Educational Goals & Objectives

The Women’s Health rotation will provide the resident with an opportunity to become skilled in the prevention, evaluation and management of conditions unique to women, from adolescence through geriatrics. Residents will become familiar with a subset of issues in endocrinology, nutrition, psychiatry, and general internal medicine pertinent to the care of their female patients.

Faculty will facilitate learning in the 6 core competencies as follows:

Patient Care and Procedural Skills

I. All residents must be able to provide compassionate, culturally-sensitive care for women.
   - R2s should seek directed and appropriate specialty consultation when necessary to further patient care.
   - R3s should be able to coordinate input from multiple consultants and manage conflicting recommendations.

II. All residents will demonstrate the ability to take a complete medical history, with particular attention to family history with respect to heritable female cancers, social history, menstrual history, sexual and pregnancy history, and review of past pap and mammogram results.
   - R2s will independently obtain the above information, in addition to screening for drug and alcohol abuse, and mood and eating disorders.
   - R3s will become proficient in obtaining history regarding sensitive topics, such as sexual orientation, sexual dysfunction, and domestic violence.

III. Residents should be able to perform a focused physical exam.
   - R1s should be able to perform routine breast, pelvic, bimanual exam, and thyroid exams.
   - R2s should be able to characterize abnormal findings on breast and axillary exam as well as on internal and external vaginal exam, including cystocele, rectocele, uterine prolapse, pediculosis, masses, lichen planus, cervicitis, vaginitis, warts, ulcers, imperforate hymen, and pelvic masses.
   - R3s should be able to independently perform a complete female exam and understand the sensitivity and specificity of physical findings.

IV. Residents will understand the indications, contraindications, complications, limitations, and interpretation of the following procedures, and become competent in their safe and effective use:
   - R1s: PAP smear, HPV testing
   - R2s: fitting diaphragm, removal of foreign body from vagina
   - R3s: IUD insertion

In addition, residents will demonstrate knowledge of and be able to counsel patients and/or families regarding:
• R1s: contraceptive use, hormone replacement therapy
• R2s: cosmetic/reconstructive surgery, rape protocol
• R3s will counsel patients independently and in the setting of more complex comorbidities.

Medical Knowledge

I. R1s will develop a basic understanding of the pathophysiology and approach to common complaints faced by female patients, such as:
  • Abnormal menstruation, vaginal bleeding
  • Abnormal Papanicolaou smear
  • Bladder pain
  • Breast lump, tenderness, nipple discharge
  • Contraception
  • Cystocele, enterocele, rectocele, uterine prolapse
  • Dyspareunia
  • Eating disorders
  • Genital warts
  • Hirsutism
  • Hot flashes and other perimenopausal symptoms
  • Incontinence
  • Infertility
  • Pelvic mass or pain
  • Pre- and post-conception counseling and symptoms and signs of early pregnancy
  • Post-traumatic stress disorder
  • Vaginal symptoms
  • Varicose veins

R2s should become familiar with patterns of medical illness in pregnancy and the treatment of medical disorders in pregnancy. R2s should be able to incorporate presenting information into the context of past medical history and a risk assessment to generate a differential diagnosis and a more thorough plan of care.

R3s should be able to evaluate patients presenting with emotional or physical abuse, incest, rape, and sexuality issues. R3s should be able to understand statistical concepts such as pretest probability, number needed to treat, etc. and their effect on diagnostic workup and treatment.

II. Residents will gain experience in counseling patients on following issues pertaining to women’s health care:
  • Coronary heart disease
  • Crisis and psychosocial counseling
  • Domestic violence and rape
  • Nutrition
  • STD prevention and partner counseling
III. Residents will be able to understand the indications for ordering and interpretation of results from laboratory and diagnostic studies, including:

For R1s
- Chlamydia culture
- Pelvic ultrasound
- Urine pregnancy test
- Wet mount

For R2s
- Aspiration of breast mass; incision and drainage of breast abscess
- Bladder function tests
- DEXA scans
- Mammography
- Papanicolaou pathology report
- Sex hormone assays

For R3s, colposcopy and biopsy, dilation and curettage, endometrial biopsy, and fertility studies. R3s should be able to independently plan diagnostic evaluation and appropriate therapeutic interventions based on test results.

Practice-Based Learning and Improvement

I. All residents should be able to access current clinical practice guidelines from www.womenshealth.gov, journals, and other sources to apply evidence-based strategies to patient care.

II. R2s and R3s should develop increasing independence in evaluating studies in published literature, through Journal Club and independent study.

III. All residents should learn to function as part of a team, including the OB/GYN, dietician and social worker to optimize patient care.

IV. All residents should respond with positive changes to feedback from members of the health care team.

Interpersonal and Communication Skills

I. R1s must demonstrate organized and articulate written (electronic) and verbal communication skills that build rapport with patients and families, convey information to other health care professionals, and provide timely documentation in the chart.

II. R2s must also develop interpersonal skills that facilitate collaboration with patients, their families, and other health professionals.

III. R3s should demonstrate leadership skills to build consensus and coordinate a multidisciplinary approach to patient care.

IV. R3s must be able to elicit information or agreement in situations with complex social dynamics, for example, identifying risks for domestic violence, identifying the power of attorney or surrogate decision maker, and resolving conflict among family members with disparate wishes.
Professionalism

I. Residents must demonstrate a commitment to carrying out professional responsibilities.
II. All residents should be able to educate patients and their families in a manner respectful of gender, cultural, religious, economic, and educational differences on choices regarding their care.
III. R2s should be able to use time efficiently in the clinic to see patients and chart information.
IV. R3s should be able to provide constructive criticism and feedback to more junior members of the team.

Systems-Based Practice

I. R1s must have a basic understanding that their diagnostic and treatment decisions involve cost and risk and affect quality of care.
II. R2s must be able to discuss alternative care strategies and the cost and risks involved in current quality issues in Women’s Health, such as cancer screening.
III. R3s must demonstrate an awareness of and responsiveness to established quality measures, risk management strategies, and cost of care within our system.

Teaching Methods

I. Supervised patient care in the clinic
   - Residents will initially be directly observed with patients, to facilitate the acquisition of excellent history taking, physical exam, and procedural skills.
   - As residents become more proficient, they will interact independently with patients and present cases to faculty.
     - For R1s, initial emphasis will be on diagnosis and basic management.
     - For R2s and R3s, focus will be on medical decision-making, and residents will work with supervising physicians to finalize a care plan.

II. Conferences
   - Daily noon conference
   - Journal club

III. Independent study
   - Journal and Textbook reading
     - MKSAP
   - Additional reading as recommended by Attending physician
   - Online educational resources
     - Up To Date
     - Clinical Key
Evaluation

I. Case and procedure logs
II. Mini-CEX bedside evaluation tool
III. Verbal mid-rotation individual feedback
IV. 360 Evaluation
V. Attending written evaluation of resident at the end of the month based on rotation observations and chart review.

Rotation Structure

I. Residents should contact the physician supervisor the day prior to determine start time and location.
II. Residents should spend the majority of their time in clinic, with the exception of required conferences or patient-related time elsewhere in the hospital.
   - Rotations are a “hands-on” learning experience. If you have a resident, send them to see a patient. Try to let them do a majority of the procedures.
   - Case-based learning is very effective. Give your resident patient-based questions to research and report back to you.
   - Consider having your resident do a short presentation to the group on a pertinent topic.
   - When doing consults, ensure the resident understands the question asked and provides a concise answer.
III. Call and weekend responsibilities TBD by the attending physician.
   - Hours worked must be consistent with ACGME requirements and are subject to approval by the Program Director.
IV. Residents have noon conferences and should be excused in a timely fashion to attend.