



Council on Resident Education in Obstetrics and Gynecology

Educational OBJECTIVES

Core Curriculum in Obstetrics and Gynecology

11th Edition



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

CREOG Educational Objectives: Core Curriculum in Obstetrics and Gynecology, 11th Edition, was developed by members of the Education Committee approved by the Council on Resident Education in Obstetrics and Gynecology (CREOG). It should not be viewed as a body of rigid rules and serves as a guideline to residency curriculum development. The information is general and intended to be adapted to many different situations, taking into account the needs and resources particular to the locality, the institution, or the type of practice. Variations and innovations that improve the quality of patient care are encouraged.

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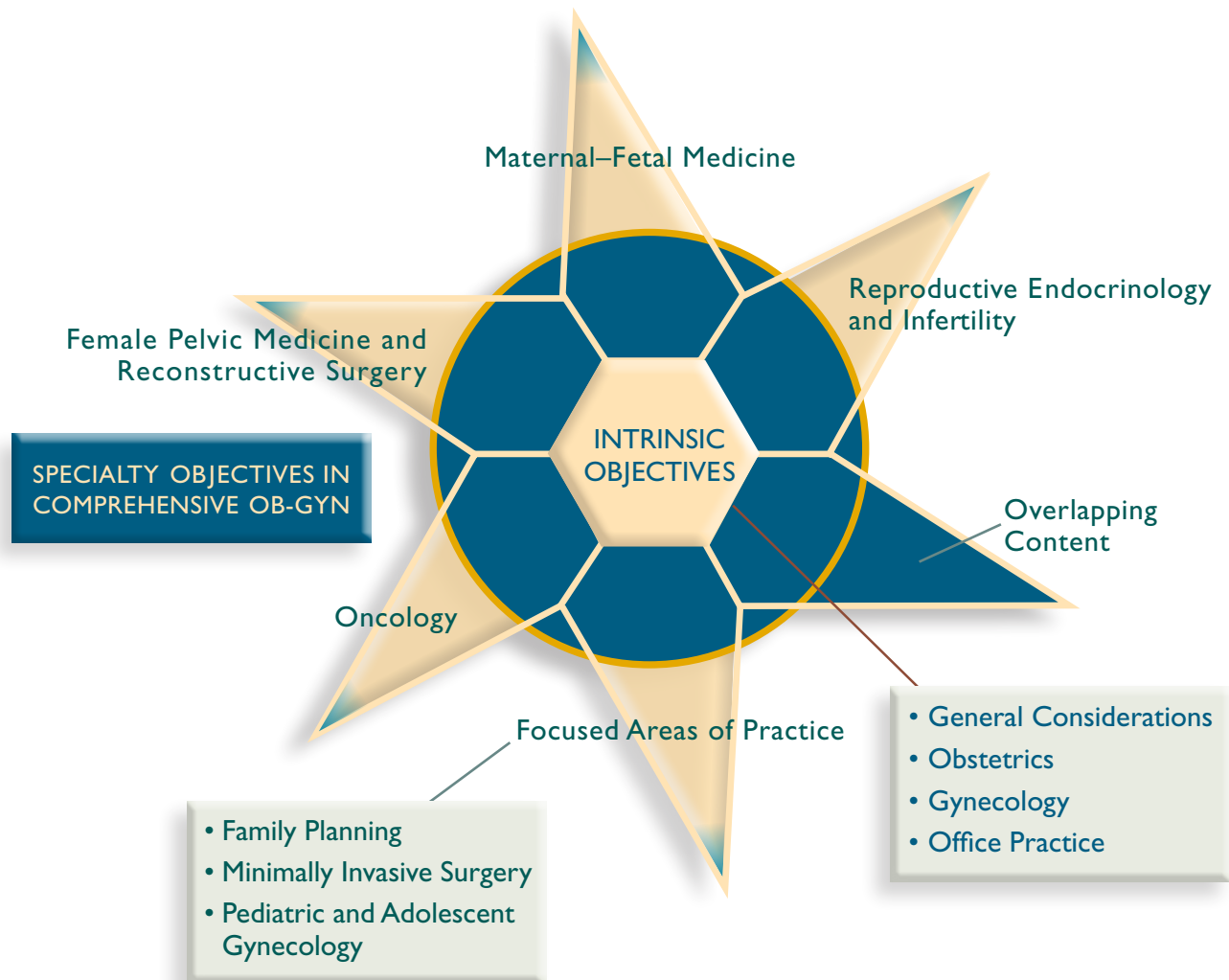
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Introduction

CREOG Educational Objectives: Core Curriculum in Obstetrics and Gynecology, 11th Edition, was developed by members of the Education Committee approved by the Council on Resident Education in Obstetrics and Gynecology (CREOG). The information serves as a guideline to curriculum development and is intended to be adapted to many different situations, taking into account the needs and resources particular to the locality, the institution, or the type of practice. Variations and innovations that improve the quality of resident education and patient care are encouraged. A comprehensive residency program in obstetrics and gynecology should encompass the specialty and intrinsic objectives.



Preface

The Council on Resident Education in Obstetrics and Gynecology (CREOG) published the first edition of *Educational Objectives for Residency Programs in Obstetrics and Gynecology* in 1976 to establish a general framework for a comprehensive residency education curriculum and make it easier for programs to establish realistic, practical learning objectives. The 11th Edition of *Educational Objectives: Core Curriculum in Obstetrics and Gynecology* recognizes the dynamic nature of the specialty and has been revised extensively by the CREOG Council and the CREOG Education Committee to more accurately reflect the practice of the specialist (formerly known as the generalist) in obstetrics and gynecology. These objectives serve as a guide for a core curriculum for resident education in obstetrics and gynecology.

The current revision focuses on the skills and knowledge that an obstetrician–gynecologist (ob-gyn) needs to practice the specialty. The objectives reflect surveys of practicing physicians (including specialists and subspecialists), topics of the American Board of Obstetrics and Gynecology required for certification, workforce trends, and the competencies and milestones of resident education as sanctioned by the Accreditation Council for Graduate Medical Education Residency Review Committee in obstetrics and gynecology.

The CORE curriculum objectives and obstetric and gynecologic procedures are grouped into two categories:

1. **Intrinsic Objectives:** Topics that all ob-gyns (specialists and subspecialists) learn and maintain throughout their careers. The Intrinsic Objectives are grouped into General Considerations, Obstetrics, Gynecology, and Office Practice and may be taught in any year of residency.
2. **Specialty Objectives:** Topics for specialists in comprehensive obstetrics and gynecology. These objectives may be taught in any year of residency and are not necessarily progressive (linear) from those in the Intrinsic Objectives. The Specialty Objectives include aspects of Maternal–Fetal Medicine (MFM), Oncology (ONC), Reproductive Endocrinology and Infertility (REI), and Female Pelvic Medicine and Reconstructive Surgery (FPMRS). In addition, there are objectives that fall into overlapping content and focused areas of practice.

Finally, **Procedures** have been designated according to their performance by ob-gyns throughout their careers. Surgical management includes preoperative considerations, informed consent, patient safety, and postoperative care as well as procedural proficiency.

The 11th Edition of *Educational Objectives: Core Curriculum in Obstetrics and Gynecology* represents a major revision to accommodate the evolution of the clinical learning environment, the profession, and the expectations of patients.

Unit 1

INTRINSIC OBJECTIVES: GENERAL CONSIDERATIONS

Intrinsic Objectives are topics that all obstetrician–gynecologists (specialists and subspecialists) learn and maintain their knowledge of throughout their careers. The Intrinsic Objectives are grouped into General Considerations, Obstetrics, Gynecology, and Office Practice and may be taught in any year of residency. *The specialist in obstetrics and gynecology (formerly generalist) also should know and maintain the Specialty Objectives (pg. 19).*

I. BASIC SCIENCE—OVERLAPPING CONTENT

A. Describe the physiology of the normal menstrual cycle, including the following:

1. Changes at puberty
2. Changes during perimenopause
3. Awareness of timing of fertilization

B. Describe patterns of inheritance.

1. Mendelian modes (eg, autosomal dominant, autosomal recessive, X-linked)
2. Non-Mendelian modes (eg, mitochondrial, imprinting, polygenic)

C. Describe the anatomy of the abdomen and pelvis.

1. Anterior and posterior abdominal wall
2. Pelvic floor
3. Retroperitoneal space
4. Para-aortic space
5. External genitalia
6. Pelvic organs

D. Describe the basic anatomy of the breast.

E. Describe the embryology of the pelvis and pelvic organs.

1. Describe normal development.
2. Describe abnormal development, including the following:
 - a. Ambiguous genitalia
 - b. Müllerian agenesis
 - c. Vaginal/uterine septum

F. Describe gametogenesis.

G. Describe the general principles of drug delivery, distribution, metabolism, and excretion.

H. Describe the mechanism of action of reproductive drugs, including the following:

1. Contraceptives
2. Prostaglandin inhibitors
3. Antiestrogens and antiprogestins

I. Describe the physiology of wound healing.

J. Describe the microbiologic principles germane to the diagnosis and treatment of gynecologic infectious diseases.

1. Describe the normal bacteriologic flora of the lower genital tract.
2. Describe the epidemiologic principles involved in the spread of infectious diseases.
 - a. In patients
 - b. In partners
 - c. In health care providers
3. Describe the immunologic response to infection.

II. PATIENT CARE

A. Perform a complete history and examination specific to a patient's symptoms and appropriate for that patient's age and condition.

B. Counsel patients regarding the age-appropriate use of vaccinations.

C. Describe behavior patterns suggestive of substance abuse.

1. Know appropriate screening tools.
2. Initiate therapy with consultation as necessary.

D. Crisis intervention

1. Recognize the following:
 - a. Abuse (sexual, physical, and psychologic)
 - b. Violence
 - c. Substance
 - d. Psychosocial concerns
2. Initiate management and appropriate counseling or referral.

III. COMPLICATIONS

A. Understand risk factors, etiologies, signs and symptoms, evaluation, initial management, and indications for referral for the following:

1. Wound infection and dehiscence
2. Injury to the urinary tract
3. Cardiovascular and pulmonary events (eg, deep vein thrombosis/pulmonary embolism, myocardial infarction, stroke, aspiration pneumonia)
4. Acute and chronic blood loss
5. Allergic drug reactions

IV. NONCLINICAL OVERLAPPING CONTENT

A. Communication

1. Obtain and provide information using effective listening, nonverbal, explanatory, questioning, and writing skills.
2. Locate, appraise, and assimilate evidence from scientific studies and appropriately apply to patient care.
3. Describe the difference between a screening test and a diagnostic test.
4. Use information technology to support patient care.
 - a. Maintain comprehensive and accurate medical records.
 - b. Describe current standards for the protection of health-related patient information.
 - c. Use online resources.

B. Demonstrate professionalism.

1. Demonstrate caring and respectful behavior when interacting with patients, families, and professional colleagues, taking the following into consideration:
 - a. Culture
 - b. Age
 - c. Gender identity and sexual orientation
 - d. Socioeconomic status
 - e. Beliefs
 - f. Behaviors
 - g. Disabilities
2. Demonstrate respect, compassion, integrity, and responsiveness to the needs of patients and society that supersedes self-interest.
3. Describe and demonstrate basic ethical concepts, such as autonomy, beneficence, justice, and nonmaleficence.
 - a. Accountability to patients, society, and the profession
 - b. Uncompromised honesty
 - c. Commitment to ethical principles pertaining to the provision or withholding of clinical care
 - d. The principle of justice and the use of limited medical resources
 - e. Differences in ethical decision making based on whether the patient is an adult or a child
 - f. Ethical implications of commonly used obstetric and gynecologic technologies
 - g. Ethical principles pertaining to complex patient care questions
4. Understand the need for a commitment to excellence and ongoing professional development, including the following:
 - a. Maintain medical licensure, board certification, credentialing, hospital staff privileges, and liability insurance.
 - b. Identify areas for personal and practice improvement and implement strategies to enhance knowledge, skills, attitudes, and processes of care, and make a commitment to life-long learning.
5. Maintain a good work ethic (eg, positive attitude and high level of initiative).
 - a. Develop and maintain habits of punctuality and efficiency.
 - b. Demonstrate receptiveness to instruction and feedback.
 - c. Develop skills for providing constructive feedback.

C. Work with health care professionals in multidisciplinary teams.

1. Provide effective and professional consultation to other physicians and health care providers.
2. Communicate effectively with others as a member or leader of a health care team.
3. Facilitate the learning process for students and other health care professionals.
4. Develop awareness of the roles and effects of other health care professionals, the health care organization, and society on patient care.
5. Recognize the value of input from all members of the health care team and methods by which to facilitate communication among team members.

D. Describe the process of informed health care decision making.

1. Demonstrate an understanding of the use of advance directives, living wills, durable power of attorney for health care, and strategies for the resolution of ethical conflicts.
2. Counsel patients and family members about advance directives, living wills, do not resuscitate orders, power of attorney, and surrogate decision making.
3. Describe the appropriate indications and the medical, ethical, and legal implications for a do not resuscitate order.
4. Describe surrogate decision making for incapacitated patients, including who can act and should act as a proxy decision maker.
5. Examine the personal values and preferences for end-of-life treatment and the values of diverse patients.
6. Describe the legal, ethical, and emotional issues surrounding withholding and withdrawing medical therapies.

E. Attend to physician wellness for themselves and for professional colleagues.

1. List preventive stress-reduction activities and describe their value.
2. Identify the warning signs of excessive stress, burnout, or substance abuse.
3. Intervene promptly when evidence of excessive stress or substance abuse is exhibited.
4. Understand the signs of fatigue and intervene promptly when they are exhibited.

F. Practice cost-effective health care and resource allocation while optimizing quality of care.

1. Describe different types of medical practice and delivery systems, including methods of controlling health care costs and allocating resources.
2. Describe common methods of health care financing.
3. Understand the documentation necessary for billing and coding.

G. Advocate for the patient, women's health, and the field of obstetrics and gynecology.

1. Describe how economic and political factors affect social determinants of health.
2. Understand the factors that lead to health care disparities, including race, ethnicity, age, gender, disability, geographic location, and socioeconomic circumstance.
3. Describe the role of the women's health care provider in advocating for patient populations and the individual patient, particularly underserved and vulnerable women.

H. Acknowledge that patient safety is always the first concern of the physician.

1. Participate in hospital and departmental quality improvement activities and patient safety initiatives.
 - a. Describe the process of quality assessment and improvement, including the role of clinical indicators, criteria sets, and utilization review.
 - b. Demonstrate an ability to cooperate with other medical personnel to correct system problems and improve patient care.
2. Demonstrate understanding of institutional disclosure processes and participate in disclosure and discussion of adverse events with patients.
 - a. Demonstrate the ability to discuss errors in management with peers and patients to improve patient safety.

I. Understand risk management and professional liability.

1. List the major types of liability insurance.
2. Describe the most common reasons for professional liability claims and understand risk-reduction strategies.

Unit 2

INTRINSIC OBJECTIVES: OBSTETRICS

Intrinsic Objectives are topics that all obstetrician–gynecologists (specialists and subspecialists) learn and maintain their knowledge of throughout their careers. The Intrinsic Objectives are grouped into General Considerations, Obstetrics, Gynecology, and Office Practice and may be taught in any year of residency. *The specialist in obstetrics and gynecology (formerly generalist) also should know and maintain the Specialty Objectives (pg. 19).*

I. BASIC SCIENCE – MECHANISM OF DISEASE

- A. Describe and evaluate the major physiologic changes and symptoms in a pregnant patient. Interpret common diagnostic tests in each organ system in the context of normal physiologic changes of pregnancy.
 - 1. Nutritional needs/vitamin supplements (ie, folic acid, iron supplements)
 - 2. Immune system/immunizations
 - 3. Cardiovascular system
 - 4. Pulmonary system
 - 5. Hematologic system
 - 6. Renal system
- B. Describe the musculoskeletal, neurologic, and vascular changes to the pelvis, vulva, and breast.
 - 1. Antepartum
 - 2. Intrapartum
 - 3. Postpartum

C. Describe embryologic and fetal development from fertilization until term.

1. Morphology and anatomy
2. Immunology
3. Fetal organogenesis
4. Placentation

D. Describe the effect of pregnancy on pharmacokinetics.

1. Serum and tissue drug concentrations
2. Factors influencing placental drug transfer

E. Describe principles of teratology.

F. Describe fetal risk associated with the following:

1. Antivirals
2. Antibiotics
3. Hormones
4. Anesthetic agents
5. Radiation (ie, X-ray)
6. Recreational drugs
7. Nonprescription drugs

II. ANTEPARTUM CARE

A. Perform a history and physical examination during pregnancy.

1. Identify risk factors for pregnancy complications.
2. Establish gestational age.

B. Counsel the pregnant patient on the following:

1. Lifestyle modifications
 - a. Expected weight gain based on body mass index
 - b. Diet
 - c. Exercise
 - d. Sexual health
 - e. Healthy lifestyle
2. Effects of pregnancy on medical conditions
3. Warning signs of adverse pregnancy events
4. Previous cesarean delivery and implications on current delivery mode

- C. Describe socioeconomic, family, and environmental effects on access to care and pregnancy outcomes.
- D. Understand the gestational age-appropriate testing and treatment of routine prenatal care.
- E. Counsel patients on breastfeeding.
 - 1. Describe the effects of medical and surgical conditions on breastfeeding.
 - 2. Understand drug transfer or effect of medication on breastfeeding.

III. OBSTETRIC COMPLICATIONS

- A. For the following obstetric complications, describe the differential diagnosis, perform a pertinent history and physical examination, and evaluate and perform initial management, including the following:
 - 1. First-trimester, second-trimester, and third-trimester vaginal bleeding
 - 2. Abnormal placentation
 - 3. Urinary tract infections
 - 4. Preterm labor
 - 5. Hypertensive disorders
 - 6. Premature rupture of membranes
 - 7. Hyperemesis gravidarum
 - 8. Emergency care during pregnancy (including surgical/trauma)

IV. INTRAPARTUM CARE

- A. Evaluate the woman presenting in labor.
- B. Define and describe the normal course of labor, including diagnosis and management.
- C. Define and describe abnormal labor, including diagnosis and management.
- D. Perform and interpret intrapartum fetal monitoring.
 - 1. Intermittent auscultation
 - 2. Electronic fetal heart rate monitoring
 - a. Define normal and abnormal heart rate and variability.
 - b. Define types of heart rate patterns.
 - c. Describe appropriate interventions for abnormal fetal heart rate patterns.

E. List indications for and complications of the following:

1. Normal vaginal delivery
2. Episiotomy
3. Forceps-assisted delivery
4. Vacuum-assisted delivery
5. Cesarean delivery

F. List risk factors of, diagnose, and perform initial management of the following obstetric complications:

1. Shoulder dystocia
2. Obstetric lacerations
3. Postpartum hemorrhage
4. Uterine inversion
5. Uterine rupture
6. Perineal hematoma
7. Chorioamnionitis
8. Retained placenta
9. Umbilical cord prolapse

V. NEWBORN CARE

- A. Perform an immediate assessment of the newborn.
- B. Resuscitate a depressed neonate.
- C. Describe techniques and indications for collection of umbilical cord blood.

VI. POSTPARTUM CARE

- A. Describe the normal course of the puerperium.
- B. Diagnose and perform initial management of postpartum complications, including the following:
 1. Uterine hemorrhage
 2. Infections
 3. Urinary tract injury
 4. Mastitis/breast abscess
 5. Postpartum depression

Unit 3

INTRINSIC OBJECTIVES: GYNECOLOGY

Intrinsic Objectives are topics that all obstetrician–gynecologists (specialists and subspecialists) learn and maintain their knowledge of throughout their careers. The Intrinsic Objectives are grouped into General Considerations, Obstetrics, Gynecology, and Office Practice and may be taught in any year of residency. *The specialist in obstetrics and gynecology (formerly generalist) also should know and maintain the Specialty Objectives (pg. 19).*

I. DISORDERS OF THE UROGENITAL TRACT AND BREAST

- A. Perform a pertinent history and physical examination and describe physical findings, serum markers, diagnostic testing, imaging, and initial treatment of benign pelvic conditions, including the following:
 - 1. Uterine leiomyomas
 - 2. Cystic and solid adnexal/ovarian masses
 - 3. Tubo-ovarian abscess
 - 4. Pelvic inflammatory disease
 - 5. Adnexal torsion
 - 6. Diverticulitis
 - 7. Appendicitis
- B. Obtain an appropriate social and mental health history; describe the expected pathophysiology, history, physical findings, serum markers, diagnostic testing, and imaging; and perform initial management of chronic pelvic pain, including the following:
 - 1. Endometriosis
 - 2. Adenomyosis
 - 3. Musculoskeletal pain

4. Fibromyalgia
 5. Irritable bowel
 6. Pudendal neuralgia
- C. Perform a pertinent history and physical examination for a woman experiencing pelvic support defects, urinary incontinence, or fecal incontinence.

II. FIRST-TRIMESTER PREGNANCY FAILURE

- A. Define the following conditions, describe the etiology, obtain an appropriate history and physical examination, perform an evaluation including imaging, describe initial management, and list complications and indications for referral:
1. Spontaneous abortion
 2. Ectopic pregnancy

III. CRITICAL CARE

- A. Define the following conditions; describe the etiology and signs and symptoms; obtain an appropriate history and physical examination; perform an evaluation, including imaging; describe initial management; and list complications and indications for referral:
1. Toxic shock syndrome
 2. Necrotizing fasciitis
 3. Septic shock
 4. Adult respiratory distress syndrome

IV. CERVICAL NEOPLASIA

- A. Describe the epidemiology and clinical manifestations of cervical dysplasia.
- B. Obtain a pertinent history in a woman with an abnormal Pap test result.
- C. List screening tests for cervical cancer.
- D. List risk factors for cervical cancer.
- E. Interpret the results of diagnostic procedures for cervical dysplasia and cervical cancer.
- F. List indications for referral.

V. FEMALE MALIGNANCIES

A. For the following malignancies, obtain an appropriate family history and list screening tests, risk factors, and indications for referral:

1. Uterine cancer
2. Ovarian cancer
3. Fallopian tube cancer
4. Vulvar cancer
5. Vaginal cancer
6. Breast cancer

Unit 4

INTRINSIC OBJECTIVES: OFFICE PRACTICE

Intrinsic Objectives are topics that all obstetrician–gynecologists (specialists and subspecialists) learn and maintain their knowledge of throughout their careers. The Intrinsic Objectives are grouped into General Considerations, Obstetrics, Gynecology, and Office Practice and may be taught in any year of residency. *The specialist in obstetrics and gynecology (formerly generalist) also should know and maintain the Specialty Objectives (pg. 19).*

I. PERIODIC HEALTH ASSESSMENT

A. Perform routine preventive and health maintenance care.

1. Perform age-appropriate history and physical examination.
2. Provide appropriate screening, immunizations, and lifestyle and life-phase counseling, such as reproductive health or menopause counseling.
3. Initiate management or appropriate referral.

B. Understand the effect of genetics on periodic assessment of a patient and initiate appropriate referral for further evaluation.

C. Develop the patient–physician relationship and gain the patient’s confidence and cooperation in obtaining a history and performing the physical examination. Appreciate that many factors can affect the individual’s overall health, including the following:

1. Age
2. Race
3. Ethnic and cultural background
4. Sexual preference
5. Gender identity
6. Lifestyle

7. Personality
8. Mental status
9. Health care literacy
10. Level of comfort and modesty

II. FOCUSED AREAS IN GYNECOLOGIC CARE

A. Describe and counsel patients on contraception, including the following:

1. Options and effectiveness
2. Usage and available options
3. Contraindications
4. Mechanism of action
5. Benefits and risks

B. Pediatric/adolescent gynecology

1. Address the unique needs of pediatric and adolescent gynecology patients, including the following:
 - a. Normal and abnormal pubertal development
 - b. Primary amenorrhea
 - c. Breast masses
 - d. Dysmenorrhea
 - e. Vulvovaginitis
 - f. Sexuality
 - g. Contraceptive needs
 - h. Screening for sexually transmitted infections
 - i. Pregnancy
 - j. Sexual abuse
 - k. Ovarian diseases and masses
2. Describe indications for referral.

C. Abortion

1. Understand the etiology and initial management of spontaneous abortion.
2. Discuss available options for induced abortion and understand the public health aspect of abortion services for women's health.
3. Describe indications for referral (of patients needing abortion services).

D. Sexual health

1. Use a positive, respectfully inclusive approach to gender systems, gender identity, and sexual preference that supports sexuality, sexual relationships, and pleasurable and safe sexual experiences that are free of coercion, discrimination, and violence by doing the following:
 - a. Understanding normal sexual function and physiology
 - b. Obtaining a sexual health history and physical examination
 - c. Understanding common sexual dysfunction
 - d. Making sensitive referrals for identified problems

E. Domestic violence and sexual abuse

1. Define abuse (sexual, physical, and psychologic), violence, substance abuse, and psychosocial abuse; obtain a pertinent history and physical examination; and manage, counsel, and make appropriate referral for patients who are victims of domestic violence, sexual abuse, or both.

F. Breast conditions and disorders

1. Understand benign disorders of the breast (eg, nipple discharge, pain, and asymmetry).
2. Evaluate and initially manage patients with a breast mass.
 - a. Describe characteristics of benign versus malignant breast masses.
 - b. Perform an evaluation (physical examination; testing; imaging; and indications for biopsy, referral, or both).
 - c. List risk factors for breast cancer.

III. GYNECOLOGIC DISORDERS

A. Define each of the following disorders, perform a pertinent history and physical examination, develop a differential diagnosis, perform appropriate diagnostic testing, and describe the initial management and indications for referral:

1. Dysmenorrhea
2. Amenorrhea
3. Abnormal uterine bleeding
4. Infertility
5. Benign vulvar and vaginal disorders and infections
6. Sexually transmitted infections

IV. MANAGEMENT OF NONGYNECOLOGIC CONDITIONS AND DISORDERS

A. Define each of the following, perform a pertinent history and physical examination, develop a differential diagnosis, perform appropriate diagnostic testing, and describe the initial management and indications for referral:

1. Thyroid disease
2. Gastrointestinal disease
3. Genitourinary disease
4. Musculoskeletal (low back pain or sprains) disease
5. Osteoporosis
6. Overweight/obesity
7. Underweight

V. PERIMENOPAUSE AND MENOPAUSE

A. Understand the definition and description.

B. Develop a differential diagnosis and pathogenesis.

C. Perform an evaluation.

1. History and physical examination
2. Imaging and testing

D. Describe initial management and subsequent counseling.

1. Medical (including behavioral and nutritional) options, including hormone therapy
2. Surgical options

VI. GERIATRIC CARE

A. Counsel and provide health care for the geriatric patient.

1. Understand the definition and description.
2. Develop a differential diagnosis and pathogenesis.
3. Perform an evaluation.
 - a. History and physical examination
 - b. Imaging and testing
4. Describe management and subsequent counseling for medical, surgical, palliative, and end-of-life care.

Unit 5

SPECIALTY OBJECTIVES

Specialty Objectives are topics for specialists (formerly known as the generalist) in comprehensive obstetrics and gynecology. These objectives may be taught in any year of residency and are not necessarily progressive (linear) from those in the Intrinsic Objectives. The Specialty Objectives include aspects of Maternal–Fetal Medicine (MFM), Oncology (ONC), Reproductive Endocrinology and Infertility (REI), and Female Pelvic Medicine and Reconstructive Surgery (FPMRS). In addition, there are objectives that fall into overlapping content, contraception, and pediatric and adolescent obstetrics and gynecology.

I. OVERLAPPING CONTENT

A. For the following conditions, perform an evaluation, including diagnostic procedures; counsel; medically manage; perform surgical treatment; and describe complications, long-term prognosis, and goals:

1. Pelvic masses
 - a. Uterine leiomyomas
 - b. Cystic and solid adnexal/ovarian masses
 - c. Tubo-ovarian abscess
 - d. Adnexal torsion
 - e. Diverticulitis
 - f. Appendicitis
2. Pelvic pain (acute or chronic), including the following:
 - a. Endometriosis
 - b. Adenomyosis
 - c. Musculoskeletal pain
 - d. Fibromyalgia
 - e. Irritable bowel
 - f. Dysmenorrhea
3. Management of spontaneous or induced abortion

4. Ectopic pregnancy
 5. Sexually transmitted infections/pelvic inflammatory disease
 6. Abnormal uterine bleeding
 - a. Polyp, adenomyosis, leiomyoma, and malignancy/hyperplasia–coagulopathy, ovulatory, endometrial, iatrogenic, not classified (PALM–COEIN)
 7. Vulvar and vaginal disorders
- B. Describe the evaluation and management, list behavioral options, provide nutritional options, counsel, and describe long-term prognosis for the following:
1. Thyroid disease
 2. Gastrointestinal disorders
 3. Urinary tract disorders
 4. Obesity
 5. Osteoporosis
- C. Use training and experience to address sexual health problems in an individual, a relationship, or a community that requires specific action for identification, prevention, and treatment by doing the following:
1. Counseling about sexual function
 2. Counseling for and managing sexual dysfunction
- D. Common complications
1. Describe and manage the following:
 - a. Wound infection and dehiscence
 - b. Injury to the urinary tract
 - c. Cardiovascular and pulmonary events (eg, deep vein thrombosis/pulmonary embolism, myocardial infarction, stroke, aspiration pneumonia)
 - d. Acute and chronic blood loss
- E. Discuss surgery in the geriatric patient.
1. Preoperative evaluation
 - a. Medical
 - b. Functional
 - c. Mental competency for understanding consent
 2. Need for referral from other specialties
 3. Need for postoperative assistance
 4. Anesthesia needs and common complications in the geriatric patient

II. MATERNAL–FETAL MEDICINE

A. Perform, order, and interpret routine gestational age-appropriate studies.

1. Serum tests
2. Imaging
3. Fetal surveillance

B. In consultation with other specialists as needed, counsel and manage patients with the following medical conditions. Describe the effects of the condition on maternal and fetal outcome and develop a plan for monitoring and managing the patient during pregnancy, delivery, and the puerperium period. Describe the prognosis and interventions for this pregnancy to minimize recurrence:

1. Hematologic disorders
2. Congenital heart disease
3. Cardiopulmonary disease
4. Asthma
5. Gastrointestinal disease
6. Neurologic disease
7. Diabetes mellitus
8. Collagen vascular disease
9. Renal disease
10. Infectious diseases
11. Emergent conditions in pregnancy, such as the following:
 - a. Pulmonary embolus
 - b. Hemorrhage
 - c. Seizure
 - d. Trauma
 - e. Cerebral vascular accident
 - f. Surgery
 - g. Obesity

C. For the following medical conditions, describe the effect of pregnancy and the appropriate screening, diagnosis, and treatment, including indications for consultation or referral:

1. Gestational diabetes
2. Diabetes mellitus
3. Renal disease
4. Cardiopulmonary disease
5. Hematologic disease (eg, anemia, thrombocytopenia)
6. Thrombotic disease
7. Gastrointestinal disease
8. Neurologic disease
9. Collagen vascular and autoimmune disease
10. Thyroid disease
11. Psychiatric disease
12. Dermatologic disease
13. Substance abuse
14. Malignancy (eg, breast cancer, ovarian cancer, gastrointestinal cancer)
15. Infectious diseases

D. For the following obstetric complications, describe the differential diagnosis, perform a pertinent history and physical examination, evaluate (using laboratory testing and diagnostic imaging), and manage appropriately. Determine and describe the prognosis and implement interventions to minimize recurrence. Determine the indications for referral to a subspecialist:

1. First-trimester, second-trimester, and third-trimester vaginal bleeding
2. Abnormal placentation
3. Urinary tract infections
4. Preterm labor
5. Hypertensive disorders
6. Premature rupture of membranes
7. Hyperemesis gravidarum
8. Emergency care during pregnancy (including surgery and trauma)
9. Multiple gestation/pregnancy

10. Fetal/intrauterine growth restriction
11. Intrauterine fetal demise in the first, second, and third trimester
12. Prior cesarean delivery
13. Uterine dehiscence
14. Postterm pregnancy
15. Thrombocytopenia
16. Isoimmunization
17. Infections/endometritis
18. Urinary tract injury
19. Mastitis/breast abscess
20. Postpartum depression
21. Postpartum hemorrhage:
 - a. Atony
 - b. Vaginal laceration
 - c. Uterine inversion
 - d. Coagulopathy

E. Counsel and manage patients with the following fetal malpresentations. List pertinent physical findings and describe management, predisposing factors, options for delivery, and maternal and fetal risks:

1. Breech presentation
2. Face presentation
3. Shoulder presentation
4. Brow presentation

F. Intrapartum care

1. Manage the patient requiring labor induction, including the following:
 - a. Indications
 - b. Methods and procedures
 - c. Risks
 - d. Complications
2. Newborn assessment
 - a. Interpretation of cord blood gases
 - b. Indications for additional testing

G. Postpartum care

1. Management of the following:
 - a. Breast care, including breastfeeding
 - b. Lacerations/episiotomy
 - c. Diet and exercise
 - d. Contraception, including sterilization
 - e. Vaccinations

H. Genetics

1. Solicit a family pedigree.
2. Describe and perform preconception counseling and testing.
3. Describe and perform antepartum testing and counseling.
 - a. Perform prenatal screening.
 - b. Refer for diagnostic testing.

III. ONCOLOGY

A. Evaluate and mitigate risks of genetic predisposition to cancer.

1. Discuss results of genetic screening for cancer in patients with a family history.
 - a. Genetic markers (*BRCA1* and *BRCA2*)
 - b. Negative testing
 - c. Indications for referral to a genetic counselor

B. Counsel and manage the patient with breast cancer.

1. Discuss the psychosocial effects on the patient, the partner, and the family.
2. Discuss the effects of hormone therapy.
3. Manage adverse effects of antihormonal therapy and chemotherapy.
4. Discuss sexual function after therapy.

C. Counsel and provide health care for the patient with vulvar or vaginal intraepithelial neoplasia.

1. Discuss the epidemiology and histology of vulvar intraepithelial neoplasia or vaginal intraepithelial neoplasia.
2. Discuss treatment options and complications.
3. Discuss sexual function after therapy.
4. Discuss prognosis and follow-up.
5. List the indications for referral.

- D. Describe the clinical manifestations, differential diagnosis, evaluation, management, and indications for referral for gynecologic malignancies.
- E. For the patient with gestational trophoblastic disease
 - 1. Describe the epidemiology, genetics, and clinical manifestations of hydatidiform mole.
 - 2. Perform evaluation and management.
 - 3. List the indications for referral.

IV. CONTRACEPTION

A. Spontaneous abortion

- 1. Counsel and manage.
 - a. Medical
 - b. Surgical
- 2. Manage complications.
- 3. List the risks and benefits of treatment options.
- 4. Describe prognosis for the next pregnancy.

B. Induced abortion

- 1. Provide options counselling and manage the patient for pregnancy termination.
 - a. Medical
 - b. Surgical
- 2. Manage complications.
- 3. List the risks and benefits of treatment options.
- 4. Describe prognosis for the next pregnancy.

V. PEDIATRIC AND ADOLESCENT OBSTETRICS AND GYNECOLOGY

A. Counsel the adolescent patient on the following:

- 1. Normal development
- 2. Sexuality
- 3. Contraceptive needs
- 4. Screening for sexually transmitted infections
- 5. Immunization
- 6. Pregnancy
- 7. Psychosocial concerns

B. In pediatric and adolescent patients with the following medical conditions, describe the appropriate screening, diagnosis, pertinent history, focused physical examination, and treatment, including indications for referral:

1. Abnormal pubertal development
2. Primary amenorrhea
3. Breast masses
4. Dysmenorrhea
5. Vulvovaginitis
6. Sexual abuse
7. Ovarian diseases and masses
8. Ambiguous genitalia

VI. REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY

A. Describe normal steroid hormone biosynthesis and clinical applications.

B. For the following medical conditions, describe the appropriate screening, diagnosis, pertinent history, focused physical examination, diagnostic testing, and treatment, including indications for referral:

1. Recurrent pregnancy loss
2. Galactorrhea/hyperprolactinemia
3. Androgen excess
4. Polycystic ovary syndrome
5. Infertility
6. Premenstrual syndrome/premenstrual dysphoric disorder
7. Amenorrhea
8. Müllerian anomalies

VII. FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY

A. Evaluate and manage a patient experiencing pelvic support defects, urinary incontinence, or fecal incontinence, and list indications for referral.

1. Describe the potential psychological, social, and sexual consequences of pelvic support defects, urinary incontinence, or fecal incontinence.
2. Describe the risks, benefits, and expected outcomes of surgical and nonsurgical approaches.
3. Describe the appropriate follow-up for a patient who has been treated for a pelvic floor disorder.

Unit 6

PROCEDURES IN OBSTETRICS AND GYNECOLOGY

The CORE curriculum consists of Procedures to which all residents who are expecting to practice comprehensive obstetrics and gynecology (specialists, formerly generalists) should be exposed. The resident should know the indications, contraindications, and principles of the procedures indicated with an X under “Understand.” The resident should understand and **independently perform** those procedures indicated with an X under “Perform.” Surgical performance includes preoperative considerations, informed consent, patient safety, postoperative care, and procedural proficiency. *The CORE Procedures differ from the Intrinsic Procedures (pg. 34) in that the subspecialist may not need to continue to perform CORE Procedures (as all specialists would).*

| CORE PROCEDURES | UNDERSTAND | PERFORM |
|---|------------|---------|
| Abdominal sacrocolpopexy | X | |
| Ablation and excision of endometriosis implants | X | X |
| Ablative procedures of the cervix | X | X |
| Ablative procedures of the endometrium | X | X |
| Amniocentesis | | |
| • Second trimester—genetic diagnosis | | |
| • Third trimester—assessment of fetal lung maturity | X | X |
| Amnioinfusion | X | X |
| Amniotomy | X | X |
| Anesthetic/analgesic procedures | | |
| • Epidural anesthesia | | |
| • General anesthesia | | |
| • Spinal anesthesia | X | |
| Anesthetic/analgesic procedures | | |
| • Administration of narcotic antagonists | | |
| • Administration of parenteral analgesics/sedatives | | |
| • Pudendal block | X | X |

| CORE PROCEDURES | UNDERSTAND | PERFORM |
|---|------------|---------|
| Anoscopy | X | |
| Appendectomy | X | X |
| Arterial blood gas assessment | X | X |
| Auditory acuity testing | X | |
| B-Lynch suture placement | X | X |
| Biopsy | | |
| • Cervix | | |
| • Endocervix | | |
| • Endometrium | | |
| • Peritoneum | | |
| • Skin | | |
| • Vagina | | |
| • Vulva | X | X |
| Bone densitometry studies | X | |
| Breast biopsy | X | |
| Breast cyst aspiration | X | |
| Cervical cerclage | | |
| • Transabdominal | | |
| • Transvaginal | X | X |
| Cervical conization (including loop electrosurgical excision procedure) | X | X |
| Cesarean delivery | | |
| • Classical | | |
| • Low transverse | | |
| • Low vertical | X | X |
| Cesarean hysterectomy | X | X |
| Chorionic villus sampling | X | |
| Circumcision, neonatal (with anesthesia) | X | X |
| Colectomy (partial or total) | X | |
| Colostomy | X | |
| Colpocleisis | X | X |
| Colporrhaphy | | |
| • Anterior (including urethropexy) | | |
| • Posterior | X | X |

| CORE PROCEDURES | UNDERSTAND | PERFORM |
|--|------------|---------|
| Colposcopy, with directed biopsy of cervix, vagina, or vulva | X | X |
| Colposuspension | X | X |
| Complete physical examination | X | X |
| Cordocentesis | X | |
| Culdoplasty | X | X |
| Curettage for adherent placenta | X | X |
| Cystometrography | | |
| • Simple | X | X |
| Cystotomy repair | X | X |
| Cystourethroscopy | X | X |
| Dilation and curettage | X | X |
| Dilation and evacuation for second-trimester fetal death | X | X |
| Electrocardiography | X | |
| Enterocoele repair | X | X |
| Enterotomy repair | X | X |
| Episiotomy and repair | X | X |
| Excision of Bartholin gland | X | X |
| Excision of cyst (ovarian, tubal, vaginal, or vulvar) | X | X |
| Fecal occult blood testing | X | |
| Fetal assessment, antepartum | | |
| • Biophysical profile | | |
| • Contraction stress test | | |
| • Nonstress test | | |
| • Vibroacoustic stimulation | X | X |
| Fetal assessment, intrapartum | | |
| • Fetal heart rate monitoring (internal/external) | | |
| • Fetal scalp stimulation test | | |
| • Vibroacoustic stimulation test | X | X |
| Fistula repair | | |
| • Enterocutaneous | | |
| • Rectovaginal | | |
| • Ureterovaginal | | |
| • Urethrovaginal | | |
| • Vesicovaginal | X | X |

| CORE PROCEDURES | UNDERSTAND | PERFORM |
|--|------------|---------|
| Fitting of diaphragm or cervical cap | X | |
| Forceps delivery | | |
| • Low | | |
| • Outlet | X | X |
| Funduscopy examination (basic) | X | X |
| Hematoma evacuation, intra-abdominal | | |
| • Vaginal | | |
| • Vulvar | X | X |
| Hernia repair (incisional) | X | X |
| Hymenotomy | X | X |
| Hypogastric artery ligation | X | |
| Hysterectomy | | |
| • Extrafascial (with or without bilateral salpingo-oophorectomy) | | |
| • Radical (with or without bilateral salpingo-oophorectomy) | X | |
| Hysterectomy | | |
| • Abdominal, total or supracervical | | |
| • Laparoscopic, total or supracervical | | |
| • Vaginal | | |
| • Vaginal, laparoscopically assisted | X | X |
| Hysterosalpingography | X | X |
| Hysteroscopic resection of uterine septum | X | |
| Hysteroscopy (diagnostic/operative) | | |
| • Polyp resection | | |
| • Submucosal fibroid resection | X | X |
| Incision and drainage of an abscess or hematoma | X | X |
| Incision of vaginal septum | X | X |
| Induction of labor | X | X |
| Insertion and removal of implantable steroid contraception | X | X |
| Insertion and removal of intrauterine device | X | X |
| Intrauterine transfusion | X | |
| Laparoscopy (diagnostic/operative) | | |
| • Chromopertubation | | |
| • Lysis of adhesions | | |
| • Treatment of endometriosis | X | X |

| CORE PROCEDURES | UNDERSTAND | PERFORM |
|--|------------|---------|
| Laparoscopy, operative | | |
| • Fimbrioplasty | X | |
| Laparotomy incisions, abdominal | | |
| • Transverse | | |
| • Vertical | X | X |
| Lumpectomy of breast | X | |
| Lymph node biopsy/dissection | | |
| • Inguinal | | |
| • Para-aortic | | |
| • Pelvic | | |
| • Sentinel | X | |
| Lysis of adhesions | | |
| • Abdominal | X | X |
| Manual removal of the placenta | X | X |
| Marsupialization of Bartholin cyst | X | X |
| Mastectomy | X | |
| Myomectomy | X | X |
| Neonatal resuscitation, immediate | X | X |
| Omentectomy, infracolic | X | |
| Oophorectomy | X | X |
| Ovarian biopsy | X | X |
| Ovarian or paraovarian cystectomy | X | X |
| Paracentesis | X | |
| Paravaginal repair | X | |
| Peak expiratory flow determination | X | |
| Pelvic exenteration with or without reconstruction | X | |
| Perineoplasty | X | X |
| Perineorrhaphy | X | X |
| Pessary fitting | X | X |
| Port placement, intraperitoneal | X | |
| Presacral neurectomy | X | |
| Radiation therapy | | |
| • Brachytherapy | | |
| • External beam | | |
| • Interstitial | X | |

| CORE PROCEDURES | UNDERSTAND | PERFORM |
|---|------------|---------|
| Repair of dehiscence | X | X |
| Repair of genital tract lacerations | | |
| • Cervical | | |
| • Perineal (second-, third-, and fourth-degree lacerations) | | |
| • Vaginal | X | X |
| Resection of large and small bowel | X | |
| Salpingotomy | X | X |
| Scraping of skin lesions for microscopy | X | |
| Shoulder dystocia maneuvers | X | X |
| Skin biopsy | X | X |
| Sonohysterography | X | X |
| Staging laparotomy | | |
| • Biopsy of pelvic lymph nodes | | |
| • Infracolic omentectomy | X | |
| Staging laparotomy | | |
| • Biopsy of peritoneal implants and cytologic washings of the peritoneal cavity | | |
| • Exploration of abdomen | X | X |
| Sterilization | | |
| • Abdominal | | |
| • Hysteroscopic | | |
| • Laparoscopic | X | X |
| Suction evacuation of molar pregnancy | X | X |
| Trachelectomy | X | |
| Trigger-point injection | X | X |
| Tubal anastomosis | X | |
| Ultrasonographic examination | | |
| • Cervical length | X | X |
| Ultrasonographic examination | | |
| • Color Doppler ultrasonography | | |
| • Doppler velocimetry | X | |
| Ultrasonography | | |
| • Saline infusion ultrasonography | X | X |
| Ultrasonography | | |
| • Abdominal | | |
| • Endovaginal | X | X |

| CORE PROCEDURES | UNDERSTAND | PERFORM |
|--|------------|---------|
| Ureteral reimplantation | X | |
| Ureteroureterostomy | X | |
| Urethral bulking procedures | X | |
| Urethral diverticulum repair | X | |
| Urethral pressure profilometry | X | |
| Uterine artery embolization | X | |
| Uterine artery ligation | X | X |
| Uterine evacuation | | |
| • Dilation and evacuation | X | X |
| Uterine evacuation (incomplete abortion, fetal death) | | |
| • Mechanical or osmotic preprocedural cervical preparation | | |
| • Suction curettage | | |
| • Uterine polypectomy | X | X |
| Uterine tamponade | X | X |
| Vacuum extraction | | |
| • Low | | |
| • Outlet | X | X |
| Vaginal delivery | | |
| • Breech | | |
| • Twins | X | X |
| Vaginal delivery, spontaneous | X | X |
| Vaginal reconstruction | X | |
| Vaginal sling for urinary incontinence | X | X |
| Venous access device placement | X | |
| Version of breech, external | X | |
| Visual acuity testing (ie, standard eye chart) | X | X |
| Wide local excision (vulva) | X | X |
| Wound care | | |
| • Repair of dehiscence | | |
| • Secondary closure | X | X |
| Wound care | | |
| • Debridement | | |
| • Incision and drainage of abscess or hematoma | X | X |

INTRINSIC PROCEDURES IN OBSTETRICS AND GYNECOLOGY

The Intrinsic Procedures, like the Intrinsic Objectives, are those procedures that ALL obstetrician–gynecologists (specialists and subspecialists) are expected to understand and perform throughout their careers. For example, a subspecialist in Gynecologic Oncology is expected to understand amniocentesis (see Amniocentesis in this section) but may not perform it. This group of procedures may be particularly beneficial to training programs participating in the training of residents who decide to move to a subspecialty fellowship after 3 years of residency.

| INTRINSIC PROCEDURES | UNDERSTAND | PERFORM |
|---|------------|---------|
| Abdominal sacrocolpopexy | | |
| Ablation and excision of endometriosis implants | X | |
| Ablative procedures of the cervix | X | X |
| Ablative procedures of the endometrium | X | |
| Amniocentesis | | |
| • Second trimester–genetic diagnosis | | |
| • Third trimester–assessment of fetal lung maturity | X | |
| Amnioinfusion | X | X |
| Amniotomy | X | X |
| Anesthetic/analgesic procedures | | |
| • Epidural anesthesia | | |
| • General anesthesia | | |
| • Spinal anesthesia | X | |
| Anesthetic/analgesic procedures | | |
| • Administration of narcotic antagonists | | |
| • Administration of parenteral analgesics/sedatives | | |
| • Pudendal block | X | X |
| Anoscopy | | |
| Appendectomy | X | X |
| Arterial blood gas assessment | X | X |
| Auditory acuity testing | X | |
| B-Lynch suture placement | X | |

| INTRINSIC PROCEDURES | UNDERSTAND | PERFORM |
|---|------------|---------|
| Biopsy | | |
| • Cervix | | |
| • Endocervix | | |
| • Endometrium | | |
| • Peritoneum | | |
| • Skin | | |
| • Vagina | | |
| • Vulva | X | X |
| Bone densitometry studies | X | |
| Breast biopsy | | |
| Breast cyst aspiration | | |
| Cervical cerclage | | |
| • Transabdominal | X | |
| Cervical cerclage | | |
| • Transvaginal | | |
| Cervical conization (including loop electrosurgical excision procedure) | X | |
| Cesarean delivery | | |
| • Classical | | |
| • Low transverse | | |
| • Low vertical | X | X |
| Cesarean hysterectomy | X | |
| Chorionic villus sampling | X | |
| Circumcision, neonatal (with anesthesia) | X | |
| Colectomy (partial or total) | | |
| Colostomy | | |
| Colpocleisis | X | |
| Colporrhaphy | | |
| • Anterior (including urethropexy) | | |
| • Posterior | X | |
| Colposcopy, with directed biopsy of cervix, vagina, or vulva | X | |
| Colposuspension | X | |
| Complete physical examination | X | X |
| Cordocentesis | X | |

| INTRINSIC PROCEDURES | UNDERSTAND | PERFORM |
|---|------------|---------|
| Culdoplasty | X | |
| Curettage for adherent placenta | X | X |
| Cystometrography <ul style="list-style-type: none"> • Simple | X | |
| Cystotomy repair | X | |
| Cystourethroscopy | X | |
| Dilation and curettage | X | X |
| Dilation and evacuation for second-trimester fetal death | X | |
| Electrocardiography | X | |
| Enterocoele repair | X | |
| Enterotomy repair | X | |
| Episiotomy and repair | X | X |
| Excision of Bartholin gland | X | |
| Excision of cyst (ovarian, tubal, vaginal, or vulvar) | X | |
| Fecal occult blood testing | X | |
| Fetal assessment, antepartum <ul style="list-style-type: none"> • Biophysical profile • Contraction stress test • Nonstress test • Vibroacoustic stimulation | X | |
| Fetal assessment, intrapartum <ul style="list-style-type: none"> • Fetal heart rate monitoring (internal/external) • Fetal scalp stimulation test • Vibroacoustic stimulation test | X | X |
| Fistula repair <ul style="list-style-type: none"> • Enterocutaneous • Rectovaginal • Ureterovaginal • Urethrovaginal • Vesicovaginal | | |
| Fitting of diaphragm or cervical cap | | |
| Forceps delivery <ul style="list-style-type: none"> • Low • Outlet | X | |
| Funduscopy examination (basic) | X | X |

| INTRINSIC PROCEDURES | UNDERSTAND | PERFORM |
|--|------------|---------|
| Hematoma evacuation, intra-abdominal | | |
| • Vaginal | | |
| • Vulvar | X | |
| Hernia repair (incisional) | X | |
| Hymenotomy | | |
| Hypogastric artery ligation | | |
| Hysterectomy | | |
| • Extrafascial (with or without bilateral salpingo-oophorectomy) | | |
| • Radical (with or without bilateral salpingo-oophorectomy) | | |
| Hysterectomy | | |
| • Abdominal, total or supracervical | | |
| • Laparoscopic, total or supracervical | | |
| • Vaginal | | |
| • Vaginal, laparoscopically assisted | X | |
| Hysterosalpingography | X | |
| Hysteroscopic resection of uterine septum | | |
| Hysteroscopy (diagnostic/operative) | | |
| • Polyp resection | | |
| • Submucosal fibroid resection | X | |
| Incision and drainage of an abscess or hematoma | X | |
| Incision of vaginal septum | X | |
| Induction of labor | X | X |
| Insertion and removal of implantable steroid contraception | X | |
| Insertion and removal of intrauterine device | X | |
| Intrauterine transfusion | | |
| Laparoscopy (diagnostic/operative) | | |
| • Chromopertubation | | |
| • Lysis of adhesions | | |
| • Treatment of endometriosis | X | |
| Laparoscopy, operative | | |
| • Fimbrioplasty | | |
| Laparotomy incisions, abdominal | | |
| • Transverse | | |
| • Vertical | X | X |

| INTRINSIC PROCEDURES | UNDERSTAND | PERFORM |
|---|------------|---------|
| Lumpectomy of breast | | |
| Lymph node biopsy/dissection | | |
| • Inguinal | | |
| • Para-aortic | | |
| • Pelvic | | |
| • Sentinel | | |
| Lysis of adhesions | | |
| • Abdominal | X | X |
| Manual removal of the placenta | X | X |
| Marsupialization of Bartholin cyst | X | |
| Mastectomy | | |
| Myomectomy | X | |
| Neonatal resuscitation, immediate | X | X |
| Omentectomy, infracolic | | |
| Oophorectomy | X | X |
| Ovarian biopsy | X | X |
| Ovarian or paraovarian cystectomy | X | X |
| Paracentesis | | |
| Paravaginal repair | | |
| Peak expiratory flow determination | X | |
| Pelvic exenteration with or without reconstruction | | |
| Perineoplasty | X | |
| Perineorrhaphy | X | |
| Pessary fitting | X | |
| Port placement, intraperitoneal | | |
| Presacral neurectomy | | |
| Radiation therapy | | |
| • Brachytherapy | | |
| • External beam | | |
| • Interstitial | | |
| Repair of dehiscence | X | X |
| Repair of genital tract lacerations | | |
| • Cervical | | |
| • Perineal (second-, third-, and fourth-degree lacerations) | | |
| • Vaginal | X | X |

| INTRINSIC PROCEDURES | UNDERSTAND | PERFORM |
|---|------------|---------|
| Resection of large and small bowel | | |
| Salpingotomy | X | |
| Scraping of skin lesions for microscopy | X | |
| Shoulder dystocia maneuvers | X | X |
| Skin biopsy | X | |
| Sonohysterography | X | |
| Staging laparotomy | | |
| <ul style="list-style-type: none"> • Biopsy of pelvic lymph nodes • Infracolic omentectomy | | |
| Staging laparotomy | | |
| <ul style="list-style-type: none"> • Biopsy of peritoneal implants and cytologic washings of the peritoneal cavity • Exploration of abdomen | | |
| Sterilization | | |
| <ul style="list-style-type: none"> • Abdominal • Hysteroscopic • Laparoscopic | X | X |
| Suction evacuation of molar pregnancy | X | X |
| Trachelectomy | | |
| Trigger point injection | X | |
| Tubal anastomosis | | |
| Ultrasonographic examination | | |
| <ul style="list-style-type: none"> • Cervical length | X | |
| Ultrasonographic examination | | |
| <ul style="list-style-type: none"> • Color Doppler ultrasonography • Doppler velocimetry | | |
| Ultrasonography | | |
| <ul style="list-style-type: none"> • Saline infusion ultrasonography | X | |
| Ultrasonography | | |
| <ul style="list-style-type: none"> • Abdominal • Endovaginal | X | X |
| Ureteral reimplantation | | |
| Ureteroureterostomy | | |
| Urethral bulking procedures | | |
| Urethral diverticulum repair | | |

| INTRINSIC PROCEDURES | UNDERSTAND | PERFORM |
|--|------------|---------|
| Urethral pressure profilometry | | |
| Uterine artery embolization | | |
| Uterine artery ligation | X | |
| Uterine evacuation | | |
| • Dilation and evacuation | X | |
| Uterine evacuation (incomplete abortion, fetal death) | | |
| • Mechanical or osmotic preprocedural cervical preparation | | |
| • Suction curettage | | |
| • Uterine polypectomy | X | X |
| Uterine tamponade | X | X |
| Vacuum extraction at vaginal delivery | | |
| • Low | X | |
| Vacuum extraction at vaginal delivery | | |
| • Outlet | X | X |
| Vaginal delivery | | |
| • Breech | | |
| • Twins | X | |
| Vaginal delivery, spontaneous | X | X |
| Vaginal reconstruction | | |
| Vaginal sling for urinary incontinence | X | |
| Venous access device placement | | |
| Version of breech, external | X | |
| Visual acuity testing (ie, standard eye chart) | X | X |
| Wide local excision (vulva) | X | |
| Wound care | | |
| • Repair of dehiscence | | |
| • Secondary closure | X | |
| Wound care | | |
| • Debridement | | |
| • Incision and drainage of abscess or hematoma | X | X |