

Obstetrics

I. Provide preconception, prenatal, and antenatal care:

- a. Provide management, counseling, and testing for routine prenatal care
- b. Evaluate, diagnose, and provide initial management of co-existent medical diseases (e.g., cardiovascular, chronic hypertension, pulmonary, renal, gastrointestinal including liver disease, hematologic, endocrine including thyroid, psychiatric disorders, autoimmune including DM, neoplastic, dermatologic, neurologic, obesity) during pregnancy
- c. Provide patient counseling regarding options, risks and benefits of genetic testing

II. Evaluate, diagnose, and manage the following preconception/antenatal conditions:

- a. Select, perform and/or interpret antepartum fetal assessment and manage associated abnormalities (e.g., biophysical profile, contraction stress test, nonstress test, vibroacoustic stimulation)
- b. Apply knowledge of female anatomy and pathophysiology to improve patient outcomes
- c. Patients at risk for preterm delivery
- d. Common antepartum complications (e.g., hyperemesis, first trimester bleeding)
- e. Medical disorders unique to pregnancy (e.g., preeclampsia, eclampsia, hyperemesis, gestational diabetes, cholestasis, acute fatty liver, peripartum cardiomyopathy, PUPPS, herpes gestationis)
- f. Infectious diseases in pregnancy (e.g., HIV, Group A Streptococcus, varicella, pyelonephritis, CMV, toxoplasmosis, parvovirus)
- g. Surgical conditions (e.g., acute abdomen, adnexal masses) during pregnancy
- h. Abnormal fetal presentation (e.g., external cephalic version)
- i. Manage multifetal gestation
- j. Fetal growth abnormalities (e.g., fetal growth restriction, macrosomia)
- k. Post-term pregnancies
- l. Thrombophilias
- m. Fetal assessment/prenatal diagnosis (e.g., fetal anomalies, abnormal AFV, ultrasound assessment - infectious disease exposure, isoimmunization, non-immune hydrops)
- n. Evaluate, diagnose, and provide co-management of non-obstetric emergencies during pregnancy (e.g., trauma, intimate partner violence, sexual assault)

III. Provide general intrapartum care:

- a. Evaluate, diagnose, and provide operative vaginal delivery (e.g., forceps, vacuum)
- b. Evaluate, diagnose, and provide operative delivery (e.g., cesarean delivery)
- c. Evaluate, diagnose and repair obstetric lacerations and associated complications

- d. Counsel patients on analgesia options and manage intrapartum pain
- e. Evaluate and diagnose infants in need of resuscitation and perform initial management
- f. Manage induction and augmentation of labor including cervical ripening
- g. Prevention and management of thrombosis

IV. Evaluate, diagnose, and manage the following intrapartum conditions:

- a. Labor abnormalities (e.g., preterm labor, dystocia, PROM, cord problems, abnormal presentation)
- b. Obstetric hemorrhage
- c. Medical disorders
- d. Infectious diseases
- e. Placental abruption
- f. Abnormal placentation
- g. Uterine rupture
- h. Uterine inversion
- i. Placental abnormalities (e.g., placenta previa and vasa previa)
- j. Acute maternal decompensation (e.g., amniotic fluid embolism, septic shock)
- k. Fetal heart rate abnormalities
- l. Previous cesarean delivery (e.g., TOLAC, VBAC)
- m. Infectious complications

V. Perform the following obstetrical procedures:

- a. Amniocentesis for fetal lung maturation and genetic testing
- b. 1st-, 2nd-, and 3rd-degree vaginal laceration repair
- c. 4th-degree vaginal laceration repair
- d. Debridement and repair of perineal dehiscence
- e. Cervical laceration repair
- f. Breech vaginal delivery
- g. Vaginal delivery of twin gestation
- h. Internal version and extraction
- i. Operative vaginal delivery (low forceps, vacuum)
- j. Shoulder dystocia maneuvers
- k. Cesarean delivery
- l. Peripartum hysterectomy
- m. Management of abnormal placental location (e.g., placenta previa)

- n. Management of abnormal placentation (e.g., placenta accreta)
- o. Surgical management of uterine atony
- p. Management of hysterotomy extension
- q. Management of cystotomy
- r. Management of enterotomy
- s. Neonatal circumcision
- t. Cervical cerclage
- u. Postpartum uterine curettage
- v. Amnioinfusion

VI. Provide general postpartum care:

- a. Provide routine care (e.g. breastfeeding, contraception, pain management)
- b. Evaluate, diagnose, and manage postpartum complications (e.g., vulvar and vaginal hematoma, endometritis, mastitis)
- c. Evaluate and manage common medical and obstetric complications or conditions (e.g., gestational diabetes, hypertension, depression, thyroid disorders, psychiatric disorders)
- d. Evaluate, diagnose and manage lactation and breastfeeding complications
- e. Evaluate, diagnose, and manage postpartum hemorrhage
- f. Evaluate, diagnose, and manage postpartum hypertensive disorders

Gynecology

I. Evaluate, diagnose, and surgically manage:

- a. Acute pelvic pain
- b. Pelvic inflammatory disease/TOA
- c. Vulvar disorders
- d. Gynecologic trauma
- e. Adnexal torsion
- f. Ectopic pregnancy and pregnancies of unknown location

II. Provide general preoperative evaluation:

- a. Counsel patient about risks, benefits and alternative treatment options
- b. Determine appropriate surgical intervention
- c. Evaluate, diagnose, and manage co-existing medical conditions
- d. Obtain informed consent

III. Perform the following perioperative care:

- a. Provide interventions to reduce perioperative infection
- b. Provide interventions to reduce venous thromboembolism
- c. Communicate with interdisciplinary team members to reduce surgical error (e.g., timeouts, counts, fire hazard risk)
- d. Communicate with interdisciplinary team members to provide appropriate anesthesia and positioning

IV. Provide general intraoperative care:

- a. Apply knowledge of female pelvic anatomy to reduce intraoperative complications
- b. Evaluate, diagnose, and manage intraoperative hemorrhage
- c. Evaluate, diagnose, and initially manage small / large bowel injury
- d. Evaluate, diagnose, and initially manage urinary tract injury

V. Evaluate, diagnose, and manage postoperative care:

- a. A hemodynamically unstable patient
- b. Nerve injuries
- c. Wound complications
- d. Postoperative venous thromboembolism
- e. Nausea and vomiting and/or diarrhea
- f. Fever and infections
- g. Urinary tract complications
- h. Altered mental status
- i. Small / large bowel injury

VI. Perform minimally invasive surgical procedures:

- a. Diagnostic hysteroscopy
- b. Diagnostic laparoscopy
- c. Operative hysteroscopy (e.g., endometrial ablation, myomectomy, polypectomy, septoplasty)
- d. Laparoscopic ablation and excision of endometriosis
- e. Laparoscopic hysterectomy (e.g., LAVH, supracervical, TLH)
- f. Operative laparoscopy (e.g., LOA, ovarian cystectomy, salpingectomy, salpingo-oophorectomy, salpingostomy)
- g. Laparoscopic myomectomy
- h. Laparoscopic sterilization
- i. Lysis of intrauterine adhesions
- j. Proximal fallopian tube cannulation (chromopertubation)

VII. Perform gynecologic surgical procedures for benign disorders:

- a. Abdominal hysterectomy
- b. Abdominal myomectomy
- c. Bartholin gland duct cystectomy
- d. Bartholin gland duct marsupialization
- e. Bilateral tubal ligation
- f. Cervical conization
- g. Cherney incision
- h. Cornual wedge resection
- i. Dilatation and sharp curettage
- j. Dilatation and suction curettage
- k. Exploratory laparotomy
- l. Hymenectomy
- m. Labia minora reduction
- n. Lysis of adhesions
- o. Maylard incision
- p. Midline vertical incision
- q. Oophorectomy
- r. Ovarian cystectomy
- s. Pfannenstiel incision
- t. Salpingectomy
- u. Salpingo-oophorectomy
- v. Salpingostomy
- w. Trachelectomy
- x. Vaginal hysterectomy
- y. Vaginal septum excision
- z. Vestibulectomy
- aa. Vulvar abscess or hematoma drainage
- ab. Wound debridement and secondary closure

VIII. Perform surgeries for pelvic floor disorders (e.g., prolapse, incontinence):

- a. Diagnostic and operative cystoscopy and urethroscopy
- b. Surgical repair of urinary incontinence (e.g., Burch colposuspension, tension-free vaginal tape, transobturator tape sling)
- c. Vesicovaginal fistula repair

- d. Vaginal prolapse repair (e.g., anterior colporrhaphy, posterior colporrhaphy, perineorrhaphy)
- e. Vaginal apical suspension (e.g., uterosacral ligament suspension, sacrospinous ligament fixation, McCall culdoplasty)
- f. Colpocleisis

IX. Provide general neoplasia care:

- a. Evaluate, diagnose and manage intraoperative findings consistent with neoplasia
- b. Evaluate and diagnose genetic risks of neoplasia
- c. Evaluate, diagnose and manage gestational trophoblastic disease

Office Practice

I. Provide routine care:

- a. Perform age-appropriate preventive health screening
- b. Provide appropriate immunizations
- c. Evaluate and manage at-risk patients and recommend genetic screening and cancer preventive measures
- d. Counsel and promote wellness (e.g., weight management, diet, smoking cessation, exercise)
- e. Family planning (Individual reproductive priorities, contraception, optimize fertility, and pre-pregnancy health)
- f. Risks and benefits of ovarian preservation

II. Evaluate and initiate management of primary care problems:

- a. Breast disorders
- b. Hypertension
- c. Hyperlipidemia
- d. Gastrointestinal disease
- e. Diabetes mellitus
- f. Thyroid disease
- g. Osteopenia/osteoporosis
- h. Obesity
- i. Depression and anxiety
- j. Acne and dermatological conditions
- k. Low back pain
- l. Headaches

III. Perform general office gynecology care:

- a. Evaluate, diagnose and initiate management of infertility disorders
- b. Evaluate, diagnose and manage disorders of menopause (e.g., vasomotor, genitourinary syndrome of menopause)
- c. Evaluate, diagnose and initiate management for sexual development disorders (e.g., structural, chromosomal)
- d. Provide cervical cancer screening and manage abnormal results
- e. Evaluate, diagnose and manage adnexal abnormalities (e.g., simple and complex masses)
- f. Evaluate, diagnose and manage pelvic pain disorders and endometriosis
- g. Evaluate, diagnose and provide gynecologic care for women with HIV
- h. Evaluate, diagnose and provide gynecologic care for women with Hepatitis B / C
- i. Evaluate, diagnose and manage urinary tract infections

IV. Evaluate, diagnose and manage endocrine disorders:

- a. Polycystic ovary syndrome (PCOS)
- b. Galactorrhea
- c. Hirsutism
- d. Disorders of puberty

V. Evaluate, diagnose and manage disorders of menstruation:

- a. Primary amenorrhea
- b. Secondary amenorrhea
- c. Abnormal uterine bleeding
- d. Premenstrual dysphoric disorder
- e. Dysmenorrhea

VI. Evaluate, diagnose and manage vulvovaginal conditions:

- a. Benign conditions (e.g., infections, dermatoses, cysts)
- b. Vulvar intraepithelial neoplasia / Vaginal intraepithelial neoplasia
- c. Chronic pain / vulvodynia
- d. Pediatric (e.g. labial adhesions)

VII. Evaluate, diagnose and manage structural uterine abnormalities:

- a. Leiomyomata
- b. Polyps
- c. Hyperplasia
- d. Adenomyosis

VIII. Evaluate, diagnose and initiate management of incontinence / pelvic floor disorders:

- a. Urinary incontinence
- b. Accidental bowel leakage
- c. Pelvic organ prolapse

IX. Evaluate and manage early pregnancy disorders:

- a. Abortion (e.g., spontaneous, incomplete, missed)
- b. Recurrent pregnancy loss
- c. Pregnancy of unknown location
- d. Ectopic

X. Evaluate, diagnose and initiate management for reproductive tract cancer:

- a. Vulva
- b. Cervix
- c. Uterus
- d. Ovary
- e. Fallopian Tubes

XI. Evaluate, diagnose and manage sexually transmitted infections

- a. Chlamydia
- b. Syphilis
- c. Gonorrhea
- d. HPV
- e. Herpes Simplex Virus
- f. Trichomonas
- g. Rare STIs (Lymphogranuloma venereum, Chancroid, Molluscum contagiosum)
- h. Partner treatment
- i. Prophylaxis including PrEP

XII. Perform office-based procedures:

- a. Diagnostic hysteroscopy
- b. Endometrial ablation
- c. Induced abortion
- d. First trimester uterine aspiration
- e. Loop electrosurgical excision procedure (LEEP)
- f. Biopsies
- g. Colposcopy (e.g., cervical, vaginal, vulvar)
- h. Placement and removal of intrauterine device

- i. Placement and removal of long-acting reversible contraception
- j. Pessary fitting
- k. Incision and drainage of vulvovaginal cyst, abscess and hematoma
- l. Treatment of condyloma
- m. Wound care

XIII. Provide care for patients with unique obstetric or gynecologic needs including:

- a. Geriatric patients
- b. Pediatric (<12 years) patients and Adolescent (<21 years) patients
- c. LGBTQIA patients
- d. Substance and alcohol abuse
- e. Sexual health and dysfunction
- f. Intimate partner violence and sexual assault
- g. Psychiatric disorders
- h. Reproductive tract congenital anomalies

Cross Content

- I. Communicate effectively and professionally with patients and/or family members about the following situations:
 - a. Unexpected outcomes (e.g., fetal demise, stillbirth, cancer, surgical complications)
 - b. Crisis situations (e.g., substance abuse, intimate partner violence)
 - c. Disclosure of adverse outcomes
 - d. Disclosure of medical errors
- II. Evaluating and managing the following ethical situations, personally or with colleagues:
 - a. Boundary violations (sexual)
 - b. Signs of excess stress and burnout
 - c. Unprofessional behavior (e.g., dishonesty, verbal abuse, disruptive behavior)
 - d. Impaired physicians (e.g., alcohol abuse, substance abuse, psychiatric disorders)
 - e. Personal and team member wellness
 - f. Counsel patients on ethically complex cases
- III. Act ethically and professionally:
 - a. Provide care with multi-disciplinary teams (Systems-based practice)
 - b. Participate in continuous quality improvement (Practice-based learning and improvement)
 - c. Participate in hospital, department or office-based patient safety initiatives (Patient safety)

IV. Basic and applied science

- a. Physiology
- b. Anatomy
- c. Pathology
- d. Microbiology
- e. Immunology
- f. Embryology
- g. Pharmacology
- h. Epidemiology & Evidence-based medicine