These are the Educational Goals and Objectives for the Obstetrics Rotation. Please review and become familiar with these goals and objectives. As a 3rd Year Resident you should have mastered the educational objectives listed for PGY1 and PGY2.

The PGY3 rotation on the Obstetric Service is characterized by continued progression of responsibilities. The resident on the Obstetric Service is expected to continue to master previous skills. The resident is expected to manage and supervise management of all patients admitted to Labor and Delivery. The resident will make the majority of medical decisions.

The resident should develop the ability able to delegate and supervise other residents and medical students on the obstetric team. The resident must review all work done by medical students, interns and second year residents. Although the resident will function with autonomy when the Chief Resident is not present they must still report to the Chief Resident.

Educational Goals and Objectives for this rotation:

- Begin to master skills and knowledge required to understand and manage critically ill obstetric patients.
- Learn how to manage antepartum, intrapartum and postpartum hemorrhage, including obstetrical shock.
- 3. Understand management of medical and surgical conditions that complicate pregnancy.
- 4. Learn to manage antenatal patients who are hospitalized.
- 5. Learn to supervise and run Labor and Delivery with appropriate supervision.
- 6. Understand management of High Risk Obstetric patients in an Outpatient setting.
- 7. Learn to mentor and supervise junior residents and medical students.
- 8. Begin to take responsibility for running the entire Obstetric Service in conjunction with the Chief Resident.
- 9. Demonstrate accountability for ones actions and clinical decisions.

Procedural Goals for this rotation:

Understand:

- o CVS
- o Cordocentesis
- Fetal scalp pH determination
- Hypogastric artery ligation
- Intrauterine transfusion
- Trans abdominal cerclage
- Trans vaginal cerclage
- Ultrasound Level 2

- Cesarean hysterectomy
- Multifetal delivery
- Vaginal breech delivery
- Wound dehiscence repair

Understand and perform:

- o Amniocenteisis 2nd trimester
- o Cesarean delivery, low transverse
- Hematoma evacuation, vaginal and vulvar
- o Repair of 3rd and 4th degree lacerations
- Shoulder dystocia management
- Sterilization
- Uterine artery ligation
- Wound care, secondary closure

Reading List:

Williams Obstetrics, 23rd Edition
Placental Disorders
Medical and Surgical Complications in Pregnancy
Sterilization

PATIENT CARE

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Objectives:

- 1. Implement appropriate interventions such as operative vaginal delivery and cesarean delivery for fetal heart rate abnormalities.
- 2. Confirm the diagnosis of fetal death by ultrasound examination.
- 3. Interpret the results of diagnostic tests to determine the etiology of fetal death.
- 4. Describe the grieving process associated with pregnancy loss and refer patients for counseling as appropriate.
- 5. Interpret the results of umbilical artery Doppler velocimetry.
- 6. Perform postpartum surgical sterilization.
- 7. Diagnose and treat post partum maternal complications:
 - a. Wound dehiscence
 - b. Post operative ileus
 - c. Pulmonary embolism
 - d. Deep vein thrombosis
- 8. Provide patient focused care by working along with health care professionals, including those from other disciplines.
- 9. Assess uterine size by physical examination and identify size/date discrepancy.
- 10. Evaluate the patient for causes of growth restriction.

- 11. Monitor a fetus with suspected growth restriction:
 - a. Nonstress testing
 - b. Ultrasound
 - c. Doppler velocimetry
- 12. Determine the appropriate time and method of delivery for a growth restriction fetus.

MEDICAL KNOWLEDGE

Residents must demonstrate up to date knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, and be able to apply this knowledge to patient care.

Objectives:

- 1. Describe the usual clinical manifestations of:
 - a. Chronic hypertension
 - b. Gestational hypertension
 - c. Preeclampsia
- 2. Counsel patients about recurrence risk for hypertensive disorders of pregnancy.
- 3. Determine gestational age using a combination of menstrual history, physical examination, and ultrasound examination.
- 4. Recognize unusual causes of post term pregnancy such as:
 - a. Anencephaly
 - b. Placental sulfatase deficiency
- 5. Describe potential fetal and neonatal complications of post term pregnancy:
 - a. Macrosomia
 - b. Meconium aspiration syndrome
 - c. Oligohydramnios
 - d. Dysmaturia syndrome
 - e. Fetal demise
- 6. Understand appropriate laboratory and radiological evaluation of patients.

PRACTICE BASED LEARNING AND IMPROVEMENT

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices through constant self-evaluation and commitment to life long learning.

Objectives

- 1. Conduct reviews of critical cases with a systematic approach.
- 2. Maintain an updated case log
- 3. Incorporate feedback from evaluations to improve skills
- 4. Participate in quality assurance activities of the department

PROFESSIONALISM

Residents must demonstrate professionalism as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Objectives:

- 1. Counsel a patient regarding pregnancy associated risks and conditions such as:
 - a. Advanced maternal age
 - b. Hypertension
 - c. Diabetes
 - d. Genetic disorder
 - e. Prior aneuploid or anomalous fetus/newborn
- 2. Demonstrate accountability for ones actions and clinical decisions
- 3. Acknowledge errors or omissions and work toward timely resolution
- 4. Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals

INTERPERSONAL AND COMMUNICATION SKILLS

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates.

Objectives

- 1. Maintain a medical record that is clear, concise, and complete.
- 2. Acknowledge errors or omissions and work toward timely resolution.
- 3. Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals.
- 4. Demonstrate ability to convey bad news to patients and families
- 5. Maintain sensitivity to issues of diversity with patients and staff.
- Counsel patients about management options for the extremely premature fetus.

SYSTEMS BASED PRACTICE

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide optimal health care.

Objectives

- 1. Effectively use consultants and ancillary services
- 2. Help coordinate outpatient services with office/nurse manager
- 3. Order diagnostic tests with attention to cost effectiveness and clinical relevance
- 4. Begin to understand the medicolegal aspects of medical practice
- 5. Participate in risk management discussions and meetings

METHOD OF EVALUATION

Residents will be evaluated during this rotation and throughout residency via several methods including: focused assessments, global assessments, in-training exams, professional associate evaluations, patient satisfaction surveys, participation at Journal Club, self-assessment, Life Long Learning assignments, and participation in group discussions, sign out, work rounds, and contribution to discussions and plans to improve the residency educational experience.

Objectives:

1. Case Log and Resident Statistics

The resident is expected to maintain a case log and input their procedure statistics on a regular basis.

2. Focused Assessment Competencies (FAC)

The resident should complete focused assessment competencies (FAC) for the Educational Goals and Objectives listed for this rotation.

3. Global Evaluation

Global evaluation of the resident will be performed quarterly. Evaluation will be based on feedback from peers, medical students, attending faculty and patient satisfaction questionnaire. Residents will also undergo self evaluation.

4. Resident Portfolio

The resident is expected to maintain a resident portfolio developed during the time the resident is enrolled in the program. It will contain a variety of information reflecting the resident's progress, evaluations, commendation, letters, and ambition and achievements during residency.

5. Self Evaluation

The resident will complete regular self evaluations for review and discussion with the Program Director. Research and scholarly activity will be reviewed. Patient surveys will be discussed.

6. Feedback

The resident should give timely feedback to attendings and department as to the effectiveness and quality of the educational experience on this rotation. Strengths, weaknesses and opportunities to improve this rotation will be examined.

7. CREOG In Training Exam

Performance, self study, and plans for improvement will be discussed.

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Please sign and return to the Program Director's Office.