

EDUCATIONAL OBJECTIVES

Obstetrics

Educational Purpose

The mission of the Department of Obstetrics & Gynecology at Columbia University is to provide the finest comprehensive training for future practitioners in our specialty by using the latest knowledge and innovative research and to provide to the community at large the highest quality of patient care. Our goal is to create a learning environment that fosters the knowledge, skills, attitudes and behaviors of physicians who exhibit the highest levels of professional competence in women's health care.

The clinical rotations in **Obstetrics** will involve direct participation in the care of patients in the ambulatory clinic, Labor & Delivery suite, outpatient ultrasound units, operating room and inpatient hospital services. The resident will gain experience in the management of both routine and complicated obstetric patients and will also assist in surgical and diagnostic procedures. Patient clinical care conferences and didactic sessions including lectures, journal clubs, chapter reviews, and research meetings will supplement the core clinical experience.

Learning Objectives

We have generated the following set of educational objectives for the rotation, modified from the CREOG Educational Objectives Core Curriculum in Obstetrics and Gynecology, Ninth Edition. Residents 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 obstetric care, including:*

PGY-1

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

PGY-2

1. Maintenance and refinement of the above areas of knowledge, and additional knowledge to include:
 - a. Abnormalities in prenatal screening and antepartum care
 - b. Abnormalities in labor, to include dysfunctional labor and fetal intolerance of labor
 - c. Indications and interpretation of fetal testing
 - d. Indications and medications utilized for induction of labor and labor augmentation
 - e. Risks and benefits associated with vaginal trial of labor in patients with a history of prior cesarean delivery.

2. The epidemiology, pathophysiology, usual presentation, and means of diagnosis as well as common treatment methods for the following areas commonly encountered in obstetrics:
 - a. Multiple gestation
 - b. Preterm labor
 - c. Premature rupture of membranes
 - d. Hypertension in pregnancy, to include chronic hypertension, pregnancy induced hypertension, preeclampsia and eclampsia
 - e. Placenta previa
 - f. Placental abruption
 - g. Risk factors and appropriate medical and surgical treatments for postpartum hemorrhage.

PGY -3

1. Maintenance and proficiency in all the above areas of knowledge, and additional knowledge to include:
 - a. Diagnosis, management and outcomes associated with fetal anomalies.
 - b. Complications related to multiple gestation
 - c. Diagnosis and management of abnormalities of amniotic fluid volume and abnormal placentation
 - d. Diagnosis and management of pregestational and gestational diabetes
 - e. Diagnosis and management of medical complications in pregnancy to include disorders of the endocrine, renal, hematologic, and central nervous system.
 - f. Evaluation, counseling and management of patients with poor obstetric histories, to include recurrent miscarriages, intrauterine fetal demise, cervical incompetence, and prior preterm delivery.

PGY-4

1. Maintenance and proficiency in all the above areas of knowledge, and additional knowledge to include:
 - a. Critical care obstetrics
 - b. Management of patients with significant obstetric hemorrhage.
2. A demonstrated ability to teach all junior members of the team, including medical students, regarding the diagnosis, evaluation, treatment and complications of specific conditions encountered in obstetrics.
3. Proficiency in describing the level of evidence that supports common treatment plans for obstetrics.
4. The ability to review and critique the current medical literature as it relates to obstetrics.

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

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

PGY-1

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

PGY-2

1. Maintenance and refinement of the above history-taking, diagnostic and management-planning skills.
2. The ability to develop hypotheses, diagnostic strategies and management plans in patients with abnormal prenatal screening or complications of pregnancy of moderate complexity, abnormal progress in labor, or complications during the postpartum period.

PGY -3

1. Maintenance and refinement of the above history-taking, diagnostic and management-planning skills.
2. The ability to develop hypotheses, diagnostic strategies and management plans in patients with complications of pregnancy, labor and/or the puerperium of high complexity.
3. The ability to perform off-service obstetric consultations and communicate effectively and professionally with other services.

PGY -4

1. Maintenance and proficiency in all of the above areas.
2. The ability to develop hypotheses, diagnostic strategies and management plans in patients with very complex obstetric problems, to include patients admitted to the high risk and critical care obstetric service.
3. The ability to perform off-service obstetric consultations and communicate effectively and professionally with other services.

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

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

PGY-1

1. The ability to manage patients seeking prenatal care for an uncomplicated pregnancy.
2. The ability to manage low risk patients presenting to the Labor & Delivery Triage unit with complaints of labor, rupture of membranes and/or non-pregnancy related complications.
3. The ability to manage low risk patients undergoing induction or in labor and the ability to recognize signs consistent with abnormal progress in labor or fetal intolerance of labor.
4. The ability to manage patients following delivery of the fetus, to include delivery of the placenta, assessment for lacerations and abnormal blood loss, indications for episiotomy and steps of episiotomy repair.
5. The ability to appropriately assess and consent patients at the time of presentation for delivery by cesarean section.
6. The ability to evaluate and manage patients during the postpartum period following delivery via cesarean or vaginal delivery.

PGY-2

1. Maintenance and refinement of the above patient management skills.
2. The ability to actively manage all patients in the Labor & Delivery suite undergoing induction or in active labor, recognize signs consistent with abnormal progress in labor or fetal intolerance of labor, and initiate interventions to address these problems, to include review of induction agents, oxytocin augmentation, placement of an intrauterine pressure catheter and/or fetal scalp electrode.
3. The ability to manage patients admitted to the High Risk obstetrical unit on Labor & Delivery for pregnancy complications.
4. The ability to evaluate and manage patients in the Emergency Room with emergencies related to pregnancy (e.g. ovarian torsion, abnormal uterine bleeding, and miscarriage).
6. Maintenance and refinement of understanding of the severity of disease encountered in obstetrics and increasingly independent decision-making about treatment based on this understanding, evidenced through oral patient presentations on Labor & Delivery.

PGY-3

1. Maintenance and refinement of the above patient management skills.
2. The ability to evaluate patients with more complicated obstetric problems that are followed as outpatients in the Perinatal Clinic.
3. The ability to evaluate and manage patients with pregnancy related complications that are admitted to the obstetric antepartum service.
4. The ability to evaluate and manage patients with complications that are admitted to the obstetric postpartum service.
5. Maintenance and refinement of understanding of the severity of disease encountered in obstetrics with independent decision-making about treatment based on this understanding, evidenced through oral patient case presentations on Labor & Delivery, the obstetric Perinatal clinic and antepartum rounds.

PGY -4

1. Maintenance and proficiency in all the above patient management skills.
2. The ability to function as a supervisor on the Labor & Delivery unit, including responsibility for the management of patients undergoing assessment in Triage, admitted for management of antepartum complications, admitted for induction or in labor, and/ or patients admitted for postpartum management.
3. Proficiency in understanding the severity of diseases encountered in obstetrics and decision-making about treatment based on this understanding, including when to refer to a specialist, evidenced through oral presentations on Labor & Delivery.

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

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

PGY-1

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

PGY-2

1. Maintenance and refinement of the above operative and ultrasound skills.
2. The ability to perform the following obstetric procedures under visual supervision:
 - a. Operative vaginal delivery (low and outlet via both forceps and vacuum)
 - b. Classical cesarean section
 - c. Cerclage (McDonald and Shirodkar) placement
 - d. Cerclage removal
 - e. Manual removal of retained placenta
 - f. Postpartum curettage with ultrasound guidance for retained placenta
 - g. External cephalic version
 - h. Amnioinfusion
 - i. Secondary closure of wound dehiscence.
3. The ability to describe the accepted indications and risks for the above procedures and obtain informed consent from the involved patient.
4. The use of abdominal and transvaginal ultrasound to analyze singleton and multiple pregnancies as outlined in the Ultrasound Skills checklist for PGY-2.

PGY -3

1. Maintenance and proficiency in all of the above operative and ultrasound skills.
2. The ability to perform the following obstetric procedures under visual supervision:
 - a. Vaginal delivery of twin gestation
 - b. Myomectomy, cystectomy, oophorectomy at the time of cesarean delivery
 - c. Uterine artery ligation
 - d. Vaginal and uterine packing
 - e. Diagnostic or therapeutic amniocentesis.
3. The ability to describe the accepted indications and risks for the above procedures and obtain informed consent from the involved patient.
4. The ability to recognize and manage complications encountered during obstetric surgical procedures.
5. The use of abdominal and transvaginal ultrasounds to analyze singleton and multiple pregnancies as outlined in the Ultrasound Skills checklist for PGY-3.

PGY -4

1. Maintenance and proficiency in all of the above operative and ultrasound skills.
2. The ability to perform the following obstetric procedures under visual supervision:
 - a. Cesarean or postpartum hysterectomy.
3. Mastery of the skills required to operate in an abnormal surgical field such as patient with multiple prior surgeries, multiple gestation, abnormal placentation, or hemorrhage.
4. The ability to recognize and manage complications encountered during obstetric surgical procedures.
5. The use of abdominal and transvaginal ultrasounds to analyze singleton and multiple pregnancies as outlined in the Ultrasound Skills checklist 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 further 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. The ability to 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 further refinement of the above interpersonal and communication skills.
2. The ability to teach junior colleagues how to carry out thoughtful, respectful, and effective communication with senior colleagues, nurses, and ancillary staff, in a way that fosters cooperation and patient-based care.

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 7: The resident will acquire and demonstrate the ability to apply knowledge and understanding gained from basic science and clinical research to support one's own education and provide accessible information to patients, by:

PGY-1

1. Developing skills (including use of information technology) required to access, then, critically assess the current medical literature.
2. Learning the appropriate application of research and/or evidence-based studies to patient care and communication.
3. Demonstrating the ability to collect, apply and synthesize patient outcome data to larger population.

PGY-2

1. Maintenance and refinement of the above skills.

PGY -3

1. Maintenance and further refinement of the above skills.

PGY -4

1. Demonstrating proficiency in the above skills.

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

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

PGY-1

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

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 nonmaleficence; 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 nonmaleficence; 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 nonmaleficence; 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 nonmaleficence; and a commitment to ethical behavior in all other aspects of professional practice.
2. Exhibiting dependability, responsibility, and self-respect.

ACGME competency domains addressed: Professionalism

Objective 10: The resident will demonstrate knowledge of important systems and regulatory requirements of medical training and practice; and demonstrate adeptness in using the system of care in a way that is beneficial and vital for excellent patient care, including:

PGY-1

1. Using available system resources to respond to medical errors, should they arise, in an appropriate and timely manner.
2. Demonstrating familiarity with the requirements of the American Board of Obstetrics and Gynecology.
3. Demonstrating knowledge of, and completing all, hospital/university-mandated and regulatory-agency documentation, including:
 - a. Documentation of participation in all surgeries and procedures in the ACGME case log system and completion of Surgical Skills Competency Forms.
 - b. Completion of all discharge summaries for Sloane patients on the Obstetrics service.
4. Demonstrating adherence to NYS and ACGME work rules and regulations.
5. Demonstrating knowledge of the process and system for evaluating faculty and programs, including:
 - c. Completion of all electronic evaluations for the Obstetrics 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 and if possible at national meetings and/or publication of original research project in a peer reviewed journal.

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

PGY -4

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 through third year residents in all aspects of resident training and performance.

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

Resident Supervision

This set of learning objectives is designed to communicate clearly what is expected in terms of the knowledge, skills, and attitudes that ideally would be acquired during the **Obstetrics** rotations by all residents.

The faculty believes that superior resident education requires the opportunity for decision making by the resident staff as their level of training and knowledge allows. All decisions will be evaluated by the attending physicians who act as supervisors on Labor & Delivery, the antepartum service, in the ambulatory and Perinatal Clinics. 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 and a Maternal-Fetal Medicine specialist 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 **OB L&D Days** rotation should:

1. Arrive at 5:30am to round on postpartum patients (cesarean deliveries, complicated vaginal deliveries and Sloane vaginal deliveries). (see NP/PA section on basic postpartum service duties to be shared with NP/PA)
2. Discuss the **post partum service** after board turn with PGY-4, NP, Sloane attending, MFM attending, and private attending. The PGY-1 will discuss any issues with NP regarding postpartum patients throughout the day. Must inform PGY-4 of all complicated patients on the post partum service.
**Sloane Attending, NP, and PGY-1 will do rounds on post partum service after all scheduled Sloane cesarean sections are completed.
3. Responsible for the completion of **discharge summaries** with the help of the NP's for all Sloane and private patients delivered by c-sections and patients with postpartum complications prior to the day of discharge.
4. Perform uncomplicated **primary cesarean deliveries** for Sloane and/or private patients, selected repeat cesarean deliveries (once proficient), and post partum tubal ligations, under the direct supervision of the PGY-4, fellow, or attending.

5. Perform **vaginal deliveries** on Sloane patients, under the supervision of PGY-2/3 or PGY-4.
6. Evaluate low risk patients in **Triage** with the goal of following any low risk admission from presentation to triage until delivery (via vaginal or c/s) under the direct supervision of the PGY-2/3/4.
7. Ensure continuous patient flow through **Triage** with NP. Notify the senior resident of any “high risk” patients. Initially, to access advanced triage patients under the direct supervision of PGY-2/3 or PGY-4, until they have successfully mastered the workup and care of these patients.
8. Attend weekly didactic sessions on Thursday morning.
9. Attend weekly continuity clinic session on Thursday from 11am to 2pm.
10. Attend board turn every morning at 7am. Attend night board turn at 7pm if all daytime duties are complete or to discuss patients seen or to be seen in triage.
11. Leave hospital by 7:30pm.

The PGY-2(Board Runner) resident on the OB L&D Days rotation should:

1. Arrive at 5:30am to round on assigned post partum patients. Discuss the **post partum service** after board turn with PGY-4, NP, Sloane attending, MFM attending, and private attending.
2. Oversee **Triage and Labor & Delivery Units**: including coordinating patient plans of care, communicating with other team members, answering calls regarding patients coming to triage, high risk, or a labor room. Responsible for signing out all laboring patients at evening Board Turnover at 7pm with appropriate nurses present.
3. Assist PGY-1 in managing laboring patients and teach them basic vaginal delivery skills. Evaluate the low, moderate, and high risk patients in Triage with the PGY-1 (*under direct supervision of PGY-4, fellow or attending*).
4. Assist the PGY-4 in managing High-Risk patients, primarily when the PGY-4 is in the operating room, under the direct supervision of the fellow and MFM attending.
5. Participate in advanced intrapartum care/labor and advanced vaginal deliveries under the direct supervision of PGY-4, fellow, or attending.
6. Core member of the **Obstetrical Rapid Response Team (RRT)** and may be called to the Babies 5 or 6 Central to the Antepartum or Postpartum Units for an emergent patient assessment. In this case, the PGY-2/3 will notify the PGY-4 or an attending physician

regarding this brief absence from the Labor Unit, and should provide an abbreviated hand-off involving critical or time-sensitive patients' responsibilities.

7. Attend weekly continuity clinic session on Tuesday mornings.
8. Attend weekly Grand Rounds and didactics on Thursday morning.
9. Leave hospital by 7:30pm.

The **PGY-3/PGY-2/NP** resident on the **MFM Antepartum** rotation should:

1. Arrive at 5:30am to round and write notes on antepartum patients.
2. Round with the MFM attending, MFM fellow and NP on the service at 7am. Report to board turn (between 7:30a-8a) to discuss any High Risk patients or antepartum patients admitted overnight, and to run the antepartum list with the day team.
3. The **Perinatal Clinic** will be attended by the PGY-2 on Monday mornings, the PGY-3 Wednesday mornings, the PGY-2 on Wednesday afternoon, and the PGY-3 all day Friday.
4. The PGY-3 will serve as the acting PGY-4 resident on Labor & Delivery on Wednesday afternoons while the chief resident attends continuity clinic.
5. The PGY-3 will serve as the acting PGY-2 resident on Labor & Delivery on Monday afternoons while the resident attends continuity clinic.
6. The PGY-2 will serve as the acting PGY-1 resident on Labor & Delivery on Thursdays while the intern attends continuity clinic.
7. Both to attend weekly didactic sessions on Thursday morning.
8. **Attend Continuity Clinic** session on Tuesday morning (PGY-2) and Tuesday afternoon (PGY-3).
9. **The PGY-2 will attend first part of the Prenatal Pediatric Conference** while the PGY-3 will attend the entire conference on Tuesday mornings, then report to the labor floor.
10. **The PGY-3 will perform any** scheduled Sloane cesarean sections on Monday and Tuesday morning after prenatal pediatrics with the attending. The PGY-2 will perform any scheduled Sloane cesarean sections on Wednesday and Friday mornings, or assist in triage as per the PGY-4.

11. **The PGY-3** will assist in triage on Thursday afternoons and the PGY-2 to assist in triage on Friday afternoons.
12. Daily responsibilities include: charting daily NSTs, complete Discharge Summaries prior to the day of discharge, or the day of induction/delivery, daily labs, updating sign out daily, be available to help on the labor floor when not in clinic.
13. Antepartum resident should get sign out on the service from chief on Sunday.
14. Resident should sign out service to night PGY-4, MFM fellow, MFM Attending at 7pm.

The **PGY-4** resident on the **OB L&D Days** rotation service should:

1. Manage the entire obstetrical service: *Oversees all obstetrical care on the Labor Unit and postpartum services at the expected performance level of an attending physician.* The PGY-1, PGY-2/3, antepartum PGY-3, and NPs will all report to the chief resident, who in turn oversees their clinical activities. The PGY-4 reports directly to the Sloane attending, MFM fellow and MFM attending, for guidance regarding patient management decisions and ultimate patient disposition determinations.
2. Guide the PGY-1 resident through primary cesarean deliveries and post partum tubal ligations on Sloane patients.
3. Teach the PGY-1 resident basic vaginal deliveries and directly supervise PGY-2/3 in any advanced vaginal deliveries.
4. Oversee and formulate plans of care for laboring patients with the appropriate attending physician. All Sloane admissions should have at least one note by PGY-4. Assist the team with the management of laboring patients and directly supervise any advanced intrapartum care.
5. Assist the PGY-1/2 in the evaluation of all Triage patients and directly supervise them in evaluating any High Risk patients in Triage.
6. Manage patients in the High Risk unit with the MFM attending and fellow.
7. Act as the primary surgeon on advanced cesarean deliveries, and operative cases under the supervision of the attending and/or fellow.
8. Attend weekly didactic sessions on Thursday morning.
9. Attend weekly continuity clinic session on Wednesday Afternoon
10. Oversee PGY-1 resident in managing post partum patients, and round on any complicated patients in the morning before board turn.

The PGY-1 resident on the Ob/Gyn Nights rotation should:

1. Manage triage under the direct supervision of the PGY-3 and PGY-4.
2. Prepare the list for the postpartum team to round and make sure all patients are on the sign out list.
3. Attend the board turn at 7pm and 7am.
4. Should NOT attend Grand Rounds or teaching on Thursday.
5. Receive sign out on postpartum service patients from the PGY-1 and 2 on the Labor & Delivery day team. Answer calls regarding postpartum patients, including evaluating them for possible complications when necessary, with direct supervision from the chief resident and/or appropriate attending physician.

The PGY-3 (Board Runner) resident on the Ob/Gyn Nights rotation should:

1. Manage laboring patients on Labor & Delivery, including coordinating plans of care, communicating with other team members and signing out at board turnover at the morning change of shift.
2. Supervise the PGY-1 in evaluation of low, moderate and high risk patients in Triage on Labor & Delivery.
3. Guide the PGY-1 in performing vaginal deliveries on Sloane patients on Labor & Delivery.

The PGY-4 resident on the Ob/Gyn Nights rotation service should:

1. Guide PGY-1 resident through cesarean deliveries on appropriate Sloane patients.
2. Oversee PGY-1/3 in formulating plans of care for laboring patients and appropriate attending.
3. Manage the High Risk unit on Labor & Delivery with the fellow and appropriate attending physician.
4. Supervise PGY-1/3 in evaluating moderate and high risk patients in Triage.
5. Assist junior members of the team in Triage, on the labor floor and in the High Risk unit as needed, particularly in times of high patient volume or acuity.

6. Teach junior team members and medical students about pertinent and timely obstetric topics/ issues.
7. Evaluate consults in the Emergency Department and from other services, formulating plans in conjunction with the PGY-2 resident on the Ob/Gyn Nights rotation and the attending physician on the appropriate service.
8. Act as primary surgeon on all STAT c-sections, or any repeat C-Sections, or guide PGY-1 in any Sloane patients that require primary c-section overnight
9. Receive sign out on antepartum service patients from the PGY-3 resident on the MFM Antepartum service and answer calls regarding antepartum patients, including evaluating them for possible complications when necessary.

The Postpartum PA/NP on the Ob/Gyn Days rotation service should:

Arrive at 7am and **work with the intern** in managing all of the post partum service daily duties, specifically:

1. Write prescriptions for ALL patients on post partum service (Sloane, MFM, Pvt.) (at least 1 day prior to discharge)
2. Read the attendings' notes and only if stated in writing that patient will be kept until post op day 4, put all discharge orders in the night before for POD3, and PPD2
3. Write DSUMMS so they are done at the time that the discharge order goes in
4. Discuss the service with PGY-4, and post partum Sloane attending after board turn, and discuss the service with the MFM and private attendings covering
5. Write daily lab check notes for cbc and follow up all rpr results
6. Prepare sign out lists for night team and the weekend team
7. Add all the "new babies" to the sign out at the end of the day.
8. Receive all telephone calls from the post partum nurses, consulting with the senior resident when needed.

The Triage PA/NP on the Ob/Gyn Days rotation service should:

1. Help the intern in managing the flow of triage under the direct supervision of the PGY II/III/IV and attendings/fellows.
2. Present all patients seen to the PGY IV or Sloane attending (if sloane patients), and directly to the fellow or attending (for MFM and private patients).

3. Call the “board runner” and put all floor admits onto LD track, place all admission orders, and sign MOLD consent with the patient prior to admission.
4. Call the antepartum team and add the patient to the antepartum list, put in orders and create a signout.

Communication and Hand-Offs

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

(a) Board Turnover (Resident Teaching Rounds): Held weekday mornings at 7 a.m., and weekday evenings at 7 p.m. Held on weekends at 8 a.m. and 7 p.m.. Expected attendees include incoming and outgoing residents, incoming and outgoing attendings and fellows, nursing representative, and incoming and outgoing NPs, anesthesiology, neonatology as available. These are twice-daily rounds intended to comprehensively review the evaluation and management of each patient receiving care on the Labor Unit. These rounds are educational sessions intended to be a primary source of resident teaching while on the Labor Unit.

(b) Team Briefings: Concise inter-disciplinary work rounds. Held each weekday at 10 a.m. Minimum attendance includes representatives from the obstetrical, nursing, anesthesiology, and neonatology services, although all clinicians working on the Labor Unit are encouraged to attend briefings.

(c) Patient hand-offs: 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, a formal patient hand-off is required, in addition the ASCOM phone should be handed to another staff member. Hand-off involves the outgoing resident as well as the relieving physician. The relieving physician is determined at the discretion of the PGY IV or attending physician. At this hand-off, the outgoing resident summarizes all patients receiving care from that physician using SBAR format. If the resident also must be relieved of responsibility for an inpatient clinical service (antepartum or postpartum), then active clinical issues should be reviewed and a complete patient list provided.

(d) Patient presentations: Following each patient evaluation, the involved resident will present a formal assessment and plan (in SBAR format) to an appropriate senior resident, fellow, or attending. Generally speaking, the PGY I will present to the PGY IV or Sloane attending for Sloane patients, and directly to the fellow or private attending for MFM and private patients.

Recommended Reading and Educational Materials

Williams Obstetrics

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

Obstetrics: Normal and Problem Pregnancies

Steven C. Gabbe

Maternal Fetal Medicine, Principles and Practice

Robert K Creasy, Robert Resnik, eds

Drugs in Pregnancy and Lactation

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

All ACOG Compendium Bulletins pertaining to Obstetrics and pregnancy related issues.

Precis on Obstetrics

PROLOG on Obstetrics

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

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.

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