

EDUCATIONAL OBJECTIVES

Six-Week Junior Rotation

Department of Gynecology and Obstetrics
Loma Linda University School of Medicine

I. COGNITIVE KNOWLEDGE

A. NORMAL OBSTETRICS TOPICS:

1. **Maternal, placental, and fetal anatomy**
2. **Maternal, placental, and fetal physiology**
3. **Antepartum care**
 - a. methods to diagnose pregnancy
 - b. approaches to assess gestational age
 - c. methods of risk assessment
 - d. techniques to assess fetal growth, well-being and maturity
 - e. appropriate prenatal diagnosis studies
 - f. patient education programs
 - (1) smoking cessation
 - (2) alcohol cessation
 - (3) substance abuse
 - (4) nutritional counseling
 - (5) medication use in pregnancy period
4. **Intrapartum care**
 - a. characteristics of true and false labor
 - b. initial assessment of laboring patients
 - c. states and mechanisms of normal labor
 - d. methods of monitoring mother/fetus during labor
 - e. signs of fetal compromise
 - f. management of normal delivery and episiotomy repair
 - g. inductions for operative delivery
 - h. Immediate post-delivery care of the mother
5. **Immediate care of the newborn**
 - a. assessment techniques
 - b. immediate care provided
 - c. situations requiring immediate intervention
6. **Postpartum Care**
 - a. maternal physiology changes of postpartum period
 - b. normal postpartum care
 - c. appropriate postpartum patient counseling

FOR THE FOLLOWING SPECIFIC TOPICS, KNOW THE FOLLOWING:

1. *Definition*
2. *Predisposing risk factors, if any*
3. *Symptoms and physical findings*
4. *Methods used to confirm the diagnosis*
5. *Treatment options*

B. ABNORMAL OBSTETRICS TOPICS:

1. **Ectopic pregnancy**
2. **Spontaneous abortion**
3. **Medical complications of pregnancy**
 - a. anemia
 - b. diabetes
 - c. urinary tract disease
 - d. infectious diseases including:
 - (1) Herpes
 - (2) Rubella
 - (3) Streptococcus
 - (4) Hepatitis B
 - (5) HIV
 - e. cardiac disease
 - f. asthma
 - g. acute abdominal symptoms
5. **Rh isoimmunization**
6. **Multiple gestation**
7. **Abnormal labor**
 - a. preterm labor
 - b. premature rupture of membranes
 - c. intrapartum fetal distress
 - d. prolonged labor
8. **Puerperium complications**
 - a. postpartum hemorrhage
 - b. postpartum infection
9. **Anxiety and depression**
10. **Maternal and perinatal mortality**
11. **Postdates pregnancy**
12. **Fetal growth abnormalities**

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C. GENERAL GYNECOLOGY:

1. **Contraception**
2. **Sterilization**
3. **Vaginitis and Vulvitis**
 - a. bacterial
 - b. candidiasis
 - c. trichomonal
 - d. viral
 - e. foreign bodies
 - f. atrophic
 - g. allergic
 - h. Bartholin's gland disease
4. **Sexually transmitted organisms**
 - a. gonorrhea
 - b. chlamydia
 - c. herpes
 - d. syphilis
 - e. condyloma acuminatum
 - f. HIV infection
5. **Salpingitis**
6. **Pelvic relaxation**
7. **Endometriosis**
8. **Adenomyosis**
9. **Disorders of the Breast**
 - a. breast mass, nipple discharge, or breast pain
 - b. symptoms and findings suggestive of:
 - (1) intraductal papilloma
 - (2) fibroadenoma
 - (3) fibrocystic changes
 - (4) carcinoma

D. ENDOCRINOLOGY AND INFERTILITY:

1. **Puberty**
2. **Amenorrhea**
3. **Hirsutism and virilization**
4. **Abnormal uterine bleeding**
5. **Dysmenorrhea**
6. **Menopause**
7. **Infertility**
8. **Premenstrual syndrome**

E. NEOPLASIA:

1. **Gestational trophoblastic disease**
2. **Vulvar neoplasms**
3. **Cervical disease and neoplasia**
4. **Uterine myoma**
5. **Endometrial carcinoma**
6. **Ovarian neoplasms**

F. SEXUAL TOPICS:

1. **Sexuality**
 - a. normal physiology
 - b. influences on sexuality during the following life events:
 - (1) onset of menarche
 - (2) initiation of sexual activity
 - (3) pregnancy
 - (4) postpartum
 - (5) menopause
 - c. common patterns of sexual dysfunction
 - d. physician sexuality and how it may influence patient management
2. **Sexual assault**

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FOR THE FOLLOWING PROCEDURES:

1. Be able to describe in general terms how to perform the procedures
2. Know the common indications and contraindications
3. Identify the common risks

G. OBSTETRICS PROCEDURES:

1. Forceps vaginal delivery
2. Vacuum assisted vaginal delivery
3. Episiotomy
5. Amniocentesis
4. Induction of labor
6. Chorionic Villus Sampling
7. Cervical cerclage
8. Cesarean section delivery
 - a. low segment transverse uterine incision
 - b. classical uterine incision
9. Postpartum tubal sterilization
10. Obstetrical ultrasonography
11. Newborn circumcision

H. GYNECOLOGY PROCEDURES:

1. Dilatation and curettage
2. Colposcopy and cervical biopsy
3. Endometrial and endocervical biopsies
4. Cone biopsy
5. Culdocentesis
6. Hysterosalpingography
7. Laparoscopy (diagnostic, operative)
8. Hysterectomy (abdominal, vaginal)
9. Pregnancy termination (D&C, D&E, PGE₂)
10. Hysteroscopy (diagnostic and operative)
11. Laser vaporization
12. LOOP, LEEP, cryotherapy
13. Vulvar biopsy
14. Interval sterilization procedures
15. Mammography
16. Needle aspiration of breast
17. Genuine urinary stress incontinence procedure
18. Kinds of vertical and transverse abdominal wall incision

II. CLINICAL COMMUNICATION SKILLS

A. GENERAL COMMUNICATION SKILLS:

1. English language is used fluently
2. Speech is clear and understandable
3. Appropriate confidence is exhibited
4. Appropriate eye contact is displayed

B. ORAL CASE PRESENTATIONS:

1. Organization is orderly
2. Flow of presentation is fluid
3. Avoids dependence on notes
4. Differentiates major from minor problems
5. Plans are formulated appropriately
6. Pertinent pluses and minuses are included

C. WRITTEN NOTES AND WORKUPS:

1. Presentation is thorough and complete
2. Presentation is accurate
3. Sequence is logical and orderly
4. Handwriting is legible

III. PATIENT COMMUNICATION SKILLS

A. GENERAL HISTORY AND PHYSICAL EXAMINATION

1. In taking the history, **communicate** with the patient in order to **gain her confidence and cooperation**, including appreciation of the effects of age, racial and cultural background, social and spiritual support, personality and mental status.
2. Demonstrate the **skill of listening** and allowing the patient to **express herself fully** while being empathetic, sympathetic, and non-judgmental.
3. Prior to the examination, **communicate** with the patient to **gain her confidence and cooperation** including appreciation of comfort and modesty.
4. **Communicate** exam results to the patient in a thoughtful and sensitive manner.

B. PATIENT EDUCATION

1. Describe the previously listed obstetrics/gynecologic procedures in language understandable to a patient.
2. Instruct a patient on how to perform a **self-breast examination**.
3. Answer **commonly asked questions** regarding pregnancy, labor, and delivery.
4. Providing an explanation to the patient regarding **the purpose of the prenatal lab tests**.
5. Counsel a patient who has undergone a **perinatal loss** regarding the **normal grief response**.
6. Obtain an **Informed Consent** from a patient for an obstetric/gynecologic procedure taking care to respect her autonomy and freedom of choice.

IV. GENERAL CLINICAL SKILLS

A. GENERAL INITIAL PATIENT VISIT

1. Obtain thorough **obstetrics-gynecologic histories** from patients as a portion of a general medical history, to include:
 - a. chief complaint
 - b. present illness
 - c. menstrual history
 - d. obstetrics history
 - e. gynecologic history
 - f. contraceptive history
 - g. sexual history
 - h. family history
 - i. social history
2. Perform a thorough obstetrical-gynecologic examination on the patient as part of her **general medical exam** including:
 - a. breasts
 - b. abdomen
 - c. pelvic, including recto-vaginal exam
3. Perform a **PAP smear** and obtain **cervical cultures**.
4. **Communicate** exam results to the patient in a thoughtful and sensitive manner.
5. Provide an **explanation to the patient** regarding the planned laboratory tests, if any, and plan of management.
6. complete appropriate **chart documentation**.

B. INTRAOPERATIVE AND POSTOPERATIVE CARE

1. Safely position the patient.
2. Place a peripheral **intravenous line**.
3. Perform a **surgical/vaginal prep**.
4. Perform **pre-gowning surgical scrub** technique.
5. Follow **sterile technique in gowning** and/or activities.
6. Handle surgical instruments and needles following **universal precautions**.
7. **Tie surgical knots**.
8. Remove **surgical staples** and place steristrips.

V. OBSTETRIC CLINICAL SKILLS

A. NEW PRENATAL VISIT

1. Obtain a history, perform an exam/PAP smear, and cervical cultures.
2. Communicate to the patient an explanation regarding the plan for prenatal care and the purpose of the prenatal laboratory tests.
3. Complete appropriate prenatal chart documentation.
4. Perform an obstetrics risk assessment of the patient to determine the presence of any risk factors.
5. Develop a problem list and management plan based on the initial assessment.

B. RETURN PRENATAL VISIT

1. Obtain appropriate histories from pregnant patients.
2. Perform appropriate physical exams on pregnant patients.
3. Auscultate fetal heart rates with a fetoscope/doptone.
4. Communicate the visit findings to the patient in a thoughtful and sensitive manner.
5. Complete appropriate prenatal chart documentation.
6. Update the problem list and management plan based on the ongoing evaluation.

C. LABOR AND DELIVERY

1. Obtain a history for patients being admitted in labor.
2. Perform a speculum exam to assess rupture of membranes including:
 - a. assessment of pooling
 - b. Nitrazine test
 - c. fern test
3. Perform a physical exam on a patient being admitted.
4. Complete appropriate admission chart documentation.
5. Evaluate intrapartum fetal monitor tracings for fetal well-being.
6. Write appropriate intrapartum progress notes.
7. Perform a midline episiotomy.
8. Perform a spontaneous vaginal delivery.
9. Suction the pharynx/nares of the neonate at delivery.
10. Inspect cervix, vagina, and perineum for lacerations.
11. Repair episiotomy.
12. Complete chart documentation on obstetrics form.

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D. MATERNITY UNIT

1. Obtain appropriate histories from admitted patients.
2. Perform appropriate physical exams on admitted patients.
3. Complete appropriate admission chart documentation.
4. Complete postpartum vaginal delivery progress notes.
5. Complete postoperative cesarean delivery progress notes.
6. Evaluate antepartum fetal monitor tracings for fetal well-being.

VI. GYNECOLOGIC CLINICAL SKILLS

A. NEW PRENATAL VISIT

1. Obtain history, exam, PAP smear, and cervical cultures.
2. Communicate to the patient an explanation regarding the plan for care and the purpose of laboratory/imaging tests.
3. Complete appropriate chart documentation.
4. Develop a problem list and management plan based on the initial assessment.

B. RETURN GYN VISIT

1. Obtain appropriate history, exam, on the patient.
2. Review results of previously ordered laboratory/imaging tests.
3. Communicate the results of the visit to the patient.
4. Complete appropriate chart documentation.
5. Update the problem list and management plan based on the ongoing evaluation.

C. IN-HOUSE WARD CARE

1. Obtain appropriate histories from admitted patients.
2. Perform appropriate physical exams on admitted patients.
3. Complete appropriate admission chart documentation.
4. Complete appropriate progress notes.
5. Complete postoperative progress notes.

VII. ATTITUDES

A. QUALITY OF INTERPERSONAL RELATIONSHIPS

1. Student - Female Patient Relationship

- a. Demonstrate to her an integrated **concern for her whole-person needs** brought on by pregnancy or illness including:
 - 1) psychological status
 - 2) social support
 - 3) ethnic/racial/cultural milieu
 - 4) emotional response
 - 5) spiritual resources and support
- b. Demonstrate **sensitivity** to her by:
 - 1) showing empathy and compassion
 - 2) allowing her to express feelings
 - 3) using lay terminology in discussion
- c. Demonstrate **respect** for her by:
 - 1) knocking on her door before entering
 - 2) appropriately introducing yourself
 - 3) establishing suitable eye contact
 - 4) allotting time to listen
 - 5) encouraging her to ask questions
 - 6) evaluating her bed so she is at eye level
 - 7) avoiding inappropriate jokes or remarks
 - 8) using appropriate touch
 - 9) asking her permission to begin the exam
 - 10) including her in discussion on rounds

2. Student - Health Care Team Relationship

- a. Demonstrate ability to work with all members of the team by:
 - 1) listening respectfully during other's presentations
 - 2) being willing to pull one's own weight
 - 3) accepting constructive criticism from any team member
 - 4) being willing to admit mistakes
 - 5) taking responsibility for own behavior

B. PROFESSIONAL BEHAVIOR

1. Reveals an eagerness to learn by:

- a. asking appropriate questions
- b. reading pertinent medical textbooks/journals

2. Demonstrated reliability and responsibility by:

- a. being prompt to all appointments and duties
- b. completes workups/progress notes legibly and on time
- c. being thorough in assessment and implementation
- d. functioning well independently

3. Demonstrated honesty and integrity by:

- a. being truthful with patients
- b. communicating appropriate information to team members

4. Exhibiting professional attire and appearance

C. CLINICAL JUDGMENT

1. **Utilizes common sense by:**
 - a. asking appropriate questions
 - b. conveying only pertinent information
2. **Assesses own ability realistically by:**
 - a. acknowledging own limitations
 - b. asking for help appropriately
3. **Demonstrates intelligent decision-making by:**
 - a. considering appropriate alternatives
 - b. weighing risks versus benefits in treatment options

D. AWARENESS OF PERINATAL ETHICAL ISSUES

1. **Participates in Whole Person Seminars and Conferences by:**
 - a. attending scheduled appointments
 - b. asking appropriate questions
 - c. participating in discussions
2. **Explores own personal position on significant issues such as:**
 - a. maternal autonomy and fetal rights
 - b. pregnancy termination/abortion
 - c. assisted reproduction

VIII. VALUES

A. WHOLE PERSON/INTEGRATED CARE

1. God created human beings, not as bodies that function separately from our person, but rather as multidimensional unities
2. These multidimensional (physical, psychological, social, emotional, cultural, and spiritual) interact rather than functioning in isolation from each other.
3. Wholeness involves a balanced interaction of all dimensions under the Lordship of Jesus Christ.
4. Disequilibrium in one area may significantly impact on one or more of the other dimensions and result in illness.
5. The goal of healing is to restore the balance and thus Wholeness.

B. WOMEN'S HEALTH AND REPRODUCTION

1. All human beings are created by God and are unique, special and to be valued.
2. All human beings, whether women or men, are to be treated with respect.
3. The wholeness of women and children is foundational for a healthy society.
4. Violence and abuse toward women is never justified and cannot be condoned.
5. Consideration of the family unit is an important aspect of reproductive health care.
6. Pregnancy termination is a very personal decision and not one to be taken trivially.
7. Physicians need to be sensitive to and respectful of differences of beliefs among themselves, their colleagues, and their patients.
8. Because ethical issues surrounding fertility and reproduction are complex, a number of reasonable positions may be taken by equally dedicated and thoughtful individuals.