

## APPENDIX B: SPECIALTY CERTIFYING EXAMINATION TOPICS

### Obstetrics

#### OB1. Preconception/Prenatal/Antenatal Care

OB1.1. 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

#### OB2. Evaluation/Diagnosis of Antenatal Conditions

OB2.1. 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)

### OB3. Intrapartum Care, Complications, and Obstetrical Procedures

#### OB3.1. 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

#### OB3.2. 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 (including medical disorders unique to pregnancy)
- 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

#### OB3.3. 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

#### OB4. Postpartum Care

##### OB4.1. 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

#### G1. Preoperative Evaluation

##### G1.1. 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

G2. Perioperative Care

G2.1. 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

G3. Postoperative Care

G3.1. 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

G4. Surgical Complications

G4.1. 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

G5. Evaluation/Diagnosis/Management of Gynecologic Conditions

G5.1. 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

G6. Surgical Procedures

G6.1. 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)

G6.2. 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

G6.3. 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

G7. Neoplasia

G7.1. 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

OP1. Well-Woman Preventative Care

OP1.1. 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

OP1.2. Provide care for patients with unique obstetric or gynecologic needs

- 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

OP2. Office Management - Medical Problems

OP2.1. 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

OP3. Office Management – Gynecology

OP3.1. 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
- OP3.2. Evaluate, diagnose and manage endocrine disorders:
- A. Polycystic ovary syndrome (PCOS)
  - B. Galactorrhea
  - C. Hirsutism
  - D. Disorders of puberty
- OP3.3. Evaluate, diagnose and manage disorders of menstruation:
- A. Primary amenorrhea
  - B. Secondary amenorrhea
  - C. Abnormal uterine bleeding
  - D. Premenstrual dysphoric disorder
  - E. Dysmenorrhea
- OP3.4. 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)
- OP3.5. Evaluate, diagnose and manage structural uterine abnormalities:
- A. Leiomyomata
  - B. Polyps
  - C. Hyperplasia
  - D. Adenomyosis
- OP3.6. Evaluate, diagnose and initiate management of incontinence / pelvic floor disorders:



- A. Urinary incontinence
- B. Accidental bowel leakage
- C. Pelvic organ prolapse

OP3.7. Evaluate and manage early pregnancy disorders:

- A. Abortion (e.g., spontaneous, incomplete, missed)
- B. Recurrent pregnancy loss
- C. Pregnancy of unknown location
- D. Ectopic

OP3.8. Evaluate, diagnose and initiate management for reproductive tract cancer:

- A. Vulva
- B. Cervix
- C. Uterus
- D. Ovary
- E. Fallopian Tubes

OP3.9. 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

OP4. Office Procedures

OP4.1. 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

## **Cross Content**

### **C1. Communication**

- C1.1. 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

### **C2. Basic Science**

- C2.1. Basic and applied science
  - A. Physiology
  - B. Anatomy
  - C. Pathology
  - D. Microbiology
  - E. Immunology
  - F. Embryology
  - G. Pharmacology
  - H. Epidemiology & Evidence-based medicine

### **C3. Ethics/Professionalism**

- C3.1. 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
- C3.2. 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)