

Description of Elective Resident Rotation: Outpatient Gynecology Intensive

I. General Information:

- A. Rotation Length: 2 weeks, as arranged by resident in consultation with residency program office and course director.
- B. Faculty: Iowa Health Physicians Obstetrics & Gynecology
Eric Bedia, M.D., course director
- C. Logistics: Residents must have already completed the BMC outpatient gynecology rotation to be eligible for this elective rotation. Residents will participate in this outpatient ambulatory gynecology rotation working with at least two different members of the gynecology teaching staff.

II. First Day Orientation

- A. The resident should contact Dr. Bedia prior to the start of the month regarding which gynecology faculty the resident will work with during the rotation. He can be reached at 6000 Pleasant Street, Suite 203, and his office phone number is 241-2200.
- B. The resident should report to the office of the participating gynecology faculty by 9:00 a.m. the first day of the rotation with that faculty member. Office staff will provide some orientation to the office. The faculty physician will orient the resident to the office and to the rotation. The resident physician is expected to review the goals and objectives before the rotation.

III. Objectives and Description of Rotation

- A. The primary educational purpose of the rotation is to assure competency in office gynecology. This will include the wide spectrum of health-related issues for women, from screening and prevention to management of acute and chronic illness. Residents will become familiar with those aspects of care in this area that are appropriately diagnosed and managed by general internists and those that should be referred to, or managed jointly with, gynecology specialists.
- B. The principal teaching method will be assessment of patients who present to the gynecologist faculty members' office for evaluation. The resident will have the opportunity to first take a history and do a brief general exam on each patient. The faculty gynecologist will then typically join the resident so they can jointly perform a detailed pelvic examination. The resident will then be involved in closing the patient encounter by teaching and giving final treatment instructions as discussed with the supervising faculty gynecologist.

- C. Specific review of the following clinical conditions including principles of management and indications for referral will be addressed:
1. Recommendations for Papanicolaou smear screening and evaluation of abnormal results.
 2. Menstrual cycle abnormalities (amenorrhea, dysmenorrhea, premenstrual syndrome, menopause, abnormal vaginal bleeding).
 3. Breast disease (fibrocystic disease, breast lumps, breast cancer).
 4. Infections including vaginitis, pelvic inflammatory disease and other sexually transmitted diseases.
 5. Sexuality issues (sexual dysfunction, sexual/spouse abuse, etc.)
 6. Pregnancy issues, especially medical complications of pregnancy
 7. Other common gynecologic disorders including pelvic pain, fibroid uterus, endometriosis.
 8. Contraception
 9. Hormone replacement therapy issues
 10. Other gynecologic cancers (vulvar, uterine, ovarian)
 11. Urinary Incontinence
 12. Additional routine preventive health screening tests for female patients
- D. Procedures the resident may observe and assist in include: fitting of diaphragm, endometrial biopsy, colposcopy, insertion and removal of intrauterine devices, office urodynamics, aspiration of breast cysts and interpretation of Papanicolaou pathology reports and mammography reports.

IV. Ancillary Education Materials

- A. Each resident will be provided a syllabus with articles addressing common ambulatory gynecology problems that should be reviewed during the rotation.
- B. Additional didactic teaching conferences addressing common gynecology problems will be provided by supervising faculty related to patients being seen in clinic.

- C. Additional gynecology textbooks will be available on-site for review during the rotation.

V. Patient Care

- A. Patient Numbers: This will vary depending on scheduling concerns for that day and the complexity of patients assigned to the resident for evaluation on a given day.
- B. Medical Records: The resident will assist in completing the record for each patient visit they are involved with, as directed by the supervising gynecology faculty.
- C. Continuity of Care Clinics: Residents are required to attend their weekly afternoon clinics during this rotation.

VI. Evaluation

At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed and returned to the residency office. The evaluation form will be reviewed and signed by the resident.

The resident will be evaluated by faculty in each of the required six general competency areas as follows:

1. Patient Care:
 - a. Demonstrate ability to effectively obtain a detailed obstetric and gynecologic history, including complete information about sexual preference and activity.
 - b. Demonstrate competence with routine gynecologic examinations, including breast examination and pelvic examination with Pap smear.
2. Medical Knowledge:
 - a. Demonstrate ability to access and critically evaluate current medical information relevant to gynecologic conditions seen.
 - b. Demonstrate understanding of all assigned reading materials.
3. Practice-Based Learning: Demonstrate ability to identify gaps in knowledge and skills in the care of patients with gynecologic conditions and demonstrate real-time strategies to address these gaps.
4. Interpersonal and Communication Skills: Demonstrate adequate communication abilities in dealings with patients and families, especially in sensitive matters encountered. Demonstrate timely and complete medical records. Demonstrate ability to interact and communicate well with both referring and other consulting physicians.

5. Professionalism: Demonstrate respectful behavior towards patients and families, colleagues, nurses and other allied health personnel. Always protect patient confidentiality and provide informed consent.
6. Systems-Based Practice: Demonstrate an evidence-based, cost-conscious approach to patient care. Collaborate with nursing, social services and other allied health care providers to assure timely, comprehensive care provided.

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