# **GOALS & OBJECTIVES**

Obstetrics and Gynecology Subinternship

#### OVERARCHING GOALS FOR STUDENTS ON THE SUBINTERNSHIP:

#### Students will:

- Take on primary responsibility for patients and share information effectively with patients and their families. (PBMR-7, ECIS-3)
- Prioritize and organize work efficiently; demonstrate time management skills to coordinate care at the level of an intern simultaneously for multiple patients. (PBMR-5,7)
- Function as a "team player" with residents, attendings, nurses, and ancillary staff. (SATBC-2a,2b)
- Coordinate care of patients through the continuum of their hospitalization, including:
  - Anticipate patient care needs and address changing priorities (PBMR-7, SATBC-2a,2b,3)
  - Coordinate care and communicate information effectively at the time of admission, in handovers, with consultants, and when planning discharges (SATBC-2a,2b,3)
- Cope with uncertainty in patient care issues and apply EBM principles. (CLQI-3, PCMC-3)

#### **OB-GYN SUBINTERNSHIP—SPECIFIC OBJECTIVES**

The following are the objectives for the subinternship, mapped to the Feinberg School of Medicine Competencies and to the Association for American Medical Colleges Entrustable Professional Activities (AAMC EPA's):

#### **PATIENT-CENTERED MEDICAL CARE**

Provide patient care that is compassionate, appropriate and effective with attention to the patients' perspectives, needs, values and comfort

- 1. Independently collect both focused and comprehensive patient histories (DO, CPA) (PCMC-1) & (EPA-1)
- 2. Independently perform both focused and comprehensive physical examinations (DO, CPA) (PCMC-2) & (EPA-1)
- 3. Create independent, accurate and comprehensive written history& physicals (DO, CPA) (PCMC-3) & (EPA-1)
- 4. Identify and record the reason for the patient's admission (HP, CC) (ECIS-2, PCMC-3) & (EPA-5)
- 5. Synthesize clinical data into cohesive assessments and appropriately prioritize differential diagnoses (DO, HP, CC) (PCMC-3) & (EPA-2)
- Independently propose daily management plans, incorporating patient preferences & values (DO, CC, CPA) (PCMC-3) & (EPA-1,2,3)
- 7. Create concise, accurate and up-to-date daily progress notes (DO, CPA) (ECIS-2, PCMC-3) & (EPA-5)
- 8. Interpret diagnostic test results in a clinical context (DO, HP, CC) (PCMC-3) & (EPA-3)
- 9. Demonstrate sound clinical judgment when patients have acute care needs (DO, CC) (PCMC-3) & (EPA-10)
- 10. Identify relevant clinical information necessary for hand-offs and participate in daily hand-off of care (DO, CPA) (SATBC-3) & (EPA-8)
- 11. Work up and manage common inpatient or postoperative concerns and complications during patient care duties as well as during mock pages (CPA) (PCMC-3) & (EPA 10)
  - Maternal and Fetal Medicine rotation:
    - o contractions, vaginal bleeding, leakage of fluid, decreased fetal movement, fetal heart rate tracing abnormalities
  - Gynecologic Oncology rotation:
    - o postoperative pain, shortness of breath, hypotension/hypertension, chest pain, fever, low urine output, bleeding and acute mental status changes

#### **COMMUNICATION & INTERPERSONAL SKILLS**

Demonstration of communication and interpersonal skills and strategies that result in respectful, compassionate

# and effective information exchange and decision making with patients, families, members of the healthcare team and other colleagues

- 1. Give succinct & accurate verbal presentations (DO, CPA) (ECIS-3, PCMC-3) & (EPA-6)
- 2. Gather patient information using active verbal and non-verbal listening skills, clarifying and summarizing statements, and open-ended and closed-ended questions within a structured format (DO) (ECIS-1, PCMC-1) & (EPA-1)
- 3. Communicate effectively with patients at the bedside, especially counseling & education skills (CPA) (ECIS-3, PCMC-6)
- 4. Share information with the patient and family in a way that facilitates their understanding (DO, CPA) (ECIS-3)
- 5. Provide education and patient instructions to patients and families, using written or visual methods, taking into account their health literacy level (CPE) (PCMC-6)
- 6. Communicate effectively with primary care physicians regarding patient handoff's (CPA) (SATBC-2b, SATBC-3) & (EPA-8)
- 7. Demonstrate the willingness to engage in difficult conversations (with adequate supervision) (DO, CPA) (ECIS- 4)
- 8. Write well-organized, appropriately focused, and accurate patient notes, including admission, progress, cross-cover, and discharge notes and summaries (CPA, HP, DC) (ECIS-2, PCMC-3) & (EPA-5)

#### MEDICAL KNOWLEDGE & SCHOLARSHIP

#### Demonstrate sufficient knowledge to provide patient care with appropriate supervision

- 1. Describe the clinical findings, work-up and treatment of conditions related to your rotation. (CPA, CC) (MKS-1d) & (EPA-2)
  - Antepartum conditions that require hospitalization (<u>Maternal and Fetal Medicine rotation</u>)
    - Preterm labor
    - o Premature rupture of membranes
    - Hypertensive disorders of pregnancy (preeclampsia, gestational HTN)
    - o Endocrine disorders (diabetes mellitus, thyroid disease)
    - Back pain
    - Urinary symptoms
    - Decreased fetal movement
    - Multiple gestation
    - Intrauterine growth restriction
    - o HIV
    - Autoimmune diseases (SLE, rheumatoid arthritis)
  - Conditions related to gynecologic malignancies (<u>Gynecologic Oncology rotation</u>)
    - Uterine, ovarian, cervix, vulvar cancers
    - o Gestation trophoblastic disease
    - o Pelvic/Adnexal masses
    - Abnormal vaginal bleeding
    - Post-Op Fever
    - Small bowel obstruction
    - Neutropenic fever
    - Sepsis
- 2. Apply core knowledge at the bedside, and demonstrate sound clinical reasoning skills (DO, CPA) (PCMC-3) & (EPA-2)
- 3. Independently assess available clinical evidence & apply it to direct patient care (DO, CPA, CC) (PCMC-3) & (EPA-7)
- 4. Give a concise & clinically relevant educational presentation to your team (DO) (PCMC-3) & (EPA-6)

#### PRACTICED BASED LEARNING AND IMPROVEMENT

Use evidence based medicine and self-directed learning in the care of patients and education of others.

- 1. Self-identify limitations & knowledge deficits and show a commitment to making improvements (ILP) (CLQI-2, PBMR-7) & (EPA-13)
  - a. Identify strengths, deficiencies, and limits in one's knowledge and clinical skills through selfevaluation.
  - b. Acknowledge own uncertainty
  - c. Develop and record a plan for improvement
  - d. Perform appropriate learning activities
- 2. Say "I don't know" & ask for help (balancing autonomy & supervision) when appropriate (ILP) (CLQI-1a, CLQI-2) & (EPA-13)
- Demonstration of intellectual curiosity & the skills required to be a life-long learner (CC, DO, ILP) (CLQI-2, PBMR-7)
- 4. Identify & report one patient safety or quality improvement issue which you encountered (CC) (CLQI-4, CLQI-5) & (EPA-13)
- 5. Participate in the education of patients, families, and the health care team (CPA) (PCMC-6, SATBC-2a, SATBC- 2b)
- 6. Indicate how you used information technology to optimize learning (CLQI-3, PCMC-5) & (EPA-7)

#### **SYSTEM AWARENESS & TEAM-BASED CARE**

Strive to provide high-quality health care and advocate for patients within the context of the health care system.

- 1. Work efficiently & effectively as the acting intern on a busy academic medical service (CPA) (SATBC-2a) & (EPA-9)
- 2. Interact effectively with consultants, nurses, discharge planners and social workers (CPA) (SATBC-2b) & (EPA-9)
- 3. Create concise & accurate sign-out documents for the night float team (CPA, SS) (SATBC-3) & (EPA-8)
- 4. Coordinate transition from inpatient to home care (SATBC-3) & (EPA-8)
  - a. Identify medical needs (e.g., medications, nutrition, activity, and equipment) (DC)

#### PROFESSIONAL BEHAVIOR & MORAL REASONING

Demonstrate a commitment to accountability, excellence in practice, adherence to ethical principles, humanism, altruism, and sensitivity to diversity

- 1. Interact with health-care team, patients and families in a professional manner at all times (DO) (PBMR-3)
- 2. Demonstrate integrity, compassion, respect, altruism, and empathy when interacting with all members of the health care team, patients and their families (CPA, DO) (PBMR-3)
- 3. Handle daily patient care responsibilities in a reliable and efficient manner (CPA, CPE) (PBMR-5)
- 4. Actively participate in case discussions with classmates regarding ethical dilemmas (DO, CPA) (PBMR-1, PBMR-7)
- 5. Demonstrate a humanistic, family-centered approach to the care of the patient (CPA) (PBMR-3)
- 6. Adhere to institutional guidelines, including those regarding attire, language, documentation, and confidentiality (CPA) (PBMR-3, PBMR-6)
- 7. Maintain appropriate professional boundaries with patients, families, and staff (CPA) (PBMR-1, PBMR-3)

#### PERSONAL AWARENESS & SELF-CARE

Demonstrate a commitment to professional responsibilities and behavior as well as the ability to understand, reflect upon and integrate ethical and moral dimensions of healthcare.

- 1. Seek feedback on your performance & respond to feedback in a professional manner (CPA, DO)(CLQI-1a) & (EPA-13)
- 2. Give feedback to your team members & clerkship director in a professional manner (CLQI-1b) & (EPA-13)

3. Demonstrate the ability to manage stress and balance personal & professional demands for time (CPA,DO) (PASC-2)

## **COMMUNITY ENGAGEMENT AND SERVICE**

Demonstrate knowledge of community factors that influence individual, community and public health and gain perspective and experience through service-learning activities within local or global community settings

- 1. Identify advocacy and equity issues as they arise during the course of your daily clinical care (DO, CC) (CES-1, CES-2)
- 2. Reflect thoughtfully on how we can advocate for our patients and improve delivery of care (DO, ILP) (CES-2)

## Methods of Assessment code:

DO - Direct Observation CC - Case Conference

CPE - Clinical Performance Evaluation

HP - History and Physical Examination

DC - Discharge Summary

SS - Simulation Session/On-line learning exercise

ILP- Individual Learning Plan