

## EDUCATIONAL OBJECTIVES

### Benign 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 rotations in Benign Gynecology will involve direct participation in the care of patients in the operating room, ambulatory clinic and inpatient hospital services. The resident will gain experience in the management of both routine and complicated post-operative patients and will also assist in surgical procedures. In addition to primary office care, the gynecologist must often manage patients with more specialized needs, such as endocrinologic disorders, infertility and pregnancy loss, urologic disorders and cancer of the reproductive tract. Didactic sessions including lectures, conferences and teaching rounds will supplement the core clinical experience.

#### Learning Objectives

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

***Objective 1: The resident will acquire and demonstrate knowledge about core areas in 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 thermoregulation in the anesthetized and postanesthetic patient
  - d. The physiology of wound healing
  - e. The physiologic changes related to the maintenance of adequate urine output
  - f. 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.
7. The pathophysiology, symptoms, diagnostic methods and therapeutic options for the treatment of patients with urinary tract infections.
8. 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
9. The principal gynecologic and non-gynecologic causes, diagnostic tests, nonsurgical and surgical treatment options and appropriate follow up for patients with chronic pelvic pain.

## **PGY-2**

1. Maintenance and refinement of the above areas of knowledge, and additional knowledge to include:
2. The theories of pathogenesis, diagnostic tests, staging, medical and surgical treatment options and appropriate long-term follow up for patients with endometriosis.
3. The principal types, diagnostic tests, treatment options and appropriate follow up for patients with vulvar dystrophies and dermatoses.
4. The clinical history and principal pathophysiologic conditions that affect the breast, including the indications for and interpretation of the following procedures to assess breast disorders:



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

**PGY-2**

1. Maintenance and refinement of the above history-taking and communication skills.
2. The ability to develop hypotheses, diagnostic strategies and management plans in the evaluation of post-operative patients on the floor following gynecologic surgeries, including those with problems of greater acuity, such as sepsis and those with complicated medical problems.

**PGY-3**

1. Maintenance and refinement of the above history-taking and communication skills.
2. The ability to perform off-service gynecology consultations and communicate effectively and professionally with other services.
3. The ability to conduct detailed preoperative assessment with consideration given to the needs of special patient groups, such as children and adolescents, the elderly, and patients with co-existing medical conditions.

**PGY-4**

1. Maintenance and proficiency in all of the above areas.
2. The indications for appropriate preoperative evaluation and/or referral, including laboratory tests, radiographic imaging and ECG.
3. The ability to summarize indications and compose appropriate preoperative preparation plans for patients undergoing gynecologic surgery, including mechanical bowel preparation and thromboembolism prophylaxis.

4. The ability to choose appropriate suture and surgical instruments as dictated by the procedure.
5. The ability to consider and explain surgical options for a given indication in a geriatric patient, accounting for the patient's medical condition and functional status.
6. Understanding of the unique considerations related to preoperative, intraoperative, and postoperative care of the geriatric patient, such as:
  - a. Entrapment (pressure) neuropathies
  - b. Hypothermia
  - c. Fluid and electrolyte imbalances
  - d. Thromboembolism
  - e. Pain management
  - f. Adverse drug events
  - g. Mental status changes
  - h. Incontinence
  - i. Infection
  - j. Nutrition
  - k. Stress-induced gastrointestinal ulceration
  - l. Pressure ulcers
  - m. Ambulation difficulties
  - n. Prevention of falls
  - o. Functional decline
  - p. Possible referral to an assisted-living facility or need for assistance within the home

*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 with first trimester pregnancy loss, including:
  - a. Spontaneous abortion
  - b. Ectopic pregnancy
  - c. Molar pregnancy
  
2. 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
  
3. 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
  
4. The ability to recognize, prioritize, and institute initial treatment while immediately notifying others of life-threatening clinical emergencies encountered on the floor (e.g. sepsis induced hypotension, cardiopulmonary arrest, pneumothorax, anaphylaxis).

**PGY-2**

1. Maintenance and refinement of the above patient management skills.
  
2. The ability to evaluate and manage patients in the Emergency Room with emergencies related to benign gynecologic conditions and/or procedures.
  
3. The ability to evaluate gynecology patients on an outpatient basis in the ambulatory clinic.

### **PGY-3**

1. Maintenance and refinement of the above patient management skills.
2. The ability to interpret the results of central hemodynamic monitoring and describe management based on hemodynamic parameters obtained.

### **PGY-4**

1. Maintenance and proficiency in all the above patient management skills.

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

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

**PGY-1**

1. The following basic gynecologic procedures under direct supervision:
  - a. Pap smear
  - b. Endometrial biopsy
  - c. Vaginal and vulvar biopsy
  - d. IUD insertion
  - e. Diaphragm fitting
  - f. Pessary fitting
  - g. Transvaginal ultrasonography
  
2. The following uncomplicated basic gynecologic surgeries under visual supervision:
  - a. Dilatation 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. Hysterosalpingogram
  - g. Superficial wound debridement
  - h. Hymenotomy
  - i. Incision and drainage of abscess or hematoma
  
3. The use of simulation labs to refine minimally invasive surgical skills as outlined in the accompanying Minimally Invasive Surgical Curriculum for PGY-1.

**PGY-2**

1. Maintenance and refinement of the above operative skills.
  
2. The ability to describe the accepted indications and risks for the following procedures and perform them under visual supervision:
  - a. Abdominal myomectomy
  - b. Abdominal hysterectomy, total or supracervical
  - c. Exploratory laparotomy/ salpingectomy and/or oophorectomy
  - d. Ovarian or paraovarian cystectomy
  - e. Operative laparoscopy
  - f. Ablative procedures (cervix, endometrium, vagina, vulva)
  - g. Cystotomy repair
  - h. Lysis of adhesions (abdominal or laparoscopic)
  - i. Q-tip test
  - j. Secondary closure of wound separation

2. The use of simulation labs to refine minimally invasive surgical skills as outlined in the accompanying Minimally Invasive Surgical Curriculum for PGY-2.
- 3.

### **PGY-3**

1. Maintenance and proficiency in all of the above operative skills.
2. The ability to describe the accepted indications and risks for the following procedures and perform them under visual supervision:
  - a. Enterotomy repair
  - b. Lysis of adhesions (laparoscopic and abdominal)
  - c. Perineoplasty
3. The use of simulation labs to refine minimally invasive surgical skills as outlined in the accompanying Minimally Invasive Surgical Curriculum for PGY-3.

### **PGY-4**

1. Maintenance and proficiency in all of the above operative skills.
2. The ability to describe the accepted indications and risks for the following procedures and perform them under visual supervision:
  - a. Anti-incontinence procedures
  - b. Anterior and posterior colporrhaphy
  - c. Colposuspension
  - d. Cystocele repair
  - e. Enterocele repair
  - f. Fistula repair (rectovaginal, vesicovaginal, ureterovaginal, urethrovaginal)
  - g. Perineorrhaphy
  - h. Abdominal sacrocolpopexy
  - i. Colpocleisis
  - j. Culdoplasty
  - k. Incisional hernia repair
  - l. Paravaginal repair
  - m. Trachelectomy
  - n. Urethral bulking procedures
  - o. Urethral diverticulum repair
  - p. Urodynamic evaluation
3. The use of simulation labs to refine minimally invasive surgical skills as outlined in the accompanying Minimally Invasive Surgical Curriculum for PGY-4.

*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.

**PGY-2**

1. Maintenance and refinement of the above interpersonal and communication skills, with the demonstrated ability to communicate in a professional and empathetic manner with patients and their families, in a way that is consistent with the statements and management plans developed with the attending physicians and senior residents on the team.

**PGY-3**

1. Maintenance and refinement of the above interpersonal and communication skills, with the demonstrated ability to communicate in a professional and empathetic manner with patients and their families, in a way that is consistent with the statements and management plans developed with the attending physicians and senior residents on the team.

**PGY-4**

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

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

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

**PGY-1**

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

**PGY-2**

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

**PGY-3**

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

**PGY-4**

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

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



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

**PGY-1**

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

**PGY-2**

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

**PGY -3**

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

**PGY -4**

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

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

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

**PGY-1**

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

**PGY-2**

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

**PGY -3**

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

**PGY -4**

1. Demonstrating personal integrity; altruism; a commitment to ethical principles pertaining to the provision of clinical care, such as autonomy, benevolence, and nonmalfeasance; 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 Benign Gynecology service.
4. Demonstrating adherence to NYS and ACGME work rules and regulations.
5. Demonstrating knowledge of the process and system for evaluating faculty and programs, including:
  - c. Completion of all electronic evaluations for the Benign Gynecology rotation in the E\*value system.
  - d. Completion of medical student evaluations for every student encountered during the rotation.

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

#### **PGY-2**

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

#### **PGY -3**

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

#### **PGY -4**

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

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

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

**PGY-1**

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

**PGY-2**

1. Maintaining and refining skills required to assess reports in medical literature.

**PGY-3**

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

**PGY-4**

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

*ACGME competency domains addressed: Medical Knowledge*

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

**PGY-1**

1. Training and providing assistance in teaching medical students.

**PGY-2**

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

**PGY-3**

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

**PGY-4**

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

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

## **Resident Supervision**

The above set of learning objectives is designed to communicate clearly what is expected in terms of the knowledge, skills, and attitudes that ideally would be acquired during the Benign 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 attending physicians on service on a daily basis. An attending physician is available for consultation and/ or direct supervision at all times, including nights, weekends and holidays. There is an attending generalist Ob/Gyn “Sloane” physician in-house to provide such coverage 24 hours a day.

## **Resident Responsibilities**

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

### ***The PGY-1 resident on the Benign Gynecology service should:***

1. Obtain signout from nightfloat PGY-2 resident each morning, print out signout lists for team and obtain morning vital signs prior to the designated rounding time.
2. Update signout list in Eclipsys daily and sign out to nightfloat PGY-2 resident at the end of each day.
3. Enter all case information on the Gyn pathology list.
4. Chart labs and complete post-op checks as part of daytime floor responsibilities.
5. Complete the skills/ labs outlined in the accompanying Minimally Invasive Surgical Curriculum for PGY-1 and submit the completed checklist to the Residency Coordinator at the end of the rotation.
7. Attend weekly didactic sessions on Thursday morning and TGIF Conference on Friday morning.
8. Attend weekly continuity clinic session.
- 9.

### ***The PGY-2 resident on the Benign Gynecology service should:***

1. Enter all pathology results on the Gyn pathology list.
2. Assist PGY-1 resident with floor duties.
3. Complete the skills/ labs outlined in the accompanying Minimally Invasive Surgical Curriculum for PGY-2 and submit the completed checklist to the Residency Coordinator at the end of the rotation.
4. Attend weekly didactic sessions on Thursday morning and TGIF Conference on Friday morning.
5. Attend weekly continuity clinic session.

***The PGY-2 resident on the Ob/Gyn Nights rotation should:***

1. Receive signout from the Ob/Gyn Consult/ Clinic resident, Benign Gynecology and Gynecologic Oncology teams at the end of each day.
2. Evaluate consults in the Emergency Department and from other services, formulating plans in conjunction with the Ob/Gyn Nights chief resident and the attending physician on the appropriate service.
3. Answer calls regarding inpatients on the Benign Gynecology and Gynecologic Oncology services and evaluate them for acute issues as necessary.
4. Assist in operative cases on patients that require emergent surgery overnight.

***The PGY-3 resident on the Benign Gynecology service should:***

1. Review Gyn pathology list prior to submission for distribution at weekly M&M conference.
2. Complete the skills/ labs outlined in the accompanying Minimally Invasive Surgical Curriculum for PGY-3 and submit the completed checklist to the Residency Coordinator at the end of the rotation.
3. Attend weekly didactic sessions on Thursday morning and TGIF Conference on Friday morning.
4. Attend weekly continuity clinic session.

***The PGY-3 resident on the Ob/Gyn Consult/Clinic rotation should:***

1. Maintain an updated list of patients being followed by the team for possible ectopic pregnancy, ensuring that patients have received and complied with appropriate follow up regimens. The resident presents the list of patients on a daily basis to the PGY-4 resident and also reviews the list of patients and treatment plans with an attending physician on a weekly basis.
2. Evaluate consults in the Emergency Department and from other services, formulating plans in conjunction with the chief resident and attending physician on the appropriate service.
3. Assist the Benign Gynecology team with coverage of cases, if required.
4. Attend weekly didactic sessions on Thursday morning and TGIF Conference on Friday morning.
5. Attend weekly continuity clinic session.

***The PGY-4 resident on the Benign Gynecology service should:***

1. Assign appropriate OR cases to each member of the team
2. Ensure that each member of the team has adequate time in the OR, commensurate with their level of training.
3. Teach junior team members and medical students about pertinent and timely gynecologic topics/ issues.
4. Perform pre-operative evaluations on patients in Team Clinic.
5. Review Gyn pathology list prior to distribution at weekly M&M conference.
6. Complete the skills/ labs outlined in the accompanying Minimally Invasive Surgical Curriculum for PGY-4 and submit the completed checklist to the Residency Coordinator at the end of the rotation.
7. Attend weekly didactic sessions on Thursday morning and TGIF Conference on Friday morning.
8. Attend weekly continuity clinic session.

### **Communication and Hand-Offs**

Effective communication is essential to providing safe care on the Benign Gynecology Rotation; and for this reason, physicians on the Benign Gynecology Rotation are required to utilize the following communication systems for verbal transfer of patient information:

*(a) Resident Teaching Rounds:* Held weekday mornings at approximately 6:30 a.m. Expected attendees include all residents and medical students on the Benign Gynecology Rotation. These formal rounds are intended to comprehensively review the evaluation and management of each patient receiving care on the Benign Gynecology service. These rounds are educational sessions intended to be a primary source of resident teaching while on the Benign Gynecology Rotation where the evaluation and management of the service is discussed with the team as a whole.

*(b) Attending Presentations:* It is the responsibility of the Chief Resident to speak with the on-call attending by 7:30 a.m. to discuss the active issues, their evaluations, and the management plans of all ward patients on the service. In the case of the private patients, the patient's specific attending is called by the Chief Resident by 7:30 a.m.

*(c) Patient hand-offs:* At the completion of the work-day (approximately 6 p.m.) the team will choose one member (usually the intern or junior resident) to review all of the patients and hand-off the service to the night-float junior resident. Each patient is presented in SBAR format so that all active clinical issues are reviewed in addition to the "over-night" plan as well as the long-term treatment. When a resident must be relieved from assigned duties due to conflicting responsibilities on another patient care unit, in the operating room, in continuity clinic, or at another location, the SBAR format is utilized. At the completion of the night-shift (approximately 6-6:30 a.m.), the incoming intern will receive an SBAR presentation of all patients on the service with an emphasis on the overnight events.

## **Recommended Reading and Educational Materials:**

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.

All ACOG Compendium Bulletins pertaining to Benign Gynecology

Precis on Benign Gynecology and Office Practice

PROLOG on Benign Gynecology and Office Practice

## **Method of Evaluation**

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