



APGO Milestone 1 Curriculum

Outpatient Gynecology

This case incorporates the following Milestones:

GY 1a: Patient Care, Gynecology Technical Skills: Laparotomy

- Demonstrates knowledge of basic abdominal and pelvic anatomy
- Demonstrates basic surgical principles including use of universal precautions and aseptic technique
- Positions patient appropriately for surgery

GY 2: Medical Knowledge, Peri-operative Care

- Demonstrates knowledge of basic abdominal and pelvis anatomy

GY 4: Medical Knowledge, Abnormal Uterine Bleeding (Acute and Chronic)

- Demonstrates basic knowledge of what constitutes normal and abnormal uterine bleeding
- Verbalizes the phases of the normal menstrual cycle

GY 5: Medical Knowledge, Pelvic Mass

- Demonstrates a basic understanding of patients presenting with a pelvic mass, including differential diagnosis signs and Symptoms

SB 1: Systems-based Practice: Patient Safety and Systems Approach to Medical Errors: Participate in Identifying System Errors and Implementing Potential Systems Solutions

- Recognizes limitations and failures of a team approach (e.g. handoffs, miscommunication) in health care as the leading cause of preventable patient harm

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IC 1: Interpersonal and Communication Skills: Communication with Patients and Families

- Demonstrates adequate listening skills
- Communicates effectively in routine clinical situations

IC 3: Interpersonal Communication Skills: Informed Consent and Shared Decision Making

- Understands the importance of informed consent

This case incorporates the following Entrustable Professional Activities (EPAs):

EPA 1: Gather a history and perform a physical examination

EPA 2: Prioritize a differential diagnosis following a clinical encounter

EPA 3: Recommend and interpret common diagnostic and screening tests

EPA 5: Document a clinical encounter in the patient record

EPA 7: Form clinical questions and retrieve evidence to advance patient care

EPA 11: Obtain informed consent for tests and/or procedures

EPA 13: Identify system failures and contribute to a culture of safety and improvement

This case incorporates the following Basic Clinical Skills (BCS) checklists:

Pelvic Exam

Sterile Technique

Patient Positioning

Informed Consent

Surgical Timeout

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Case:

JoAnna Cunningham, a 40-year-old G4P3 woman, presents to your office complaining of continuous vaginal bleeding for three weeks.

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Develop a differential diagnosis for abnormal uterine bleeding in a reproductive-aged woman (GY 4) (EPA 2)

Learner Task: Develop a differential diagnosis for abnormal uterine bleeding in a reproductive-aged woman.

Educator Checklist: Differential Diagnosis of Abnormal Uterine Bleeding in a Reproductive-Aged Woman

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the "Included" column to calculate the learner's score.

	Included =1	Not included =0
Pregnancy		
Polyps		
Adenomyosis		
Leiomyoma		
Endometrial hyperplasia		
Uterine malignancy		
Endometrial atrophy		
Coagulopathy		
Ovulatory dysfunction		
Iatrogenic		

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Describe the phases of the menstrual cycle (GY 4)

Learner Task: Describe the phases of the menstrual cycle.

Educator Checklist: Normal Menstrual Cycle

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the "Included" column to calculate the learner's score.

	Included =1	Not included =0
Menstruation		
Follicular phase		
LH surge		
Ovulation		
Luteal phase		

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Obtain a medical history in a reproductive-aged woman (GY 4) (EPA 1)

Learner Task: Take a complete history from this patient.

Educator Script: Provide the following pertinent patient history of a reproductive-aged woman with abnormal uterine bleeding as asked by the learner:

HPI: A 40-year-old G4P3 woman presents to your office complaining of heavy menstrual periods over past 3-6 months, and now this last period has lasted for three weeks. She denies cramps and pelvic pain. She is unsure if she has fibroids; she has not been told she has them.

PMH: None

PSH: D&C 15 years ago

Meds: None

Allergies: No known drug allergies

P OB Hx: 3 term NSVD's, uncomplicated, 7-8 pounds each; no miscarriages; one abortion at 10 weeks via D&C; no history of post-partum hemorrhage

P GYN Hx: 12/28/3-5 days, still regular cycles, but periods now lasts 7-10 days; age at first intercourse =17; number of lifetime partners=3, all men; current partner=1 for past 12 years; no history of abnormal Pap tests, last pap was >5 years ago; no history of STI's; no difficulties with intercourse; not using any contraception

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Social Hx: Denies tobacco, ETOH, IVDA

Review of Systems: She complains of weight gain of 5-8 pounds in past three months, feels more tired than usual, denies nausea, vomiting, constipation, weight loss, change in appetite, no personal history of bleeding disorders, denies breast discharge or tenderness, no headaches, no change in vision, no dry skin, no hair growth in abnormal places, no shortness of breath, no dizziness, no chest pain, no bleeding gums, no nose bleeds, no easy bruising

Educator Checklist: History Taking

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the "Included" column to calculate the learner's score.

	Included =1	Not included =0
Introduces her/himself appropriately (first name, last name, medical student)		
Addresses patient as per patient preference		
Clarifies purpose of visit		
Asks patient if she has concerns other than purpose of visit		
Washes hands correctly (before touching patient)		

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	Included =1	Not included =0
Correctly inquires about five or more gynecologic history and sexual history elements: menarche, duration, frequency, first coitus, STIs, abnormal pap, LMP, sexual orientation, lifetime partners, problems with intercourse, contraception		
Correctly inquires about 3-6 obstetrics history elements: # of pregnancies, # of livebirths, term or preterm, mode of delivery of each, weight of each livebirth, any miscarriages or abortions, mode of TOP		

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	Included =1	Not included =0
Obtains accurate OPQST of chief complaint. Inquires about three or more elements: 3-6 months heavy periods, three weeks of continuous vb, has not taken any medications, nothing makes it better or worse, heavy clots, changes pads every two hours, has to wear tampons and pads, never happened before		
Obtains accurate ROS questions: Asks at least one question for each potential diagnosis=7		
Obtains accurate medical history		
Obtains accurate surgical history		
Obtains accurate medication use, asks about over the counter and herbal supplements		
Obtains accurate allergy history		

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	Included =1	Not included =0
Obtains accurate family history containing at least three of the following elements: gyn ca, breast ca, colon ca, thyroid dysfunction, coagulopathy		
Obtains accurate social history including at least three of the following elements: smoking, alcohol use, drug use, support system, screen for domestic violence, pets		

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Perform a focused physical examination on a reproductive-aged woman (GY 4) (EPA 1) (BCS Pelvic Examination)

Learner Task: Perform a focused physical examination on a reproductive-aged woman.

Educator Script: Provide the following details of focused physical examination as asked by the learner:

Vital Signs: 37.5°C, BP 122/68 mm Hg, BMI 33 kg/m²

HEENT: Examination shows pale mucous membranes. She has no exophthalmos and her thyroid is symmetric, slightly enlarged, non-tender.

Pelvic examination: No vulvar, vaginal or cervical lesions. You palpate an enlarged, midline pelvic mass, approximately 16 weeks in size. It is non-tender with irregular contour. You do not think there are any adnexal masses, but are unsure. There are no hemorrhoids present.

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Educator Checklist: Physical Examination

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the "Included" column to calculate the learner's score.

	Included =1	Not Included =0
Other		
Asks for at least 2 vital signs		
Performs at least two components: HEENT- assesses mucous membranes and exophthalmos, palpates thyroid		
General Approach and Communication Skills		
Properly introduces himself or herself to the patient		
Asks patient how she would like to be addressed		
Clarifies purpose of visit		
Washes hands or uses an antiseptic wash		

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	Included =1	Not Included =0
Uses appropriate draping techniques for patient privacy		
Maintains sterile technique		
Performs the exam in a systematic fashion		
Prefaces exam maneuvers with simple explanations		
Establishes and maintains rapport with the patient		
Makes the patient feel comfortable		
Closes the exam in an appropriate manner		
Gives explanations in clear language; avoids jargon		
Invites questions/checks for understanding		
External Examination		
Checks all equipment/supplies		
Adjusts exam light prior to gloving and washing hands		

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	Included =1	Not Included =0
Positions patient on back, hips to end of table and heels on foot rests		
Examines external genitalia		
Inspects mons pubis		
Inspects labia majora		
Inspects labia minora		
Inspects clitoris without touching clitoris		
Inspects urethral meatus		
Inspects introitus		
Inspects Bartholin's gland		
Inspects perineum		
Inspects anus		
Speculum Examination		
Holds speculum at 45-degree angle		
Inserts speculum properly		
Rotates speculum at full insertion		
Opens speculum slowly		
Identifies cervix		
Secures speculum in open position		

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	Included =1	Not Included =0
Handles speculum appropriately		
Removes speculum appropriately		
Bimanual Pelvic Examination		
Introduces correct two fingers into vagina with thumbs tucked		
Palpates cervix and cervical os		
Palpates uterine body, apex of fundus		
Notes uterine size		
Describes position of uterus		
Palpates right adnexa/ovary		
Palpates left adnexa/ovary		
Instructs patient to return to sitting position at conclusion of exam		
Rectovaginal Examination*		
Re-gloves for RV exam		
Asks patient to bear down as finger is inserted		

Outpatient Gynecology

	Included =1	Not Included =0
Inserts middle finger into rectum		
Inserts index finger into vagina		
Palpates uterus		
Palpates right adnexa/ovary		
Palpates left adnexa-ovary		

**Often not performed—student only asked about technique.*

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Develop a differential diagnosis for pelvic mass in a reproductive-aged woman (GY 5) (EPA 2)

Learner Task: Develop a differential diagnosis for pelvic mass in a reproductive-aged woman.

Educator Checklist: Differential Diagnosis of Patient Presenting with Pelvic Mass

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the "Included" column to calculate the learner's score.

	Included =1	Not included =0
Intrauterine pregnancy		
Ectopic pregnancy		
Benign ovarian mass		
Malignant ovarian mass		
Tubo-ovarian abscess		
Hydrosalpinx		
Uterine malignancy		
Leiomyoma		

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Order diagnostic tests in a reproductive-aged woman with pelvic mass (EPA 3)

Learner Task: Order the appropriate diagnostic tests for this patient.

Educator Checklist: Ordering Diagnostic Tests

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the "Included" column to calculate the learner's score.

	Included =1	Not included =0
Pregnancy test/Beta-hCG		
CBC		
TSH		
PT/PTT/INR		
Pelvic ultrasound		
Pap test		
Endometrial biopsy		

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Interpret diagnostic tests in a reproductive-aged woman with pelvic mass (EPA 3)

Learner Task: Interpret the diagnostic test results below. What additional problems have you identified with the patient based on these labs?

Pap test is negative for malignancy and HPV negative

Pelvic ultrasound reveals a fibroid uterus with multiple intramural and subserosal fibroids, largest 5x4cm, with an endometrial stripe of 10 mm and normal adnexa

Hemoglobin: 9.2 g/dL

Platelets: 223,000/uL

Serum Beta-hCG: <5 mIU/mL (<5mIU/mL)

Serum TSH: 4 mIU/mL (0.4-5 mIU/L)

PT: 12 sec (11-14 nl range)

PTT: 30 sec (25-35 nl range)

INR: 1.0 (0.8-1.2 nl range)

Endometrial Biopsy: proliferative endometrium, no hyperplasia

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Educator Checklist: Problem List

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the "Included" column to calculate the learner's score.

	Included =1	Not included =0
Anemia: recognizes low Hgb		
Fibroids on ultrasound could be cause of the abnormal bleeding		
Recognizes fibroids		

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Perform an evidence-based medicine search on treatment options for abnormal uterine bleeding (EPA 7)

Learner Task: Perform a quick literature search on the effectiveness of treating abnormal uterine bleeding with a levonorgestrel intrauterine device.

Educator Checklist: Management of Abnormal Uterine Bleeding

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the “Included” column to calculate the learner’s score.

	Included =1	Not included =0
Provides evidence for levonorgestrel IUD in abnormal uterine bleeding		

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Understand the importance of informed consent (IC 3) (EPA 11) (BCS Informed Consent)

Learner Task: You decide with the patient to treat her abnormal uterine bleeding with a levonorgestrel intrauterine device. Consent the patient for an IUD placement.

Educator Checklist: IUD Informed Consent

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the "Included" column to calculate the learner's score.

	Included =1	Not included =0
Clearly states the procedure for which consent is requested		
Correctly discusses the indication for the procedure		
Correctly states the benefits of the procedure		
Reviews the potential risks of the procedure		
Offers alternatives for the procedure, including no intervention		
Discusses post-procedure expectations		
Clearly introduces self, including role on team		

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	Included =1	Not included =0
Establishes rapport with patient		
Uses accessible language and explains medical terminology where appropriate		
Invites patient questions		
Avoids responses implying judgment		
Avoids false reassurances		
Listens without interrupting		
Verifies patient understanding		

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Document a clinical encounter in the patient record (EPA 5)

Learner Task: Write a procedure note for the IUD insertion.

Educator Reference: See sample procedure note and follow up below:

Procedure Note: Patient desires long-term, reversible contraception. Informed consent was obtained. Timeout procedure was performed to ensure correct patient and correct IUD. A bimanual exam was performed to determine the position of the uterus. The speculum was placed. The vagina and cervix was sterilized in the usual manner and sterile technique was maintained throughout the course of the procedure. A single toothed tenaculum was applied to the anterior lip of the cervix and gentle traction applied to straighten and stabilize it. The depth of the uterus was sounded to be of appropriate depth (usually 6.5 to 8.5 cm). With gentle traction on the tenaculum, the IUD was inserted to the appropriate depth and deposited by withdrawing on the insertion tube holding the rod steady. The string was cut to an estimated 4 cm length. Bleeding was minimal. Hemostasis achieved. The patient tolerated the procedure well without complications.

Follow-up: Standard post-procedure care was explained and return instructions were given.

Educator Checklist: IUD Procedure Note

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the "Included" column to calculate the learner's score.

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Elements:	Done	Not Done
Explains the purpose of procedure		
Informed consent		
Timeout and patient verification		
Physical examination: Writes about at least 2 of the following: uterine size, position, and depth of sound		
Identifies at least two of the following tools utilized: speculum, tenaculum, sound		
How IUD inserted, string cut		
EBL/hemostasis		
Follow-up (precautions, return appointment)		

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Communicate effectively with patient and family (IC 1)

Learner Task: Three weeks later the patient presents to the emergency department with acute vaginal bleeding. Your colleague tells you the following patient history, physical exam findings and laboratory results when you arrive in the emergency department:

The patient presented to the ER one hour prior. This patient is known to the Gyn service. She has documented uterine fibroids on US and had a Levonorgesterel IUD placed three weeks ago. She reports soaking through 2-3 large pads per hour for the past five hours. She reports dizziness, lightheadedness, and fatigue. She last ate four hours prior. She denies nausea and vomiting. She denies pain. She has not had intercourse since the IUD insertion. She denies trauma. She denies fever.

Physical exam: 110/60, 83bpm, 18, 36C

Gen: pale, comfortable. Tired appearing

HEENT: dry mucous membranes

Heart: regular, mild tachycardia

Lungs: CTA bilaterally

Abdomen: palpable mass to 2 cm below umbilicus. Midline, mobile, nontender. No rebound or guarding.

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Groin: negative

Pelvic: normal vulva, vagina and cervix. Clot in vagina. Active bleeding viewed from cervical os.

Bimanual exam: no CMT; uterus enlarged to 16-week size with irregular contour

Lab: Hg 6.2, PT/PTT/INR normal, Beta-hCG is negative, type and screen drawn, chem-7 normal

You call your attending and present this patient. You and the attending decide to send the patient to the floor for stabilization, with plan for hysterectomy once this is achieved. Communicate to the patient and her family the plan to send the patient to the floor for stabilization, and then hysterectomy once stabilization achieved.

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Educator Checklist: Interpersonal and Communication Skills and Professionalism

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the "Included" column to calculate the learner's score.

	Included =1	Not included =0
Communication-Gathering Information		
Greets patient appropriately, name, role (e.g., My name is _____ and I am the third-year medical student on your treatment team.)		
Sits down		
Assumes a comfortable interpersonal distance		
Makes eye contact		
Is easily understood, speaks clearly and slowly		
Asks clearly worded and understandable questions, one question at a time		
Asks what the patient already knows about a hysterectomy or what their understanding of the situation is		

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	Included =1	Not included =0
Explores the patient perspective by asking: How are you doing with this? How does this make you feel? How is this impacting your life?		
Is well-prepared for the encounter, obtains information in a logical, systematic, orderly progression		
Avoids the use of medical jargon		
Listens attentively, follows patient needs and prompts, does not interrupt		
Asks if the patient or family have questions		
Appears empathic, emotionally supportive to patient, statements of empathy, validates patient concerns, emotions, uses body language		

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	Included =1	Not included =0
Communication-Providing Information		
Summarizes information for patient-i.e. reviews anemia, uterine size, failure of IUD, explains medical condition (fibroids)		
Provides information about the rationale for recommending hysterectomy		
Provides information on next steps-i.e. labs, consent, etc.		
Provides information on the logistics of hysterectomy, i.e. 2-3 hour surgery, 2-3 day hospital stay, here is how it is performed, risks, benefits, alternatives		
Asks for questions, clarifies patient understanding		
Revisits patient agenda (e.g., Have we covered everything you wanted to discuss or answered all your questions?)		

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Perform a surgical time out (EPA 13) (BCS Surgical Time Out)

Learner Task: Consent is obtained from the patient for surgery. Day of surgery has arrived and you are in the operating room with the patient. She has not yet received anesthesia. Perform a surgical time out according to the World Health Organization Surgical Safety Checklist.

Educator Checklist: WHO Surgical Safety

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the "Included" column to calculate the learner's score.

	Included =1	Not included =0
Confirms that all team members have been introduced by name and role		
Confirms the patient's identity, surgical site and procedure		
Reviews anticipated critical events (critical steps, operative duration and anticipated blood loss)		
Confirms with anesthesia staff any concerns specific to the patient		

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	Included =1	Not included =0
Confirms with nursing staff: A) sterility of OR, B) equipment availability and C) other concerns		
Confirms that appropriate choice of prophylactic antibiotics and time of administration have been given prior to incision or that they are not indicated		
Confirms that all essential imaging results for the correct patient are displayed in the room		

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Demonstrate proper patient positioning for surgery in the low lithotomy position with the arms tucked (GY 1a) (BCS Surgical Positioning)

Learner Task: Demonstrate proper patient positioning for surgery in the low lithotomy position with the arms tucked.

Educator Checklist: Surgical Positioning

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the “Included” column to calculate the learner’s score.

	Included =1	Not included =0
Body		
Positions buttocks at edge of bed, no sacral pressure		
Makes sure patient centered on bed		
Arms		
Makes sure arms are tucked		
Positions arms so they are pronated, thumbs up or thumbs in		
Checks that there is no hyperflexion or hyperextension of elbow		
Checks that there is no hyperflexion or hyperextension of wrist		

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	Included =1	Not included =0
Checks that arms are padded		
Checks that fingers are safe		
Legs		
Makes sure that lithotomy leg rest clips at level of the greater trochanter or anterior superior iliac spine		
Positions heels snug in the boot, weight of patient's leg on the heel, heel at back of boot		
Makes sure that ankle, knee, hip, umbilicus, opposite shoulder all in alignment		
Makes sure there is no pressure on posterior calf		
Makes sure there is no pressure on lateral aspect of leg		
Makes sure there is no hyperflexion or hyperextension of hips		
Makes sure there is no hyperflexion or hyperextension of knees		
Is sure to limit abduction and external rotation		

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Perform a surgical scrub, gown and glove using sterile precautions and aseptic technique (GY 1a) (EPA 13) (BCS Sterile Technique)

Learner Task: You will be assisting the surgeon during this case. Perform a surgical scrub, gown and glove using sterile precautions and aseptic technique.

Educator Checklist: Scrubbing/Gowning/Gloving

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the "Included" column to calculate the learner's score.

	Included =1	Not included =0
Removes jewelry		
Correctly places the surgical cap, mask and eye protection		
Correctly opens the packet of surgical scrub soap		
Turns on the water correctly		
Correctly cleans beneath fingernails		
If using surgical scrub brush, scrubs hands and forearms correctly		
Keeps hands and forearms elevated and avoid contamination while entering door to OR		

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	Included =1	Not included =0
Accepts the drying towel properly, without contaminating it against his or her body		
Dries hands properly, using a separate sterile area of the towel for each hand		
Properly disposes of the used towel		
Receives and dons the surgical gown properly		
Receives and dons gloves without contaminating gown or gloves		
Turns properly to close off the back of the gown		

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Identify elements of pelvic anatomy (GY 1a)

Learner Task: You are now operating and viewing the patient’s pelvic anatomy. Identify elements of pelvic anatomy.*

***Educator Note:** An abdominal hysterectomy module (found on ACOG website>CREOG section>Surgical Curriculum in Obstetrics and Gynecology>Abdominal Hysterectomy) may be used for this portion of the module.

Educator Checklist: Abdominal Wall and Pelvic Anatomy

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the “Included” column to calculate the learner’s score.

	Included =1	Not included =0
Abdominal Wall		
Epidermis		
Dermis		
Subcutaneous tissue		
Anterior rectus fascia		
Rectus abdominis muscles		
Posterior rectus fascia		
Pre-peritoneal fat		
Peritoneum		
Arcuate line		
Pelvic Structures		
Round ligament		

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	Included =1	Not included =0
Posterior leaf of the broad ligament		
Ureter		
External Iliac artery and vein		
Ovarian artery and vein, infundibulo-pelvic ligament, suspensory ligament of the ovary, IP ligament		
Fallopian tube with fimbria		
Ovary		
Uterine-ovarian ligament		
Anterior leaf of broad ligament, bladder flap		
Uterine artery		
Cardinal ligament		
Uterosacral ligament		
Uterus		
Cervix		
Vagina		