GOALS AND OBJECTIVES

OB/GYN RESIDENCY PROGRAM

THOMAS JEFFERSON UNIVERSITY HOSPITAL
## OVERALL EDUCATIONAL GOALS

### PGY 2

| 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 be familiar with basic textbook level knowledge and begin to use journal articles. 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 need to 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, now including the basic approach to high risk problems such as premature labor. |
| Surgical Skills | The resident must demonstrate increasing proficiency with 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 operative delivery. They must complete the PGY 2 level 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 begin to take more of a supervisory role with PGY 1 residents. The residents must demonstrate the interest and the ability to oversee and teach medical students. The resident should not have a large number of negative student evaluations. |
| 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. The resident must complete their medical record responsibilities and statistics in an accurate and timely fashion. Any medical record fines accrued during the year must be paid off in full or an acceptable payment plan must be arranged with the administrator of the Department of Ob/Gyn. |
| Practice-Based Learning | The resident must present and participate in M&M as required by case assignments. They must develop ability to coordinate patients through clinic, hospital and discharge. |
Goals and Objectives for PGY 2

1. Gynecologic Oncology TJUH

The rotation shall consist of 6 – 7 weeks on the inpatient service as well as office hours with Dr. Rosenblum and the colposcopy clinic at JOGA. Didactics will consist of weekly formal and informal sessions with Dr. Rosenblum and Kim

Goals:

1. Learn the basic pathophysiology of gynecologic malignancies (MK)
2. Learn pelvic anatomy as it pertains to surgery for gynecologic malignancy (MK,PC)
3. Provide compassionate and appropriate patient care for patients being treated for gynecologic cancer (PC,C,P)
4. Learn the appropriate staging and treatment regimens for gynecologic cancer (MK)
5. Competently assist in major gynecologic surgical cases and provide appropriate post-operative care, including in the ICU setting. (PC)

Objectives:
Upon completion of the rotation, the PGY-2 resident must be able to:

1. Understand the basic science related to cancer biology, including viral oncogenes, the inheritance patterns for malignancies of the pelvic organs and breast, the cell replication cycle and the phases of the cycle most sensitive to radiation and chemotherapy, the embryology of gonadal migration and the origins of cell types found in benign and malignant germ cell tumors (MK)

2. Describe cancer screening for each age group and type of gynecologic malignancy, including screening for BRCA1 and BRCA 2 and risk factors for cancer (MK)

3. Discuss chemotherapy and radiation therapy, including: the ability of vital organ systems to tolerate cancer therapy, therapeutic index, changes in cell and organ physiology that result from injury due to radiation and chemotherapy; list the major chemotherapeutic agents used for treatment of malignancies of the reproductive organs and breast (alkylating agents, antimetabolites, vinca alkaloids, antibiotics, hormones, heavy metals, immunotherapy) and describe their principal adverse effects. (MK)

4. Demonstrate intraoperative familiarity with anatomy, including the anterior and posterior abdominal wall, the vascular, lymphatic and nerve supply to the breast, external
genitalia and each of the pelvic organs, the relationship between the reproductive organs and the bladder, ureters and bowel (MK,PC)

5. Work with a multidisciplinary team including gyn oncology physicians and nurses, medical oncology staff, radiation oncology staff, pathologists, social workers and palliative care staff to provide compassionate care including end of life and palliative treatment, including pain management and the appropriate indications for a “do not resuscitate” (DNR) order. (C,P,SBP)

6. Assist in patient transitions to and from home, hospital, skilled nursing facilities, and hospice in an efficient and safe manner with adequate handoffs. (SBP, C)

7. Prepare cases for presentation at the multidisciplinary pathology and patient care conferences, using appropriate resources in the medical literature to practice evidence-based medicine. (PBL)

8. Care for elderly patients with awareness of the unique considerations related to postoperative care of the geriatric patient such as adjustments in doses of analgesics, the need for early ambulation, prophylaxis for thromboembolism, prevention of falls, and consideration of the patient’s functional status in evaluating the need for referral to an assisted-living facility (MK, PC, SBP)

9. Perform the following procedures with minimal assistance by the end of the rotation: Biopsy of the cervix, endocervix, and vagina; colposcopy (see Colposcopy Goals and Objectives); conization by cold knife and loop electrical excision, opening and closing of midline and paramedian abdominal skin incisions; wound care and debridement (PC)

10. Display professional behavior in time management, accountability for patient care responsibilities, and self-directed reading of assignments required for the rotation (P)

11. Pass a simulation skills test on knot tying and suturing (MK, PC)

**Evaluation methods:**

Global rotation evaluation by Dr. Rosenblum

Surgical checklist cards

Simulation suturing evaluation checklist

Performance on ASCCP on-line colposcopy examination

Performance on in-service CREOG examination
Reading assignments:

Clinical Expert Series on Endometrial, Ovarian, Cervical, Vaginal and Vulvar Cancers; Bereck and Hacker’s Gynecologic Oncology 5th Edition
Assigned articles by Dr. Rosenblum

2. Reproductive Endocrinology and Infertility TJUH

The rotation for the PGY-4 shall consist of Dr. Fossum’s office hours on Monday, operating room all day Tuesday, Thursday and Friday, Dr. Batzer’s office hours on Wednesday, and Dr. Schlaff’s office hours on Fridays. The rotation for the PGY-2 shall consist of the operating room Tuesday afternoon, Thursday afternoon and all day Friday. They will be in the office with Dr. Fossum on Monday morning and with Dr. Zacher on Tuesday afternoon. Wednesday the PGY-2 resident will be with Dr. Gutmann or Dr. Gocial, on Thursday in the operating room if surgery is going on or with Dr. Fossum in the office and on Friday the resident will be in the operating room.

Typical outpatient care consists of ovulation induction, intrauterine insemination, in vitro fertilization, abnormal uterine bleeding, polycystic ovarian syndrome, uterine myomas, tubal infertility and male infertility. Residents will perform and assist in transvaginal ultrasound examinations and sonohysterography for women undergoing ovulation induction and in vitro fertilization as well as women with uterine myomas and ovarian cysts. The resident will participate in performance of hysterosalpingograms on Monday afternoon. Surgery will include robotic surgery, advanced laparoscopic procedures, laparoscopic as well as robotic hysterectomy, ovarian cystectomy and myomectomy.

GOALS:

1. The resident will demonstrate the knowledge, skills and aptitudes to manage common Reproductive Endocrinology and Infertility problems including uterine myomas, tubal obstruction, ovulation dysfunction and polycystic ovarian syndrome. (PC, MK)
2. The residents will develop ultrasound skills to evaluate uterine myomas, intrauterine pregnancies, ovarian cysts and follicular development. (PC)
3. The resident will understand the etiology of infertility, discuss a complete workup for infertility and be proficient in obtaining a history and performing physical examination along with ordering appropriate testing for a new patient with infertility (MK, PC, C).
4. The resident will demonstrate an understanding of ovulatory dysfunction, polycystic ovarian syndrome, primary and secondary amenorrhea, anovulation, hirsutism, hyperprolactinemia, and hypothyroidism. They will be able to recognize these problems, do the appropriate workup and manage patients in order to help them either ovulate or to resolve their hirsutism problem. (PC, MK, C)
5. The resident will understand the insurance ramifications of infertility, costs of procedures as well as surgery and be able to present the treatment plan for the patient in a cost effective manner. (SBP)

6. The resident will be proficient in basic laparoscopy, myomectomy, hysterectomy, hysteroscopy and ovarian cystectomy. They will demonstrate familiarity with the indications and contraindications for robotic procedures and be able to function as a first assistant and perform basic techniques as a primary surgeon in robotic cases. The PGY 4 will demonstrate appropriate progression in surgical skills (PC)

7. The resident will understand the embryology and control of sexual differentiation; steroid biosynthesis and the impact of enzymatic and receptor defects on sexual development; and diagnosis and management of common uterovaginal congenital defects. (MK)

**OBJECTIVES:** Upon completion of the rotation, the resident will be able to:

1. Perform a complete history, physical examination and laboratory and radiologic examination for uterine myomas (PC).

2. Compassionately counsel patients in need of treatment of infertility on their prognosis and options (P, C).

3. Demonstrate competence and responsibility in the preoperative evaluation as well as postoperative care of surgical patients (PC, P).

4. Describe ovulation induction agents, initiate management with these agents and be familiar with the outcomes of the treatments for anovulation (MK, PC).

5. Competently document their workups, ongoing ultrasound examinations and procedures in the electronic medical record (SBP, C, P).

**EVALUATION:**

Global evaluation during the PGY-1 and 2 will be completed in an electronic fashion. Evaluation will include chart review, resident’s demeanor with patients and staff and presentation of patients. The resident will present a topic at the end of each rotation for evaluation.

**ASSIGNED READING:**

A textbook on REI such as Speroff’s Clinical Gynecologic Endocrinology and Infertility, and assigned articles by the faculty.

**3. Obstetrics Night Float- Virtua Hospital**

The rotation shall consist of 6-7 weeks of night float primarily covering the Obstetrics service and labor and delivery, with primary responsibility for the clinic patients and participation in private operative deliveries. Residents are also expected to assist on cesarean hysterectomy, and to perform contraction stress test, amniocentesis for maturity, breech vaginal delivery, vacuum extraction, forceps, cervical cerclage, manual removal
of the placenta, intrapartum and antepartum assessment including biophysical profile, fetal scalp ph, non-stress test and D&C for retained placenta.

The resident will also teach JMC students on the third year clerkship

**Goals:**

1. Learn to provide emergency care for pregnant patients that is timely and thorough.  
   (PC,MK)
2. Implement appropriate medical and surgical management (including cervical cerclage) for patients with threatened second-trimester abortion, and compassionately counsel such patients.  
   (PC,C)
3. Become competent at primary management of preterm labor and premature rupture of the membranes, including assessment and treatment.  
   (PC, MK), including appropriately counseling patients about management options for the extremely premature fetus  
   (C)
4. Become competent at the primary management of third trimester bleeding  
   (PC,MK)
5. Recognize and manage hypertensive complications of pregnancy.  
   (MK,PC)
6. Describe, diagnose and manage the maternal and fetal complications associated with multiple gestation  
   (MK, PC)
7. Interact effectively with practitioners and ancillary personnel in a community hospital setting  
   (C, P, SBP)

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

1. Perform a rapid evaluation of pregnant patients with a medical or surgical emergency, including acute abdominal pain, severe bleeding, hypertensive crisis, severe infection, and preterm labor and recommend the appropriate timing of delivery.  
   (PC,MK)
2. Become effective at triaging patients in a timely manner  
   (SBP, P, C)
3. Be able to perform primary and repeat caesarian sections with minimal assistance  
   (PC,)
4. Become familiar with outlet forceps and vacuum assisted deliveries.  
   (PC)

**Evaluation:**

Global evaluation of rotation
4. Night Float- Virtua Hospital

This rotation will consist of night coverage of primarily gynecologic patients with assistance on labor and delivery as needed by the PGY-2 primarily caring for obstetrical patients.

**Goals:**

1. Develop competency in managing and coordinating routine and high risk labor patients including emergencies (PC, SBP, P, C)

2. Develop effective relationships with ancillary staff in the emergency room and operating rooms for effective care of emergency gyn problems and admissions (PC, SBE, P, C)

3. Develop leadership skills in supervising junior residents and medical students (P, C)

4. Develop the ability to triage all types of ob and gyn patients presenting to the emergency department and labor floor (PC, SBE).

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

1. Effectively manage the triage of emergency room consultations of gynecologic patients (PC, SBP, C)

2. Interact in an effective and professional manner with nursing and anesthesia department colleagues (P, SBP)

3. Coordinate and perform emergent gyn surgery (P, C, PC)

4. Independently assess and triage postoperative problems of gyn patients with supervision by attending staff (PC)

**Evaluations:**

Global end of block evaluations

5. Colposcopy Clinic Goals and Objectives- Oncology Rotation

**Description of the clinical experience:**

Colposcopy clinic occurs weekly in the resident clinic. The PGY 2 and PGY 4 from the gyn-oncology rotation are responsible for managing the patients who are referred due to
their abnormal pap smear results. The residents obtain a relevant clinic history and review the type of abnormal pap smear result to understand the risk factors associated with HPV mediated infections, and perform colposcopic examination.

Goals:
1) Understand the pathophysiology and natural history of lower genital tract neoplasia, including HPV infection
2) Perform adequate colposcopic exam and biopsies of the lower genital tract.
3) Manage patients with lower genital tract neoplasia following evidence-based guidelines
4) Develop familiarity with an organized system of management that addresses the medio-legal aspects of diagnosing, treating, communicating and tracking patients with cervical precancer and cancer.
5) Perform procedures and surgeries necessary to treat cervical precancer and cancer.
6) Understand the socio-economic barriers to care that limit access to correct treatment.

Objectives: Upon Completion of the rotation, the resident must be able to:

1) Obtain a relevant history regarding HPV infection and abnormal pap smears. (PC,C)
2) Understand the history and clinical risk factors likely to contribute to abnormal pap smears. (MK)
3) Describe the techniques, laboratory processing and reporting system for lower genital tract cytology. (MK,SBP)
4) Utilize the algorithms defined by ACOG and ASCCP for management of patients with an abnormal pap smear. (PC,MK, SBP)
5) Demonstrate proficiency in colposcopic examination of the cervix, vulva and vagina, including positioning, magnification, focusing of the colposcope, use of green filter, solutions, and documentation of the findings (PC, C)
6) Develop proficiency in surgical treatment including LEEP, cold knife conization, vaginectomy, laser therapy and medical therapy. (PC)
7) Provide patient education and support (P,C).
8) Perform quality assurance measures. (P,SBP, PBL)

Reading Assignments:
 a) Colposcopy, Principles and Practice, 1st edition (selected chapters)
    Chapter 3-The Papanicolaou Smear,
    Chapter 5-Principles and Technique of the Colposcopic Exam,
    Chapter 9- Colposcopic Assessment System,
    Chapter 20- Triage of the Abnormal Pap Smear and Colposcopy in Pregnancy,
    Chapter 25- Management Scenarios
 b) Gynecology, Droegmueller (selected chapters)
 c) Clinical Gynecologic Oncology, Desaia and Creaseman (selected chapters)

Evaluation Process:
1) Global rotational evaluation
2. Surgical checklists.
3) Performance on selected cases from interactive CD Rom
4) Online ASCCP exam

6. 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 patient’s 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

7. **Maternal-Fetal Medicine**

The rotation will consist of 6-7 weeks on the inpatient Maternal Fetal Medicine Service including daily rounds and didactics, ultrasound and counseling sessions in the office with the fellows and attendings as well as twice-weekly MFM clinic at JOGA.

**GOALS:**

1. Learn how medical conditions affect pregnancy and how pregnancy affects medical conditions (MK)
2. Develop management and treatment plans for patients with high pregnancy problems such as preterm labor, intrauterine growth retardation, hypertension related to pregnancy, substance abuse and multifetal pregnancies (MK, PC)
3. Appropriately manage or triage patients with high risk problems depending on available resources (SBP)
Upon completion of the rotation, the PGY-2 and PGY-4 residents must be able to:

1. Demonstrate proper history taking of women with normal and abnormal pregnancies (PC, MK)
2. Demonstrate proper focused physical exam skills on women pregnant with normal and abnormal pregnancies (PC, MK)
3. Reinforce the normal physiologic changes in pregnancy to other providers, patients, and their families in order that they may better understand their condition (MK, C)
4. State the dosages of, indications for, pharmacology, and risks and benefits of commonly used medications in pregnancy (MK)
5. Understand, utilize, and interpret appropriate antepartum fetal assessment including fetal heart rate monitoring, ultrasonography, and amniocentesis (MK, PC)
6. Describe the indications, risks, benefits, and appropriate use of amniocentesis, cervical cerclage, chorionic villus sampling, percutaneous umbilical blood sampling and fetal transfusion (PC, MK, C)
7. Provide excellent, compassionate patient-centered counseling for women with abnormal prenatal screening test results (PC, C)
8. Develop a personal system for evaluating existing and new scientific evidence relating to the care of maternal-fetal medicine patients (MK, PBL, SBP)
9. Effectively work with the clinical support staff as a member of the team to provide outstanding patient care (C, SBP, P)
10. Demonstrate interpersonal and communication skills that result in effective information exchange with patients, their families, and the clinical care team (C, SBP)
11. Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities (P)
12. Analyze practice experience and perform practice-based improvement activities using a systematic methodology (SBP, PBL)
13. Advocate for quality patient care (SBP)

Description of didactic experiences:
1. Attendance at grand rounds at Jefferson in Ob-Gyn
2. Attendance at didactic resident lecture series on Thursday morning
3. Presentation of a patient-specific MFM topic at morning report
4. Presentation and discussion of manuscripts weekly at Tuesday MFM Journal Club
5. Attendance at the Wednesday 12noon SMFM videoconference lectures
6. Participation in the weekly MFM clinical and educational meetings on Thursday 10a-12n

Reading assignments:
1. Gabbe’s Obstetrics: Normal and Problem Pregnancies
2. Williams Obstetrics
3. Creasy and Resnik’s Maternal-Fetal Medicine Principles and Practice
5. Selected literature and ACOG Practice Bulletins as discussed on service

**Evaluation process:**
1. Electronic evaluations by MFM faculty
2. Performance on CREOG exam
3. Evaluation of MFM rotation by resident

**Feedback mechanisms:**
1. Daily, weekly, and overall rotation one-on-one and team feedback by attending and fellow regarding both individual patient care and the overall patient service
2. Semi-annual resident evaluation with program director

### 8. Gynecology-Virtua Hospital

This rotation shall consist of 6-7 weeks on the inpatient Gyn service alongside the PGY-3 residents on the service. The resident will primarily assist on minor surgical procedures as well as on major procedures that are not being covered by a pgy-3.

**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, building on skills obtained as aPGY-1

2. Develop strategies for supervising and teaching clinical care and surgical skills to medical students.

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 in a community setting.

4. Become adept at efficient and effective triage of gynecologic problems seen in the emergency room setting and expand on PGY-1 skills of independent management formulation.

**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. Be able to perform diagnostic laparoscopy, hysteroscopy and tubal ligation with minimal prompting. (PC)

6. Demonstrate interpersonal communication and professionalism during interactions with different supervising providers (SBP, P, C)

7. Evaluate patients with adnexal masses and triage them, including evaluations for possible ovarian torsion (PC)

Evaluation:

The assessment will consist of global evaluations, mini CEX and surgical checklists cards

Reading:

Gyn textbooks

10. Obstetrics-TJUH, Virtua (day/night)

The rotations shall consist of 6-7 weeks each managing complicated pregnant patients and their deliveries, especially operative.

Goals:

1. To provide compassionate and effective intrapartum care to high risk obstetrical patients by learning the management of premature labor, multiple gestations, placental abnormalities, intrauterine growth restriction, post-term pregnancy, premature rupture of membranes, fetal death, hypertension and diabetes in pregnancy (PC, MK)

2. To learn to be a leader 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 at patient safety signout (PBL)

4. To become competent and efficient in triaging medical complaints of high risk pregnant women in the hospital setting (PC)

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

6. Develop skills in teaching medical students and junior residents (C).

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

1. Competently triage patients with third trimester bleeding, identify placental abruption and previa, their risk factors and indications for surgical delivery and transfusion, and ultrasound characteristics of each, and coordinate an appropriate delivery plan (MK, PC, SBP).

2. Manage ultrasound dx of presentation and delivery of multiple gestation including cesarean delivery, vaginal delivery and operative delivery of the second twin. (MK, PC)

3. Describe the diagnosis of fetal growth restriction and its effects on the management and monitoring of fetal well-being by assessing uterine size, evaluating heart rate tests, ultrasonography and Doppler velocimetry to determine the appropriate time and method of delivery (MK, PC)

4. Determine gestational age using a combination of menstrual history, physical examination and ultrasound examination, describe the potential fetal and neonatal complications of postterm pregnancy such as macrosomia, meconium aspiration, oligohydramnios, perform and interpret surveillance tests, and describe appropriate indications for delivery in the postterm pregnancy (MK, PC)

5. Describe causes of and perform diagnostic tests to confirm rupture of membranes, plan expectant management versus induction of labor, and role of tocolytics, steroids and antibiotics (PC)

6. Manage fetal death and retained placenta (PC)

7. Demonstrate skillful management of emergency care during pregnancy, including the ability to prioritize care of multiple patients on a busy labor and delivery unit in the university and community setting (SBP)
8. Demonstrate surgical skills in repeat cesarean section and operative vaginal delivery (PC) and assist on cesarean hysterectomy if needed (PC)

9. Present at Virtua Monday morning conferences (PBL)

Evaluations:

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

Reading:
Gabbe/Williams Obstetrics

Articles as assigned by attending staff