

EDUCATIONAL OBJECTIVES

Primary and Preventive Ambulatory Health Care

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 **Primary and Preventive Ambulatory Health Care** will involve direct participation in the care of patients in the ambulatory primary care clinic setting. The resident will gain experience in the management of routine assessments, preventive care, early intervention and common medical disorders for adult women at all stages of life. Both the role of primary care physicians and the role of reproductive health care provider are essential components in the practice of obstetrics and gynecology. The resident will spend time in the NYPH Primary Care practice at 181st Street and will also attend ambulatory clinic sessions at the Ob/Gyn clinic at 21 Audubon. Didactic sessions including lectures, journal club and division conferences 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, Eighth 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 primary and preventive ambulatory health care, including:

PGY-1

1. The ability to perform periodic health assessments for women in all age groups, including the following basic elements:
 - a. History
 - b. Physical examination
 - c. Recommended laboratory testing
 - d. Evaluation and counseling regarding:
 - i. Sexuality
 - ii. Fitness and Nutrition
 - iii. Psychosocial issues
 - iv. Cardiovascular risk factors

- v. Hygiene
 - vi. Injury prevention
 - vii. Skin exposure to ultraviolet rays
 - viii. Suicide
 - ix. Tobacco, alcohol and other drug use
 - e. Immunizations
 - f. Leading causes of death
 - g. Leading causes of morbidity
2. The ability to perform routine screening for selected diseases, tailored to the patient's age and individual risk factors.
 3. The ability to describe the advantages, disadvantages, contraindications, failure rates, complications and appropriate follow up associated with the following methods of contraception:
 - a. Sterilization
 - b. Combined oral contraception
 - c. Progesterone-only oral contraception
 - d. Transdermal contraception
 - e. Vaginal contraception
 - f. Injectable steroid contraception
 - g. Intrauterine devices
 - h. Barrier methods
 - i. Natural family planning
 4. The ability to describe the factors that influence an individual patient's choice of contraception.
 5. The ability to describe the appropriate methods, use, and effectiveness of post-coital contraception.
 6. The ability to counsel pregnant patients on all the alternatives available to them, including induced abortion. Residents who decide not to provide this service because of a moral objection still should be able to counsel patients, make appropriate referrals and manage post-abortal complications.
 7. An understanding of the concepts of sexual development and identity, as well as the psychology of sexual relations, and the ways in which a patient's sexuality may be altered by physical or psychological conditions.
 8. The ability to display sensitivity to sexual preferences and to describe health risks that may be higher or lower in the lesbian population and conduct appropriate health screening for lesbian patients.
 9. The ability to identify an abused woman, provide immediate medical evaluation and treatment for her, and if indicated, assist with referrals for legal assistance and psychologic counseling.

10. The ability to diagnose and initiate treatment, or refer when appropriate, for many uncomplicated non-gynecologic conditions, including the following:
 - a. Vision and hearing deficits
 - b. Otitis media
 - c. Allergic rhinitis
 - d. Respiratory tract infection
 - e. Asthma
 - f. Chest pain
 - g. Hypertension
 - h. Abdominal pain
 - i. Gastrointestinal disorders
 - j. Urinary tract disorders
 - k. Headache
 - l. Depression
 - m. Premenstrual syndrome (PMS) and premenstrual disorder (PMDD)
 - n. Anxiety
 - o. Skin disorders
 - p. Diabetes mellitus
 - q. Thyroid diseases
 - r. Arthritis
 - s. Low back pain
 - t. Osteoporosis

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

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

PGY-1

1. The ability to perform a thorough Ob/Gyn history, including menstrual history, obstetric history, gynecologic history, contraceptive and sexual history.
2. The ability to perform an appropriate general or focused physical examination.
3. 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.
4. The ability to develop a list of appropriate contraception options for individual patients.
5. The ability to develop hypotheses, diagnostic strategies and management plans in patients with gynecologic and common uncomplicated non-gynecologic problems.

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

Objective 3: *The resident will demonstrate understanding of, and the ability to perform procedures pertinent to primary and preventive ambulatory care, including:*

PGY-1

1. The ability to describe the accepted indications and risks for the following procedures and perform them under direct supervision:
 - a. Arterial blood gas assessment
 - b. Electrocardiography
 - c. Fetal occult blood testing
 - d. Insertion and removal of intrauterine device
 - e. Peak expiratory flow (FEV₁ determination)
 - f. Placement of diaphragm
 - g. Pulse oximetry
 - h. Skin biopsy
 - i. Visual acuity testing (standard eye chart)

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

Objective 4: *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.
3. The ability to provide non-directive counseling to patients surrounding pregnancy options, in a manner that is sensitive to cultural beliefs.
4. 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 5: 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.

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

Objective 6: 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.

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

Objective 7: *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.

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

Objective 8: *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.

ACGME competency domains addressed: Professionalism

Objective 9: 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.
 - b. Documentation of all pertinent ambulatory patient encounters in the ACGME case log system
 - c. Completion of all discharge summaries for Sloane patients seen on the postpartum 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:
 - d. Completion of all electronic evaluations for the Primary and Preventive Ambulatory Health Care rotation in the E*value system.
 - e. 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****

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

Objective 10: The resident will demonstrate the ability to work on original research by:

PGY-1

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

ACGME competency domains addressed: Medical Knowledge

Objective 11: The resident will develop and demonstrate teaching skills by:

PGY-1

1. Training and providing assistance in teaching medical students.

*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 **Primary and Preventive Ambulatory Health Care** 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 the attending physicians who act as supervisors on the Primary Care service at the 181st Street and 21 Audubon practices. Residents are encouraged to make decisions on their patients with the help of the faculty. An attending physician is available for consultation and/ or direct supervision at all times, including nights, weekends and holidays.

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 resident on the *Primary and Preventive Ambulatory Health Care* rotation should:

1. Be present at the 181st Street Primary care clinic promptly at 9am for the morning session, Monday through Wednesday. The resident should accompany the Internal Medicine residents to the noon Medicine conference held in Milstein when appropriate.
2. Attend Colposcopy Clinic on HIP 8 on Friday morning and Team Clinic at 21 Audubon in the afternoon. The resident will not have responsibilities on the Primary Care service on this day.
3. Assist with morning rounds on the postpartum service on Wednesday and Thursday. The chief resident on the Obstetrics service will be available to assist in the evaluation of postpartum patients as well as with the assignment of which patients should be seen.
4. Attend Grand Rounds and the scheduled resident didactic sessions on Thursday morning and attend Continuity Clinic at 21 Audubon on Thursday afternoon. The resident will not have responsibilities on the Primary Care service on this day.
4. Participate in assigned weekend call coverage on the Ob/Gyn services.

Recommended Reading and Educational Materials

All ACOG Compendium Bulletins pertaining to Primary and Preventive Ambulatory Health Care:

Method of Evaluation

1. 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.
2. Cognitive assessment of the resident's medical knowledge is achieved by the relevant scores on the CREOG In-Training examination.