

## EDUCATIONAL OBJECTIVES

### The Allen Hospital Obstetrics and Gynecology

#### 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 clinical rotations in **Obstetrics and Gynecology** at the **Allen Hospital** will involve direct participation in the care of low-risk patients in the ambulatory clinic (21 Audubon), Labor & Delivery suite, operating room and inpatient services of a community hospital. The resident will gain experience in the management of routine obstetric patients and will also assist in gynecologic surgical procedures. The resident will gain experience in the management of both routine and complicated post-operative patients. Patient clinical care conferences and didactic sessions including lectures, journal clubs, tracing rounds topic reviews, and preceptor 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 must demonstrate mastery of these competencies that have been identified by the Accreditation Council for Graduate Medical Education.

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

#### PGY-1

1. The basic physiology of pregnancy and mechanisms of normal labor.
2. The basic principles of embryology and genetics.
3. The ability to evaluate symptoms and physical findings in pregnant patients to allow distinction between physiologic and pathologic findings.
4. The ability to interpret common diagnostic tests, including routine prenatal screening tests.

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

**PGY-1**

1. The following basic mechanisms of disease:
  - a. The hemodynamic changes associated with blood loss
  - b. The changes that occur in the cardiopulmonary function of an anesthetized and postanesthetic patient
  - c. The physiology of wound healing
  - d. The physiologic changes related to the maintenance of adequate urine output
  - e. The epidemiologic principles involved in the spread of infectious diseases, including transmission and prevention of HIV and hepatitis
2. The principal causes, diagnostic tests, surgical and nonsurgical treatment options and appropriate follow up in the management of patients with abnormal uterine bleeding.
3. The normal bacteriologic flora of the lower genital tract as well as the principal pathogens, diagnostic tests, treatment options and appropriate follow up for patients with infections of the vulva and vagina.
4. The causes, symptoms, risk of transmission, diagnostic tests, treatment and appropriate follow up for patients with the most common sexually transmitted diseases.
5. The diagnostic criteria, common infectious agents, diagnostic tests, antimicrobial and surgical treatment options, long-term effects and counseling for patients with pelvic inflammatory disease.
6. The pathophysiology, symptoms, diagnostic methods and therapeutic options for the treatment of patients with urinary tract infections.
7. The major causes, diagnostic tests, nonsurgical and surgical treatments and appropriate follow up for patients with pelvic masses, such as:
  - a. Uterine fibroids
  - b. Adnexal cystic and solid masses
  - c. Tuboovarian abscess
  - d. Adnexal torsion
8. The principal gynecologic and non-gynecologic causes, diagnostic tests, nonsurgical and surgical treatment options and appropriate follow up for patients with chronic pelvic pain.

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

**Objective 2: *The resident will develop and demonstrate patient history-taking, diagnostic, and management-planning knowledge and skills, including:***

**PGY-1**

1. The ability to perform a thorough obstetric history, gynecologic, medical and surgical history, family, social and genetic history and identify aspects of this history that may place the pregnancy at risk for adverse outcome.
2. The ability to perform a thorough physical examination, including pelvic examination, with focus on the assessment of uncomplicated progression in pregnancy, routine progress in labor, and recognition of deviation from these normal values which may indicate pathology.
3. The appropriate use of common screening and diagnostic tests (hematologic and radiologic) in the antepartum, intrapartum and postpartum setting.
4. The ability to communicate the results of the history and physical examination, ultrasound findings, appropriate blood test results, and results of other specific tests by well organized written notes and oral reports.
5. The ability to perform a thorough menstrual history, obstetric history, gynecologic history, contraceptive history and sexual history.
6. 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.

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

**Objective 3: *The resident will acquire and demonstrate patient management skills, including:***

**PGY-1**

1. The ability to manage patients seeking prenatal care for an uncomplicated pregnancy.
2. The ability to manage low risk patients presenting to the Labor & Delivery Triage unit with complaints of labor, rupture of membranes and/or non-pregnancy related complications.
3. The ability to manage low risk patients undergoing induction or in labor and the ability to recognize signs consistent with abnormal progress in labor or fetal intolerance of labor.
4. The ability to manage patients following delivery of the fetus, to include delivery of the placenta, assessment for lacerations and abnormal blood loss, indications for episiotomy and steps of episiotomy repair.
5. The ability to appropriately assess and consent patients at the time of presentation for delivery by cesarean section.
6. The ability to evaluate and manage patients during the postpartum period following delivery via cesarean or vaginal delivery.
7. The ability to manage patients with first trimester pregnancy loss, including:
  - a. Spontaneous abortion
  - b. Ectopic pregnancy
  - c. Molar pregnancy
8. The ability to manage and counsel patients about normal postoperative recovery, including:
  - a. Advancement of diet and return to normal dietary and bowel function
  - b. Ambulation
  - c. Urethral catheterization and return to normal urinary function
  - d. Thromboembolism prophylaxis
  - e. Wound care
  - f. Return to normal activity levels and/or appropriate restrictions, including sexual activity

9. The ability to elicit an appropriate history, perform a physical examination, perform and/or interpret appropriate tests and manage common postoperative complications, such as:
  - a. Fever
  - b. Gastrointestinal ileus/ obstruction
  - c. Infection
  - d. Wound complications
  - e. Fluid or electrolyte imbalances, including abnormalities of urinary output
  - f. Respiratory problems
  - g. Thromboembolism
  
10. 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).

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

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

**PGY-1**

1. The following basic obstetric procedures under direct supervision:
  - a. Transabdominal and transvaginal ultrasonography
  - b. Circumcision
2. The following basic obstetric procedures under visual supervision:
  - a. Normal spontaneous vaginal delivery
  - b. Episiotomy and repair
  - c. Genital tract laceration repair
  - d. Primary and repeat cesarean section via low transverse hysterotomy
  - e. Postpartum bilateral tubal ligation
  - f. Debridement of superficial wound
3. The ability to describe the accepted indications and risks for the above procedures and obtain informed consent from the involved patient
4. The use of abdominal and transvaginal ultrasound to evaluate a singleton pregnancy in as outlined in the Ultrasound Skills checklist for PGY-1.

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

**PGY-1**

1. The following uncomplicated basic gynecologic surgeries under visual supervision:
  - a. Dilation and curettage
  - b. Diagnostic and operative hysteroscopy
  - c. Diagnostic laparoscopy
  - d. Opening and closing the abdomen for major gynecologic laparotomies
  - e. Marsupialization or excision of Bartholin's cyst or gland
  - f. Superficial wound debridement
  - g. Incision and drainage of abscess or hematoma

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

***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 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.

***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.

***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. Learning the appropriate application of research and/or evidence-based studies to patient care and communication.
3. Demonstrating the ability to collect, apply and synthesize patient outcome data to larger population.

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

***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.

***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, 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 Obstetrics 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:
  - a. Completion of all electronic evaluations for the Obstetrics rotation in the E\*value system.
  - b. 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\****

***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.
2. Present a contemporary article for discussion in Journal Club

*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.
2. Presenting cases during tracing rounds.
3. Conducting patient-oriented educational class on post-partum topic

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

## **Resident Supervision**

This 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 **Allen Hospital Obstetrics and Gynecology** 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 who act as supervisors on Labor & Delivery, the antepartum service, in the ambulatory clinics and in the operating room. An attending physician is available for consultation and/ or direct supervision at all times, including nights, weekends and holidays. There is an attending generalist Ob/Gyn physician in-house to provide such coverage 24 hours a day. A Maternal-Fetal Medicine specialist is available for consultation.

## **Recommended Reading and Educational Materials**

### Williams Obstetrics

F. Gary Cunningham, Paul C. McDonald, Norman F. Gant, Kenneth J. Leveno, Larry C. Gilstrap, eds.

### Obstetrics: Normal and Problem Pregnancies

Steven C. Gabbe

### Maternal Fetal Medicine, Principles and Practice

Robert K Creasy, Robert Resnik, eds

### Drugs in Pregnancy and Lactation

Gerald G. Briggs, Roger K. Freeman, Sumner J. Yaffe, eds

All ACOG Compendium Bulletins pertaining to Obstetrics and Benign Gynecology.

Precis on Obstetrics and Benign Gynecology and Office Practice

PROLOG on Obstetrics and Benign Gynecology and Office Practice

Articles of interest from the journals American Journal of Obstetrics and Gynecology, Obstetrics and Gynecology

### Comprehensive Gynecology

by Stenchever, Droegmueller, Herbst, Mishell, eds.

### TeLinde's Operative Gynecology

by Rock and Thompson, eds.

### Clinical Gynecology, Endocrinology and Infertility

by Speroff, Glass, and Kase, eds.

### **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. 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.
3. Cognitive assessment of the resident's medical knowledge is achieved by the relevant scores on the CREOG In-Training examination.

### **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 Dr. Anna Burgansky, Chief of the Obstetrics and Gynecology Service at the Allen Hospital, to delineate the responsibilities of the PGY-1 resident on service.

*The PGY-1 resident on the Allen L&D Day (Red or Blue Team) should:*

1. Arrive at 7:00am to round independently on postpartum/post-op patients on 3RW (those delivered by you) and discuss with the Green MD after 7:30am.
2. Arrive to L&D at 7:30am for L&D Board Turnover. (Weekend sign-out at 8am)
3. Evaluate and assess all patients arriving to Labor & Delivery for scheduled cesarean deliveries in the morning.
4. Perform uncomplicated (primary and secondary) elective cesarean deliveries in the role of primary surgeon with the Red or Blue MD.
5. Perform more complicated elective repeat cesarean deliveries in the role of first assistant, with the Red or Blue MD acting as primary surgeon.
6. Evaluate all Triage patients assigned to your team (Red or Blue) with direct supervision from the appropriate attending physician.
7. Participate in the management of laboring patients and perform spontaneous vaginal deliveries on all patients assigned to your team (Red or Blue) with direct supervision from the appropriate attending physician.
8. Sign out your patients at change of shift (pm) to the night team, if applicable.
9. Present your patients during L&D Briefings at 10am.
10. Present two cases for FHT rounds on the 1<sup>st</sup> and 4<sup>th</sup> Friday of the rotation.
11. Present one article for Journal Club (moderated by your preceptor)
12. Work with your preceptor, CNMs and lactation consultants to prepare and conduct one patient education class on a topic relevant to postpartum care.
13. Participate in daily focused group discussions with the L&D team on core curriculum topics.
14. Attend weekly Grand Rounds and didactic sessions on Thursday AM at PH.
15. Attend weekly continuity clinic session at 21 Audubon on Thursday at 11:45am.
16. Participate in the teaching and supervision of medical students and residents from the Anesthesia, Emergency Medicine, and Family Medicine Services.

*The PGY-1 resident on the Allen Postpartum Service should:*

1. Arrive at 7:00am to round independently on postpartum/post-op patients on 3RW (those delivered by you) and discuss with the Green MD after 7:30am.
2. Arrive to L&D at 7:30 am for L&D Board Turnover. Participate in sign out of the Green MD team.
3. Evaluate and assess all patients arriving to Labor & Delivery for scheduled cesarean deliveries in the morning.
4. Perform uncomplicated (primary and secondary) cesarean deliveries in the role of primary surgeon with the Red or Blue MD.
5. Round with the Green MD or CNM on post-op or postpartum patients.
6. Participate in Lactation Rounds with the Lactation Consultant.
7. Work with your preceptor, CNMs and lactation consultants to prepare and conduct one patient education class on a topic relevant to postpartum care.
8. Complete discharge summaries for all discharged post-op patients.
9. Perform circumcisions with direct supervision from appropriate attending physician.
10. Perform postpartum tubal ligations with direct supervision from the appropriate attending physician.
11. Answer calls regarding postpartum patients and evaluate them for possible complications. Discuss the management of such patients with the CNM or Green MD.
12. Evaluate GYN consult patients in the ED with direct supervision from the appropriate attending physician.
13. Report to L&D and assist with Triage until 6PM, once the above activities have been completed.

*The **PGY-1** resident on the **Allen GYN OR** day should:*

1. Participate in all GYN cases in GYN OR on the 1<sup>st</sup> and 3<sup>rd</sup> Wednesdays of the month. The role of the resident in the case should be determined by the supervising GYN attending.
2. The GYN OR schedule can be obtained in advance from Terry Epps in the Administrative office.
3. Review the pre-operative history, work up, relevant laboratory studies, and the final OR schedule on Tuesday evening.
4. Arrive at 7:00am to round independently on postpartum/post-op patients on 3RW (those delivered by you).
5. Meet GYN patients in the pre-op area at 7:15am and assist with the necessary paperwork.
6. Assist the GYN attending physician with post-op orders and prescriptions.
7. Round on your post-op GYN patients daily (except on Thursdays and weekends off) and discuss with appropriate GYN Attending
8. Complete discharge summaries for GYN post-op patients.
9. Update the signout list in Webcis daily and sign out to the Green MD at the end of each GYN OR day.
10. Chart labs and complete post-op checks as part of daytime floor responsibilities.
11. Evaluate consults in the Emergency Department and from other services, formulating plans in conjunction with the Green attending physician.
12. Answer calls regarding inpatients on the Gynecology services and evaluate them for acute issues as necessary.
13. Report to L&D and assist with Triage until 6pm once the above activities have been completed.