedures and perform them with minimal instruction under visual supervision:
  - a. Hysterectomy for benign disease
  - b. Vaginal hysterectomy
  - c. Laparoscopy with removal of a mass +/- adhesiolysis
4. The ability to describe the accepted indications and risks for the following procedures and perform them at a level of technical proficiency under visual supervision:
  - a. Vaginal vault suspension
  - b. Complicated adhesiolysis
5. The ability to describe the accepted indications and risks for the following procedures and perform them under visual supervision:
  - a. Lymph node dissection
  - b. Repair of small enterotomy
  - c. Repair of rectovaginal fistula
  - d. Gracilis flaps
  - e. Pelvic exenteration

***ACGME competency domains addressed:*** *Patient Care*  
*Medical Knowledge*  
*Practice-Based Learning*

***Objective 5: The resident will acquire and demonstrate the ability to interact and communicate with patients in a manner that is culturally sensitive and patient-centered, including:***

**PGY-1**

1. The ability to interact with the patient to gain her confidence and cooperation and assure her comfort, privacy, confidentiality of patient information, dignity, and modesty.
2. The ability to utilize principles of terminal care to communicate in an effective and compassionate manner with terminal cancer patients and their families, including arrangements for palliative care, hospice placement, documentation of DNR orders, and adequate pain management.

**PGY-2**

1. Maintenance and refinement of the above interpersonal and communication skills, with the demonstrated ability to communicate in a professional and empathetic manner with patients and their families, in a way that is consistent with the statements and management plans developed with the attending physicians and senior residents on the team.
2. The ability to assess and counsel women for sex- and gender-appropriate reduction of risk, including lifestyle changes and genetic testing, in a manner that is sensitive to cultural beliefs.

**PGY-3**

1. Maintenance and refinement of the above interpersonal and communication skills, with the demonstrated ability to communicate in a professional and empathetic manner with patients and their families, in a way that is consistent with the statements and management plans developed with attending physicians and chief resident.
2. The ability to address sensitive issues with compassion and demonstrate sensitivity to human differences and understanding of the impact of gender, ethnic, cultural, socioeconomic and other social factors.



#### **PGY-4**

1. The ability to proficiently communicate in a professional and empathetic manner with patients and their families, in a way that is consistent with the statements and management plans developed with the attending physicians on the team.
2. The ability to effectively and empathetically deliver bad news to patients and their families.

*ACGME competency domains addressed: Interpersonal and Communication Skills  
Professionalism  
Systems-Based Practice*

***Objective 6: The resident will acquire and demonstrate the ability to interact, communicate, and work effectively with clinical and ancillary staff in inpatient, outpatient, and operating room settings, including:***

#### **PGY-1**

1. The ability to share knowledge effectively with peers.
2. The ability to carry out thoughtful, respectful, and effective communication with junior and senior colleagues, nurses, and ancillary staff, in a way that fosters cooperation and patient-based care.

#### **PGY-2**

1. Maintenance and refinement of the above interpersonal and communication skills.

#### **PGY-3**

1. Maintenance and refinement of the above interpersonal and communication skills.
2. The ability to communicate with social work and hospice services in presenting difficult patient scenarios and complex cases.

#### **PGY-4**

1. Proficiency in the above interpersonal and communication skills, with the additional ability to carry out thoughtful, respectful, and effective communication with referring physicians, in a way that fosters cooperation and patient-based care.

*ACGME competency domains addressed: Interpersonal and Communication Skills  
Professionalism  
Systems-Based Practice*

***Objective 7: The resident will acquire and demonstrate the ability to apply knowledge and understanding gained from basic science and clinical research to support one's own education and provide accessible information to patients, by:***

**PGY-1**

1. Developing skills (including use of information technology) required to access, then, critically assess the current medical literature.
2. Learn the proper use and advantages of electronic medical records.

**PGY-2**

1. Maintenance and refinement of the above skills.
2. Learning the appropriate application of research and/or evidence-based studies to patient care and communication.

**PGY-3**

1. Maintenance and refinement of the above skills.
2. Demonstrating the ability to collect, apply and synthesize patient outcome data to larger populations.

**PGY-4**

1. Demonstrating proficiency in the above skills.

*ACGME competency domains addressed: Interpersonal and Communication Skills  
Medical Knowledge  
Practice-Based Learning*

***Objective 8: The resident will acquire and demonstrate the ability to use feedback to identify areas and set goals for improvement by:***

**PGY-1**

1. Acknowledging and accepting the limitations of one's own knowledge, understanding and clinical skills, and seeking and accepting feedback from attending physicians and senior residents.
2. Developing goals for improvement in the above areas, commensurate with expectations for PGY-1, with senior members of the team and showing evidence of improvement in above identified areas within an agreed upon time frame.

**PGY-2**

1. Acknowledging and accepting the limitations of one's own knowledge, understanding and clinical skills, and seeking and accepting feedback from attending physicians and senior residents.
2. Developing goals for improvement in the above areas, commensurate with expectations for PGY-2, with senior members of the team and showing evidence of improvement in above identified areas within an agreed upon time frame.

**PGY-3**

1. Acknowledging and accepting the limitations of one's own knowledge, understanding and clinical skills, and seeking and accepting feedback from attending physicians and senior residents.
2. Developing goals for improvement in the above areas, commensurate with expectations for PGY-3, with senior members of the team and showing evidence of improvement in above identified areas within an agreed upon time frame.

**PGY -4**

1. Acknowledging and accepting the limitations of one's own knowledge, understanding and clinical skills, and seeking and accepting feedback from attending physicians, peers and clinical partners.
2. Developing goals for improvement in the above areas, commensurate with expectations for PGY-4, independently and with senior members of the team and showing evidence of improvement in above identified areas within an agreed upon time frame.

*ACGME competency domains addressed: Professionalism  
Practice-Based Learning and Improvement*

***Objective 9: The resident will demonstrate the ability to conduct oneself in a professional manner by:***

**PGY-1**

1. Demonstrating personal integrity; altruism; a commitment to ethical principles pertaining to the provision of clinical care, such as autonomy, benevolence, and nonmaleficence; and a commitment to ethical behavior in all other aspects of professional practice.
2. Exhibiting dependability, responsibility, honesty, and self-respect.

**PGY-2**

1. Demonstrating personal integrity; altruism; a commitment to ethical principles pertaining to the provision of clinical care, such as autonomy, benevolence, and nonmaleficence; and a commitment to ethical behavior in all other aspects of professional practice.
2. Exhibiting dependability, responsibility, and self-respect.

**PGY -3**

1. Demonstrating personal integrity; altruism; a commitment to ethical principles pertaining to the provision of clinical care, such as autonomy, benevolence, and nonmaleficence; and a commitment to ethical behavior in all other aspects of professional practice.
2. Exhibiting dependability, responsibility, and self-respect.

**PGY -4**

1. Demonstrating personal integrity; altruism; a commitment to ethical principles pertaining to the provision of clinical care, such as autonomy, benevolence, and nonmaleficence; and a commitment to ethical behavior in all other aspects of professional practice.
2. Exhibiting dependability, responsibility, and self-respect.

*ACGME competency domains addressed: Professionalism*

***Objective 10: The resident will demonstrate knowledge of important systems and regulatory requirements of medical training and practice; and demonstrate adeptness in using the system of care in a way that is beneficial and vital for excellent patient care, including:***

**PGY-1**

1. Using available system resources to respond to medical errors, should they arise, in an appropriate and timely manner.
2. Demonstrating familiarity with the requirements of the American Board of Obstetrics and Gynecology.
3. Demonstrating knowledge of, and completing all, hospital/university-mandated and regulatory-agency documentation, including:
  - a. Documentation of participation in all surgeries and procedures in the ACGME case log system and completion of Surgical Skills Competency Forms.
  - b. Completion of all discharge summaries for Sloane patients on the Gynecologic Oncology service.
4. Demonstrating adherence to NYS and ACGME work rules and regulations.
5. Demonstrating knowledge of the process and system for evaluating faculty and programs, including:
  - c. Completion of all electronic evaluations for the Gynecologic Oncology rotation in the E\*value system.
  - d. Completion of medical student evaluations for every student encountered during the rotation.

***\*The above tasks must be completed within one week after completion of the rotation\****

**PGY-2**

1. Continuing to demonstrate knowledge and adherence to all the above requirements.

**PGY-3**

1. Continuing to demonstrate knowledge and adherence to all the above requirements.

**PGY -4**

1. Continuing to demonstrate knowledge and adherence to all the above requirements, as well as provide guidance for junior residents in these areas.

*ACGME competency domains addressed: Professionalism  
Systems-Based Practice*

**Objective 11: The resident will demonstrate the ability to work on original research by:**

**PGY-1**

1. Developing skills required to assess reports in medical literature.

**PGY-2**

1. Maintaining and refining skills required to assess reports in medical literature.
2. Develop presentation skills to communicate article content and critiques at journal clubs.

**PGY-3**

1. Maintaining and refining skills required to assess reports in medical literature.
2. Identifying an area of research interest and pursuit of an original project with faculty guidance.
3. Preparing for the option/or possibility of fellowship training.

**PGY-4**

1. Maintaining and refining skills required to assess reports in medical literature.
2. Continuing to work on an original research project.
3. Presenting original research to the department at the Sloane Academic Assembly as well as national meetings and/or publication of original research project in peer reviewed journals.

*ACGME competency domains addressed: Medical Knowledge*

**Objective 12: The resident will develop and demonstrate teaching skills by:**

**PGY-1**

1. Training and providing assistance in teaching medical students.

**PGY-2**

1. Assisting in the supervision and teaching of PGY-1 residents and medical students.
2. Providing informal and interactive teaching with colleagues in other areas in the knowledge of obstetrics and gynecology.

**PGY-3**

1. Providing leadership in teaching and supervising first- and second-year residents and medical students.
2. Continuing to provide informal and interactive teaching with colleagues in other areas in the knowledge of obstetrics and gynecology.
3. Presenting patient and lectures at departmental and divisional conferences.

**PGY-4**

1. Providing leadership in teaching and supervising first- and second-year residents and medical students.
2. Continuing to provide informal and interactive teaching with colleagues in other areas in the knowledge of obstetrics and gynecology.
3. Providing effective feedback and mentorship for first through third year residents in all aspects of resident training and performance.

***ACGME competency domains addressed: Medical Knowledge  
Interpersonal Skills and Communication***

## **Resident Supervision**

The above set of learning objectives is designed to communicate clearly what is expected in terms of the knowledge, skills, and attitudes that ideally would be acquired during the **Gynecologic Oncology** rotation by all residents.

The faculty believes that superior resident education requires the opportunity for decision making by the resident staff as their level of training and knowledge allows. All decisions will be evaluated by the attending physicians on service on a daily basis. An attending physician is available for consultation and/ or direct supervision at all times, including nights, weekends and holidays.

## **Resident Responsibilities**

In addition to the educational component of the rotation, certain administrative duties are incumbent upon house officers on each clinical service. The department expects that residents will attend to these administrative tasks with equal diligence and attention to detail. Teamwork and collegiality are key elements to successfully completing these duties in an efficient manner, while emphasizing learning and excellent patient care. The following guidelines have been created by the chief residents in the department to delineate the responsibilities of each team member on the service.

### **The *PGY-1* resident on the *Gynecologic Oncology* service should:**

1. Attend Colposcopy Clinic on Tuesday afternoon, and LEEP Clinic on selected Monday afternoons, Friday mornings (second half of the year).
2. Attend Tumor Clinic on Wednesday afternoons starting at 12PM.
3. Manage chemotherapy patients' records in junction with the Oncology office/fellow.
4. Update sign out daily in Eclipsys and prepare thorough sign out for weekends.
5. In the mornings, pre-rounds on inpatients with PGY-2/3, obtain sign out from the night float, collect vitals and prepare service lists for the team in preparation for work rounds with the chief/fellow.
6. Attend tumor board on every other Tuesday at 4:30 PM
7. Attend weekly didactic sessions on Thursday morning and TGIF Conference on Friday morning.



The **PGY-2** resident on the **Gynecologic Oncology** service should:

1. Attend Tumor Clinic on Wednesday afternoons starting at 12PM.
2. Prepare Tumor Board conference, every other week.
3. Prepare pre-op packets for patients going to for surgery during the week prior to surgery & oversee preparation of pre-ops with physician extender staff as available. When extender available, the PGY-2 should generate a daily "To Do List."
4. Assist PGY-1 in managing chemotherapy patients and review charts prior to Tumor clinic during the week prior to each clinic.
5. Attend weekly didactic sessions on Thursday morning and TGIF Conference on Friday morning, if available.
6. Attend weekly continuity clinic session on Monday morning.

The **PGY-3** resident on the **Gynecologic Oncology** service should:

1. Attend Tumor Clinic on Wednesday afternoons starting at 12PM when available
2. Help PGY-2 prepare Tumor Board conference, every other week with a focus on complex cases; Help PGY-2 prepare pre-op packets.
3. Attempt to maximize intra-operative exposure to minimally invasive surgery. Cover OR cases when PGY-4 is in clinic (Wednesdays), assist with cases when PGY-2 is in clinic (Monday mornings), and when the ONC team has two OR rooms.
4. Assist in coordinating journal club including candidate papers and topics to discuss.
5. Attend weekly didactic sessions on Thursday morning and TGIF Conference on Friday morning, when available.
6. Attend weekly continuity clinic session on Thursday afternoon.

The **PGY-4** resident on the **Gynecologic Oncology** service should:

1. Assign appropriate OR cases to each member of the team
2. Attend Tumor Clinic on Wednesday afternoons starting at 12PM

3. Review Tumor Board list and pre-op packets with junior team members.
4. Review Chemotherapy Book with PGY-1 resident.
5. Assist junior team members in reviewing labs for all patients, review all inpatient notes and charts on a daily basis.
6. Attend weekly didactic sessions on Thursday morning and TGIF Conference on Friday morning, if available.
7. Attend weekly continuity clinic session Wednesday morning.

**The PA or Physician Extender on the Gynecologic Oncology service should:**

1. Assist the PGY-2's with Pre-operative packet preparations for patients going to for surgery during the week prior including arranging for any necessary additional tests or consults. The PGY-2 should generate a daily "To Do List."
2. Have the team turn over the service by 4PM on Thursdays and then sign out to the night team.
3. Assist in OR at times residents not available.
4. Follow patients on the floor, admit patients to the floor, assist PGY-1 in discharging patients, including preparing discharge summaries, prescriptions, and follow up appointments.
5. Cover OR and Pagers when residents at teaching, and attend weekly didactic sessions on Thursday morning and TGIF Conference on Friday morning when able to.
6. Attend Tumor Board, if available.
7. Attend Tumor Clinic and assist in prepping the charts for clinic, and to be in charge of the inbox/results/call backs for tumor clinic patients.

**Communication and Hand-Offs:**

Effective communication is essential to providing safe care for the gyn oncology patients, and for this reason physicians are required to utilize the following communication systems for verbal transfer of patient information:

(a) *AM/PM/Weekend resident/PA sign outs:* Held weekday mornings when the PGY1 arrives at the hospital, but can be no later than 7 a.m., and weekday evenings at 6 p.m. Held on weekends at 7 a.m. and 7 p.m. These are twice-daily hand-offs intended to comprehensively review the evaluation and management of each patient receiving care

on the gyn oncology service between residents and/or PAs. Gyn onc handoffs for each patient should be updated daily to include a “one-liner” on the patient in addition to a pertinent hospital course summary, and a specific system-based to-do list categorized by problems. At this hand-off, the outgoing resident summarizes all patients receiving care from that physician using SBAR format and active clinical issues should be reviewed and a complete patient list provided. On Sunday, in addition to the Sunday covering resident giving sign out to the Sunday night resident, he or she must also give verbal sign out to one member of the primary gyn-oncology team, in which all pertinent weekend events are reviewed.

*(b) Social Work Rounds:* Concise inter-disciplinary work rounds. Held each weekday at 10 a.m. Minimum attendance includes representatives from the gyn onc team, nursing, patient care coordinator, and social work services.

*(c) Patient presentations on rounds:* Following each patient evaluation, the involved resident/medical student will present a formal assessment and plan (in SBAR format) to the team, including senior resident, fellow, or attending. Generally speaking, these rounds will take place with the entire team and the PGY-4 prior going to the OR, and at some point during the day with at least one team member (resident or PA) and one attending. Morning rounds will include all patients, and attending rounds will only include specific patients that are the responsibility of that specific attending. After am rounds, PGY-4 or fellow is responsible for running the list with the appropriate attending via phone, text, page or email.

*(d) Chief to chief signout:* Every morning, every night, and every weekend, the chiefs are responsible for running the list with their juniors prior to the juniors signing the service over. In addition, the chiefs should always communicate with each other and/or with the attending directly about any potentially sick or unstable patients.

## **Recommended Reading and Educational Materials**

### Comprehensive Gynecology

by Stenchever, Droegmueller, Herbst, Mishell, eds.

### Clinical Gynecologic Oncology

by Philip J. DiSaia, MD and William T. Creasman, MD

### Practical Gynecologic Oncology

by Jonathan S. Berek and Neville F. Hacker – chapter on Chemotherapy

All ACOG Compendium Bulletins pertaining to Gynecologic Oncology

Precis on Gynecologic Oncology

PROLOG on Gynecologic Oncology

## **Method of Evaluation**

1. A Surgical Skills Competency Form should be completed by the resident and attending physician involved on every procedure performed during the rotation. Residents should receive timely formative feedback from the attending physician(s) during this rotation. All forms should be submitted to the Residency Coordinator on a weekly basis. These will be maintained in the resident's portfolio and reviewed by the program directors and heads of service at regular intervals.
2. Residents will complete mid-rotation feedback sessions. Junior and senior members of the team will share feedback regarding team dynamics, individual and team strengths, areas for improvement and goals for future learning.
3. Global 360° evaluations of residents are performed at the completion of each five week block and reflect input from faculty members, nurses, physician extenders, patients, peers and medical students. These evaluations will be available to residents via the E\*value electronic system. These evaluations will be reviewed with the program directors during the resident's semi-annual evaluation meeting, and at interim points if deemed necessary.
4. Cognitive assessment of the resident's medical knowledge is achieved by the relevant scores on the CREOG In-Training examination.