

## APPENDIX A: 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)