

OBSTETRICS & GYNECOLOGY

SCOPE OF PRACTICE PGY-1 – PGY-4

GENERAL: It is the goal of the Department that its residents will have a progressive increase in authority for decision making and operative independence. As residents increase their knowledge base, clinical competence, and manual dexterity, they will be given more independence in the clinical and operative arena. This progressive increase in responsibility is balanced against the increasing requirements for supervision necessitated by higher risk procedures and recent HCFA guidelines regarding teaching hospitals. Individual competency will be monitored by a variety of means: 1) annual CREOG standardized examinations, 2) evaluations by attending physicians after each rotation, 3) performance monitoring through morbidity and mortality, pre op conference, 4) annual peer resident evaluations, 5) nursing and ancillary staff evaluations, 6) completion of CREOG surgical modules and quizzes, 7) surgical simulation lab performance, 8) semi-annual review by the clinical competency committee, 9) an annual oral examination, and 10) MyTip procedures/milestones. We have explicitly outlined clinical skill expectations and job descriptions for each PGY training year as follows:

PGY 1

- Develop core knowledge in obstetrics and gynecology through daily ward rounds, basic ob/gyn text books, journals, journal clubs, subspecialty-specific weekly rounds, and academic morning which includes grand rounds, mortality and morbidity conference and pre-op conference Develop a foundation of knowledge in the evaluation and management of patients in an outpatient family medicine setting and in an emergency department setting.
- Learn the rudiments of managing both inpatients and outpatients on the gynecologic oncology service.
- See, evaluate and educate postpartum patients, including routine postpartum care, postpartum goals, normal and abnormal postpartum symptoms, peri care, benefits of breastfeeding and follow-up
- Develop a foundation of knowledge in screening, diagnosis and treatment of common gynecologic infections, including STIs, PID and vaginitis,
- Participate in a formal reproductive endocrinology/infertility rotation
 - Evaluation of primary and secondary amenorrhea, hyperprolactinemia, hirsutism, and pubertal abnormalities.
 - Basic operative hysteroscopy including polypectomy, submucous myomectomy and endometrial ablation.

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- Learn how to order appropriate laboratory and ancillary studies and become facile in the ob/gyn history and physical exam.
- Learn how to use ancillary services such as nutrition, wound care, and social services.
- Establish diagnosis and treatment plans under the supervision of upper level residents and attending physicians.
- Perform daily ward work including evaluation of triage patients, daily rounds on hospitalized patients, and preoperative evaluations.
- Assist in the operating room when possible.
- Learn to compose operative notes and discharge summaries.
- Develop continuity of care (primary care) for outpatients.
- Perform specific procedures as follows:
 - Normal spontaneous vaginal delivery (low risk): PGY1 residents will perform these procedures with direct supervision of a PGY3 or PGY4 resident and a faculty member. Under unusual circumstances where the attending physician is unable to attend the delivery, the upper level resident will chaperone the delivery and the attending will be immediately available.
 - Postpartum tubal ligation: Done with a PGY3 or PGY4 with faculty present for the procedure.
 - D&C (pregnant ≤ 13 weeks): Done with PGY3 or PGY4 with faculty present for the procedure.
 - Cesarean delivery (primary): Done with PGY4 with faculty present.
 - Cervical cerclage (≤ 16 weeks): Done with a PGY3 or PGY 4 with faculty present.
 - External cephalic version: Done with a PGY3 or PGY4 with faculty present.
 - Total abdominal hysterectomy*: Done with faculty with or without a PGY4.
 - Total vaginal hysterectomy*: Done with faculty with or without a PGY4.
 - Operative laparoscopy*: Done with faculty with or without a PGY4.
 - Operative hysteroscopy*: Done with faculty with or without a PGY4.
 - Diagnostic laparoscopy*: Done with faculty with or without a PGY4.
 - Diagnostic hysteroscopy*: Done with faculty with or without a PGY4.
 - Cold knife conization*: Done with faculty with or without a PGY4.
 - LOOP electrosurgical excisional procedure*: Done with faculty with or without a PGY4.
 - IUD placement: Done with assistance of attending physician or PGY 3 or 4 and attending physician immediately available.
 - Nexplanon Placement: Done with assistance of attending physician or PGY 3 or 4 and attending physician immediately available

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- Dilation and curettage*: Done with faculty with or without a PGY 3 or 4.
- Ultrasonography (vaginal and abdominal): Can be done with a PGY3, PGY4 or attending physician immediately available.
- Outpatient visits: All outpatients will be discussed with an attending physician prior to disposition.
- Colposcopy and cervical biopsy: Performed under the supervision of an attending physician.
- Triage visits: All triage patients will be discussed with a PGY4 or an attending physician.

PGY-2

- Develop core knowledge in obstetrics and gynecology through daily ward rounds, basic ob/gyn text books, journals, journal clubs, subspecialty-specific weekly rounds, and academic morning which includes grand rounds, mortality and morbidity conference and a preop conference
- Further enhance diagnostic and treatment plans under the supervision of PGY3, PGY4 and attending physicians & fellows
- Complete formal laparoscopic training- Essentials in Minimally Invasive Gynecologic Surgery (EMIGS).
- Develop core knowledge and skill in caring for the female patient with urogynecology complications (incontinence, pelvic floor dysfunction, prolapse disorders).
- Describe anatomic defects associated with pelvic floor disorders, perform physical exam and understand surgical and medical management options.
- Primary responsibility for high-risk obstetric inpatients assisted by a faculty member in maternal-fetal medicine subspecialty faculty member.
- Participate in a concentrated family planning experience wherein residents will learn evaluation and management of abnormal pregnancy in addition to attaining competency in uterine evacuation.
- Participate in gyn oncology rotation with increased responsibility for floor management and more involvement in operative procedures.
- Perform daily ward work including evaluation of exam room patients, daily rounds on hospitalized patients and preoperative evaluations.
- Participate in gynecology consults for patients in the Emergency Room and inpatients; these will all be staffed with an attending physician.

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- Evaluate both obstetric and gynecologic patients transferred from outside facilities.

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- Assist in the operating room when possible.
- Participate in postoperative visits when possible.
- Continue continuity of care (primary care) for established outpatients.
- Participate in high-risk obstetrics clinic.
- Develop specific skills relative to the gyn oncologic patient.
 - Assist in patient care in the operating room, on the wards, and in the Hollings Cancer Center.
 - First assist on all minor procedures performed by division attending physicians.
 - Serve as the primary point of contact for the inpatient needs of patients enrolled in the GOG cooperative group studies.
 - Participate in weekly tumor board.
- Intrapartum management of obstetric patients with high risk conditions such as multiple gestations, hyperemesis, preterm labor, PPRM, diabetes, and pre-eclampsia: Done with faculty supervision.
- Perform specific procedures as follows:
 - Normal spontaneous vaginal delivery (low risk): Faculty member either present or immediately available.
 - Normal spontaneous vaginal delivery (high risk): Faculty member present.
 - Low and outlet operative vaginal deliveries: Faculty member present.
 - Postpartum tubal ligation: Done with a PGY3 or PGY4 and a faculty member present for the procedure.
 - D&C (pregnant \leq 13 weeks): Done with faculty present.
 - D&E (pregnant, $>$ 14 wks): Done with faculty present.
 - Cesarean delivery (primary): Done with a PGY3/4 and/or faculty present.
 - Cesarean (repeat): Done with a PGY3/4 and/or faculty present.
 - Cervical cerclage (\leq 16 weeks): Done with a PGY 3/4 and/or faculty present.
 - Rescue cerclage (\geq 16 weeks): Done with a PGY4 and faculty present.
 - External cephalic version: Done with a PGY3 or PGY4 and faculty present.
 - Total abdominal hysterectomy*: Done with faculty with or without a PGY4.
 - Total vaginal hysterectomy*: Done with faculty with or without a PGY4.
 - Operative laparoscopy*: Done with faculty with or without a PGY4.
 - Operative hysteroscopy*: Done with faculty with or without a PGY4.
 - Diagnostic laparoscopy*: Done with faculty with or without a PGY4.

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- Diagnostic hysteroscopy*: Done with faculty with or without a PGY4.
- Cold knife conization*: Done with faculty with or without a PGY4.
- LOOP electrosurgical excisional procedure*: Done with faculty with or without a PGY4.
- Dilation and curettage* (non-pregnant): Done with a PGY4 and faculty present
- Anterior/posterior colporrhaphy*: Done with faculty with or without a PGY4.
- Ultrasonography (vaginal and abdominal): Done with a PGY3, PGY4 or attending physician immediately available.
- Outpatient visits: All patients will be presented to an attending physician.
- Colposcopy and cervical biopsy: Performed under the supervision of an attending physician.
- Triage visits: All triage patients will be discussed with a PGY4 or an attending physician.

PGY-3

Develop core knowledge in obstetrics and gynecology through daily ward rounds, basic ob/gyn text books, ob/gyn journals, journal clubs, subspecialty-specific weekly rounds, and academic morning which includes grand rounds, mortality and morbidity conference and a preop lectures.

- Develop much more operative and decision-making independence.
- Develop independence in diagnosis and treatment plans under the supervision of the PGY4 and attending, fellow physicians.
- Perform daily ward work including evaluation of more complex hospitalized patients and outpatients.
- Assume a greater role in surgery and procedures.
- Complete formal training curriculum for robotic surgery
- Continue to develop continuity of care within a cohort of outpatients.
- Participate in reproductive endocrinology and infertility care
 - Evaluation of primary and secondary amenorrhea, hyperprolactinemia, hirsutism, and pubertal abnormalities.
 - More advanced operative laparoscopic techniques including lysis of adhesions, oophorectomy and ovarian cystectomy.
 - Basic operative hysteroscopy including polypectomy, submucous myomectomy and endometrial ablation.
 - Develop a basic understanding of ovulation induction

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- Understand indications for and technical performance/interpretation of sonohysterography and hysterosalpingography.
- Participate in the rotation in Spartanburg, SC
 - Concentrated gynecologic surgical experience wherein the resident serves as the primary surgeon assisted by a Spartanburg faculty physician.
 - Manage and care for inpatients with the support of Spartanburg Regional Faculty
- Primary responsibility for high-risk obstetric inpatients assisted by a faculty member in maternal-fetal medicine subspecialty faculty member.
- Further participation in gyn oncology
 - Initial contact with all inpatient consultations to the gyn oncology division. These consultations are seen with the attending physician.
 - Weekend coverage for inpatients and outpatients in the division.
 - Daily ward rounds with all hospitalized inpatients.
 - Prepare for and participate in weekly tumor board
- Serve as primary resident on the VA rotation, which is intended to enhance their experience with preoperative assessment of patients with complex gynecologic conditions, including gyn cancers, and to increase their experience with advanced pelvic surgery including robotic surgery. During this rotation they serve as a primary gyn consultant in the VA hospital and they primarily manage the inpatient gyn service.
- Performs specific procedures as follows:
 - Normal spontaneous vaginal delivery (high risk): Done with faculty present or immediately available.
 - Participate in complicated deliveries such as multiple gestations, vaginal breech deliveries, operative vaginal deliveries, face presentations, malpresentations, compound presentations, non-reassuring fetal status, and women at risk for shoulder dystocia: Done with faculty present.
 - Postpartum bilateral tubal ligation: Done with faculty present.
 - D&C (pregnant \leq 13 weeks): Done with faculty present.
 - D&E (pregnant, $>$ 14 wks): Done with faculty present.
 - Cesarean delivery (repeat): Done with faculty present.
 - Cervical cerclage (\leq 16 weeks): Done with faculty present.
 - Rescue cerclage (\geq 16 weeks): Done with faculty present.
 - Cesarean hysterectomy: Done with faculty present.
 - Exploratory laparotomy: Done with faculty present

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- External cephalic version: Done with faculty present.
- Total abdominal hysterectomy*: Done with faculty present.
- Total vaginal hysterectomy*: Done with faculty present.
- Operative laparoscopy*: Done with faculty present.
- Total laparoscopic hysterectomy: Done with faculty present.
- Laparoscopic assisted vaginal hysterectomy: Done with faculty present.
- Operative hysteroscopy*: Done with faculty present.
- Diagnostic laparoscopy*: Done with faculty present.
- Diagnostic laparoscopy*: Done with faculty present.
- Diagnostic hysteroscopy*: Done with faculty present.
- Cold knife conization*: Done with faculty present.
- LOOP electrosurgical excisional procedure*: Done with faculty present.
- Dilatation and curettage* (non-pregnant): Done with faculty present.
- Anterior/posterior colporrhaphy*: Done with faculty present.

PGY-4

- Fully develop operative and decision-making independence under the umbrella of ob/gyn faculty.
- Be responsible for all inpatients on the various services and coordinate ward rounds.
- Supervise junior residents in the inpatient and outpatient settings.
- Coordinate academic morning lectures, M&M conference, journal clubs, preop lectures,
- Be knowledgeable regarding all complicated inpatients and outpatients.
- Be directly responsible for medical student teaching.
- Continue to develop the core knowledge in obstetrics and gynecology through the various modalities.
- Continue to develop continuity of care (primary care) for their cohort of outpatients.
- Further develop skills in gyn oncology.
 - Supervision of rounds in the mornings and afternoons for inpatients.
 - Management of routine and complicated postoperative care, oral and parenteral nutrition, chemotherapy supervision, and antiemetic use.
 - Primary surgeon on all major surgical procedures.
 - Coordination of chemotherapy at the Hollings Cancer Center.
 - Participate as both assistant and primary surgeon in robotic cases
 - Prepare for and participate in weekly tumor board

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- Perform specific procedures as follows:
 - Normal spontaneous vaginal delivery (low and high-risk): Supervise a lower level resident with faculty present or immediately available.
 - Participate in complicated deliveries such as multiple gestations, vaginal breech deliveries, operative vaginal deliveries, face presentations, malpresentations, compound presentations, non-reassuring fetal status, and women at risk for shoulder dystocia: Done with faculty present.
 - D&C (pregnant \leq 13 weeks): Supervise a lower level resident with faculty present.
 - D&E (pregnant, $>$ 14 wks): Done with faculty present.
 - Cesarean delivery (primary):
 - Done with or without a lower level resident and faculty present.
 - Cesarean delivery (repeat):
 - Done with or without a lower level resident and faculty present.
 - Cervical cerclage (\leq 16 weeks):
 - Done with or without a lower level resident and faculty present.
 - Cervical cerclage (\geq 16 weeks):
 - Done with or without a lower level resident and faculty present.
 - Cesarean hysterectomy: Done with faculty present.
 - Exploratory laparotomy: Done with faculty present.
 - External cephalic version: Done with a lower level resident and faculty present.
 - Total abdominal hysterectomy*: Done with or without a lower level resident and faculty present.
 - Total vaginal hysterectomy*: Done with or without a lower level resident and faculty present.
 - Operative laparoscopy*: Done with or without a lower level resident and faculty present.
 - Total laparoscopic hysterectomy: Done with or without a lower level resident and faculty present.
 - Laparoscopic assisted vaginal hysterectomy: Done with or without a lower level resident and faculty present.
 - Operative hysteroscopy*: Done with or without a lower level resident and faculty present.
 - Diagnostic laparoscopy*: Done with or without a lower level resident and faculty present.
 - Diagnostic hysteroscopy*: Done with or without a lower level resident and faculty present.

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- present.
- Cold knife conization*: Done with or without a lower level resident and faculty present.
- LOOP electrosurgical excisional procedure*: Done with or without a lower level resident and faculty present.
- Dilatation and curettage* (non-pregnant): Done with or without a lower level resident and faculty present.
- Anterior/posterior colporrhaphy*: Done with or without a lower level resident and faculty present.

* All gyn surgery requires an attending be present and scrubbed in the operating room during the critical part of each procedure.