GOALS AND OBJECTIVES

OB/GYN RESIDENCY PROGRAM

THOMAS JEFFERSON UNIVERSITY HOSPITAL
## OVERALL EDUCATIONAL GOALS

**PGY 1**

| Medical Knowledge | All residents must demonstrate evidence of preparation and retention of information, regular attendance and participation in scheduled educational conferences, and acceptable CREOG examination performance. A resident scoring 2 standard deviations below the mean on the exam must undergo remediation and directed reading. The resident must demonstrate a general understanding of basic science principles and of routine clinical management issues. The resident must also demonstrate a working knowledge of basic surgical anatomy, operative techniques and obstetrical procedures. The resident must have a basic approach to common office problems. |
| Patient Care | The resident must demonstrate, in both the inpatient and outpatient setting, the ability to obtain a complete clinical history and physical examination. They develop an appropriate assessment, differential diagnosis, and initial treatment plan for simple problems. The resident must demonstrate proficiency in providing basic inpatient perioperative care to patients in a safe, timely, and cost effective fashion. The resident must demonstrate progressive independence in caring for pregnant patients. |
| Surgical Skills | The resident must demonstrate the development of basic surgical skills, including appropriate handling of tissue, the appropriate selection and use of surgical instruments, and basic suturing and knot-tying techniques. The resident must demonstrate adequate preparation before each case, knowing the patient's history, details of the operation to be performed, and having available the appropriate studies in the operating suite. The resident must be able to manage routine labor and be familiar with cesarean section and complete PGY 1 log book. |
| Professionalism | The resident must continuously demonstrate the attributes of reliability, integrity, honesty, altruism, respect, and compassion. The resident must demonstrate an appropriate attitude regarding commitment to excellence and learning, and to patient care. The resident must be open to constructive criticism and improvement. The resident must complete statistics, duty hours logging and medical records on time. |
| Communication | The resident must demonstrate appropriate interpersonal relations with patients and their families, peers and attendings, and nurses and ancillary staff. The resident must be able to work as an effective part of the healthcare team in order to achieve desired patient care and educational outcomes. The resident must demonstrate the interest and the ability to oversee and teach medical students. |
| Systems Based Practice | The resident must demonstrate awareness of costs of medical intervention and tests. The residents should be familiar with the role of case managers and other non-medical members of the team and the effects of insurance status. |
| Practice-Based Learning | The resident must demonstrate the ability to use the literature to present weekly at intern morning report. |
Goals and Objectives for PGY 1

1. Gynecology - TJUH

This rotation shall consist of 6 – 7 weeks on the in-patient Gyn service at TJUH. The resident will triage postoperative patients, be the first call for emergency room and floor consultations from other services, perform minor surgical procedures and assist with major procedures. The resident will also participate in Preop clinic and present weekly at intern morning report.

Goals

1. Refine surgical skills in performance of knot tying, suturing, and surgical procedures such as D&C, hysteroscopy, laparoscopy, and opening and closing the abdomen. *(PC)*

2. Develop strategies for supervising and teaching clinical care and surgical skills to medical students. *(C.)*

3. Begin to develop the ability to serve as a consultant to other specialties, including the ability to utilize evidence-based medicine in making recommendations. *(P,SBP,PBL)*

4. Become adept at efficient and effective triage of gynecologic problems seen in the emergency room setting. *(PC,MK)*

5. Become able to present patients in morning report and on rounds in a complete, concise and accurate manner. *(C.)*

Objectives: by the end of the rotation, the resident must be able to:

1. Perform physical examination and order appropriate tests to assess common postoperative complications, such as fever, gastrointestinal ileus/obstruction, infection, fluid and electrolyte imbalances, respiratory problems, and thromboembolism. *(PK)*

2. Describe the anatomy of the anterior and posterior abdominal wall and the anatomic relationship between the reproductive organs and the nongynecologic abdominal viscera, as well as the blood supply and innervation of the pelvis. *(MK)*

3. Assess ED patients for and describe the diagnostic criteria for PID, list the common infections agents, elicit a pertinent history, perform a physical exam to confirm the diagnosis of PID, and describe the appropriate diagnostic tests to confirm PID, treat PID with appropriate antimicrobial and surgical options, and counsel patients on outcomes. *(PC,MK)*
4. Describe the principal causes of first trimester bleeding, evaluate the patient, and order appropriate testing to confirm spontaneous abortion and ectopic pregnancy, including serum hCG titer and ultrasonography (abdominal and endovaginal), and treat patients. (PC, MK)

5. Concisely present a patient case each week with background literature and recommendations (PBL, SBP)

**Evaluation**

The assessment will consist of global evaluations, mini CEX and surgical checklists cards. The ability to investigate and evaluate patient care will be assessed by the presentation of evidence based practice in morning report during the block (PC, MK, PBL).

**Reading**

Gyn textbooks

Assigned core articles

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**2. Obstetric Ultrasound Rotation**

**Goals:**

1. Understand the cross-sectional anatomy of the female pelvis (both gravid and non-gravid).

2. Understand the cross-sectional anatomy of the fetus and placenta.

3. Understand the physics of sound energy and diagnostic ultrasonography equipment.

**Objectives:**

Upon completion of the rotation, the PGY1 resident must be able to:

1. Perform a basic obstetrical ultrasound examination, fulfilling the requirements set forth by the ACOG, ACR, and AIUM for a first trimester scan and >14 week scan, including appropriate fetal biometry and anatomy, as well as maternal anatomy. (PC, MK)

2. Perform a fetal biophysical profile, including interpretation of the Non-Stress Test. (PC, MK)

3. Perform an amniotic fluid index. (PC, MK)

4. Perform a transvaginal examination on both the gravid and non-gravid patient. (PC, C)
5. Choose the proper transducers and equipment settings to optimize the examination, and understand proper sterilization and maintenance of the equipment (MK).

6. Take an appropriate history to integrate the ultrasound results into a management plan for the patient (PC, C).

7. Recognize maternal or fetal abnormalities that warrant a higher level of care, and assist in counseling the patient on the findings (PC, C, P).

Description of clinical experiences:

During this rotation, the PGY1 resident will, under the supervision of a registered sonographer and a Maternal Fetal Medicine fellow or attending physician, or a perinatal testing nurse, perform 200 ultrasound examinations. The PGY1 will record appropriate images and participate in the preparation of a report of the examination. The PGY1 will participate in a review of the results with the patient, as well as formulating an appropriate management plan based on those results.

Didactic experiences:
1. A standard basic ob-gyn ultrasound textbook will be assigned, with readings to be discussed with the MFM fellow or attending.

2. The AIUM on-line lecture series in Ob-Gyn ultrasound will be reviewed.

3. The bulletins from ACOG, ACR, AIUM, ISOUG, and SMFM which describe the criteria for an ob-gyn ultrasound examination will be reviewed.

4. Attendance at weekly MFM ultrasound conferences.

Evaluation process:
1. The PGY1 will review her/his images and reports with the MFM fellow and attending on a real-time basis.

2. The MFM attending will give an oral examination to the PGY1 at the end of the rotation.

3. A checklist card of a level-1 fetal ultrasound will be completed for the resident after observation of an ultrasonographic evaluation.

Feedback mechanisms:
1. Monthly evaluation by the faculty of the PGY1 on New Innovations.

2. Daily informal feedback from the faculty.

3. Surgical Intensive Care Unit (SICU) – TJUH

The rotation shall consist of 4 weeks in the surgical intensive care unit assisting surgeons and anesthesia staff in caring for critically ill surgical patients from a variety of surgical
services. Residents will follow patients, participate in daily rounds, take call and attend conferences in the ICU.

Goals:

1. To develop competence in caring for critically ill postoperative patients (PC)

2. To continue to gain experience in performing procedures needed for critically ill patients (PC)

3. To become familiar with ventilator management (PC)

4. To become comfortable discussing difficult issues and breaking bad news to family members (P,C)

5. To understand the role of ICU care and to become familiar with the procedure for its utilization and with the available consultative resources (PC, SBP)

Objectives: By the end of the rotation, the resident must be able to:

1. Explain the pathophysiology of septic and hemodynamic shock, perform history, physical and interpret diagnostic tests, including cultures, complete blood count and white cell differential, liver and renal function tests, imaging, arterial blood gases, central hemodynamic monitoring (PC)

2. Explain the pathophysiology of adult respiratory distress syndrome, perform a focused physical examination to assess the severity of the condition, and manage a patient with ARDS, consulting an appropriate specialist as needed (PC).

3. Become competent in cardiopulmonary resuscitation, perform a rapid physical examination to identify the patient who requires cardiopulmonary resuscitation and attempt to determine the cause of the patient’s decompensation, perform basic cardiac life support as per American Heart Association guidelines (PC).

4. Counsel patients and families about their clinical course in intensive care (P,C).

Evaluations
Global evaluations by ICU attending staff

4. Emergency Department – TJUH

The rotation shall consist of four weeks in the emergency department at TJUH under the supervision of the ED attending staff and senior residents.
Goals:
1. To evaluate and treat common medical presentations requiring emergency treatment and incorporate this knowledge into the care of ob/gyn patients (MK, PC).

2. To develop knowledge and familiarity with the staff and resources in the emergency department (C, SBP).

3. To further develop procedural skills in the ED setting (PC).

4. To develop an awareness of the issues involving patient access in the larger system of health care (SBP).

Objectives: By the end of the rotation, the resident must be able to:

1. Develop familiarity with the evaluation and treatment of patients with potentially life-threatening conditions such as chest pain, respiratory distress, trauma and the acute abdomen (MK, PC).

2. Demonstrate familiarity with the evaluation and treatment of sexual assault, including maintaining the proper chain of evidence in handling laboratory specimens and reporting, ordering selected laboratory tests to evaluate a victim of abuse, prophylaxis for STD’s, postcoital contraception and appropriate follow up care and referrals for victims of abuse (PC, SBP).

3. Participate in procedures in the ED setting including bedside ultrasound, invasive lines and intubations (PC).

4. Appreciate differences in perspective on approach to medical problems in the ED, especially as it relates to gynecology, by participating in joint conferences with the ED (SBP, P, C).

Evaluations

Global rotation evaluations

Procedural skills signoff

5. Anesthesia – OB and Gyn

The PGY 1 rotation consists of 1 week under the supervision of Dr. S. Huffnagle and Dr. J. Huffnagle on Labor & Delivery evaluating and assisting with the care of laboring and
surgical pregnant patients, and 1 week under the supervision of Dr. Jan and faculty of the 5 Pavilion operating room assisting during peri, intraoperative and postoperative management.

**Goals:**
1. To acquire knowledge of the medical issues affecting anesthesia care of their surgical and pregnant patients. (MK)
2. To demonstrate awareness of the resources of the Anesthesia Department and respect for other professionals (MK, SBP, P, C)
3. To understand the principles of general anesthesia and regional anesthesia (MK)
4. To acquire experience in airway management (PC)

**Objectives: By the end of the rotation, the resident shall be able to:**
1. Describe indications for anesthetic techniques that are appropriate for control of pain during labor and delivery, including epidural, spinal, pudendal, local infiltration and general, as well as intravenous analgesia/sedation (PC, MK)
2. Be familiar with the principles of endotracheal intubation (PC)
3. Demonstrate the ability to ventilate a patient using bag and mask (PC)
4. Identify critical issues and communicate effectively with anesthesiologists about concerns with surgical patients (C, P)
5. Describe the hemodynamic changes associated with blood loss; the changes that occur in the cardiopulmonary function of an anesthetized and postanesthetic patient; the physiology of thermoregulation in the anesthetized and post anesthetic patient; and the physiologic changes in the urinary system related to maintenance of adequate renal output

**Evaluation:**
Global evaluation for the rotation

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**6. Obstetrics-Virtua Hospital**

The rotation shall consist of 6-7 weeks on the labor and delivery unit as a surgical assistant, with assistance to the PGY-2 resident with triage and for routine deliveries as time allows.
Goals:

1. To build basic surgical skills (PC) in the context of performing routine primary cesarean section.

2. To provide compassionate and effective intrapartum care to low risk obstetrical patients by learning the management of normal labor and delivery (PC,MK)

3. To learn how to function on a team with other obstetricians, nurses, anesthesia and pediatric personnel (SBP).

4. To become comfortable with patients from a wide socioeconomic background and diverse ethnicity (P, C).

Objectives: By the end of the rotation, the resident must be able to:

1. Perform physical examination to assess status of membranes, presence of vaginal bleeding, fetal position and weight, cervical effacement, dilation and station, uterine contractility (MK)

2. Recognize the abnormalities of labor such as prolonged latent phase, protracted active phase, and arrest of dilation and descent (MK)

3. Perform the majority of a cesarean section with minimal cueing or guidance (PC)

4. Become familiar with the hierarchy and prioritization of patients on a busy L&D unit (SBP)

5. Teach medical students the basics of surgical care in the setting of cesarean section (P)

6. Interact in a respectful way with multiple different attending and nursing staff (P,C)

Evaluations:
Global evaluation from attendings, peer evaluations, surgical checklist, professionalism evaluations from nurses and mini CEX evaluation.

Reading: Gabbe/ Williams Obstetrics

7. Family Planning/Ambulatory Care Continuity Clinics

The Family Planning and Ambulatory Clinics take place in the Jefferson Obstetrics and Gynecology Associates clinic. All residents will see patients with contraceptive needs,
routine annual evaluations, uncomplicated obstetric and postpartum patients and patients with gynecologic complaints, appropriate to their level of training. PGY-1 residents have clinic with an emphasis on Family Planning during the ICN, Anesthesia, Emergency Medicine, Ultrasound, Family Medicine West Jersey OB and Gyn rotations as well as during a dedicated 2 week block. All others will have one half day per week during specified rotations for a total of 30 months of continuity clinic.

The aims of the rotation are to prepare residents to provide outpatient patient care and counseling that is compassionate, appropriate and effective for the treatment of outpatient reproductive and basic primary care problems. The rotation will provide opportunities for residents to master clinical skills including antepartum care, contraceptive counseling, pregnancy options counseling, manual vacuum aspiration, transvaginal ultrasound, and permanent and long-acting reversible contraceptive methods (LARC). In addition, residents will learn the scope of outpatient gynecologic care in a graduated fashion. Lastly, they will provide primary and preventive care screening for their patients of all ages, including those related to general health maintenance.

Goals:

1. Residents will develop the knowledge, skills and attitudes to manage common ambulatory problems related to the female reproductive system including abnormal bleeding, pelvic floor disorders, and pelvic pain. (MK, PC, P, C)

2. residents will develop the ability to provide comprehensive, non-directive contraceptive counseling and provision to women at all stages of their reproductive careers, including the knowledge of contraceptive devices and the ability to serve as a consultant for management of complex cases. This includes knowledge of method effectiveness and user effectiveness, national and local policies that affect control of reproduction, how religious, ethical and cultural differences affect providers and users of contraception, the impact of contraception on population growth in the United States and other nations, factors that influence the individual patients choice of contraception, and the advantages, disadvantages, failure rates and complications associated with all methods of contraception, including post-coital methods. (MK, PC, P, C, SBP)

3. residents will recognize and manage the symptoms of menopause, understand the health implications of menopause and its treatment, and counsel patients effectively on these issues. (MK, PC, C)

4. residents will be familiar with evidence based screening recommendations for female patients at all stages of the life cycle. They will be familiar with techniques to effectively counsel on and encourage healthy lifestyles in their patients. (MK, PC, C, SBP)
5. Residents will develop the ability to manage the outpatient aspects of uncomplicated pregnancies and the post-partum state. They will understand the ambulatory management of pregnancy-related issues, including standard diagnostic tests, common complaints and complications. (MK, PC)

6. Residents will understand the impact of patients’ insurance status and the local health care system on the care of their patients, and will develop the knowledge to adequately code and bill visits, obtain consultant services for their patients, prescribe medications and contraceptives, and arrange diagnostic testing for their outpatients in the clinic. They will learn about community-based resources which may be available to augment various aspects of patient care, and how to help patients access such facilities (PC, SBK)

Objectives: Upon completion of these rotations, the resident will be able to:

1. Perform a complete and comfortable breast and pelvic examination (PC, C)

2. Demonstrate the ability to communicate successfully with the patient so as to obtain both a problem-specific and annual history (C, PC)

3. Perform routine ambulatory procedures, including Pap smears, wet preps, manual vacuum aspiration, endometrial and vulvar biopsy and insertion of intrauterine devices and implantable contraceptives (PC)

4. Counsel a patient on medical and surgical options for elective termination of pregnancy, describe the state-specific regulations concerning abortion, the risks benefits and alternatives of the procedure and arrange for performance of the procedure at our institution or with local providers, regardless of personal beliefs. (MK, PC, P, C, SBP)

5. Describe the available forms of hormonal and non-hormonal contraception, including long-acting reversible contraception, male and female sterilization, and barrier methods; counsel a patient on the advantages, disadvantages and contraindications of each method; and perform insertion of IUD, implantable rods, and diaphragm fitting in the office. (MK, PC, C)

6. Prescribe medical and behavioral therapies for the management of menopausal symptoms, including the advantages and contraindications of each. (MK, PC)

7. Perform an evaluation of a patient with urinary incontinence and prolapse, including a history of related symptoms, a cough stress test, and a POP-Q examination (MK)

8. Complete five annual examinations every 6 months that pass the criteria for age – specific annual examination, as documented by checklist. (MK, SBP)
9. Perform an initial obstetrical visit, with complete documentation as reviewed by staffing attending physician, including a comprehensive history and physical examination, ordering routine laboratory tests and those required because of risk factors during pregnancy, counseling patients about lifestyle modifications that improve pregnancy outcome, counseling patients about warning signs of adverse pregnancy events, appropriate immunizations, and the benefits of breast feeding. (PC)

10. Generate a complete and accurate medical record, electronic or paper, that can be accurately interpreted by others (SBK,C). Demonstrate the ability to use the electronic medical record for the retrieval of patient information, adding diagnostic and therapeutic data, and prescribing, with reference to insurance status. (SBP, PBL).

11. Demonstrate the ability to use electronic media at the point of care for consultation of the medical literature. (SBK)

12. Demonstrate the ability to diagnose, treat and counsel patients with a sexually transmitted infection, vaginal or vulvar infection. This includes describing the principal infections that affect the vulva and vagina such as candidiasis, bacterial vaginosis, and trichomoniasis, chlamydia, gonorrhea, syphilis, hepatitis B and hepatitis, human immunodeficiency virus (HIV), herpes simplex and human papillomavirus; performing a focused physical examination; performing and interpreting tests such as vaginal pH, saline microscopy, potassium hydroxide microscopy, bacterial and viral tests; and familiarity with the CDC recommended regimens for treatment of STI. The resident should describe the follow up that is necessary for a patient with a vulvar or vaginal infection, including assessing and treating sexual partner(s), reporting requirements, and counseling the patient about prevention of re-infection. Finally, the resident should describe the long-term concerns for patients with a STI, including infertility, ectopic pregnancy, chronic pelvic pain, and pelvic inflammatory disease (PID). (MK, PC,C)

13. Evaluate and screen post-partum patients for common problems, and obtain consultation and referral services for patients with pelvic floor problems, wound complications, breastfeeding problems, and severe post-partum depression (MK, PC, C, SBE)

14. Demonstrate the ability to work effectively as a member of a team which includes both physicians and other professionals such as social workers, nutritionists and family planning counselors (P,SBK,C)

15. Demonstrate awareness of patients’ cultural, sexual orientation, age-related and gender-based issues, and their impact on providing optimal care (C, PC, P)

16. Demonstrate self-evaluation and improvement of various aspects of their performance in an ambulatory setting (PBL,P)
Evaluation Methods

Global rotation evaluation after PGY-1 rotation, electronic

Evaluation and chart review with immediate feedback after presentation of each patient

Elements of Primary Care Checklist, 5 every 6 months

Patient evaluations of residents, 1 per week while in clinic

CREOG Examination results in primary care sections

Completion and logging of IUD and endometrial biopsy procedures for independent performance on electronic system

8. Neonatal Intensive Care Unit (ICU)

This rotation shall consist of one week in the NICU under the supervision of their staff.

GOALS:

To acquire medical knowledge pertaining to the care of premature and critically ill newborns as assessed by a global evaluation. It is supplemented by a required course in neonatal resuscitation, the goal of which is to enable the resident to begin stabilizing a newborn compromised at birth.

Objectives: By the end of this rotation the resident shall be able to:

1. Perform an immediate assessment of the newborn infant and determine if resuscitative measures are indicated (PC)

2. Resuscitate a depressed neonate:
   o Properly position the baby in the radiant warmer
   o Suction the mouth and nose
   o Provide tactile stimulation
   o Administer positive pressure ventilation with bag and mask
   o Administer chest compressions

3. Assign Apgar scores (PC)

4. Counsel parents of premature infants about prognosis depending on gestational age and what to expect when their baby is in the NICU (C, PC)
5. Become familiar with the complications of prematurity (MK, PC)

**Evaluation:**
Global evaluation in the NICU

**9. Obstetrics-TJUH**

The rotation shall consist of 6 – 7 weeks on the Labor & Delivery unit at TJUH during alternating day and night shifts. The competencies and objectives for the rotation are as follows:

**Goals:**
1. To provide compassionate and effective intrapartum care to low risk obstetrical patients by learning the management of normal labor and delivery (PC, MK)
2. To learn how to function on a team with other obstetricians, nurses, anesthesia and pediatric personnel (SBP).
3. To become familiar with the resources available for evidence – based practice and bring back information to the team and other learners (PBL).
4. To become competent and efficient in triaging medical complaints of pregnant women in the hospital setting (PC).
5. To become comfortable with patients from a wide socioeconomic background and diverse ethnicity (P, C).

**Objectives: By the end of the rotation, the resident must be able to:**

7. Present obstetrical patients with management issues and give an evidence based presentation of the relevant literature during morning report once a week. (MK, PBL)

8. Describe the major physiologic changes in each organ system during pregnancy; evaluate symptoms and physical findings in a pregnant patient to distinguish physiologic from pathologic findings, and interpret common diagnostic tests in the context of the normal physiologic changes of pregnancy (MK, PC).

9. Understand embryology and developmental biology, including gametogenesis, fertilization, and embryologic development of singleton and multiple gestations (MK).
10. Be familiar with the pharmacology and teratogenicity of drugs in pregnancy, especially tetracyclines, angiotensin-converting enzyme inhibitors, quinolone antibiotics, lithium, isotretinoin, seizure medications, alcohol, heroin, cocaine, and tobacco (MK)

11. Competently conduct intrapartum fetal assessment with different methods of fetal monitoring including basic ultrasonography and describe the causes and clinical significance of abnormal fetal heart rate patterns such as bradycardia, tachycardia, decreased/absent variability, and decelerations (PC, MK)

12. Perform physical examination to assess status of membranes, presence of vaginal bleeding, fetal position and weight, cervical effacement, dilation and station, uterine contractility (MK)

13. Recognize the abnormalities of labor such as prolonged latent phase, protracted active phase, and arrest of dilation and descent (MK)

14. Identify and treat the most common maternal complications that occur in the puerperium, including uterine hemorrhage, endometritis, urinary tract infection, wound infection, mastitis, embolism, thrombosis and postpartum affective disorders (PC)

15. Work in a structured multidisciplinary team in a respectful way, including performing competent signouts at team signout (P, C, SBP)

Evaluations:

global evaluation from attendings, peer evaluations, surgical checklist, professionalism evaluations from nurses and mini CEX evaluation.

Reading:
Gabbe/ Williams Obstetrics

10. Family Medicine (Inpatient)

The family medicine inpatient rotation shall consist of four weeks on the inpatient service under the supervision of the Family Medicine staff. Residents shall function as interns on the service, including rounds, didactics, new patients and call that is the same as family medicine residents participate in.

Goals:

1. To gain experience in care of general medical problems that require hospitalization such as cardiac disease, pulmonary disease, gastrointestinal and renal disease (PC, MK)
2. To foster professional relationships between the departments of Family Medicine and OB/GYN (P,C)

3. To gain experience in using the resources of the hospital laboratories and imaging facilities in the care of patients (SBP)

Objectives: by the end of the rotation, the resident shall be able to:

1. Demonstrate management of respiratory tract infection, including history, targeted physical exam and selected tests to diagnose respiratory tract infection as well as treat uncomplicated respiratory tract infections

2. Interpret basic pulmonary function tests such as: forced expiratory volume (FEV1), pulse oximetry, and blood gas assessment in the management of asthma, and treat mild asthma with medications such as inhaled beta-mimetics and corticosteroids and mast cell stabilizers (PK, MK)

3. Obtain an appropriate history in the patient with chest pain; describe the principal risk factors for coronary artery disease, and interpret selected diagnostic tests, such as chest x-ray, electrocardiogram, cardiac enzymes, and arterial blood gas determinations (PK, MK)

4. Describe the usual causes of gastroenteritis; the usual symptoms and signs in a patient with gastroenteritis, perform a focused physical examination and interpret selected diagnostic tests to determine the etiology of gastroenteritis, such as viral serologies, stool culture and examination for parasites, and treat selected patients with gastroenteritis (PC, MK)

5. Mange patients with abdominal pain, including a targeted history, appropriate physical examination, and utilize laboratory tests such as liver function tests, serum lipase, amylase; ultrasonography, computed tomography (CT) scan, magnetic resonance imaging (MRI), angiography, endoscopy, and barium contrast studies (PK, MK)

6. Demonstrate professionalism and communication skills with members of another team (P,C)

11. Outpatient Family Medicine
The rotation shall consist of 4 weeks in the outpatient offices of the Family Medicine Department seeing patients under the direct supervision of the attending staff. Call will be done on the OB service.

**GOALS:**

1. Become knowledgeable about treatment of common primary care problems that may be seen in women, such as anxiety, hypertension, thyroid disease, asthma and rhinitis, back pain, and dermatologic problems. (MK, PC)

2. Develop presentation skills in the office setting with different supervisors (P, C)

3. Enhance professional interactions between the departments of OB/GYN and Family medicine by familiarizing residents with the different roles and way of functioning in their department as well as exposing them to resources for supporting patients. (SBP, P, C)

**Objectives: by the end of the rotation, the resident shall be able to:**

1. Take a history and perform and document a level 3 examination for common primary care problems. (PC, SBP)

2. Discuss first line treatment for hypertension, asthma and thyroid disease in women (PC, MK)

3. Concisely present a patient to the supervising attending (C)

4. Demonstrate professional behavior in attendance and in interaction with patients of different socioeconomic groups. (P,C)

5. Demonstrate familiarity with resources for patients such as social work and referrals

6. Demonstrate familiarity with the common problems of aging patients (SBP, PC, MK)

**Evaluation:**

Global evaluations by faculty
Performance on Step 3 exam and primary care portion of CREOG examination.

**Reading:**

Textbooks of outpatient medicine