

**APGO**

**MEDICAL STUDENT  
EDUCATIONAL  
OBJECTIVES**

***9th Edition***

***Association of Professors of Gynecology & Obstetrics***



The Association of Professors of Gynecology and Obstetrics  
and the APGO Undergraduate Medical Education Committee  
gratefully acknowledge

**Hologic, Inc. &  
Wyeth Pharmaceuticals**

for a general support grant which has made the  
printing of this text possible.

The opinions and discussions herein are solely those of APGO  
and the APGO Undergraduate Medical Education Committee.

# **APGO MEDICAL STUDENT EDUCATIONAL OBJECTIVES 9TH EDITION**

*This publication was revised by the*  
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2008-2010**

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# PREFACE

The Undergraduate Medical Education Committee (UMEC) of the Association of Professors of Gynecology and Obstetrics is pleased to present the 9<sup>th</sup> edition of the *APGO Medical Student Educational Objectives*. The Objectives are revisited on a regular basis to ensure their relevance, importance and helpfulness in assisting with the development of obstetrics and gynecology clinical clerkship curricula. A team of ob-gyn clerkship directors and medical educators from the U.S. and Canada have had input into the current edition and its format with the goal of making these objectives as useful as possible for clerkship directors, faculty and medical students.

Please note that the APGO Objectives are not meant to be a mandate; they define a central body of women's health knowledge, skills and attitudes that are fundamental to the practice of a general physician, and are intended to provide clerkship directors, faculty and students with a resource for curriculum development, teaching and learning. The curriculum content can be expanded or modified for institutions with longer or shorter clerkships.

In order to maximize the usefulness of this document, the medical student educational objectives have been reorganized in a new format as follows:

- **EDUCATIONAL OBJECTIVES**
- **EDUCATIONAL TOPIC AREAS**
- **INTENDED LEARNING OUTCOMES**

# PREFACE

## EDUCATIONAL OBJECTIVES

The committee identified 17 broad Educational Objectives (Table 1) that include all 58 Educational Topic Areas. These broad Educational Objectives are intended to be most useful to clerkship directors and can be used as a basis for clerkship curriculum and evaluation design. In addition, they can be used as the basis for creating a list of procedures and patient diagnoses that students must see in order to meet the clerkship educational objectives. (often referred to as “student logs”)

## EDUCATIONAL TOPIC AREAS

These 58 Educational Topic Areas serve as a table of contents and are useful in organizing the curriculum for teaching and evaluation.

Each topic area has an associated case (Clinical Cases) and a quiz (uWISE)\* located on the APGO Web site ([www.apgo.org](http://www.apgo.org)). These cases can be used for case-based learning sessions, and uWISE quizzes can be used for student self-assessment.

## INTENDED LEARNING OUTCOMES

Intended Learning Outcomes define educational expectations for medical students. We recognize that curricula are diverse; therefore, educators are encouraged to consider where in their medical school curriculum to address these learning outcomes.

We expect that the changes in this 9<sup>th</sup> edition will make this resource more useful. We welcome your feedback about this edition and remain dedicated to meeting the needs of the APGO membership.

\* *uWISE requires an additional subscription.*

# PREFACE

**TABLE 1. THE 17 EDUCATIONAL OBJECTIVES OF OB-GYN UNDERGRADUATE MEDICAL EDUCATION AND RELATED EDUCATIONAL TOPIC AREAS**

The student will be able to:

<b>Objective Number</b>	<b>Objective Description</b>	<b>Related Educational Topic Area Number</b>
1.	Develop competence in the medical interview and physical examination of women and incorporate ethical, social, and diversity perspectives to provide culturally competent health care.	1, 2, 3, 4, 5
2.	Apply recommended prevention strategies to women throughout the life-span.	7, 57, 58
3.	Recognize his/her role as a leader and advocate for women.	6
4.	Demonstrate knowledge of preconception care including the impact of genetics, medical conditions and environmental factors on maternal health and fetal development.	9
5.	Explain the normal physiologic changes of pregnancy including interpretation of common diagnostic studies.	8, 10
6.	Describe common problems in obstetrics.	16, 17, 18, 19, 20, 21, 23, 29, 30, 31
7.	Demonstrate knowledge of intrapartum care.	11, 22, 24, 25, 26, 32
8.	Demonstrate knowledge of postpartum care of the mother and newborn.	12, 13, 14, 27, 28

# PREFACE

**TABLE 1. THE 17 EDUCATIONAL OBJECTIVES OF OB-GYN UNDERGRADUATE MEDICAL EDUCATION AND RELATED EDUCATIONAL TOPIC AREAS**  
(CONTINUED)

<b>Objective Number</b>	<b>Objective Description</b>	<b>Related Educational Topic Area Number</b>
9.	Describe menstrual cycle physiology, discuss puberty and menopause and explain normal and abnormal bleeding.	42, 43, 44, 45, 46, 47, 49
10.	Describe the etiology and evaluation of infertility.	48
11.	Develop a thorough understanding of contraception, including sterilization and abortion.	33, 34
12.	Demonstrate knowledge of common benign gynecological conditions.	35, 36, 37, 38, 53
13.	Formulate a differential diagnosis of the acute abdomen and chronic pelvic pain.	15, 39
14.	Describe common breast conditions and outline the evaluation of breast complaints.	40
15.	Demonstrate knowledge of perioperative care and familiarity with gynecological procedures.	41
16.	Describe gynecological malignancies including risk factors, signs and symptoms and initial evaluation.	50, 51, 52, 54, 55
17.	Provide a preliminary assessment of patients with sexual concerns.	56

# PREFACE

## KEY

### Levels of Competence

K = Knows

KH = Knows How

SH = Shows How

D = Does

*As defined by Miller GE in The assessment of clinical skills/competence/performance. Acad Med 1990;65:S63-7.*

### Teaching Methods

Case-Based Learning (CBL)

Clinical Setting (C)

Didactic Session (DS)

Readings (R)

Role Play (RP)

Simulation (S)

### Methods of Evaluation and ACGME Toolbox of Assessment Methods<sup>©</sup>

Chart Review (CR)

Checklist (CK)

Direct Observation (DO)

Key Features Exam (KF)

Multiple-Choice Examination (MCQ)

Objective Structured Clinical Exam (OSCE)

Oral Exam (OE)

Simulation (S)

Standardized Patient (SP)

### ACGME Competency Toolbox of Assessment Methods<sup>©</sup>

The linkage of each Intended Learning Outcome to the current ACGME competencies is shown in order to relate the Outcome to the expectations for students when they become residents.

**NOTE:** The Methods of Evaluation and ACGME Outcome Project General Competencies list are used with permission of Accreditation Council for Graduate Medical Education © ACGME 2009.

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# PREFACE

## **KEY** (CONTINUED)

### **ACGME OUTCOME PROJECT GENERAL COMPETENCIES**

The residency program must integrate the following ACGME competencies into the curriculum:

#### **A. 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.

#### **B. Medical Knowledge**

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences as well as the application of this knowledge to patient care.

#### **C. Practice-Based Learning and Improvement**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and continuously improve patient care based on constant self-evaluation and life-long learning.

#### **D. Interpersonal and Communication Skills**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaborations with patients, their families, and other health professionals.

#### **E. Professionalism**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

#### **F. Systems-Based Practice**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability call on other resources in the system to provide optimal health care.

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# UNIT ONE

## UNIT 1: APPROACH TO THE PATIENT

# UNIT ONE

## UNIT 1: APPROACH TO THE PATIENT

### EDUCATIONAL TOPIC 1: HISTORY

Rationale: A gynecological evaluation is an important part of primary health care and preventive medicine for women.

A gynecological assessment should be a part of every woman's general medical interview and physical examination.

Certain questions must be asked of every woman, whereas other questions are specific to particular problems.

To accomplish these objectives, optimal communication must be achieved between patient and physician.

**The student should be able to:**

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Demonstrate a comprehensive women's medical interview, including: 1. Menstrual history 2. Obstetric history 3. Gynecologic history 4. Contraceptive history 5. Sexual history 6. Family/genetic history 7. Social history	D	C, DS, CBL, R	DO, OSCE, SP, CK	A, D

# UNIT ONE

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
B. Assess risk for unintended pregnancy, sexually transmitted infections, cervical pathology, breast malignancy, gynecologic malignancies and domestic violence	D	C, DS, CBL, R	DO, OSCE SP, CK	A, B
C. Assess the patient's adherence to the recommended screening measures	D	C, DS, CBL, R	DO, OSCE, SP, CK	A, B
D. Demonstrate interpersonal and communication skills that build trust by addressing relevant factors including culture, ethnicity, language/ literacy, socioeconomic status, spirituality/ religion, age, sexual orientation and disability	D	C, DS, CBL, R	DO, OSCE, SP, CK	A, D, E
E. Communicate the results of the ob-gyn and general medical interview by well-organized written and oral reports	D	C, DS, CBL, R	DO, OSCE, SP, CK	A, B, D

# UNIT ONE

## UNIT 1: APPROACH TO THE PATIENT

### EDUCATIONAL TOPIC 2: EXAMINATION

Rationale: An accurate examination complements the history, provides additional information, helps determine diagnosis and guides management. It also provides an opportunity to educate and reassure the patient.



# UNIT ONE

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Interact with the patient to gain her confidence and cooperation, and assure her comfort and dignity	D	C, DS	DO, OSCE, SP, CK	A, D, E
B. Perform accurate examinations in a sensitive manner, including: 1. Breast examination 2. Abdominal examination 3. Complete pelvic examination	D	C, DS, R, S	DO, OSCE, SP, CK	A, D, E
C. Describe the: 1. Normal female anatomy across the life span 2. Appearance of common pathology of the female urogenital tract 3. Appearance of common breast changes and disorders	D	C, DS, R	DO, CR, OSCE, SP	B, D
D. Communicate findings of the examination in well-organized written and oral reports	D	C, DS, R	DO, CR, OSCE, SP	A, B, D
E. Communicate findings of the examination with the patient as appropriate	SH	C, RP	DO, OSCE, SP	A, D

# UNIT ONE

## UNIT 1: APPROACH TO THE PATIENT

### EDUCATIONAL TOPIC 3: PAP SMEAR AND DNA PROBES/CULTURES

Rationale: The Pap smear is one of the most effective screening tests used in medicine today. Proper technique in performing the Pap smear and obtaining specimens for DNA probes and/or microbiologic culture will improve accuracy.

# UNIT ONE

The student should be able to:

<b>Intended Learning Outcomes</b>	<b>Level of Competence</b>	<b>Teaching Method</b>	<b>Evaluation Method</b>	<b>ACGME Competency</b>
A. Perform a Pap smear	D	C, DS, R, S	DO, SP, OSCE, S	A
B. Obtain specimens to detect sexually transmitted infections	D	C, DS, R, S	DO, SP, OSCE	A
C. Explain the purpose of these tests to the patient	D	C, DS, R, RP	DO, SP, OSCE	A, B, D

# UNIT ONE

## **UNIT 1: APPROACH TO THE PATIENT EDUCATIONAL TOPIC 4: DIAGNOSIS AND MANAGEMENT PLAN**

Rationale: Accurately identifying problems and selecting the most likely diagnoses lead to effective management plans.

# UNIT ONE

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Generate a problem list	D	CBL, C, DS, R	CK, CR, DO, OSCE, SP, OE	A, B
B. Formulate a diagnostic impression, including differential diagnosis	D	CBL, C, DS, R	CK, CR, DO, OSCE, SP, OE	A, B
C. Incorporate cultural, psychosocial, economic and ethical issues in patient care	D	CBL, C, DS, R	CK, CR, DO, OSCE, SP, OE	E, F
D. Develop a management plan that includes: 1. Laboratory and diagnostic studies 2. Treatment options 3. Patient education 4. Continuing care plans	D	CBL C, DS, R	CK, CR, DO, OSCE, SP, OE	A, B, C, D, E, F

# UNIT ONE

## UNIT 1: APPROACH TO THE PATIENT

### EDUCATIONAL TOPIC 5: PERSONAL INTERACTION AND COMMUNICATION SKILLS

Rationale: The student must interact and communicate effectively with a patient, her family, and all members of a health care team.

# UNIT ONE

The student should be able to:

<b>Intended Learning Outcomes</b>	<b>Level of Competence</b>	<b>Teaching Method</b>	<b>Evaluation Method</b>	<b>ACGME Competency</b>
A. Establish rapport with patients	D	C, RP,	DO, SP, OSCE	A, D, E
B. Work cooperatively with patients, their social supports and other members of the health care team	D	C, CBL RP	DO, SP, OSCE	A, C, D, E, F
C. Assess his/her own strengths and weaknesses with regard to interaction and communication skills	D	C, RP	DO, SP, OSCE	C, D

# UNIT ONE

## UNIT 1: APPROACH TO THE PATIENT

### EDUCATIONAL TOPIC 6: LEGAL AND ETHICAL ISSUES IN OBSTETRICS AND GYNECOLOGY

Rationale: Recognizing and understanding the basis of legal and ethical issues in obstetrics and gynecology will promote quality patient care and patient safety.

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Explain the following legal issues:				
1. Informed consent	KH	C, DS, CBL, R, RP	DO, OSCE, SP, OE	A, D, E
2. Confidentiality	D	C, DS, CBL, R	DO, OSCE, SP, OE	D, E
3. Advance directives for healthcare	K	C, DS, CBL, R	DO, OSCE, SP, OE	A, E, F
4. Reporting of suspected child abuse, sexual abuse and domestic violence	K	C, DS, CBL, R	DO, OSCE, SP, OE	E, F
B. Discuss the legal and ethical issues in the care of minors	K	C, DS, CBL, R	DO, OE, OSCE, SP	E, F



# UNIT ONE

<b>Intended Learning Outcomes</b>	<b>Level of Competence</b>	<b>Teaching Method</b>	<b>Evaluation Method</b>	<b>ACGME Competency</b>
C. Apply a systematic approach to ethical problems based on ethical principles	D	C, CBL, RP	DO, OE, OSCE, SP	E
D. Describe issues of justice relating to access to obstetric-gynecologic care	K	C, DS, CBL, R	OE, KF	E, F
E. Recognize his/her role as a leader and advocate for women	K	C, DS, CBL, R	OE, KF	C
F. Explain ethical dilemmas in obstetrics and gynecology	K	C, DS, CBL, R	OE	E

# UNIT ONE

## UNIT 1: APPROACH TO THE PATIENT

### EDUCATIONAL TOPIC 7: PREVENTIVE CARE AND HEALTH MAINTENANCE

Rationale: The student will recognize the value of routine health surveillance as a part of health promotion and disease prevention.

# UNIT ONE

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
<p>A. Counsel patients regarding the following:</p> <ol style="list-style-type: none"> <li>1. Contraception</li> <li>2. Domestic abuse/violence</li> <li>3. Prevention of sexually transmitted infections</li> <li>4. Immunizations</li> <li>5. Diet/nutrition</li> <li>6. Exercise</li> <li>7. Seat belt use</li> <li>8. Stress management</li> <li>9. Sun exposure</li> <li>10. Depression</li> <li>11. Tobacco use</li> <li>12. Alcohol/substance abuse</li> </ol>	SH	C, DS, CBL, R	DO, SP, OSCE	A, B, D, E
<p>B. Explain prevention guidelines including screening procedures for diseases of the following organ systems:</p> <ol style="list-style-type: none"> <li>1. Breast</li> <li>2. Cervix</li> <li>3. Colon</li> <li>4. Cardiovascular</li> <li>5. Skin</li> <li>6. Bone</li> </ol>	SH	C, DS, CBL, R	DO, MCQ, OE, SP, OSCE	B, D

# NOTES

# UNIT TWO

## UNIT 2: OBSTETRICS

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION A: NORMAL OBSTETRICS

#### EDUCATIONAL TOPIC 8: MATERNAL-FETAL PHYSIOLOGY

Rationale: Knowledge of the physiologic adaptations to pregnancy will promote understanding of the impact of pregnancy on health and disease.

# UNIT TWO

The student should be able to:

<b>Intended Learning Objectives</b>	<b>Level of Competence</b>	<b>Teaching Method</b>	<b>Evaluation Method</b>	<b>ACGME Competency</b>
A. Discuss the maternal physiologic and anatomic changes associated with pregnancy	KH	C, DS, CBL, R	MCQ, KF, OE, OSCE, CK, SP	B
B. Describe fetal and placental physiology	K	C, DS, CBL, R	MCQ, OE	B
C. Interpret common diagnostic studies during pregnancy	KH	C, DS, CBL, R	MCQ, KF, OE, OSCE, CK, SP	B

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION A: NORMAL OBSTETRICS

#### EDUCATIONAL TOPIC 9: PRECONCEPTION CARE

Rationale: The proven benefits of good health prior to conception include a significant reduction in maternal and fetal morbidity and mortality.



# UNIT TWO

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Describe how certain medical conditions affect pregnancy	K	C, DS, CBL, R	MCQ,OE	B
B. Describe how pregnancy affects certain medical conditions	K	C, DS, CBL, R	MCQ, OE	B
C. Counsel patients regarding history of genetic abnormalities	SH	C, DS, CBL, R	DO,OSCE, SP	A, B, D, E
D. Counsel patients regarding genetic screening options	SH	C, DS, CBL, R	DO, OSCE, SP	A, B, D
E. Counsel patients regarding substance abuse	SH	C, DS, CBL, RP, R	DO, OSCE, SP	A, B, D, E
F. Counsel patients regarding nutrition and exercise	SH	C, DS, CBL, RP, R	DO, OSCE, SP	A, B, D
G. Counsel patients regarding medications, immunizations and environmental hazards	SH	C, DS, CBL, R	DO, OSCE, SP	A, B, D

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION A: NORMAL OBSTETRICS

#### EDUCATIONAL TOPIC 10: ANTEPARTUM CARE

Rationale: Antepartum care promotes patient education and provides ongoing risk assessment and development of an individualized patient management plan.

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Diagnose pregnancy	D	C, DS, R	CR, DO, MCQ, SP, OSCE, OE, CK, SP	A, B
B. Determine gestational age	D	C, DS, R	CR, DO, MCQ, SP, OSCE, OE, CK, SP	A, B
C. Identify risk factors for pregnancy complications	SH	C, DS, CBL, R	CR, DO, MCQ, SP, OSCE, OE, CK, SP	A, B
D. Describe appropriate diagnostic studies	KH	C, DS, CBL, R	MCQ, SP, OSCE, OE	A, B
E. Describe nutritional needs of pregnant women	K	C, DS, CBL, R	MCQ, SP, OSCE, OE	B
F. Describe adverse effects of drugs and the environment	K	C, DS, CBL, R	MCQ, SP, OSCE, OE	B

# UNIT TWO

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
G. Perform a physical examination on obstetric patients	D	C, SIM	DO, SP	A
H. Answer commonly-asked questions concerning pregnancy, labor and delivery	SH	C, DS, CBL, R	MCQ, SP, OSCE, OE	A, B, D, E
I. Describe non-directive counseling of a woman with an unintended pregnancy	KH	C, DS, CBL, RP	MCQ, SP, OSCE, OE	A, B, D, E, F
J. Describe approaches to assessing the following: 1. Fetal well-being 2. Fetal growth 3. Amniotic fluid volume 4. Fetal lung maturity	KH	C, SIM, DS	MCQ, SP, OSCE, OE	A, B, F

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION A: NORMAL OBSTETRICS

#### EDUCATIONAL TOPIC 11: INTRAPARTUM CARE

Rationale: Understanding the process of normal labor and delivery allows optimal care and reassurance for the woman and timely recognition of abnormal events.

# UNIT TWO

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. List the signs and symptoms of true and false labor	KH	CBL, D, C	MCQ, KF, OE	B
B. Perform initial assessment of the laboring patient	SH	CBL, D, C	DO, OSCE, S, SP	A, B
C. Describe the three stages of labor and recognize common abnormalities	KH	CBL, D, C	MCQ, OE	B
D. List pain management approaches during labor	K	CBL, D, C	MCQ, OSCE, OE, SP	B
E. Describe methods of monitoring the mother and fetus	KH	CBL, D, C	MCQ, OE, DO	A, B, F
F. Describe the steps of a vaginal delivery	KH	RP, S, C	CK, DO, OSCE, OE	A, B
G. List indications for operative delivery	K	DS, C, CBL	MCQ, OE	B

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION A: NORMAL OBSTETRICS

#### EDUCATIONAL TOPIC 12: IMMEDIATE CARE OF THE NEWBORN

Rationale: Assessment of the newborn allows recognition of the abnormalities requiring intervention.

# UNIT TWO

The student should be able to:

<b>Intended Learning Outcomes</b>	<b>Level of Competence</b>	<b>Teaching Method</b>	<b>Evaluation Method</b>	<b>ACGME Competency</b>
A. Discuss techniques for assessing newborn status	KH	C, DS, S	MCQ, DO, OSCE, S, CK, OE	A, B
B. Describe immediate care of the normal newborn	KH	C, DS, S	MCQ, CK, DO, OSCE, S, OE	A, B, F
C. Recognize situations requiring immediate intervention in newborn care	KH	C, DS, S	DO, OSCE, S, MCQ, CK, OE	A, B

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION A: NORMAL OBSTETRICS

#### EDUCATIONAL TOPIC 13: POSTPARTUM CARE

Rationale: Knowledge of normal postpartum events allows appropriate care, reassurance and early recognition of abnormal events.



# UNIT TWO

The student should be able to:

<b>Intended Learning Outcomes</b>	<b>Level of Competence</b>	<b>Teaching Method</b>	<b>Evaluation Method</b>	<b>ACGME Competency</b>
A. Discuss the normal maternal physiologic changes of the postpartum period	K	CBL, DS, C	MCQ, KF, OE, OSCE, CK	B
B. Describe the components of normal postpartum care	KH	CBL, DS, C	OE, OSCE, CK	A, B
C. Discuss the appropriate postpartum patient counseling	KH	CBL, DS, C	OE, OSCE, SP	A, B, D

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION A: NORMAL OBSTETRICS

#### EDUCATIONAL TOPIC 14: LACTATION

Rationale: Knowledge of the physiology and function of the breast during lactation allows appropriate counseling to the pregnant and postpartum patient.

# UNIT TWO

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. List the normal physiologic and anatomic changes of the breast during pregnancy and postpartum	K	DS, R	MCQ, CK, KF, OE	B
B. Recognize and know how to treat common postpartum abnormalities of the breast	KH	CBL, DS, C	OSCE, MCQ, OE	A, B
C. List the reasons why breast feeding should be encouraged	K	DS, R, C	MCQ, OE, CK	B
D. Describe the resources and approach to determining medication safety during breast feeding	KH	CBL, DS, C	MCQ, OE, OSCE, CK, KF	A, B, C
E. Describe common challenges in the initiation and maintenance of lactation	K	CBL, DS, C	OSCE, MCQ, OE, SP, DO	B

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION B: ABNORMAL OBSTETRICS

#### EDUCATIONAL TOPIC 15: ECTOPIC PREGNANCY

Rationale: Ectopic pregnancy is a leading cause of maternal morbidity and mortality. Early diagnosis and management may prevent serious adverse outcomes, and may preserve future fertility.

# UNIT TWO

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Develop a differential diagnosis for bleeding and abdominal pain in the first trimester	SH	CBL, DS, C	OE, OSCE, SP, S	A, B
B. List risk factors for ectopic pregnancy	K	DS, CBL, R	MCQ, OE, CK, KF	B
C. Describe how an ectopic pregnancy is diagnosed	KH	CBL, DS, C	MCQ, OSCE, OE, SP, S	A, B, F
D. Describe treatment options for patients with ectopic pregnancy	K	CBL, DS, C	MCQ, OE, SP, OSCE, S	B

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION B: ABNORMAL OBSTETRICS

#### EDUCATIONAL TOPIC 16: SPONTANEOUS ABORTION

Rationale: Spontaneous abortion is a common and often distressing complication of early pregnancy. An accurate and prompt diagnosis is warranted.

# UNIT TWO

The student should be able to:

<b>Intended Learning Outcomes</b>	<b>Level of Competence</b>	<b>Teaching Method</b>	<b>Evaluation Method</b>	<b>ACGME Competency</b>
A. Develop a differential diagnosis for first trimester vaginal bleeding	KH	C, DS, CBL, R	MCQ, OE, OSCE, SP, S, CK, KF	A, B
B. Differentiate the types of spontaneous abortion (missed, complete, incomplete, threatened, septic)	KH	C, DS, CBL, R	MCQ, OE, OSCE, SP, S	B
C. Describe the causes of spontaneous abortion	K	C, DS, CBL, R	MCQ, OE, OSCE, SP	B
D. List the complications of spontaneous abortion	K	C, DS, CBL, R	MCQ, OE, OSCE, SP	B

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION B: ABNORMAL OBSTETRICS

#### EDUCATIONAL TOPIC 17: MEDICAL AND SURGICAL COMPLICATIONS OF PREGNANCY

Rationale: Medical and surgical conditions may alter the course of pregnancy. Likewise, pregnancy may have an impact on the management of these conditions.

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Identify the following medical and surgical conditions in pregnancy and discuss the potential impact of the conditions on the gravid patient and the fetus/newborn, as well as the impact of pregnancy (if any) on each condition, and appropriate initial evaluation:				
1. Anemia	K	C, DS, CBL, R	MCQ, OE, OSCE, SP, DO	A, B
2. Endocrine disorders, including diabetes mellitus and thyroid disease	K	C, DS, CBL, R	MCQ, OE, OSCE, SP, DO	A, B
3. Cardiovascular disease	K	C, DS, CBL, R	MCQ, OE, OSCE, SP, DO	A, B
4. Hypertension	K	C, DS, CBL, R	MCQ, OE, OSCE, SP, DO	A, B
5. Pulmonary disease	K	C, DS, CBL, R	MCQ, OE, OSCE, SP, DO	A, B
6. Renal disease	K	C, DS, CBL, R	MCQ, OE, OSCE, SP, DO	A, B
7. Gastrointestinal disease	K	C, DS, CBL, R	MCQ, OE, OSCE, SP, DO	A, B



# UNIT TWO

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
8. Neurologic disease	K	C, DS, CBL, R	MCQ, OE, OSCE, SP, DO	A, B
9. Autoimmune disorders	K	C, DS, CBL, R	MCQ, OE, OSCE, SP, DO	A, B
10. Alcohol, tobacco and substance abuse	K	C, DS, CBL, R	MCQ, OE, OSCE, SP, DO	A, B, E
11. Surgical abdomen	KH	C, DS, CBL, R	MCQ, OE, OSCE, SP, DO	A, B
12. Infectious diseases, including:				
a. Syphilis	K	C, DS, CBL, R	MCQ, OE, OSCE, SP, DO	A, B
b. TORCH (Toxoplasmosis, Rubella, Cytomegalovirus, Herpes)	K	C, DS, CBL, R		
c. Group B Streptococcus	K	C, DS, CBL, R		
d. Hepatitis	K	C, DS, CBL, R		
e. Human Immunodeficiency Virus (HIV)	K	C, DS, CBL, R		
f. Human Papillomavirus (HPV) and other sexually transmitted infections	K	C, DS, CBL, R		
g. Parvovirus	K	C, DS, CBL, R		
h. Varicella	K	C, DS, CBL, R		

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION B: ABNORMAL OBSTETRICS

#### EDUCATIONAL TOPIC 18: PREECLAMPSIA-ECLAMPSIA

Rationale: Preeclampsia-eclampsia accounts for significant morbidity and mortality in both the mother and newborn.

# UNIT TWO

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Classify the types of hypertension in pregnancy	KH	C, DS, CBL, R	MCQ, OE, OSCE, SP, DO	B
B. Describe the pathophysiology of preeclampsia-eclampsia	K	C, DS, CBL, R	MCQ, OE, OSCE	B
C. Recognize the signs and symptoms to diagnose preeclampsia-eclampsia	KH	C, DS, CBL, R	MCQ, OE, OSCE, SP, DO, CK, KF	A, B
D. Explain the management of a patient with preeclampsia-eclampsia	KH	C, DS, CBL, R, S	MCQ, OE, OSCE, SP, DO	B, F
E. List the maternal and fetal complications associated with preeclampsia-eclampsia	K	C, DS, CBL, R	MCQ, KF, OE, OSCE, SP	B

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION B: ABNORMAL OBSTETRICS

#### EDUCATIONAL TOPIC 19: ALLOIMMUNIZATION

Rationale: The incidence of maternal D alloimmunization has decreased in the past few decades. Awareness of the red cell antigen-antibody system is important to help further reduce the morbidity and mortality from alloimmunization.

# UNIT TWO

The student should be able to:

<b>Intended Learning Outcomes</b>	<b>Level of Competence</b>	<b>Teaching Method</b>	<b>Evaluation Method</b>	<b>ACGME Competency</b>
A. Describe the pathophysiology and diagnosis of alloimmunization	K	C, DS, CBL, R	MCQ, OE, OSCE, SP	B, F
B. Discuss the use of immunoglobulin prophylaxis during pregnancy for the prevention of alloimmunization	KH	C, DS, CBL, R	MCQ, OE, OSCE, DO, SP	B

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION B: ABNORMAL OBSTETRICS

#### EDUCATIONAL TOPIC 20: MULTIFETAL GESTATION

Rationale: Multifetal gestation imparts additional risks and complications to the mother and fetus which requires specialized care.

# UNIT TWO

The student should be able to:

<b>Intended Learning Outcomes</b>	<b>Level of Competence</b>	<b>Teaching Method</b>	<b>Evaluation Method</b>	<b>ACGME Competency</b>
A. Describe the embryology of multifetal gestation	K	C, DS, CBL, R	MCQ, OE, OSCE, SP	B
B. Describe the unique maternal and fetal physiologic changes associated with multifetal gestation	K	C, DS, CBL, R	MCQ, OE, OSCE, SP	B
C. Describe the diagnosis and management of multifetal gestation	K	C, DS, CBL, R	MCQ, OE, OSCE, SP	A, B, F
D. Describe the potential maternal and fetal complications associated with multifetal gestation	K	C, DS, CBL, R	MCQ, OE, OSCE, SP	B

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION B: ABNORMAL OBSTETRICS

#### EDUCATIONAL TOPIC 21: FETAL DEATH

Rationale: Antepartum stillbirth is a devastating pregnancy complication that may cause additional risks to the patient. Early medical management and patient support is warranted.



# UNIT TWO

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Describe the common causes of fetal death in each trimester	K	C, DS, CBL, R	MCQ, OE, OSCE, SP	B
B. Describe the symptoms, physical findings and diagnostic methods to confirm the diagnosis and etiology of fetal death	K	C, DS, CBL, R	MCQ, OE, OSCE, SP	A, B, F
C. Describe the medical and psychosocial management of a patient diagnosed with a fetal demise	K	C, DS, CBL, R	MCQ, OE, OSCE, SP	B, F

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION B: ABNORMAL OBSTETRICS

#### EDUCATIONAL TOPIC 22: ABNORMAL LABOR

Rationale: Labor is expected to progress in an orderly and predictable manner. Careful observation of the mother and fetus during labor will allow for early detection of abnormalities so that management can be directed to optimize outcome.

# UNIT TWO

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. List abnormal labor patterns	K	C, CBL, DS, S, R	MCQ, OE, CK, KF	B
B. Describe the causes and methods of evaluating abnormal labor patterns	K	C, DS, S, R	MCQ, OE, OSCE, SP	A, B, F
C. Discuss fetal and maternal complications of abnormal labor	K	C, DS, CBL, R	MCQ, OE, OSCE, SP	B
D. List indications and contraindications for oxytocin administration	K	C, DS, CBL, R	MCQ, OE, CK, KF	B
E. List risks and benefits of trial of labor after Cesarean delivery	K	C, DS, CBL, R	MCQ, OE, CK, KF, OSCE, SP	B
F. Discuss strategies for emergency management of Breech, shoulder dystocia and cord prolapse	K	C, DS, CBL, S, R	MCQ, OE, OSCE, SP	B, F

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION B: ABNORMAL OBSTETRICS

#### EDUCATIONAL TOPIC 23: THIRD TRIMESTER BLEEDING

Rationale: Bleeding in the third trimester requires prompt evaluation and management to reduce maternal and fetal morbidity and mortality.

# UNIT TWO

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. List the causes of third trimester bleeding	K	C, DS, CBL, R	MCQ, OE, CK, KF, OSCE, SP	B
B. Describe the initial evaluation of a patient with third trimester bleeding	KH	C, DS, CBL, S, R	MCQ, OE, OSCE, SP	A, B, F
C. Differentiate the signs and symptoms of third trimester bleeding	KH	C, DS, CBL, R	MCQ, OE, OSCE, SP	A, B
D. Describe the maternal and fetal complications of placenta previa and abruptio placenta	K	C, DS, CBL, R	MCQ, OE, OSCE, SP	B
E. Describe the initial evaluation and management plan for acute blood loss	KH	C, DS, CBL, S, R	MCQ, OE, OSCE, SP	A, B, F
F. List the indications and potential complications of blood product transfusion	K	C, DS, R	MCQ, OE, CK, KF	B

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION B: ABNORMAL OBSTETRICS

#### EDUCATIONAL TOPIC 24: PRETERM LABOR

Rationale: Prematurity is the most common cause of neonatal mortality and morbidity. The reduction of preterm births remains an important goal in obstetric care.

# UNIT TWO

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Identify the risk factors and causes for preterm labor	K	C, DS, CBL, R	MCQ, OE, CK, DO, KF, OSCE, SP	B
B. Describe the signs and symptoms of preterm labor	K	C, DS, CBL, R	MCQ, OE, OSCE, SP, DO	B
C. Describe the initial management of preterm labor	K	C, DS, CBL, R	MCQ, OE, OSCE, SP	B, D, E, F
D. List indications and contraindications of medications used in preterm labor	K	C, DS, CBL, R	MCQ, OE, CK, OSCE, SP	B
E. Identify the adverse outcomes associated with preterm birth	K	C, DS, CBL, R	MCQ, OE, CK, KF, OSCE, SP	B
F. Counsel the patient regarding risk reduction for preterm birth	KH	C, DS, CBL, S, R	MCQ, DO, OSCE, OE, SP	A, B, D, E

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION B: ABNORMAL OBSTETRICS

#### EDUCATIONAL TOPIC 25: PREMATURE RUPTURE OF MEMBRANES

Rationale: Rupture of the membranes prior to labor is a problem for both term and preterm pregnancies. Careful evaluation of this condition may improve fetal and maternal outcome.



# UNIT TWO

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. List the history, physical findings, and diagnostic methods to confirm rupture of the membranes	K	C, DS, CBL, R	MCQ, OE, CR, CK, DO, KF, OSCE, SP	B
B. Identify the risk factors for premature rupture of membranes	K	C, DS, CBL, R	MCQ, OE, CK, KF	B
C. Describe the risks and benefits of expectant management versus immediate delivery, based on gestational age	K	C, DS, CBL, R	MCQ, OE, CK, OSCE, SP	B, D
D. Describe the methods to monitor maternal and fetal status during expectant management	K	C, DS, CBL, R	MCQ, OE, OSCE, SP	B, F

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION B: ABNORMAL OBSTETRICS

#### EDUCATIONAL TOPIC 26: INTRAPARTUM FETAL SURVEILLANCE

Rationale: Intrapartum fetal monitoring helps evaluate fetal well-being.

# UNIT TWO

The student should be able to:

<b>Intended Learning Outcomes</b>	<b>Level of Competence</b>	<b>Teaching Method</b>	<b>Evaluation Method</b>	<b>ACGME Competency</b>
A. Describe the techniques of fetal monitoring	K	C, DS, CBL, R	MCQ, OE, DO, OSCE, SP	B
B. Interpret intrapartum electronic fetal monitoring	KH	C, DS, CBL, S, R	MCQ, OSCE, OE, DO, SP	A, B

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION B: ABNORMAL OBSTETRICS

#### EDUCATIONAL TOPIC 27: POSTPARTUM HEMORRHAGE

Rationale: Postpartum hemorrhage is a major, often preventable, cause of maternal morbidity and mortality.

# UNIT TWO

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Identify the risk factors for postpartum hemorrhage	K	C, DS, CBL, R	MCQ, OE, CK, KF, OSCE, SP, S	B
B. Construct a differential diagnosis for immediate and delayed postpartum hemorrhage	KH	C, DS, CBL, R	MCQ, OE, CK, OSCE, SP, S	A, B
C. Develop an evaluation and management plan for the patient with postpartum hemorrhage	KH	C, DS, CBL, S, R	MCQ, S, OSCE, OE, SP	A, B , F

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION B: ABNORMAL OBSTETRICS

#### EDUCATIONAL TOPIC 28: POSTPARTUM INFECTION

Rationale: Early recognition and treatment of postpartum infection decreases maternal morbidity and mortality.

# UNIT TWO

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Identify the risk factors for postpartum infection	K	C, DS, CBL, R	CR, DO, MCQ, OE, OSCE, SP, CK	B
B. List common postpartum infections	K	C, DS, CBL, R	MCQ, OE, OSCE, SP, CK	B
C. Develop an evaluation and management plan for the patient with postpartum infection	KH	C, DS, CBL, R, RP, S	CR, CK, DO, MCQ, OE, OSCE, SP, S	A, B, F

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION B: ABNORMAL OBSTETRICS

#### EDUCATIONAL TOPIC 29: ANXIETY AND DEPRESSION

Rationale: Pregnancy may be accompanied by anxiety and depression especially in the post partum period. Recognition of psychological disturbance is essential for early intervention.



# UNIT TWO

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Identify risk factors for postpartum blues, depression, and psychosis	K	C, DS, CBL, R	MCQ, OSCE, OE, SP, CK, KF	B
B. Differentiate between postpartum blues, depression, and psychosis	KH	C, DS, CBL, R	DO, MCQ, OE, OSCE, SP	A, B
C. Describe treatment options for postpartum blues, depression and psychosis	K	C, DS, CBL, R	MCQ, OE, OSCE, SP	B, F
D. Recognize appropriate treatment options for mood disorders during pregnancy and lactation	K	C, DS, CBL, R	MCQ, OE, OSCE, SP	B, F

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION B: ABNORMAL OBSTETRICS

#### EDUCATIONAL TOPIC 30: POSTTERM PREGNANCY

Rationale: Perinatal mortality and morbidity may be increased significantly in a prolonged pregnancy. Prevention of complications associated with post-term pregnancy is one of the goals of antepartum and intrapartum management.

# UNIT TWO

The student should be able to:

<b>Intended Learning Outcomes</b>	<b>Level of Competence</b>	<b>Teaching Method</b>	<b>Evaluation Method</b>	<b>ACGME Competency</b>
A. Identify the normal duration of gestation	K	C, DS, CBL, R	MCQ, OE, OSCE, SP	B
B. Identify the complications of prolonged gestation	K	C, DS, CBL, R	MCQ, OE, CK, DO, SP	B
C. Describe the evaluation and management options for prolonged gestation	K	C, DS, CBL, R	MCQ, OE, DO, OSCE, SP	A, B, F

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION B: ABNORMAL OBSTETRICS

#### EDUCATIONAL TOPIC 31: FETAL GROWTH ABNORMALITIES

Rationale: Abnormalities of fetal growth carry increased risks for morbidity and mortality. Monitoring fetal growth is an important aspect of prenatal care.

# UNIT TWO

The student should be able to :

<b>Intended Learning Outcomes</b>	<b>Level of Competence</b>	<b>Teaching Method</b>	<b>Evaluation Method</b>	<b>ACGME Competency</b>
A. Define macrosomia and fetal growth restriction	K	C, DS, CBL, R	CK, DO, MCQ, OE, OSCE, SP	B
B. Discuss etiologies of abnormal growth	K	C, DS, CL, R,	CK, DO, MCQ, OE, OSCE, SP	B
C. Cite methods of detection for fetal growth abnormalities	K	C, DS, CBL, R	CK, DO, MCQ, OE, OSCE, SP	A, B, F
D. Describe the management of fetal growth abnormalities	K	C, DS, CBL, R	CK, DO, MCQ, OE, OSCE, SP	B, F
E. State the associated morbidity and mortality of fetal growth abnormalities	K	C, DS, CBL, R	CK, DO, MCQ, OE, OSCE, SP	B

# UNIT TWO

## UNIT 2: OBSTETRICS

### SECTION C: PROCEDURES

#### EDUCATIONAL TOPIC 32: OBSTETRIC PROCEDURES

Rationale: Knowledge of obstetric procedures is basic to the management and counseling of the pregnant patient.

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Describe the key components of pre-operative evaluation and planning, including history, physical examination, and informed consent	K	CBL, DS	MCQ, OE	A, B, D, E
B. Describe common measures for the prevention of infection, deep venous thrombosis and other peri-operative complications	K	CBL, DS	MCQ, OE	B
C. Describe the components of post-operative care	K	CBL, DS	MCQ, OE	B
D. Discuss common post-operative complications	K	CBL, DS	MCQ, OE	B
E. Describe the communication of operative findings and complications to patient and family	KH	CBL, DO, DS, SP	OSCE, OE, SP, S	A, B, D, E

# UNIT TWO

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
E. Describe each procedure and list the indications and possible complications for each of the following:				
1. Ultrasound	K	C, DS, CBL, R, S	DO, MCQ, OE, OSCE, S, SP	B, F
2. Chorionic villous sampling	K	C, DS, CBL, R, S	CK, DO, MCQ, OE, OSCE, S, SP	B, F
3. Intrapartum fetal surveillance	KH	C, DS, CBL, R, S	CK, DO, MCQ, OE, OSCE, S, SP	B, F
4. Induction and augmentation of labor	KH	C, DS, CBL, R, S	CK, DO, MCQ, OE, OSCE, S, SP	B, F
5. Spontaneous vaginal delivery	SH	C, DS, CBL, R, S	CK, DO, MCQ, OE, OSCE, S, SP	B, F
6. Vaginal birth after Cesarean delivery	K	C, DS, CBL, R, S	CK, DO, MCQ, OE, OSCE, S, SP	B, F
7. Operative vaginal delivery	K	C, DS, CBL, R, S	CK, DO, MCQ, OE, OSCE, S, SP	B, F
8. Breech delivery	K	C, DS, CBL, R, S	CK, DO, MCQ, OE, OSCE, S, SP	B, F
9. Cesarean delivery	KH	C, DS, CBL, R, S	CK, DO, MCQ, OE, OSCE, S, SP	B, F
10. Post partum tubal ligation	KH	C, DS, CBL, R, S	CK, DO, MCQ, OE, OSCE, S, SP	B, F
11. Cerclage	K	C, DS, CBL, R, S	CK, DO, MCQ, OE, OSCE, S, SP	B, F
12. Newborn circumcision	K	C, DS, CBL, R, S	CK, DO, MCQ, OE, OSCE, S, SP	B, F

# NOTES



# UNIT THREE

## UNIT 3: GYNECOLOGY

# UNIT THREE

## UNIT 3: GYNECOLOGY

### SECTION A: GENERAL GYNECOLOGY

#### EDUCATIONAL TOPIC 33: FAMILY PLANNING

Rationale: An understanding of contraceptive methods and associated risks and benefits is necessary to assist patients seeking to prevent pregnancy.

# UNIT THREE

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Describe the mechanism of action and effectiveness of contraceptive methods	D	C, DS, CBL, R	MCQ, KE, OSCE, S, OE, SP	B
B. Counsel the patient regarding the benefits, risks and use for each contraceptive method	SH	C, DB, CBL, RP	OSCE, SP, S, DO	A, B, D, E
C. Describe barriers to effective contraceptive use and to the reduction of unintended pregnancy	K	C, DB, R	MCQ, KE, OE	B, C, F
D. Describe the methods of male and female surgical sterilization	KH	DS, R	MCQ, KE, OE, DO, OSCE, SP	B
E. List the risks and benefits of female surgical sterilization procedures	K	C, DS, R	MCQ, KE, OE, CK, OSCE, SP	B

# UNIT THREE

## UNIT 3: GYNECOLOGY

### SECTION A: GENERAL GYNECOLOGY

#### EDUCATIONAL TOPIC 34: INDUCED ABORTION

Rationale: Induced abortion is a reproductive option. Patients may consider it based on their personal life circumstances as well as in the setting of fetal anomalies or maternal illness. Regardless of personal views about abortion, students should be knowledgeable about its public health importance as well as techniques and complications.

# UNIT THREE

The student should be able to:

<b>Intended Learning Outcomes</b>	<b>Level of Competence</b>	<b>Teaching Method</b>	<b>Evaluation Method</b>	<b>ACGME Competency</b>
A. Provide non-directive counseling to patients surrounding pregnancy options	D	C, DS, CBL, R, RP	MCQ, OSCE, OE, KF, SP	A, B, D, E, F
B. Explain surgical and non-surgical methods of pregnancy termination	KH	C, DS, R	MCQ, OE, KF, OSCE, SP	B, F
C. Identify potential complications of induced abortion	SH	C, DS, R, CBL	CK, OSCE, SP, MCQ, OE	B
D. Understand the public health impact of the legal status of abortion	K	C, DS, R	MCQ, OE	F

# UNIT THREE

## UNIT 3: GYNECOLOGY

### SECTION A: GENERAL GYNECOLOGY

#### EDUCATIONAL TOPIC 35: VULVAR AND VAGINAL DISEASE

Rationale: Vulvar and vaginal conditions occur frequently, can be distressing, and may have serious consequences.

# UNIT THREE

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Formulate a differential diagnosis for vulvovaginitis	K	C, DS, R	CK, OSCE, SP, CR, DO, MCQ, OSCE, OE, SP	A, B
B. Interpret a wet mount microscopic examination	SH, D	C, DS, R	CK, OSCE, SP, MCQ	B
C. Describe the variety of dermatologic disorders of the vulva	K	DS, R	MCQ, CK, OE	B
D. Discuss the steps in the evaluation and management of a patient with vulvovaginal symptoms	SH	C, DS, CBL, R, RP	CK, OSCE, SP, OE	A, B, F

# UNIT THREE

## UNIT 3: GYNECOLOGY

### SECTION A: GENERAL GYNECOLOGY

#### EDUCATIONAL TOPIC 36: SEXUALLY TRANSMITTED INFECTIONS (STI) AND URINARY TRACT INFECTIONS (UTI)

Rationale: Early recognition and treatment of urinary and pelvic infections may help prevent short and long-term morbidity.

Prevention

of sexually transmitted infections is a major public health goal.



# UNIT THREE

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Describe the guidelines for STI screening and partner notification/treatment	KH	C, DS, R	MCQ, OE, KF, OSCE, SP	B, F
B. Describe STI prevention strategies, including immunization	KH	C, DS, R	MCQ, OE, OSCE, SP	B, F
C. Describe the symptoms and physical exam findings associated with common STIs	KH	C, DS, CBL, R	MCQ, OE, KF, OSCE, SP	A, R
D. Discuss the steps in the evaluation and initial management of common STIs including appropriate referral	KH	C, DS, R	MCQ, OE, OSCE, SP	A, B, D, F
E. Describe the pathophysiology of salpingitis and pelvic inflammatory disease	K	C, DS, R	MCQ, OE, OSCE, SP	B
F. Describe the evaluation, diagnostic criteria and initial management of salpingitis/pelvic inflammatory disease	KH	C, DS, R	MCQ, OE, KF, OSCE, SP	A, B, F
G. Identify the possible long-term sequelae of salpingitis/pelvic inflammatory disease	K	C, DS, R	MCQ, OE, KF, OSCE, SP	B
H. Describe the diagnosis and management of UTIs	KH	C, DS, R	MCQ, OE, KF, OSCE, SP	A, B, F

# UNIT THREE

## UNIT 3: GYNECOLOGY

### SECTION A: GENERAL GYNECOLOGY

#### EDUCATIONAL TOPIC 37: PELVIC ORGAN PROLAPSE AND URINARY INCONTINENCE

Rationale: Pelvic organ prolapse and urinary incontinence are increasingly common with the aging of the U.S. population. These conditions have a major impact on a woman's quality of life.

# UNIT THREE

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Describe normal pelvic anatomy and pelvic support	K	C, DS, R	MCQ, OE	B
B. Describe screening questions to elicit signs and symptoms of urinary incontinence	K	C, DS, R, CBL	OSCE, SP	A, B, D
C. Differentiate the types of urinary incontinence	K	C, DS, CBL, R	OE, OSCE, SP, MCQ, CK	A, B
D. Describe the evaluation and diagnosis of incontinence	K	C, DS, R	CK, OSCE, SP, OE, KF	A, B
E. Describe the anatomic changes associated with urinary incontinence and pelvic organ prolapse	K	C, DS, R	CK, OSCE, SP, OE	A, B
F. Describe medical and surgical management options for urinary incontinence and pelvic organ prolapse	K	C, DS, R	OSCE, MCQ, SP, OE	B, F

# UNIT THREE

## UNIT 3: GYNECOLOGY

### SECTION A: GENERAL GYNECOLOGY

#### EDUCATIONAL TOPIC 38: ENDOMETRIOSIS

Rationale: Endometriosis may result in pelvic pain, infertility and menstrual dysfunction.

# UNIT THREE

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Describe theories of pathogenesis of endometriosis	K	DS	MCQ, OE, OSCE, SP	B
B. List the most common sites of endometriosis	K	DS	MCQ, OE, OSCE, SP, CK	B
C. Describe the symptoms and physical exam findings in a patient with endometriosis	K	CBL, DS	KF, MCQ, OE, OSCE, SP	A, B
D. Describe the diagnosis and management of endometriosis	K	DS	KF, MCQ, OE, OSCE, SP	A, B, F

# UNIT THREE

## UNIT 3: GYNECOLOGY

### SECTION A: GENERAL GYNECOLOGY

#### EDUCATIONAL TOPIC 39: CHRONIC PELVIC PAIN

Rationale: Chronic pelvic pain may be a manifestation of a variety of gynecologic and non-gynecologic conditions.

# UNIT THREE

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Define chronic pelvic pain	K	DS	KE, MCQ, OE	B
B. Cite the prevalence and common etiologies of chronic pelvic pain	K	DS	KE, MCQ, OE	B
C. Describe the symptoms and physical exam findings associated with chronic pelvic pain	K	CBL,DS	KE, MCQ, OE, OSCE, SP	A, B
D. Discuss the steps in the evaluation and management options for chronic pelvic pain	K	CBL, DS	KE, MCQ, OE, OSCE, SP	A, B, F
E. Discuss the psychosocial issues associated with chronic pelvic pain	K	CBL, DS	KE, MCQ, OE, OSCE, SP	B, D, E

# UNIT THREE

## UNIT 3: GYNECOLOGY

### SECTION B: BREASTS

#### EDUCATIONAL TOPIC 40: DISORDERS OF THE BREAST

Rationale: Breast disorders and concerns are common. They are often distressing and may indicate the presence of serious disease.



# UNIT THREE

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Describe symptoms and physical examination findings of benign or malignant conditions of the breast	KH	CBL, DO, DS	MCQ, OE, CK	A, B
B. Demonstrate the performance of a clinical breast examination	D	C, DS, R, S	DO, OSCE, SP, CK	A, D, E
C. Discuss the steps in the evaluation of common breast complaints: mastalgia, mass, nipple discharge	KH	CBL, DO, DS	CK, OE, OSCE, SP	A, B, F
D. Discuss initial management options for benign and malignant conditions of the breast	K	CBL, DO, DS	MCQ, OE, OSCE, SP	B, F

# UNIT THREE

## UNIT 3: GYNECOLOGY

### SECTION C: PROCEDURES

#### EDUCATIONAL TOPIC 41: GYNECOLOGIC PROCEDURES

Rationale: Evaluation and management of gynecologic problems frequently requires performing diagnostic and therapeutic surgical procedures. Understanding the risks and benefits of these procedures is important in counseling patients about their treatment options.

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Describe the key components of pre-operative evaluation and planning, including history, physical examination and informed consent	K	CBL, DS	MCQ, OE	A, B, D, E, F
B. Describe common measures for the prevention of infection, deep venous thrombosis and other peri-operative complications	K	CBL, DS	MCQ, OE	B
C. Describe the components of post-operative care	K	CBL, DS	MCQ, OE	B
D. Discuss common post-operative complications	K	CBL, DS	MCQ, OE	B

# UNIT THREE

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
E. Describe the communication of operative findings and complications to patients and family	KH	CBL, DO, DS, SP	OSCE, OE, SP, S	A, B, D, E
E. Describe common outpatient and inpatient gynecologic procedures with their indications and possible complications				
<ol style="list-style-type: none"> <li>1. Foley catheter insertion</li> <li>2. Pelvic ultrasonography</li> <li>3. Colposcopy and cervical biopsy</li> <li>4. Cryotherapy</li> <li>5. Electrosurgical excision of cervix</li> <li>6. Cervical conization</li> <li>7. Laser vaporization</li> <li>8. Vulvar biopsy</li> <li>9. Endometrial biopsy</li> <li>10. IUD insertion</li> <li>11. Contraceptive implants</li> <li>12. Dilation and curettage</li> <li>13. Hysterosalpingogram</li> <li>14. Hysteroscopy</li> <li>15. Laparoscopy</li> <li>16. Tubal ligation</li> <li>17. Hysterectomy and bilateral salpingo-oophorectomy</li> <li>18. Pregnancy termination</li> </ol>	K	CBL, DO, DS	MCQ, OE, OSCE, SP, S	B

# NOTES

# UNIT FOUR

## UNIT 4: REPRODUCTIVE ENDOCRINOLOGY, INFERTILITY & RELATED TOPICS

# UNIT FOUR

## UNIT 4: REPRODUCTIVE ENDOCRINOLOGY, INFERTILITY & RELATED TOPICS

### EDUCATIONAL TOPIC 42: PUBERTY

Rationale: Puberty consists of physical and emotional changes associated with the maturation of the reproductive system. In order to provide appropriate care and counseling, the physician must have an understanding of normal puberty, and recognize deviation from normal.

# UNIT FOUR

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Describe changes in the hypothalamic-pituitary-ovarian axis and target organs during normal puberty	K	CBL, DO, DS	KE, MCQ, OE	B
B. Explain the normal sequence of pubertal events and ages at which these changes occur	K	CBL, DO, DS	KE, MCQ, OE	B
C. Discuss the psychological issues associated with puberty	KH	CBL, DO, DS	KE, MCQ, OE, OSCE, SP	B, D, E
D. Define precocious and delayed puberty and describe the steps in the evaluation of these conditions	K	CBL, DO, DS	OSCE, SP	A, B, F

# UNIT FOUR

## UNIT 4: REPRODUCTIVE ENDOCRINOLOGY, INFERTILITY & RELATED TOPICS

### EDUCATIONAL TOPIC 43: AMENORRHEA

Rationale: The absence of menstrual bleeding may represent an anatomic or endocrine problem. A systematic approach to the evaluation of amenorrhea will aid in the diagnosis and treatment of its cause.



# UNIT FOUR

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Define amenorrhea and oligomenorrhea	K	C, DS, R	MCQ, OE, OSCE, SP	B
B. Explain the pathophysiology and identify the etiologies of amenorrhea and oligomenorrhea	KH	C, CBL, DS, R	KF, MCQ, OE, OSCE, SP	B
C. Describe associated symptoms and physical examination findings of amenorrhea and oligomenorrhea	KH	C, CBL, DS, R	KF, MCQ, OE, OSCE, SP	A, B
D. Discuss the steps in the evaluation and management of amenorrhea and oligomenorrhea	KH	C, CBL, DS, R	KF, MCQ, OE, OSCE, SP	A, B, F
E. Describe the consequences of untreated amenorrhea and oligomenorrhea	KH	C, CBL, DS, R	KF, MCQ, OE, OSCE, SP	B

# UNIT FOUR

## UNIT 4: REPRODUCTIVE ENDOCRINOLOGY, INFERTILITY & RELATED TOPICS

### EDUCATIONAL TOPIC 44: HIRSUTISM AND VIRILIZATION

Rationale: Androgen excess causes short and long-term morbidity and may represent serious underlying disease.

# UNIT FOUR

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Recognize normal variations and abnormalities in secondary sexual characteristics	KH	C, CBL, DS, R	KF, MCQ, OE	A, B
B. Define hirsutism and virilization	K	C, CBL, DS, R	KF, MCQ, OE	B
C. Describe pathophysiology and identify etiologies of hirsutism	K	C, CBL, DS, R	KF, MCQ, OE	B
D. Describe the steps in the evaluation and initial management options for hirsutism and virilization	K	C, CBL, DS, R	KF, MCO, OE, OSCE	A, B, F

# UNIT FOUR

## UNIT 4: REPRODUCTIVE ENDOCRINOLOGY, INFERTILITY & RELATED TOPICS

### EDUCATIONAL TOPIC 45: NORMAL AND ABNORMAL UTERINE BLEEDING

Rationale: The occurrence of bleeding at times other than expected menses is common. Accurate diagnosis of abnormal uterine bleeding is necessary for appropriate management.

# UNIT FOUR

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Define the normal menstrual cycle and describe its endocrinology and physiology	K	C, DS, CBL, R	KF, MCQ, OE	B
B. Define abnormal uterine bleeding	K	C, DS, CBL, R	KF, MCQ, OE	B
C. Describe the pathophysiology and identify etiologies of abnormal uterine bleeding	KH	C, DS, CBL, R	KF, MCQ, OE	B
D. Discuss the steps in the evaluation of abnormal uterine bleeding	KH	C, DS, CBL, R	KF, MCQ, OE, OSCE, SP	A, B, F
E. Explain medical and surgical management options for patients with abnormal uterine bleeding	KH	C, DS, CBL, R	KF, MCQ, OE, OSCE, SP	B, F
F. Counsel patients about management options for abnormal uterine bleeding	SH	C, DS, CBL, R, RP	DO, KF, MCQ, OE, OSCE, SP	A, B, D, E, F

# UNIT FOUR

## UNIT 4: REPRODUCTIVE ENDOCRINOLOGY, INFERTILITY & RELATED TOPICS

### EDUCATIONAL TOPIC 46: DYSMENORRHEA

Rationale: Dysmenorrhea is a common and sometimes debilitating condition in reproductive age women. Accurate diagnosis guides effective treatment.

# UNIT FOUR

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Define dysmenorrhea and distinguish primary and secondary dysmenorrhea	K	C, DS, CBL, R	KF, MCQ, OE	B
B. Describe the pathophysiology and identify the etiologies of dysmenorrhea	KH	C, DS, CBL, R	KF, MCQ, OE	B
C. Discuss the steps in the evaluation and management options for dysmenorrhea	KH	C, DS, CBL, R	KF, MCQ, OE, OSCE, SP	A, B, F

# UNIT FOUR

## UNIT 4: REPRODUCTIVE ENDOCRINOLOGY, INFERTILITY & RELATED TOPICS

### EDUCATIONAL TOPIC 47: MENOPAUSE

Rationale: Women may spend much of their lives in the postmenopausal years. Physicians should understand the physical and emotional changes caused by menopause.



# UNIT FOUR

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Define menopause and describe changes in the hypothalamic-pituitary-ovarian axis associated with perimenopause/ menopause	K	C, DS, CBL, R	KE, MCQ, OE	B
B. Recognize symptoms and physical exam findings related to perimenopause/ menopause	SH	C, DS, CBL, R	CL, DO, KE, MCQ, OE	A, B,
C. Discuss management options for patients with perimenopausal/ menopausal symptoms	KH	C, DS, CBL, R	KE, MCQ, OE, OSCE, SP	B, F
D. Counsel patients regarding the menopausal transition	SH	C, DS, CBL, R, RP	DO, KE, MCQ, OE, OSCE, SP	A, B, D, E
E. Discuss long-term changes associated with menopause	KH	C, DS, CBL, R	KE, MCQ, OE, OSCE, SP	B

# UNIT FOUR

## UNIT 4: REPRODUCTIVE ENDOCRINOLOGY, INFERTILITY & RELATED TOPICS

### EDUCATIONAL TOPIC 48: INFERTILITY

Rationale: The evaluation and management of an infertile couple requires an understanding of the processes of conception and embryogenesis, as well as sensitivity to the emotional stress that can result from the inability to conceive.

# UNIT FOUR

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Define infertility	K	DS, R	MCQ, OE	B
B. Describe the causes of male and female infertility	KH	DS, R	MCQ, OE	B
C. Describe the evaluation and initial management of an infertile couple	K	C, CBL	OE, OSCE, SP	A, B, F
D. List the psychosocial issues associated with infertility	K	C, CBL, RP	MCQ, OE, OSCE, SP	A, D, E

# UNIT FOUR

## UNIT 4: REPRODUCTIVE ENDOCRINOLOGY, INFERTILITY & RELATED TOPICS

### EDUCATIONAL TOPIC 49: PREMENSTRUAL SYNDROME (PMS) AND PREMENSTRUAL DYSPHORIC DISORDER (PMDD)

Rationale: PMS and PMDD involves physical and emotional discomfort. Effective management of this condition requires an understanding of symptoms and diagnostic methods.

# UNIT FOUR

The student should be able to:

<b>Intended Learning Outcomes</b>	<b>Level of Competence</b>	<b>Teaching Method</b>	<b>Evaluation Method</b>	<b>ACGME Competency</b>
A. Identify the criteria for making the diagnosis of PMS and PMDD	K	CBL, SP	DO, OE, MCQ, OSCE, SP	B
B. List treatment options for PMS and PMDD	K	CBL, SP	DO, MCQ, OE, OSCE, SP, CK	B, F

# NOTES

# UNIT FIVE

## UNIT 5: NEOPLASIA

# UNIT FIVE

## UNIT 5: NEOPLASIA

### EDUCATIONAL TOPIC 50: GESTATIONAL TROPHOBLASTIC NEOPLASIA (GTN)

Rationale: Gestational trophoblastic neoplasia is important because of its malignant potential and the associated morbidity and mortality.



# UNIT FIVE

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. List the symptoms and physical examination findings of a patient with GTN	K	C, CBL DS, R	MCQ, OE, KE, OSCE, SP	A, B
B. Describe the diagnostic methods, treatment options and follow-up for GTN	K	C, CBL DS, R	MCQ, OE, KE, OSCE, SP	A, B, F
C. Recognize the difference between molar pregnancy and malignant GTN	K	C, CBL DS, R	MCQ, OE, KE, OSCE, SP	B

# UNIT FIVE

## UNIT 5: NEOPLASIA

### EDUCATIONAL TOPIC 51: VULVAR NEOPLASMS

Rationale: Early recognition and proper evaluation of vulvar neoplasms can reduce morbidity and mortality.

# UNIT FIVE

The student should be able to:

<b>Intended Learning Outcomes</b>	<b>Level of Competence</b>	<b>Teaching Method</b>	<b>Evaluation Method</b>	<b>ACGME Competency</b>
A. Identify the risk factors for vulvar neoplasms	K	C, CBL DS, R	MCQ, OE, KF, OSCE, SP	B
B. List the indications for vulvar biopsy	K	C, CBL DS, R	MCQ, OE, KF, OSCE, SP	B

# UNIT FIVE

## UNIT 5: NEOPLASIA

### EDUCATIONAL TOPIC 52: CERVICAL DISEASE AND NEOPLASIA

Rationale: Early recognition and proper evaluation of pre-invasive cervical disease and cancer can reduce morbidity and mortality.

# UNIT FIVE

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Describe the pathogenesis of cervical cancer	K	CBL DS, R	MCQ, OE, OSCE, SP	B
B. Identify the risk factors for cervical neoplasia and cancer	K	C, CBL, DS, R	MCQ, OE, OSCE, SP	B
C. State the guidelines for cervical cancer screening	K	C, CBL, DS, R	MCQ, OE, OSCE, SP	B
D. Describe the initial management of a patient with an abnormal Pap smear	KH	C, CBL, DS, R	MCQ, OE, SP, OSCE	B, F
E. Describe the symptoms and physical findings of a patient with cervical cancer	K	C, CBL, DS, R	MCQ, OE, SP, OSCE, KF	A, B

# UNIT FIVE

## UNIT 5: NEOPLASIA

### EDUCATIONAL TOPIC 53: UTERINE LEIOMYOMAS

Rationale: Uterine leiomyomas represent the most common gynecologic neoplasm and often lead to medical and surgical intervention.

# UNIT FIVE

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Discuss the prevalence of uterine leiomyomas	K	C, CBL, DS, R	MCQ, OE, KF, OSCE, SP	B
B. Describe the symptoms and physical findings in patients with uterine leiomyomas	K	C, CBL, DS, R	MCQ, OE, KF, OSCE, SP	A, B
C. Describe the diagnostic methods to confirm uterine leiomyomas	K	C, CBL, DS, R	OSCE, SP, CR	A, B, F
D. List the management options for the treatment of uterine leiomyomas	K	C, CBL, DS, R	MCQ, OE, KF, OSCE, SP	B, F

# UNIT FIVE

## UNIT 5: NEOPLASIA

### EDUCATIONAL TOPIC 54: ENDOMETRIAL HYPERPLASIA AND CARCINOMA

Rationale: Endometrial carcinoma is the most common gynecologic malignancy. Early recognition and proper evaluation of endometrial hyperplasia and cancer can reduce morbidity and mortality.



# UNIT FIVE

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Identify the risk factors for endometrial hyperplasia/cancer	K	C, CBL, DS, R	MCQ, OE, KF, OSCE, SP	B
B. Describe the symptoms and physical findings of a patient with endometrial hyperplasia/cancer	K	C, CBL, DS, R	MCQ, OE, KF, OSCE, SP	A, B
C. Outline the causes, diagnosis and management of postmenopausal bleeding	KH	C, CBL, DS, R	MCQ, OE, KF, OSCE, SP	A, B, F

# UNIT FIVE

## UNIT 5: NEOPLASIA

### EDUCATIONAL TOPIC 55: OVARIAN NEOPLASMS

Rationale: Adnexal masses are a common finding in both symptomatic and asymptomatic patients. Appropriate evaluation assists in the differentiation between benign and malignant neoplasms.

# UNIT FIVE

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Outline the approach to a patient with an adnexal mass	K	C, CBL, DS, R	MCQ, OE, KF, OSCE, SP	A, B, F
B. Compare the characteristics of functional cysts, benign ovarian neoplasms and ovarian cancers	K	C, CBL, DS, R	MCQ, OE, KF, OSCE, SP	B
C. Describe the symptoms and physical findings associated with ovarian cancer	K	C, CBL, DS, R	MCQ, OE, KF, OSCE, SP	A, B
D. List the risk factors for ovarian cancer	K	C, CBL, DS, R	MCQ, OE, KF, OSCE, SP	B
E. Describe the three histological categories of ovarian neoplasms	K	CBL, DS, R	MCQ, OE, KF	B

# NOTES

# UNIT SIX

## UNIT 6: HUMAN SEXUALITY

# UNIT SIX

## UNIT 6: HUMAN SEXUALITY

### EDUCATIONAL TOPIC 56: SEXUALITY AND MODES OF SEXUAL EXPRESSION

Rationale: All physicians should be able to provide a preliminary assessment of patients with sexual concerns and make referrals when appropriate.

# UNIT SIX

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Demonstrate the ability to obtain a sexual history, including sexual function and sexual orientation	SH	C, RP, SP	DO, OSCE, SP	A, B, D, E
B. Explain the physiology of the female sexual response	K	CBL, DS	DO, OE, OSCE, SP	B
C. Classify the common patterns of female sexual dysfunction	K	CBL, C, DS	MCQ, OE, OSCE, SP	B
D. Identify the physical, psychological and societal impact on female sexual function	K	CBL, C, DS	OE, OSCE, SP	A, B, D, E, F

# NOTES



# UNIT SEVEN

## UNIT 7: VIOLENCE AGAINST WOMEN

# UNIT SEVEN

## UNIT 7: VIOLENCE AGAINST WOMEN

### EDUCATIONAL TOPIC 57: SEXUAL ASSAULT

Rationale: Individuals who are the victims of sexual assault often have significant physical and emotional sequelae. Early medical management and patient support is warranted.

# UNIT SEVEN

The student should be able to:

<b>Intended Learning Outcomes</b>	<b>Level of Competence</b>	<b>Teaching Method</b>	<b>Evaluation Method</b>	<b>ACGME Competency</b>
A. Identify patients at increased risk for sexual assault	KH	C, D	MCQ, OE	A, B
B. Describe the medical and psychosocial management of a victim of sexual assault	K	CBL, RP	OE, OSCE, SP, S	A, B, D, E, F

# UNIT SEVEN

## UNIT 7: VIOLENCE AGAINST WOMEN

### EDUCATIONAL TOPIC 58: DOMESTIC VIOLENCE

Rationale: Domestic violence affects women irrespective of socioeconomic status. All physicians should screen for domestic violence.

# UNIT SEVEN

The student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Evaluation Method	ACGME Competency
A. Cite prevalence and incidence of violence against women, elder abuse, child abuse	K	R, DS	MCQ, OE	B
B. Demonstrate screening methods for domestic violence	SH	CBL, SP	OE, OSCE, SP	A, B, D, E, F
C. Communicate the available resources for a victim of domestic violence including short-term safety	SH	RP, CBL	DO, SP, OSCE	A, B, D, E, F

# GLOSSARY

## **Abortion:**

**Induced:** Termination of a pregnancy by medical or surgical intervention.

**Spontaneous:** Spontaneous termination of a pregnancy before the 20<sup>th</sup> week of gestation.

**Complete:** Complete expulsion of the entire products of conception.

**Incomplete:** Incomplete expulsion of the products of conception. (Retained tissue in the uterus.)

**Inevitable:** Dilation of the internal cervical os but without yet passage of the products of conception.

**Missed:** Intrauterine retention of the non-viable products of conception.

**Recurrent:** Three or more consecutive first-trimester spontaneous abortions.

**Septic:** A threatened, inevitable, incomplete, missed or complete abortion complicated by infection.

**Threatened:** Vaginal bleeding in the presence of a closed cervix and a viable fetus. (*Comment: Threatened abortion may occur before fetal heart motion is documented.*)

**Abruptio placentae:** Separation of the normally implanted placenta from its uterine attachment after the 20<sup>th</sup> week of pregnancy and before the birth of the infant. It occurs mainly in the third trimester.

**Acromegaly:** Overgrowth of the terminal parts of the skeletal system after epiphyseal fusion as a result of overproduction of growth hormone.

**Adenomyosis:** Presence of endometrial tissue within the myometrium.

**Adnexae:** The uterine appendages, including the fallopian tubes, ovaries and associated ligaments.

**Adrenal hyperplasia:** A congenital or acquired increase in the number of cells of the adrenal cortex, occurring bilaterally and resulting in excessive secretion of 17-ketosteroids with signs of virilization.

**Amenorrhea:** Absence or cessation of menstruation.

**Primary:** Failure of menarche to occur by the 16<sup>th</sup> year of life.

**Secondary:** Absence of menses for three or more months after menarche.

**Amniocentesis:** Aspiration of amniotic fluid, usually transabdominally, for diagnostic or therapeutic purposes.

**Amniotic fluid:** The fluid confined by the amnion.

**Androgen Insensitivity Syndrome:** A syndrome of androgen insensitivity characteristics by primary amenorrhea, a female phenotype, testes (abdominal or inguinal) instead of ovaries, the absence of a uterus and a male genotype.

**Anemia, megaloblastic:** Anemia with an excessive number of megaloblasts in circulation caused primarily by deficiency of folic acid, vitamin B12 or both.

**Anemia, iron deficiency:** Advanced stage of iron deficiency whereby there is inefficient stored iron to meet the demands of the body. Also called microcytic anemia.

**Anorexia nervosa:** Eating disorder characterized by altered body image and marked reduction in the intake of food, caused by psychogenic factors and leading to malnutrition and amenorrhea.

**Anovulatory bleeding:** Irregular uterine bleeding that occurs in the absence of ovulation.

**Antepartum:** Before labor or delivery.

**Apgar score:** A physical assessment of the newborn, usually performed at 1 and 5 minutes after birth, used to determine the need for resuscitation.

# GLOSSARY

**Ascites:** An abnormal accumulation of fluid in the peritoneal cavity.

**Atony, uterine:** Loss of uterine muscular tonicity, which may result in failure of labor to progress or in postpartum hemorrhage.

**Autonomy:** In medicine, a patient's right to determine what health care she will accept.

**Barr bodies:** Sex chromatin masses on the nuclear membrane. The number of Barr bodies is one fewer than the number of X chromosomes in that cell.

**Bartholin cyst:** Cystic swelling of a Bartholin gland caused by obstruction of its duct.

**Bartholin glands:** A pair of glands located at the 4 o'clock and 8 o'clock positions on the vulvovaginal rim.

**Basal body temperature:** The oral temperature at rest, used for detection of ovulation.

**Benign cystic teratoma:** The most common germ cell tumor, consisting of mature elements of all three germ layers (often called dermoid cyst.)

**Biophysical profile:** A physical assessment of the fetus, including ultrasound evaluation of fetal movement, breathing movements, fetal tone, amniotic fluid volume and electronic fetal heart monitoring.

**Biphasic temperature curve:** A graph showing a basal body temperature in the luteal phase that is 0.3-°F higher than that of the follicular phase, which indicates that ovulation has occurred.

**Blood flow, uteroplacental:** The circulation by which the fetus exchanges nutrients and waste products with the mother.

**Breakthrough bleeding:** Endometrial bleeding that occurs at inappropriate times during the use of hormonal contraceptives.



**Breech:** The buttocks (often refers to a fetal presentation.)

**Cancer staging:** The clinical (information obtained before surgery or tissue sampling) and pathological (examination of the tumor microscopically) evaluation of the extent and severity of cancer.

**Carcinoma in situ:** A neoplasm in which the tumor cells are confined by the basement membrane of the epithelium of origin.

**Cesarean delivery:** Birth of the fetus through incisions made in the abdomen and uterine wall.

**Chloasma (mask of pregnancy):** Irregular brownish patches of various sizes that may appear on the face during pregnancy or during the use of oral contraceptives.

**Chorioamnionitis:** Inflammation of the fetal membranes.

**Choriocarcinoma:** A malignant tumor composed of sheets of cellular and syncytial trophoblast.

**Chorionic villus sampling:** The transcervical or transabdominal sampling of the chorionic villi for cytogenetic evaluation of the fetus.

**Climacteric:** The period of life or the syndrome of endocrine, somatic and psychic changes that occur in a woman during the transition from the reproductive to the nonreproductive state. May also be used interchangeably with perimenopause.

**Clomiphene:** A ligand, that is in a group of compounds known as selective estrogen receptor modulators (SERM). This ligand stimulates the maturation of follicles and thereby ovulation as a result of its antiestrogenic effect on the hypothalamus.

**Coitus interruptus:** Withdrawal of the penis during coitus before ejaculation.

# GLOSSARY

## **Colporrhaphy:**

**Anterior:** A surgical procedure used to repair cystocele.

**Posterior:** A surgical procedure used to repair rectocele.

**Colposcopy:** Examination of the vagina and cervix by means of an instrument that provides low magnification.

**Condyloma acuminatum:** A benign, cauliflower-like growth on the genitalia caused by human papillomavirus.

**Cone biopsy:** A cone of cervical tissue excised for histologic examination.

**Contraception:** Prevention of conception.

**Cordocentesis (Percutaneous umbilical blood sampling, PUBS):** A fetal assessment and therapeutic technique in which a needle is passed into an umbilical vessel and blood is sampled or treatment is given.

**Corpus luteum:** A temporary endocrine structure produced at the site of ovulation. It is involved in the production of progesterone.

**Cul-de-sac:** The pouch-like cavity, (also called the Pouch of Douglas) between the rectum and the uterus, formed by a fold of peritoneum.

**Culdocentesis:** Needle aspiration of intraperitoneal fluid or blood through a puncture of the posterior vaginal fornix into the cul-de-sac.

**Curettage:** Scraping of the interior of a cavity or other surface with a curette.

**Fractional:** Separate curettage of the endometrium and the endocervix for diagnostic evaluation. Specimens are submitted separately for pathologic examination.

**Suction:** Endometrial curettage using a suction catheter.

**Cushing syndrome:** A symptom complex caused by hypersecretion of glucocorticoids, mineralocorticoids and sex hormones of the adrenal cortex.

**Cystocele:** Protrusion of the urinary bladder that creates a downward bulging of the anterior vaginal wall as a result of weakening of the pubocervical fascia.

**Cystogram:** A radiogram of the urinary bladder after the injection of a contrast medium.

**Cystometry:** Measurement of the function and capacity of the urinary bladder by pressure-volume studies, often used to diagnose hyperactive bladder.

**Cystoscopy:** Direct endoscopic inspection of the interior of the urinary bladder.

**Decidua:** Identifiable changes in the endometrium and other tissues in response to the hormonal effects of progesterone.

**Dermoid cyst:** See Benign cystic teratoma.

**Dilation:** The physiologic or instrumental opening of the cervix.

**D immunoglobulin [Rh(D) immunoglobulin]:** An immunoprotein used for passive immunization to prevent D sensitization of the mother when exposed to fetal red blood cells that may have Rhesus D antigens.

**Disseminated intravascular coagulation (DIC, Consumptive coagulopathy):** An intravascular coagulation abnormality originally described in the obstetric complications of abruptio placentae and intrauterine fetal demise.

**Double set-up:** The simultaneous availability of two sterile set-ups for either a vaginal or an abdominal delivery.

**Dysgerminoma:** A malignant solid germ cell tumor of the ovary.

**Dysmaturity:** Intrauterine growth restriction leading to a small-for-dates baby, associated with placental insufficiency.

# GLOSSARY

**Dysmenorrhea:** Painful menstruation. May be primary (secondary to production of prostaglandins and other inflammatory mediators causing uterine contractions) or secondary (associated with an existing condition.)

**Dyspareunia:** Difficult or painful intercourse.

**Dystocia:** Abnormal or difficult labor.

**Dysuria:** Painful urination.

**Eclampsia.** The convulsive form of preeclampsia eclampsia syndrome.

**Ectopic pregnancy:** A pregnancy located outside the uterine cavity.

**Ectropion:** The growth of the columnar epithelium of the endocervix onto the ectocervix.

**Effacement:** Thinning and shortening of the cervix.

**Embryo:** The conceptus from the blastocyst stage to the end of the 8<sup>th</sup> week.

**Endometrial biopsy:** The procedure of obtaining endometrial tissue for diagnostic purposes.

**Endometriosis:** The presence of endometrial implants outside the uterus.

**Endoscopy:** Instrumental visualization of the interior of a hollow viscus.

**Enterocoele:** A herniation of the small intestine into the cul-de-sac, usually accompanied by (and sometimes confused with) rectocele.

**Episiotomy:** An incision made into the perineum at the time of vaginal delivery.

**Estrogen replacement:** The exogenous administration of estrogen or estrogenic substances to overcome a deficiency or absence of the natural hormone.

**Estrogen, unopposed:** The continuous and prolonged effect of estrogen on the endometrium, resulting from a lack of progesterone.

**Eversion:** See Ectropion.

**Exenteration, pelvic:** The removal of all pelvic viscera, including the urinary bladder, the rectum or both, usually in the setting of advanced cervical malignancy.

**Fern (ferning):** The microscopic pattern of sodium chloride crystals as seen in estrogen stimulated cervical mucus or amniotic fluid.

**Fetal Testing (non-stress testing):** Evaluation of the fetus by electronic fetal heart rate monitoring in the absence of uterine contractions.

**Fetus:** The conceptus from 8 weeks until birth.

**Fibrocystic changes (breast):** Mammary changes characterized by fibrosis and formation of cysts in the fibrous stroma.

**Foreplay:** The preliminary stages of sexual relations in which the partners usually stimulate each other by kissing, touching and caressing.

**Functional ovarian cyst:** A physiologic cyst arising from the Graafian follicle or the corpus luteum.

**Functioning ovarian tumor:** A hormone-producing ovarian neoplasm.

**Galactorrhea:** The spontaneous flow of breast milk in the absence of a recent pregnancy.

# GLOSSARY

**Gender (sex) role:** An individual's understanding and feeling of the activity and behavior appropriate to the male or female sex.

**Gonadal agenesis:** The congenital absence of ovarian tissue or its presence only as a rudimentary streak.

**Gonadal dysgenesis:** The congenitally defective development of the gonads.

**Gonadotropin:**

**Human chorionic (hCG):** A glycoprotein hormone that is produced by the syncytiotrophoblast and is immunologically similar to luteinizing hormone (LH.)

**Human menopausal (hMG):** A gonadotropin isolated from the urine of postmenopausal women, consisting primarily of follicle-stimulating hormone (FSH) with variable amounts of LH, used for ovulation induction.

**Pituitary:** An endocrine organ composed of the anterior gonadotropin-secreting component and the posterior oxytocin-secreting component.

**Granulosa cell tumor:** A feminizing, estrogen-producing ovarian tumor.

**Gravida:** A pregnant woman.

**Gravidity:** The pregnant state, or the total number of pregnancies a woman has had, including the current pregnancy.

**Hemoperitoneum:** Blood in the peritoneal cavity.

**Hermaphrodite:** A person who exhibits characteristics of both sexes. A true hermaphrodite is characterized by the presence of both ovarian and testicular tissue.

**Hirsutism:** The development of various degrees of hair growth of male type and distribution in a woman.

**Hormone therapy (HT):** Estrogen and progestin replacement therapy.

**Hot flashes (flushes):** A vasomotor symptom characterized by transient hot sensations that involve chiefly the upper part of the thorax, neck and head, frequently followed by sweats, and associated with cessation or diminution in the ovarian secretion of estrogen.

**Hydatidiform mole:** A pathologic condition of pregnancy characterized by the hydropic degeneration of the chorionic villi and variable degrees of trophoblastic proliferation.

**Hydramnios (polyhydramnios):** Excessive amounts (more than 2 liters) of amniotic fluid at term.

**Hyperplasia, endometrial:** The abnormal proliferation of the endometrium with a marked increase in the number of glands or cystic dilation of glands. These changes may be related to prolonged unopposed estrogen stimulation.

**Hypoestrogenism:** A condition of subnormal estrogen production with resultant atrophy or failure of development of estrogen-dependent tissues.

**Hypofibrinogenemia:** A deficiency (usually  $< 100$  mg %) of circulating fibrinogen that may be seen in conditions such as abruptio placentae, amniotic fluid embolism and fetal death in which the fibrinogen is consumed by disseminated intravascular coagulation.

**Hypogonadism:** The subnormal production of hormones by the gonads.

**Hysterectomy:**

**Abdominal:** The removal of the uterine corpus and cervix through an incision made in the abdominal wall.

# GLOSSARY

**Radical:** The removal of the uterine corpus, cervix and parametrium, with dissection of the ureters; usually combined with pelvic lymphadenectomy.

**Laparoscopic Assisted Vaginal Hysterectomy (LAVH):** The combination of laparoscopy with vaginal surgery techniques to remove the uterus and, frequently, the adnexa.

**Subtotal (supracervical):** The removal of the uterine corpus, leaving the cervix in situ.

**Total:** The removal of the uterine corpus and cervix (without regard to tubes or ovaries.)

**Vaginal:** The removal of the uterus through the vagina.

**Hysterosalpingography:** Roentgenography of the uterus and tubes after injection of radiopaque contrast medium through the cervix. It is useful in ascertaining irregularities of the uterine cavity and patency of the fallopian tubes.

**Hysteroscopy:** The transcervical endoscopic visualization of the endometrial cavity.

**Hysterotomy:** Surgical incision of the wall of the uterus.

**Imperforate hymen:** Failure of a lumen to develop at a point where the budding vagina arises from the urogenital sinus.

**Impotence:** The inability to achieve or sustain penile erection.

**Infertility:** The inability to achieve pregnancy with regular intercourse and no contraception within a stipulated period of time, often considered to be 1 year.

**Intervillous space:** The space in the placenta in which maternal blood bathes chorionic villi, allowing the exchange of materials between the fetal and maternal circulations.

**Intraductal papilloma:** A benign mammary tumor, often multiple, occurring predominantly in parous women at or shortly before menopause. It is typically located beneath the areola and is often associated with bleeding from the nipple.



**Intrauterine device (IUD):** A device inserted into the uterine cavity for contraception.

**Intrauterine fetal demise (IUFD, stillbirth):** Intrauterine death of a fetus. For purposes of vital statistics, a fetal death prior to 500 grams is usually classified as an abortus.

**Intrauterine growth retardation (IUGR):** See Dysmaturity.

**Intromission:** Introduction of the penis into the vagina.

**Justice:** Ensuring or maintaining what is considered just or fair according to predetermined criteria.

**Karyotype:** A photographic reproduction of the chromosomes of a cell in metaphase, arranged according to a standard classification.

**Labor:** The process of expulsion of the fetus from the uterus.

**Induced:** Labor that is initiated artificially.

**Stimulated (augmented):** Labor that is stimulated, usually with oxytocin.

**Lactogen, human placental (hPL):** A polypeptide hormone that is produced by the syncytiotrophoblast, is similar to prolactin and somatotropin from the pituitary, and is involved in carbohydrate metabolism by the mother and fetus.

**Laparoscopy:** The transabdominal endoscopic examination of the peritoneal cavity and its contents after inducing pneumoperitoneum.

**Leiomyoma (fibroid):** A benign tumor derived from smooth muscle.

**Leiomyosarcoma:** An uncommon malignant tumor of smooth muscle.

**LEEP:** LEEP (Loop Electrosurgical Excision Procedure) is also known as large loop excision of the transformation zone (LLETZ). LEEP uses a thin, low-voltage electrified wire loop to cut out abnormal cervical tissue to treat cervical dysplasia.

# GLOSSARY

**Leukoplakia:** An imprecise clinical term usually referring to white lesions of the vulva.

**Levator muscle:** The muscular sheet, consisting of the iliococcygeus, pubococcygeus and puborectalis muscles, which forms most of the pelvic floor (pelvic diaphragm) and supports the pelvic viscera.

**Libido:** Sexual desire or urge.

**Lie:** The relationship of the long axis of the fetus to the long axis of the mother. Examples are longitudinal, transverse and oblique.

**Ligament:**

**Cardinal:** The dense connective tissue that represents the union of the base of the broad ligament to the supravaginal portion of the cervix and laterally to the sides of the pelvis. It is considered to be the primary support of the uterus.

**Uterosacral:** The peritoneal folds containing connective tissue, autonomic nerves and involuntary muscle arising on each side of the posterior wall of the uterus at about the level of the internal cervical os and passing backward toward the rectum, around which they extend to their insertion on the sacral wall. It is considered to play an important part in axial support of the uterus.

**Ligation, tubal:** The surgical or mechanical interruption of the continuity of the fallopian tubes for the purpose of permanent contraception.

**LMP:** Last menstrual period.

**LNMP:** Last normal menstrual period.

**Mastitis:** Inflammation of the breast.

**Masturbation:** Sexual stimulation by the manipulation of the genitals.

**Maturation index:** The ratio of parabasal to intermediate to superficial vaginal epithelial cells (e.g. 0/20/80) which is an indication of estrogen effect.

**Maturity:** The condition of a fetus weighing 2,500 grams or more.

**Membranes, premature rupture of (PROM):** Rupture of the amniotic membranes before the onset of labor.

**Menarche:** The onset of the menses.

**Menopause:** The permanent cessation of the menses caused by ovarian failure or removal of the ovaries.

**Menorrhagia:** Excessive or prolonged uterine bleeding occurring at regular intervals.

**Metaplasia:** A reversible change in which one adult cell type is replaced by another cell type. The most common type of epithelial metaplasia is the replacement of columnar cells by stratified epithelium (squamous metaplasia.)

**Metrorrhagia:** Uterine bleeding occurring at times other than the expected menses, for example, intermenstrual bleeding.

**Mid pelvis:** An imaginary plane that passes through the pelvis and is defined by three points: the inferior margin of the symphysis pubis and the tips of the ischial spines on either side. This plane usually includes the smallest dimensions of the pelvis.

**Mortality:** A fatal outcome.

**Maternal:** Death of the mother.

**Fetal:** Death of the conceptus between >500 grams and birth.

**Stillbirth (intrauterine fetal demise):** Death of a fetus before birth. For purposes of perinatal vital statistics, the fetus must be over 20 weeks gestational age or over 500 grams in weight.

**Neonatal:** Death of the infant in the first 28 days of life.

# GLOSSARY

**Perinatal:** Death of the fetus or neonate between 20 weeks of gestation and 28 days after birth. It is the sum of stillbirths and neonatal deaths.

**Mosaicism:** The presence in an individual of cells of different chromosomal constitutions.

**Mucus, cervical:** The secretion of the cervical mucous glands; its quality and quantity are influenced by estrogen and progesterone. Estrogen makes it abundant and clear (which is called *spinnbarkeit*) with a fern pattern on drying. Progesterone makes it scant, opaque and cellular without a fern pattern upon microscopic examination.

**Neonatal:** Referring to the first 28 days of life.

**Nonstress test (NST):** Evaluation of the fetus by electronic fetal heart monitoring, not in labor. Also known as fetal activity testing.

**Oligomenorrhea:** Infrequent menstruation.

**Orgasm:** The climax of sexual excitement.

**Osteoporosis:** Atrophy of bone caused by demineralization.

**Ovulation, induction of:** Stimulation of ovulation by artificial means.

**Oxytocin:** An octapeptide formed in the hypothalamus and stored in the posterior lobe of the pituitary. It has stimulant effects on the smooth muscle of the uterus and the mammary glands.

**Papanicolaou smear (Pap smear):** A cytologic smear of exfoliated cells (for example, from the cervix, endometrial cavity or vagina) used in the early detection of cancer or for evaluation of a patient's hormonal status.

**Parity:** The number of pregnancies of a particular woman in which the fetus is over 20 weeks gestation prior to delivery.

**Pelvic floor:** The floor or sling for the pelvic structures, located at the level of the pelvic outlet. The most important structures are the levator ani muscle and fascial sheaths.

**Pelvic inflammatory disease (PID):** An infection of the pelvic viscera, usually by ascending routes. The likely etiologic pathogens include: *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, and other anaerobic and aerobic organisms.

**Pelvic inlet:** An imaginary plane passing through the pelvis that represents the upper boundary of the true pelvis. It is bounded posteriorly by the promontory and alae of the sacrum, laterally by the linea terminalis, and anteriorly by the horizontal rami of the pubic bones and the upper margin of the symphysis pubis.

**Pelviscopic Surgery:** Laparoscopic surgery using multiple small incisions, specialized instruments and techniques.

**Percutaneous Umbilical Blood Sampling (PUBS):** See cordocentesis.

**Perinatal:** Pertaining to the combination of fetal and neonatal periods, considered to begin after 20 weeks of gestation and to end 28 days after birth.

**Perineorrhaphy:** Plastic repair of the perineum.

**Perineum:** The pelvic floor and associated structures occupying the pelvic outlet.

**Pessary:** A device placed in the vagina or uterus to support the uterus.

**Placenta previa:** A condition in which the placenta is located in the lower portion of the uterus and covers part or all of the internal os.

**PMP:** Previous menstrual period.

**Pneumoperitoneum:** The presence of air in the peritoneal cavity.

**Polycystic ovary syndrome (Stein-Leventhal syndrome):** A syndrome of secondary oligomenorrhea and infertility associated with multiple follicle cysts of the ovary and failure to ovulate.

# GLOSSARY

**Polyhydramnios:** See hydramnios.

**Polymenorrhea:** Cyclical uterine bleeding that is normal in amount, but occurs <24 days apart.

**Position:** The relationship of a designated point on the presenting part of the fetus to the maternal pelvis (example: left occiput anterior [LOA].)

**Postmenopausal bleeding:** Bleeding from the uterus, cervix or vagina that occurs after the menopause.

**Postpartum:** After delivery or childbirth.

**Postterm pregnancy:** Pregnancy prolonged beyond the end of the 42<sup>nd</sup> week of gestation.

**Preeclampsia:** A specific hypertensive disorder of pregnancy with the diagnosis made based on hypertension with proteinuria. It usually occurs after the 20<sup>th</sup> week of pregnancy.

**Prematurity:** An infant born before 37 completed weeks (260 days) of pregnancy.

**Premenstrual syndrome (PMS):** A complex of symptoms occurring in the progestational phase of the menstrual cycle.

**Presentation:** The portion of the body of the fetus that is coming first in the birth canal. Examples include vertex, breech and shoulder presentations.

**Presenting part:** The portion of the fetus that is felt through the cervix on vaginal examination. The presenting part determines the presentation.

**Primigravida:** A woman who is pregnant for the first time.

**Prolapse:**

**Cord:** A condition in which the umbilical cord precedes the presenting part of the fetus.

**Uterine:** Prolapse of the uterus, usually due to the loss of supporting structures. It is related to injuries of childbirth, advanced age or congenital weakness.

**Pseudocyesis:** False pregnancy, in which some of the signs and symptoms of pregnancy are present, although no conception has taken place.

**Puberty:** The period between the beginning of the development of secondary sexual characteristics and the completion of somatic growth.

**Delayed:** The lack of appearance of secondary sexual characteristics by age 14.

**Precocious:** The appearance of secondary sexual characteristics before 7.5 years of age.

**Puerperium:** The period after delivery in which the reproductive tract returns to its normal, nonpregnant condition, generally 6-8 weeks.

**Quickening:** The first perception by the mother of fetal movement, usually between the 16<sup>th</sup> and 20<sup>th</sup> week of gestation.

**Rectocele:** Protrusion of the rectum through the supporting structures of the posterior vaginal wall.

**Reflux, tubal:** The retrograde flow of uterine or tubal contents into the abdominal cavity.

**Rhythm (periodic abstinence):** A method of contraception in which coitus is avoided when ovulation is likely.

**Salpingectomy:** Surgical removal of fallopian tube.

# GLOSSARY

**Salpingo-oophorectomy:** Surgical removal of a fallopian tube and ovary.

**Schiller test:** The application of a solution of iodine to the cervix. The iodine is taken up by the glycogen in normal vaginal epithelium, giving it a brown appearance. Areas lacking in glycogen are white or whitish yellow, as in leukoplakia or cancer. Although nonstaining areas are not diagnostic of cancer, they aid in choosing the spot to which a biopsy should be directed.

**Secondary sexual characteristics:** The physical changes that have occurred in response to endocrine changes during puberty.

**Semen analysis:** The evaluation of the components of semen, especially spermatozoa, as a means of evaluating male fertility.

**Sexual dysfunction:** Sexual disinterest, unresponsiveness or aversion.

**Sexuality:** The physiologic and psychologic expression of sexual behavior. The periods of infancy, adolescence, adulthood and the postclimacteric state each have characteristic manifestations of sexuality.

**Sims-Huhner test (post coital test):** A test for infertility in which cervical mucus is aspirated after coitus and examined for quality and presence or absence of infection. The motility, normality and number of sperm are noted.

**Skene glands:** The vestibular glands that open into and around the urethra.

**Somatomammotropin, chorionic:** See Lactogen, human placental.

**Sonography (ultrasonography, ultrasound):** In obstetrics and gynecology, a diagnostic aid in which high-frequency sound waves are used to image pelvic structures in pregnant and non-pregnant patients.



**Spinnbarkeit:** The ability of the cervical mucus to be drawn out into a thread, characteristically greater in the preovulatory and ovulatory phases of the menstrual cycle.

**Station:** The location of the fetal presenting part (leading bony point) relative to the level of the ischial spines. Station +2 means the presenting part is 2 cm below the ischial spines. Station -1 means the presenting part is 1 cm above the ischial spines.

**Sterility:** The absolute inability to procreate.

**Stress incontinence:** The involuntary leakage of urine during an increase in intraabdominal pressure as a result of weakness of the supports of the internal vesical sphincter and bladder neck.

**Striae gravidarum:** Streaks or lines seen on the abdominal skin of a pregnant woman.

**Supine hypotensive syndrome:** A hypotensive syndrome often characterized by sweating, nausea and tachycardia. It occurs in some pregnant women in the supine position when the pregnant uterus obstructs venous return to the heart.

**Teratogen:** An agent or factor that produces physical defects in the developing embryo.

**Thecoma:** A functioning ovarian tumor composed of theca cells.

**Thelarche:** The onset of development of breasts.

**Trimester:** A period of three months. The period of gestation is divided into three units of three calendar months each. Some important obstetric events may be conveniently categorized by trimesters.

**Trophoblast:** The epithelium of the chorion, including the covering of the placental villi. It comprises a cellular layer (cytotrophoblast) and syncytium (syncytiotrophoblast.)

# GLOSSARY

**Tubercles, Montgomery:** The enlarged sebaceous glands of the areolae of the mammary glands during late pregnancy and lactation.

**Ultrasonography:** See Sonography.

**Ultrasound:** See Sonography.

**Urethrocele:** Protrusion of the urethra through the supporting structure of the anterior wall.

**Vacuum extraction:** The use of a suction device placed on the infant's head to assist vaginal delivery.

**Vasectomy:** The surgical interruption of the ductus (vas) deferens for permanent contraception.

**VBAC:** Vaginal birth after Cesarean delivery.

**Viability:** The condition of a fetus weighing 500 grams or more; the ability to live independently outside of the uterus.

**Virilization:** The development of masculine traits in a female.

**Withdrawal bleeding:** Uterine bleeding after the interruption of hormonal support of the endometrium.





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