

**2015 Bulletin
for the
Written Examination
for
Basic Certification
in
Obstetrics and Gynecology**

***The American Board of
Obstetrics and Gynecology, Inc.***



The American Board of
Obstetrics & Gynecology
2915 Vine Street
Dallas, TX 75204

First in Women's Health

This bulletin, issued in 2014, represents the official statement of the requirements in effect for the basic written examination to be given in June, 2015.

IMPORTANT INFORMATION
All Candidates
for the
2015 Written Examination
for
Basic Certification in OB-Gyn

1. It is the candidate's responsibility to meet all deadlines for submission of applications, fees, case lists, and all other required materials. Deadlines are based on the receipt of the material at the ABOG office and will not be extended.
2. All Board-related correspondence should be sent using a service with tracking ability. The USPS does not guarantee delivery dates. Candidates are encouraged to use a different carrier for date-sensitive material.
3. It is the responsibility of each candidate to update their personal email and mailing addresses in the profile section of their personal ABOG home page.
4. There is a limit to eligibility to sit for the basic written certification examination. The specific limits for the examination are listed in this bulletin.
5. It is no longer necessary to have a medical license to sit for the Basic Written Examination. An unrestricted medical license will be required to apply for the oral examination.
6. It is each candidate's responsibility to be familiar with all of the information included in the "Policies" section of the ABOG website.
7. Beginning in 2017 all candidates must achieve board certification within 8 years of the completion of their training.

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GENERAL INFORMATION FOR ALL CANDIDATES

I. CANDIDATE RESPONSIBILITY

The process of certification in Obstetrics and Gynecology by the American Board of Obstetrics and Gynecology (ABOG) is voluntary. ABOG does not assume responsibility to contact potential candidates. Rather, each candidate is responsible for initiating the process, completing all applications, submitting required materials by the deadlines, and paying the appropriate fees. Candidates must meet the eligibility requirements published in the *Bulletin* dated for the year in which they are to take the examination as these may change from year to year. The *Bulletin* is available on-line at www.abog.org.

After application, it is the candidate's responsibility to inform ABOG of any changes in email and other addresses by changing the information in their profiles on their ABOG personal home page.

It is the candidate's responsibility to become familiar with all of the material contained in the "Policies" section of the ABOG website, including the *Definition of an Obstetrician-Gynecologist*.

II. CANDIDATE BOARD STATUS

A. ABOG Registered Residency Graduate

After completing or nearing completion of a residency in Obstetrics and Gynecology in a program accredited by the American Council for Graduate Medical Education (ACGME) or by the Council of the Royal College of Physicians and Surgeons of Canada (CRCPSC) and meeting all of the requirements listed below, a physician may complete an application to begin the certification process. When and if the Board rules that they have fulfilled the requirements to take the written examination, that person becomes a "Registered Residency Graduate."

The term "Board Eligible" is not used or recognized by ABOG.

B. Active Candidate

A physician achieves Active Candidate status by passing the ABOG written examination.

To maintain Active Candidate status, the candidate must fulfill all of the requirements for admission to the oral examination, and may not have exceeded the limitations to admissibility for the oral examination.

If the written examination is failed 5 consecutive times, Registered Residency Graduate status expires, and the physician has no official ABOG status. The physician must complete additional education before regaining eligibility to sit for the written examination. The additional education is designated as the *Test Eligibility Program (TEP)*. Details of the TEP process can be found on the ABOG website under the Policies tab.

Beginning in 2017, all candidates must achieve board certification within 8 years of the completion of their training. (Training in an ABOG-accredited or ACGME-accredited FPMRS fellowship does not count toward the 8 year limit. Participation in other fellowships, graduate education programs, etc. do not extend the 8 year limit.) Physicians who fail to become certified within 8 years will be required to complete a minimum of 12 months of additional residency training in an ACGME-approved training program to regain eligibility to apply for the Basic Written Examination.

III. DURATION OF CERTIFICATION

After passing both the Basic Written and Oral Examinations, a physician becomes certified by ABOG. However, all certificates issued by ABOG after 1986 are time-limited and remain in effect only if the Diplomate participates in and successfully completes the Maintenance of Certification (MOC) process each year.

Active candidates—those who have passed the basic written examination, but not the oral—are not required to participate in the MOC process.

Active candidates who are interested in learning more about the ABOG MOC process should read the MOC Bulletin which is available at www.abog.org.

THE WRITTEN EXAMINATION

I. Introduction

The process of certification by the ABOG is voluntary. The ABOG is not responsible for contacting potential candidates. Each potential candidate is responsible for completing the application for the written examination on-line at www.abog.org, for submitting all required materials to ABOG at the time they are requested, and meeting all deadlines. ABOG will make the final decision concerning the applicant's admission to the examination after considering all circumstances affecting the application.

II. Application Process for the June, 2015 Examination

- A. Applications will be accepted on-line at www.abog.org beginning September 1, 2014. Late fees will apply for applications received after October 18, 2014, 5 pm CDT. (See table of deadlines and fees.)
- B. December 18, 2014, 5 pm CST, is the last day and time for receipt of an application to take the June 29, 2015, written examination. Applications received after this date and time will not be accepted
- C. The written examination fee must be paid in full by credit card at the time of the application. All fees are quoted in US dollars.
- D. An email will be sent to each applicant at the email address provided during the application process when their application to sit for the examination has been approved. The email will also contain information for contacting a Pearson VUE testing center to schedule a seat for the examination. It is the candidate's responsibility to ensure that both their email and physical addresses are current and correct.
- E. After the approval email is received, the candidate should contact Pearson VUE to obtain a seat for the examination. Candidates are urged to obtain a seat as soon as possible after notification of eligibility to avoid long distance travel to a site with an available seat. After March 25, 2015, seats at the Pearson VUE centers will be released. No candidate may schedule a seat after June 3, 2015. Instructions for contacting the examination centers will be included in the ABOG email. Seats at Pearson VUE in individual cities are limited, and are assigned on a "first come, first served" basis. No refund will be offered to candidates who fail to obtain a seat at their preferred examination center.

III. Fees and Deadlines

The fee for the written examination is \$1470 and must be paid in full at the time of application. The fee has been computed to cover the costs of the examination and administrative expenses. The written examination fee consists of two parts: a fee to cover the costs of the application process (\$800.00), and a portion to cover the costs of the examination (\$670.00). The portion of the fee that covers the cost of the application process will not be refunded or credited against a future examination. If the candidate is denied entrance to the examination on the basis of the information supplied with the application, the portion of the fee that covers the cost of the examination will be refunded.

After approval, if the candidate experiences an event that prevents sitting for the examination, the Board should be notified immediately. If the request is made prior to March 20, 2015, and if the review committee agrees that the request is due to circumstances beyond the control of the candidate, the examination portion of the fee may be refunded. However, the application fee is not refundable. The review committee will not consider any request that is based primarily on non-emergency matters.

WRITTEN EXAMINATION DEADLINES

September 1, 2014	Application available on-line
October 18, 2014, 5 pm CDT	Last day to apply without late fee penalty
December 18, 2014, 5 pm CST	Final deadline. No applications will be accepted after this date.
November, 2014 to February, 2015	Candidates will be notified of approval to sit for the examination and to make a computer testing center reservation
June 29, 2015	Written Examination at testing centers

WRITTEN EXAMINATION FEES

September 1, 2014 to October 18, 2014 5 pm CDT	\$1470
October 19, 2014 to November 18, 2014 5 pm CST	\$1470 + \$345 late fee = \$1815
November 19, 2014 to December 18, 2014 5 pm CST	\$1470 + \$825 late fee = \$2295

IV. Eligibility Requirements for the June, 2015 Written Examination

A. All applicants must hold a Doctor of Medicine, or Doctor of Osteopathy Degree.

B. Residency Requirements

1. Candidates for certification are required to complete 48 months of graduate medical education in an ACGME-accredited Obstetrics and Gynecology residency program(s). Candidates who will complete their residency training after September 30, 2015 will not be allowed to sit for the June, 2015 written examination.

Alternately, this requirement can be met by completing no fewer than 60 months in a clinical Obstetrics and Gynecology program(s) accredited by the Council of the Royal College of Physicians and Surgeons of Canada (CRCPSC) no later than September 30, 2015. A minimum of 48 months of that training must be in Obstetrics and Gynecology. No credit for training outside of Canada may be counted toward meeting the 60 month training requirement.

No credit will be given for residency training in programs accredited by any other body, including ACGME-International.

Residents are expected to take allotted vacation time. Foregoing vacation time or necessary sick leave to shorten the required 48 months of training or to “make up” for time lost due to sickness or other absence is not permitted.

2. Either the PGY3 or PGY4 year of a resident’s program must include the responsibilities of a chief (senior) resident in accordance with the description of the program as accredited by the ACGME. Residents who receive credit for time spent in a non-OB-Gyn ACGME-approved residency program must serve their senior year as a PGY4. (See requirement 5, below.)
3. When a resident’s graduate education and clinical experience have been gained in more than one residency program, the application to take the written examination must be accompanied by verification of the candidate’s satisfactory performance in each program. Fewer than 6 months in any OB-Gyn residency program will not count toward meeting the 48 month requirement.
4. A resident who has a firm commitment to a position in an ABOG-accredited subspecialty fellowship or an ACGME-accredited Female Pelvic Medicine and Reconstructive Surgery (FPMRS) fellowship may be allowed flexibility in their residency training program. To be eligible, ABOG must receive a request from the residency Program Director prior to the start of the PGY 3 year. If approved by ABOG, the PGY3 year must be served as a senior resident, with duties and responsibilities similar to those of a PGY4 resident. If the resident satisfactorily completes the PGY3 senior resident year, they may begin the subspecialty fellowship in the PGY4 year. If the fellowship is not completed successfully, the physician must return to a residency program and complete a full 12 month PGY 4 year.

Residents who have received credit for training (up to 6 months as detailed in number 5, below) in a non-OB-Gyn ACGME-accredited residency training program are not eligible for the flexibility option.

5. Up to 6 months credit for previous training in a non-OB-Gyn ACGME-accredited residency may be granted for residents entering an ACGME accredited OB-Gyn residency. The OB-Gyn residency Program Director must request approval for a specific number of months—not to exceed 6—prior to the start of PGY4.

6. Leaves of absence and vacation may be granted to residents at the discretion of the Program Director in accordance with local policy. However, the total of such vacation and leaves for any reason—including, but not limited to, vacation, sick leave, maternity or paternity leave, job interviews or personal leave--may not exceed 8 weeks in any of the first three years of residency training, or 6 weeks during the fourth year of residency. If any of these maximum per year weeks of leave are exceeded, the residency must be extended for the duration of time the individual was absent in excess of either 8 weeks in years one, two or three, or 6 weeks in the fourth year.

Example: A resident takes 3 weeks of leave in each of years 1, 2, and 3, but takes a total of 10 weeks of leave in year 4 (total 19 weeks). The residency program must be extended by 4 weeks because the year 4 limit was exceeded.

In addition to the yearly leave limits above, a resident must not take more than a total 20 weeks of leave over the four years of residency training. If this limit is exceeded, the residency must be extended for the duration of time that the individual was absent in excess of 20 weeks.

Example: A resident takes 8 weeks of leave in years 1, 2, and 3, and 6 weeks of leave in year 4 (total 30 weeks). The residency program must be extended by 10 weeks.

The number of days that equals a “week” is a local issue that is determined by the hospital and Program Director, not ABOG. Vacation and sick leave time may not be used to reduce the actual time spent completing the required forty-eight months of training or to “make-up” for time lost due to sickness or other leave.

Residents who have their residency extended to complete the required 48 months, may sit for the basic written examination in June if they will have completed all 48 months by September 30 of the same year. The results of their examination will not be released until and unless the Program Director notifies the ABOG that they have successfully completed their residency prior to September 30.

8. Each resident is required to maintain a record of the number and type of obstetric and gynecologic procedures performed during residency to demonstrate the adequacy of their operative experience.

C. A statement must be signed by the Program Director at the time of application certifying that the candidate has:

1. Satisfactorily completed or is completing the course of instruction designed for this program. The PD may rescind this statement, if necessary, at any time up to the date of the written examination
2. Taken leaves of absence and vacation not exceeding those previously described (see Section IV.B.6);
3. Completed and submitted to the Program Director a satisfactory list of obstetrical and gynecological patients;
4. Achieved the appropriate knowledge, ability, and judgment in order to provide appropriate clinical care in obstetrics, gynecology, and women’s health, as documented by ongoing evaluation during the entire residency program;
5. Demonstrated the necessary technical skills to perform:
 - a. major abdominal and vaginal surgical procedures on the female reproductive organs and related structures;

- b. major surgical procedures for female urinary and fecal incontinence and other forms of pelvic dysfunction (reconstructive pelvic surgery);
- c. spontaneous and operative obstetric deliveries;
- d. surgical exploration of the abdomen;
- e. pelvic, abdominal and hysteroscopic endoscopic procedures;
- f. diagnostic evaluations including electronic fetal monitoring, ultrasonography, colposcopy, amniocentesis and urodynamic testing;
- g. the diagnosis and treatment of complications of the above; and

6. Demonstrated good moral and ethical character.

- D. Limitation of eligibility.** The candidate may not have taken and failed the written examination 5 consecutive times without completing additional education. (See TEP under Policies on the ABOG website)
- E. Additional requirements.** The candidate must meet all of the requirements in the *Bulletin* for the year they are applying for the test. For example, those applying for the 2015 written examination must meet the requirements in the *2015 Bulletin*.

V. Disqualification from the Written Examination

If a candidate is found to be involved in litigation or investigation regarding ethical or moral issues, the application will be reviewed. ABOG may defer a decision for entry into the examination to gain further information.

Falsification of any of the submitted data or evidence of other egregious ethical, moral or professional misbehavior may result in a deferral of a candidate's application for at least three years. The candidate must then meet all eligibility requirements in effect at the end of the deferred period.

When the Board rules an applicant not admissible to the written examination, a new application and application fee must be submitted after the cause of the inadmissibility has been resolved.

VI. Residency Training Affidavit

The candidate ruled admissible to the examination must have a Residency Training Affidavit completed by the Program Director. This affidavit can be downloaded by the Residency Program Coordinator on the residency Program Home Page under "Member Pages." The link to the affidavit will be available 31 days in advance of the residency completion date. The Residency Program Director must verify the date that the candidate will complete or has successfully completed the 48 months of training. The Affidavit must be completed and returned to the Board office. Results of the examination will not be released until the completed affidavit is received by the Board. For residents completing training in June, 2015, the affidavit must be received during the month of June.

A new affidavit is not necessary for those candidates who have completed their residency training and sat for the written examination in a prior year if an affidavit has been previously received at ABOG.

VII. Skills and Knowledge Required for the Written Examination

The candidate will be expected to demonstrate skills necessary to apply basic knowledge to the management of clinical problems. These skills include:

- A. obtaining needed information;
- B. interpretation and use of data obtained;
- C. selection, instituting and implementing care;
- D. management of complications; and
- E. follow-up and continuing care.

VIII. Types of Questions

The examination consists of single-best answer, multiple-choice questions. Many of the questions are constructed to be thought provoking and problem solving. For many questions, all possible answers may be plausible, but only one answer is the most correct. The written examination will only be given in English.

IX. Examination Blueprint

Approximately 40% of the questions on the test will be in the area of Obstetrics, 25% in Gynecology, 25% in Office Practice and Women's Health, and 10% in Cross Content areas. These topics are further broken down as follows:

ABOG Basic Written Certification Examination

Obstetrics

- Preconception/Antenatal Care (40%)
- Intrapartum Care (50%)
- Postpartum Care (10%)

Gynecology

- Diagnostic and Preoperative Evaluation (25%)
- Surgical Management [decision making] (20%)
- Surgical Procedures (20%)
- Neoplasia (20%)
- Postoperative Care and Complications (10%)
- Emergency Care

Gynecology: Office Practice / Women's Health

- Age-appropriate Routine Care (15%)
- Medical Problems (15%)
- Gynecologic-specific Disorders (50%)
- Psychosocial Problems (10%)
- Office Procedures (10%)

Cross Content

- Basic Science (50%)
- Ethics and Professionalism
- Epidemiology and Evidence-based Practice
- Systems-based Practice
- Patient Safety (33%)
- Communication and Health Literacy

The specific topics covered in these areas can be found in the Appendix.

X. Conduct of the Written Examination

The written examination is scheduled to last approximately 3 hours and 45 minutes. Candidates who finish before the full time has elapsed may leave early, but if they do so, may not return. Candidates will receive information after registering on the Pearson VUE website concerning the location of their examination, as well as the time they must arrive.

Each candidate must present 2 forms of identification to be admitted to the examination. One document must include both a photograph of the candidate and the candidate's signature. The second document must include the candidate's signature. If a candidate has had a name change between application and the day of the test, they must bring a copy of an official document that verifies the name change. Examples could include, but are not limited to a marriage certificate, divorce decree, court ordered name change, etc.

Candidates may not take electronic devices into the examination area, and must also submit to a screening process that may include any or all of the following: fingerprinting, palm vein scanning, wand or walkthrough scanning for metallic objects, or any other screening that may be in place at the Pearson VUE center. A candidate who refuses to submit to any screening procedure will not be allowed to sit for the examination, and no portion of the fee will be refunded.

Candidates are not allowed to possess or access recording devices, cellular phones, paging devices, other electronic communication and/or recording devices, and writing instruments at any time during the written examination or while taking a break. If such a device is discovered at any time during the examination, or if the candidate accesses any such device for any reason, the candidate will not receive a grade for any portion of the examination, and all fees will be forfeit.

There is no scheduled break during the examination. Candidates may take unscheduled breaks to use the restroom facilities. Unscheduled breaks should not exceed 10 minutes in length. During such breaks, a candidate may not talk with any individual or access any electronic device. Candidates are not allowed to leave the testing center for any reason before completing the test. If a candidate violates any of these regulations, the candidate will not receive a grade for any portion of the examination, and all fees will be forfeit.

XI. Test Security

At the time of application for the Basic Written Examination, and again at the time the test is taken, each candidate will be required to agree to the following. No candidate will be allowed to sit for the written examination unless they agree to these terms:

1. I understand that all ABOG test materials are copyrighted, and that it is illegal to disclose the content of the examination in whole or in part to any individual, organization or business. Furthermore, I understand that if I provide the information to any such entity I may be prosecuted under the US Copyright laws.
2. I understand that if I divulge the content of the written examination in whole or in part to any individual, organization or business, my test result, if any, will be negated and I will not be allowed to re-apply for the examination for a minimum of three years.
3. I understand that I may not record any portion of the written examination by any means in whole or in part, and a violation will be treated as outlined in numbers 1 and 2 above.
4. I understand that I may not memorize or attempt to memorize any portion of the written examination for the purpose of transmitting such material to any individual, organization or business.

Additional information about test integrity and security can be found under the Policies tab on the ABOG website.

XII. Results of the Examination

The results of the written examination will be reported on-line to each candidate by September 15, 2015. ABOG policy does not allow a candidate access to their individual test score, their score on any portion of the examination, or the score necessary to successfully pass the examination. Results are reported as "Pass" or "Fail."

As part of the application process the applicant will be required to irrevocably agree that the results of the applicant's examination may be made available to the Program Director of any residency program in which the Applicant may have participated or in which the Applicant is currently involved and/or the American Council of Graduate Medical Education (ACGME) for any and all purposes. Furthermore, the applicant will be required to release and agree to indemnify and hold the ABOG and its officers, directors, and employees harmless of and from any and all claims the applicant may have with regard to the effect or impact upon the applicant of the release of the applicant's examination results to the applicant's Program Director or the ACGME and waive any rights the applicant may have, if any, to have the examination results maintained in confidence.

A passing grade on the written examination does not ensure a candidate's admissibility to the oral certification examination, nor does it allow the use of the term "Board Eligible."

XIII. Requests for Re-Examination

Candidates who are scheduled to sit for the examination but do not do so, as well as the candidates who do not pass the examination and who wish to repeat the examination, must complete a new application on the ABOG web site and pay a new fee. It is necessary for each applicant to meet the requirements in effect the year the application is submitted. These requirements can be found in the *Bulletin* for the year the application is submitted. The re-applicant must complete the application process prior to the applicable deadline. The written examination may be taken a maximum of 5 consecutive times without additional training, as detailed in Section IV.D above and Section III.B in the General Information in this bulletin.

XIV. Written Examination Appeal Process

ABOG will not accept appeals from candidates who seek to challenge the content of the examination, the sufficiency or accuracy of the answers to examination questions, the scoring of the examination, or the cut score used to determine the passing grade for the examination. A complaint concerning any other matter should be addressed to the ABOG Executive Director.

Appendix

Basic Written Examination Topics

Obstetrics

Preconception/Antenatal Care

- Routine prenatal care
 - Diet; life style; habits; exercise
- Counseling
 - Genetic
 - Teratogenesis
- Complications
 - Hyperemesis
 - 2nd and 3rd trimester losses
 - Multifetal gestation
 - Hypertensive disorders unique to pregnancy
 - Pre-eclampsia
 - Eclampsia
 - Infectious diseases
 - HIV
 - Group A streptococcus
 - Misc, (varicella, pyelonephritis, CMV, toxoplasmosis, parvovirus, etc.)
 - Coexistent diseases
 - Cardiovascular
 - Chronic hypertension
 - Pulmonary
 - Renal
 - Hematologic
 - Endocrine (includes thyroid)
 - Autoimmune (includes DM)
 - Neoplastic (Breast, Ovary, etc.)
 - Misc (dermatologic, neurologic, etc)
 - Surgical conditions (acute abd., adnexal & breast masses, etc.)
 - Psychiatric disorders
- Fetal assessment/Prenatal diagnosis
 - Abnormal fetal growth
 - Anomalies
 - Ultrasound
 - Abnormalities of AFV
 - Indications for testing
 - Isoimmunization

Intrapartum Care

- Normal
- Preterm labor and delivery
- Post-term
- Induction and augmentation
- Fetal monitoring (normal and abnormal)
- ROM (term and premature)
- Dystocia
- Malpresentations (breech, face, brow, etc.)
- Operative
 - Cesarean (primary, repeat, emergency, hysterectomy, VBAC)
 - Forceps
 - Vacuum
 - Complications (maternal or fetal injuries; wound infection)
- Cord problems (prolapse, knot, entanglement, etc.)
- Infections (chorioamnionitis, mastitis, etc)
- Episiotomy and tears (perineal, cervix, vagina, vulva)
 - Prevention
 - Repair
- Hemorrhage
 - Placenta Previa/Accreta
 - Abruption
 - Postpartum
 - Coagulopathy (various causes)
- Anesthesia (local, general, complications)
- Thrombosis/Embolism
- Immediate care of the newborn

Postpartum care

- Routine (includes lactation)
- Infections (mastitis, infected repairs, etc.)

Non-Obstetric Emergencies

- Trauma (MVA, etc.)

Gynecology

Diagnostic

- Ultrasonography
- D&C
- Diagnostic Laparoscopy
- Diagnostic Hysteroscopy

Preoperative Evaluation

- Routine evaluation
- Co-existing medical conditions (DM, CV, Pulm, thrombophilias, etc.)
- Psychiatric conditions
- Geriatric

Surgical Management

- Non-infectious benign conditions
 - Vulvovaginal (VIN, CIN, masses, etc.)
 - Uterine (myomas, AUB, hyperplasia, etc.)
 - Tubal (ectopic, infertility, sterilization, etc.)
 - Adnexal masses
 - Pelvic relaxation (cystocele, rectocele, prolapse, etc.)
 - Fistulae (all)
 - Endometriosis and adenomyosis
 - Urinary and fecal incontinence
 - Pelvic pain
 - Acute (torsion, appendicitis, etc.)
 - Chronic (endometriosis, etc.)
- Infectious conditions
 - PID (salpingitis, tubo-ovarian abscess, TB, etc.)
 - Abscesses
- Pregnancy-associated
 - Spontaneous, complete, incomplete abortion (1st and 2nd trimester)
 - Benign trophoblastic disease
- Congenital anomalies (reproductive tract)

Surgical Procedures

- Minor
 - Operative Laparoscopy (including sterilization)
 - Operative Hysteroscopy
 - D&C
- Major
 - Hysterectomy (with and without oophorectomy)
 - Vaginal
 - Abdominal
 - Laparoscopic (total and LAVH)

- Robotic
- Pelvic floor repairs
- Prolapse
- Incontinence
- Other repairs
- Laparotomy

Surgical complications

- Hemorrhage
- Bowel injury (small and large)
- Urinary tract injury

Neoplasia

- Vulva & vagina
- Cervix
- Uterus
- Tube
- Ovary
- GTN
- Breast

Postoperative care and complications

- Routine (orders, diet, etc.)
- Embolism (including prevention)
- Ileus
- SBO
- Necrotizing fasciitis
- Wound
 - Normal care
 - Infection
 - Dehiscence
- UTI
- Neurologic
- Fever

Emergency Care

Office Practice and Women's Health

Routine and Primary Care

- Age-appropriate screening
- Immunizations
- Life style counseling (obesity, smoking, exercise, substance abuse, etc.)
- Perimenopause and menopause
- Family planning
 - Contraception
 - Sterilization
- Pediatric and Adolescent Care
 - Congenital anomalies
 - Menstrual disorders
 - Psychosocial
- Geriatric Care
- Obesity
- Genetic counseling (non-pregnancy related: BRCA, etc.)

Medical problems

- Breast disorders
 - Imaging
 - Benign
 - Malignant
- UTI
- Major diseases
 - CV (includes hypertension, MI, etc.)
 - Pulmonary
 - Gastrointestinal
 - Thrombophilias
 - Autoimmune (DM, lupus, etc.)
 - Endocrine (thyroid, adrenal)
 - Dyslipidemias
 - Osteopenia and osteoporosis
- Minor diseases
 - Headache
 - LBP
 - Iritable bowel
 - Arthritis
 - Bronchitis
- STI's
 - HIV
 - Syphilis
 - GC
 - Other

Gynecologic-specific disorders

Endocrine

- Primary and secondary amenorrhea
- PCOS
- Galactorrhea
- Hirsutism
- Infertility (any cause)
 - Evaluation
 - Office treatment (clomid, etc.)
- Other disorders of menstruation (AUB, PMS, migraine, dysmenorrhea, etc.)

Vulvar conditions

- Infectious diseases
- VIN
- Dermatoses (ulcers)
- Chronic pain

Vaginal conditions

- Discharge
- Septae
- VAIN

Cervix

- Abnormal cytology
- Colposcopy
- Infectious disease
- Incompetence

Uterus

- Myomas
- Polyps
- Hyperplasia

Pelvic pain

- Acute
- Chronic

Endometriosis**Incontinence and pelvic floor defects**

- Bladder
- Rectum
- Prolapse

Early pregnancy loss (spontaneous, recurrent)***Psychosocial***

- Sexual dysfunction
- Domestic violence
- Sexual assault
- Psychiatric disorders (depression, eating disorders, etc.)
- LGBT issues

Office procedures

- LEEP
- Essure
- IUD

Biopsies (vulva, vagina, cervix, endometrium, etc.)
Hysteroscopy
Ultrasonography

Cross Content

Basic science

Physiology
Anatomy
Pathology
Microbiology
Immunology
Embryology
Pharmacology
Genetics

Ethics and professionalism

Epidemiology and evidence-based medicine

Systems-based practice

Patient safety

Communication (patients and peers) and Health Literacy