

**West Virginia University-Charleston Division**  
**Department of Obstetrics & Gynecology**

**Obstetrics Rotation Goals and Objectives**

**Goals:**

- Develop appropriate skills necessary to diagnose and properly manage obstetrical and medical complications in the antepartum, intrapartum, and postpartum care of pregnant patients.
- Demonstrate the knowledge necessary to formulate and the skill necessary to carry out an appropriate plan for the delivery of pregnant patients including vaginal deliveries, vaginal deliveries after Cesarean section, operative vaginal deliveries, and Cesarean deliveries.
- Demonstrate a knowledge of appropriate laboratory testing, diagnostic procedures, and fetal surveillance used during pregnancy.
- Demonstrate an understanding of genetics including the ability to offer and interpret appropriate testing and provide appropriate patient counseling.
- Be able to provide immediate care including resuscitation of the newborn.
- Develop the ability to counsel pregnant women regarding nutrition, exercise, health maintenance, high-risk behaviors, and preparation for childbirth.

**Objectives:**

Clinic:

- Be present and on time to all assigned clinics.
- Complete all necessary documentation.
- Review all patient encounters with the appropriate attending.
- Demonstrate professional behavior in interactions with patients, family members, and clinic staff.
- Demonstrate proper counseling skills for patients with abnormal findings or high risk conditions.

Labor Hall:

- Ensure that all patients being admitted to the hospital have been presented with a management plan to the appropriate attending.
- Ensure all members of the team are informed about the management plan and provide consistent information to the patient
- Complete accurate documentation on all patient's charts including the management plan.
- The appropriate attending should be reflected in the chart documentation.
- Be prepared to clearly demonstrate you have knowledge about any procedures you are to perform prior to a surgery.
- Be familiar with the indications, potential complications, and contraindications that have been associated with each obstetrical procedure you are mastering.
- Dictate all operative reports within 12 hours of surgery. The report must be accurate and should be corrected prior to signature.

Antepartum Floor:

- Complete rounds daily to include weekends and holidays.
- Weekend rounds need to be coordinated among residents and the assigned attending must be properly informed of all inpatients
- Notes must be present on the chart by 8:00 a.m. All medical student notes should be co-signed by that time.
- Be present and on time to attending rounds.
- Inform staff of any significant patient occurrences.
- Those patients having complicated hospital courses must have detailed notes written by senior residents.
- Ensure that all narrative summaries are dictated in a timely fashion.
- Sign charts on Electronic Medical Records regularly, at least weekly.

Other:

- Accomplish all assigned reading and be present for weekly quizzes.
- Attend all academic activities.
- Provide teaching to medical students rotating on your service.
- If time allows, be prepared to give a short educational discussion on unusual or interesting occurrences.

## **LEARNING OBJECTIVES**

### **PGY 1:**

At the conclusion of the first PG year, the resident should be able to:

1. Write an accurate H&P and order appropriate admission labs for OB patients
2. Provide informed consent for uncomplicated preoperative patients undergoing vaginal deliveries and cesarean deliveries
3. Perform Leopold maneuvers for presentation and estimated weight
4. Locate and document fetal heart tones
5. Accurately assess cervical dilation, effacement, station and position
6. Perform an uncomplicated spontaneous vaginal delivery
7. Give local anesthesia for delivery and immediate postpartum care
8. Appropriately perform and repair episiotomies
9. Provide routine postpartum care to uncomplicated patients
10. Perform as primary surgeon on uncomplicated primary cesarean deliveries
11. Accurately interpret FHR patterns
12. Place a fetal scalp electrode
13. Perform artificial rupture of membranes
14. Place an intrauterine pressure catheter
15. Perform a sterile speculum exam to diagnose rupture of membranes
16. Perform neonatal circumcision
17. Perform a postpartum tubal ligation

18. Appropriately prescribe/order RhoGam, pitocin, cervical ripening agents, postpartum contraception, and postpartum analgesia
19. Recognize and manage postpartum endometritis
20. Recognize and manage postpartum hemorrhage
21. Recognize and manage mastitis
22. Manage postoperative cesarean wound infection
23. Dictate operative notes and discharge summaries in a timely fashion

**PGY 2:**

At the conclusion of the second PG year, the resident should be able to:

1. Meet all the learning objectives of the PGY-1 resident
2. Manage antepartum patients with hypertension and preeclampsia
3. Manage patients with intrauterine growth restriction
4. Manage preterm labor
5. Manage bleeding in any trimester of pregnancy
6. Manage oligohydramnios and polyhydramnios
7. Manage a nonreactive NST or abnormal biophysical profile
8. Identify and manage abnormal Doppler velocimetry
9. Work up and manage an intrauterine fetal demise
10. Manage labor dystocia
11. Manage malpresentation
12. Perform repeat cesarean sections
13. Perform operative vaginal deliveries (forceps and/or vacuum)
14. Perform neonatal resuscitation
15. Perform a pudendal block
16. Appropriately order and manage tocolytic agents
17. Repair 3<sup>rd</sup> degree lacerations

**PGY 3/4:**

At the conclusion of the third/fourth PG year, the resident should be able to:

1. Meet all the learning objectives of the PGY 1 & 2 resident
2. Manage patients with an incompetent cervix
3. Perform appropriate antepartum surgical procedures
4. Manage neurologic disorders in pregnancy
5. Manage diabetic patients in pregnancy, including use of oral agents and insulin
6. Appropriately screen for and manage thrombophilia disorders in pregnancy
7. Manage critically ill patients
8. Manage HELLP syndrome and eclampsia
9. Manage episiotomy infection and breakdown
10. Manage fetal complications and anomalies including fetal arrhythmias, twin-twin transfusion, isoimmunization, non-immune hydrops.
11. Perform amniocentesis for fetal lung maturity

12. Perform classical cesarean section
13. Manage patients with vasa previa, placenta previa, and placenta accreta
14. Coordinate transfer of high risk patients from outlying facilities
15. Perform consults under the supervision
16. Take the leadership role in managing the OB service team, including taking a role in the education of junior level residents and medical students.
17. Assure adequate check-out of the management plans for all patients being followed on the OB service at all shift changes
18. Understand and facilitate enrollment of patients in home health care agencies or other appropriate outpatient services.

## **EVALUATIONS**

Residents will be expected to inform attendings when they are going to do a Focused Assessment Competency (FAC) on a procedure. The resident is responsible to make sure the FACs are done for all required procedures. Resident evaluations will be done at the completion of the rotation. Evaluations will be based on the six competencies. Obstetric Service attendings, clinical faculty, and others may have input in the evaluations of the residents' performances. A summary evaluation will be given to the Residency Program Director for review at the next Residency Advisory Committee meeting and review with the resident at his/her scheduled evaluation meeting. If deficiencies are identified at mid-rotation, improvement goals will be discussed and ongoing feedback will be given.

## **REQUIRED READING**

Williams Obstetrics  
Maternal Fetal Medicine (Creasy and Resnick)

## **SUPERVISION OF RESIDENTS**

The residency maintains 24-hour-a-day presence of a faculty member in the hospital without exception. On site supervision is provided for all patient care activities in the clinic, and faculty members are immediately available for any clinical activities taking place in the operating rooms or on Labor and Delivery. The chief resident on the OB Service is responsible to know which faculty member is covering Labor and Delivery at all times and the GYN Service chief resident is responsible to know which faculty member is responsible for the GYN Service.

While an attending physician is always available, it is the goal of this program to provide graduated and increasing level of independence in resident action as a resident progresses through his/her residency. The interns will be under direct supervision for all patient examinations until they are deemed competent. The interns and 2<sup>nd</sup> year residents may function under indirect supervision at the

discretion of the attending. By the time the residents have reached the senior level (ie, 3<sup>rd</sup> and 4<sup>th</sup> year), they may work under attending oversight at the discretion of the attending (patient encounter may be reviewed with the attending).