

## Scope of Practice

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### UNIVERSITY OF SOUTH FLORIDA OBSTETRICS AND GYNECOLOGY RESIDENCY

#### SCOPE OF PRACTICE

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RESIDENCY DIRECTOR

This document pertains to resident rotations at Tampa General Hospital. This program is part of the resident training program in Obstetrics and Gynecology at the University of South Florida. All Accreditation Council for Graduate Medical Education and Joint Commission guidelines pertaining to graduate medical education apply to this rotation.

In keeping with all Accreditation Council for Graduate Medical Education and Joint Commission guidelines, the faculty and program director are responsible for providing residents with direct experience in progressive responsibility for patient management. All patient care at TGH provided by residents will be provided under direct or indirect faculty supervision. Supervision must be documented in the medical record in accordance with Obstetrics and Gynecology at the University of South Florida compliance guidelines.

Activities performed **with indirect supervision with direct available** require access to the supervisory physician for communication and physical access **within 30 minutes**. Activities performed with direct supervision require presence of the supervisory physician. Residents are authorized to perform any activity assigned while under direct supervision. **Final interpretation of all diagnostic and therapeutic studies requires direct supervision**. Residents at each postgraduate year of training, while not limited to the following activities, are specifically allowed to do these without direct supervision. This document may be modified by the program director based on additions to the training program. At all affiliate sites and on all rotations, attendings should be notified (1) for all critical changes in a patient's condition such as code scenario, death, transfer to the intensive care unit (2) if any trainee feels that a situation is more complicated than he can manage (3) at the request of any ancillary staff or patient, and (4) for any discharge from the hospital or transfer to another unit should also be discussed with the attending.

The program follows the ACGME classification of supervision as noted below. The supervising physician can refer to a faculty, fellow, or resident that who has been given supervisory privilege. These supervisory levels are used throughout the Scope of Practice document.

- Direct Supervision: The supervising physician is physically present with the resident and patient.
- Indirect Supervision
  - With Direct Supervision Immediately Available – The supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.
  - With Direct Supervision Available – The supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities and is available to provide direct supervision.
- Oversight: The supervising physician is available to provide review of procedures/encounters with feedback after care is delivered.

### **PGY 1 – Tampa General Hospital Labor and Delivery Days and Nights**

*With Indirect Supervision and Direct Supervision Available*

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Residents Shall:

- 1) Provide initial triage, admission, and ongoing care throughout hospitalization culminating in hospital discharge for pregnant women including performing the following procedures
  - a. Perform an initial history and physical exam, including pelvic exam, collection of vaginal cultures and performance of wet prep
  - b. Prescribe pain medications and consult anesthesia for spinal or epidural regional anesthesia
  - c. Counsel patients regarding the course of labor and discuss options for pain management.
  - d. Obtain informed consent from patients for vaginal birth after cesarean, external cephalic version, vacuum or forceps delivery, tubal ligation, and cesarean delivery
  - e. Repair of 1<sup>st</sup> degree vaginal lacerations
  - f. Placement of foley catheter, if necessary
  - g. Placement of Intrauterine pressure catheter and fetal scalp electrode
  - h. Administration of initial uterotonic medications to prevent postpartum hemorrhage
  - i. Management of common hypertensive diseases of pregnancy including chronic hypertension and gestational hypertension.
  - j. Prescribe antihypertensives for initial management of hypertensive emergencies.
  - k. Perform basic Obstetric Ultrasound including head position, Amniotic Fluid Index (AFI), Estimated Fetal Weight, biophysical profile and fetal heart rate assessment.
  - l. Interpret and document electronic fetal monitoring using the NICHD nomenclature
  - m. Assess cervical dilatation and station and presenting fetal part
  - n. Assess Bishop's score
  - o. Determine fetal lie and position in a term pregnancy
  - p. Estimate fetal weight by Leopold's maneuvers
  - q. Assess and document rupture of membranes
  - r. Assess and order intrauterine resuscitation including amnioinfusion
  - s. Perform amniotomy safely and judiciously
  - t. Order umbilical cord gases and know normal values
  - u. Insert prostaglandins and/or transcervical balloon dilators for induction of labor
  - v. Manage intrapartum and post partum infection
  - w. Diagnose preterm labor and refer patient to high risk obstetric service.
  
- 2) Read all assigned teaching materials, articles, and chapters that are sent weekly by the Program Directors for board rounds teaching on labor and delivery. Residents should master the following clinical knowledge during the course of the year:
  - a. Discuss basic pelvic anatomy
  - b. Describe maternal physiologic adaptations to pregnancy and be able to teach patients regarding these changes.
  - c. Discuss maternal-placental-fetal physiology, acid-base, gas, and nutrient exchange
  - d. Know common drugs used in pregnancy and lactation
  - e. Diagnose labor
  - f. Manage normal and abnormal labor progress and understand the tenets of preventing the first cesarean (Spong et al)
  - g. Discuss principles of augmentation and induction of labor at term and be able to discuss risks, benefits, and alternatives with patients.
  - h. Counsel and manage trial of labor after a prior cesarean delivery
  - i. Manage group B strep screening and prophylaxis

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- j. Discuss the appropriate use of antibiotics in labor and delivery
- k. Discuss common infections in pregnancy including STI's
- l. Discuss reasons for, diagnosis, and management of abnormal lie at term
- m. Discuss recommendations for nutrition and exercise in pregnancy
- n. Counsel on awareness of normal fetal movement
- o. Counsel on signs and symptoms of labor
- p. Discuss emotional and psychological changes in pregnancy and identify post partum depression
- q. Discuss the physiology of lactation
- r. Discuss and manage routine problems encountered in the puerperium

### **PGY 1 – Tampa General Hospital Labor and Delivery Days and Nights** *With Direct Supervision (for critical portions of operative procedures)*

Residents Shall:

- 1) Provide obstetric care for patients including the following procedures:
  - a. Spontaneous Vaginal Delivery
  - b. Vacuum assisted Vaginal Delivery
  - c. External cephalic version
  - d. Episiotomy with repair
  - e. Pudendal nerve block
  - f. Vaginal laceration repair of 2<sup>nd</sup>, or partial 3<sup>rd</sup> degree laceration.
  - g. Management of acute hypertensive diseases of pregnancy, including pre-eclampsia and Eclamptic seizure
  - h. Management of postpartum hemorrhage
  - i. Evaluate and manage intrauterine fetal demise and counsel patients about appropriate testing and state requirements for burial based on gestational age.
- 2) Perform common surgical procedures on labor delivery under direct supervision including
  - a. Primary Cesarean Delivery
  - b. Postpartum Tubal Ligation
  - c. McDonald Cerclage placement
  - d. Circumcision of newborn on postpartum floor

### **PGY 1 – Tampa General Hospital – Inpatient Gynecology** *With Indirect Supervision and Direct Supervision Available*

Residents Shall:

- 1) Provide initial triage, admission, and ongoing care throughout hospitalization culminating in hospital discharge for all emergency room consults and gynecology patients including patients with pregnancy of unknown location including performing the following procedures
  - a. Perform an initial history and physical exam, including pelvic exam, ordering appropriate initial laboratory workup, and collection of vaginal cultures and performance of wet prep
  - b. Demonstrate appropriate OR etiquette including knowledge of ability to maintain sterile technique.

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- c. Obtain informed consent from all pre-operative patients that will receive an intern-level surgery (D&C, Hysteroscopy, CKC, etc) –not for a procedure the resident has not seen or does not understand fully.
  - d. Appropriately order preoperative prophylaxis with knowledge of risk and recommendations for medical conditions including but not limited to Hypertension, Diabetes, Heart Disease, Thrombophilias.
  - e. Write postoperative orders appropriate to the patient’s condition and surgery.
  - f. Deliver postoperative care including assessment of the patient on rounds, writing progress notes and giving thorough and effective discharge instructions in a way that patient can understand and explain back.
  - g. Evaluate and manage postoperative complications.
- 2) Demonstrate the following clinical knowledge:
- a. Understand the principles of sterile technique
  - b. Explain the Risks/Benefits/Alternatives of D&C, CKC, Hysteroscopy and how to obtain informed consent for these procedures
  - c. Demonstrate knowledge of age-specific preoperative evaluation of the patient
  - d. Demonstrate proficiency in ordering prophylactic medications: antibiotic (for all gyn procedures), thromboembolic PPX, myocardial, pulmonary, stress dose steroids, anemia
  - e. Demonstrate knowledge of the physiologic responses to anesthesia and surgery
  - f. Demonstrate excellent post operative care and ability to recognize complications
  - g. Understand and teach basic pelvic anatomy to medical students
  - h. Explain the normal menstrual cycle including hormonal fluctuations
  - i. Understand the differential diagnosis and treatments for abnormal uterine bleeding, including understanding how to use hormonal therapy and other medications.
  - j. Diagnose, evaluate, and treat post menopausal bleeding including indications for endometrial biopsy and/or vaginal US.
  - k. Diagnose early pregnancy loss and ectopic pregnancy
  - l. Distinguish between different types of abortions (missed, complete, etc)
  - m. Understand and treat sexually transmitted infections and pelvic inflammatory disease
  - n. Formulate differential diagnosis for vaginitis and be able to treat each cause
  - o. Understand the pathophysiology and management of intraepithelial neoplasia of the genital tract.
  - p. Understand and explain the principles of different permanent sterilization techniques as well as all forms of contraception and long acting reversible contraception
  - q. Understand and explain to patient common diagnostic procedures utilized in gynecology

### **PGY 1 – Tampa General Hospital – Inpatient Gynecology**

*With Direct Supervision (for critical portions of operative procedures)*

Residents Shall:

- 1) Provide gynecologic care for patients including the following procedures:
  - a. Perform a dilatation and curettage sharply and/or with suction.
  - b. Perform a diagnostic hysteroscopy.
  - c. Demonstrate proper technique in tying one handed and two handed knots
  - d. Perform diagnostic laparoscopy, including appropriate laparoscopic entry and identification of proper landmarks for port placement
  - e. Perform a laparoscopic tubal sterilization procedure
  - f. Perform a cold knife conization of the cervix

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- g. Adequately assess and deliver a concise presentation on a patient in the ER, on Labor and Delivery, or on the floor in consultation.
  - h. Counsel patient about, prepare for, and perform a manual vacuum aspiration in the emergency room.
  - i. Perform Endometrial Biopsy
  - j. Perform Cervical Biopsy
- 2) Provide consults to physicians in other specialties regarding gynecologic problems of their patients

### **PGY 1 – Moffitt Cancer Center – Gynecologic Oncology** *With Indirect Supervision with Direct Supervision Available*

Residents Shall:

- 1) Provide outpatient care in clinic for patients seen at the Moffitt Cancer Center GYN oncology clinic as well as provide care during morning rounds with the resident and fellow care team including ongoing care throughout hospitalization culminating in hospital discharge for all admissions from the DRC, the OR, the clinic, or in transfer from outside hospitals including performing the following procedures
  - a. Perform an initial history and physical exam, including pelvic exam, ordering appropriate initial laboratory workup including appropriate imaging and tumor markers
  - b. To study and be able to explain pathophysiology, epidemiology, diagnosis, and treatment, including staging of pre-invasive and invasive gynecological neoplasm including:
    - i. cervical cancer and cervical intra-epithelial neoplasm.
    - ii. uterine cancer
    - iii. ovarian cancer
    - iv. Breast cancer
    - v. Gestational trophoblastic disease.
    - vi. Vulvar cancer
  - c. Demonstrate appropriate OR etiquette including knowledge of ability to maintain sterile technique.
  - d. Obtain informed consent from all pre-operative patients that will receive an intern-level surgery (D&C, Hysteroscopy, CKC, etc) –not for a procedure the resident has not seen or does not understand fully.
  - e. Appropriately order preoperative prophylaxis with knowledge of risk and recommendations for medical conditions including but not limited to Hypertension, Diabetes, Heart Disease, Thrombophilias.
  - f. Write postoperative orders appropriate to the patient’s condition and surgery.
  - g. Deliver postoperative care including assessment of the patient on rounds, writing progress notes and giving thorough and effective discharge instructions in a way that patient can understand and explain back.
  - h. Evaluate and manage postoperative complications.

### **PGY 1 – Moffitt Cancer Center – Gynecologic Oncology** *With Direct Supervision (for critical portions of operative procedures)*

Residents Shall:

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- 1) Provide appropriate care for gynecologic patients seen at the Moffitt Cancer Center including performing the following procedures:
  - a. Perform conization of the cervix using cold knife and loop electrode electrosurgical procedure techniques.
  - b. Perform laser ablation of vulvar dysplasia and/or condyloma
  - c. Perform endometrial biopsy.
  - d. Perform colposcopy and cervical biopsy.
  - e. Assist with surgical cases in the OR as deemed appropriate by the attending physician.

### **PGY 1 – Planned Parenthood – Family Planning Rotation**

*With Indirect Supervision and Direct Supervision Available*

Residents Shall:

- 1) Perform pertinent history and physical examination & develop diagnostic and therapeutic plans for:
  - a. All patients seen in the family planning clinic at Planned Parenthood.
- 2) Develop a comprehensive understanding for the following:
  - a. Unintended pregnancy and abortion rates in the US and contributors to these high rates.
  - b. Management of emergency situations and complications related to post abortion care
  - c. All available main contraception categories as well as several examples of each category including the WHO classification system and how to quickly access the WHO chart to determine safety of each type of birth control given comorbidities
  - d. Understand hormonal & non-hormonal contraception
  - e. Understand how to induce and reverse mild/mod sedation
  - f. Know how to date a pregnancy and manage PUL/ectopic
  - g. Understand medication abortion
  - h. Know how to prep the cvx & perform EVA/MVA abortions
  - i. Know cervical cancer screening guidelines, abnormal cytology/pathology management
- 3) Learn proper techniques for performing:
  - a. Comprehensive abilities to counsel, manage and perform all methods of abortion for viable and non-viable pregnancies in the first trimester without supervision.
  - b. Comprehensive abilities to counsel and describe second trimester abortions for IUFD, fetal, and maternal indications.
  - c. Consistently and accurately identify products of conception
  - d. Competently and confidently counsel women on the risks and benefits of all methods of contraception, understanding contraindications and side effects.

### **PGY 1 – Planned Parenthood – Family Planning Rotation**

*With Direct Supervision (for critical portions of operative procedures)*

Residents Shall:

- 4) Provide procedural care for patients presenting to Planned Parenthood under direct supervision of the attending including the following:
  - a. Fit diaphragms
  - b. Insert/Remove Intrauterine Devices and Implants
  - c. Insert/Remove Nexplanons
  - d. Place IVs for in-office procedures
  - e. Perform paracervical block & mild/moderate sedation

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- f. Perform 1<sup>st</sup> and 2<sup>nd</sup> trimester U/S
- g. Provide medication abortion
- h. Perform 1<sup>st</sup> trimester D&C (using EVA and MVA)
- i. Perform 2<sup>nd</sup> trimester D&C/D&E
- j. Evaluate Products of Conception
- k. Perform colposcopy/LEEPs

<p><b>PGY 2 – Tampa General Hospital – Labor and Delivery</b> <i>With Indirect Supervision and Direct Supervision Available</i></p>
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Residents Shall:

- 1) Provide initial triage, admission, and ongoing care throughout hospitalization culminating in hospital discharge for pregnant women including performing the following procedures that they were trained to perform their intern year:
  - a. Perform an initial history and physical exam, including pelvic exam, collection of vaginal cultures and performance of wet prep
  - b. Prescribe pain medications and consult anesthesia for spinal or epidural regional anesthesia
  - c. Counsel patients regarding the course of labor and discuss options for pain management.
  - d. Obtain informed consent from patients for vaginal birth after cesarean, external cephalic version, vacuum or forceps delivery, tubal ligation, and cesarean delivery
  - e. Repair of 1<sup>st</sup> and 2<sup>nd</sup> degree vaginal lacerations
  - f. Placement of foley catheter, if necessary
  - g. Placement of Intrauterine pressure catheter and fetal scalp electrode
  - h. Administration of initial uterotonic medications to prevent postpartum hemorrhage
  - i. Management of common hypertensive diseases of pregnancy including chronic hypertension and gestational hypertension.
  - j. Prescribe antihypertensives for initial management of hypertensive emergencies.
  - k. Perform basic Obstetric Ultrasound including head position, Amniotic Fluid Index (AFI), Estimated Fetal Weight, biophysical profile and fetal heart rate assesement.
  - l. Interpret and document electronic fetal monitoring using the NICHD nomenclature
  - m. Assess cervical dilatation and station and presenting fetal part
  - n. Assess Bishop's score
  - o. Determine fetal lie and position in a term pregnancy
  - p. Estimate fetal weight by Leopold's maneuvers
  - q. Assess and document rupture of membranes
  - r. Assess and order intrauterine resuscitation including amnioinfusion
  - s. Perform amniotomy safely and judiciously
  - t. Order umbilical cord gases and know normal values
  - u. Insert Cervidil, cytotec, and Foley bulb for induction of labor
  - v. Manage intrapartum and post partum infection
  - w. Diagnose preterm labor, order initial labs, and refer patient to high risk obstetric service.
  - x. Diagnose shoulder dystocia and initiate maneuvers to reduce dystocia and call for help.
  - y. Close the skin incision on all obstetric patient surgeries performed in the operating room

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- 2) In addition to occasionally being asked to perform the above procedures without supervision, the PGY2 also shall:
  - a. Perform pre-op evaluation of all scheduled Cesarean Deliveries
  - b. Ensure that all labs ordered on Labor and Delivery by the staff service are followed up on and patients are contacted with the results of those lab studies.
- 3) Read all assigned teaching materials, articles, and chapters that are sent weekly by the Program Directors for board rounds teaching on labor and delivery. Residents should master the following clinical knowledge during the course of the year:
  - a. Manage multiple gestation
  - b. Diagnose and manage vaginal hemorrhage in pregnancy
  - c. Manage hypertension and hypertensive crisis in pregnant patients on the Labor & Delivery and postpartum unit
  - d. Diagnose and manage postpartum gastrointestinal and hepatic disease
  - e. Diagnose and manage postpartum genitourinary disorders in pregnancy
  - f. Diagnose and manage intrauterine fetal growth restriction
  - g. Manage second and third trimester fetal demise
  - h. Diagnose non-obstetrical acute abdominal pain in the postpartum patient
  - i. Manage diet controlled and oral medication controlled postpartum diabetes
  - j. Recognize and begin treatment for acute thyroid disorders
  - k. Manage the pregnant patient post abdominal trauma
  - l. Diagnose and manage hyperemesis gravidarum
  - m. Recognize signs of domestic violence and substance abuse and provide appropriate referral
  - n. Counsel patients in labor whose babies are on the threshold of fetal viability
  - o. Understand the physiology and indications for fetal lung maturity testing
  - p. Diagnose and manage common viral, bacterial, and parasitic infections in pregnancy, including pyelonephritis and pneumonia.
- 4) All PGY2's regardless of rotation shall develop a Quality Improvement project that follows the plan, do, study, act model.

### **PGY 2 – Tampa General Hospital – Labor and Delivery Days**

*With Direct Supervision (for critical portions of operative procedures)*

Residents Shall:

- 1) Provide obstetric care for patients including the following procedures:
  - a. Perform primary and repeat cesarean deliveries
  - b. Perform cesarean delivery of twins
  - c. Perform classical cesarean deliveries
  - d. Perform cervical cerclage
  - e. Perform emergency (STAT) cesarean deliveries
  - f. Perform operative vaginal deliveries
  - g. Perform manual removal of a retained placenta
  - h. Perform postpartum curettage for retained placenta
  - i. Perform external cephalic versions
  - j. Perform neonatal circumcision
  - k. Perform postpartum tubal ligation

**PGY 2 – Tampa General Hospital – Inpatient Gynecology**  
*With Indirect Supervision and Direct Supervision Available*

Residents shall:

- 1) Provide initial triage, admission, and ongoing care throughout hospitalization culminating in hospital discharge for all emergency room consults and gynecology patients including patients with pregnancy of unknown location including performing the following procedures
  - a. Perform an initial history and physical exam, including pelvic exam, ordering appropriate initial laboratory workup, and collection of vaginal cultures and performance of wet prep
  - b. Demonstrate appropriate, professional OR etiquette including knowledge of patient’s medical history, the steps of the proposed surgery, and demonstration of ability to maintain sterile technique.
  - c. Obtain informed consent from all pre-operative patients.
  - d. Appropriately order preoperative prophylaxis with knowledge of risk and recommendations for chronic medical conditions including hypertension, diabetes, heart disease, thrombophilias.
  - e. Write postoperative orders and order inpatient and outpatient medications appropriate to the patient’s condition and surgery.
  - f. Deliver attentive postoperative care including postoperative rounds, writing progress notes and giving thorough and effective discharge instructions in a way that patient can understand and explain back.
  - g. Evaluate and manage postoperative complications.
- 2) Provide consults to physicians in other specialties regarding gynecologic problems of their patients
- 3) Perform the following procedures:
  - a. Endometrial biopsy
  - b. Pap smear
  - c. IUD placement
  - d. Nexplanon placement
- 4) Demonstrate the following clinical knowledge:
  - a. Diagnosis and management of ectopic pregnancy
  - b. Recognition and management of nonmalignant disease of the vulva and vagina
  - c. Evaluation and diagnosis of acute abdominal pain
  - d. Evaluation and diagnosis of urinary tract disorders
  - e. Evaluation and treatment of endometriosis and adenomyosis
  - f. Evaluation and management of the pelvic/ adnexal mass
  - g. Evaluation and management of adnexal torsion
  - h. Evaluation and treatment of secondary amenorrhea
  - i. Evaluation and management of premenstrual syndrome
  - j. Knowledge and management of complications of laparoscopic and hysteroscopic surgery
  - k. Recognition and management of ureteral and bowel injury

**PGY 2 – Tampa General Hospital – Inpatient Gynecology**  
*With Direct Supervision (for critical portions of operative procedures)*

Residents shall:

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- 1) Perform the following procedures with assistance:
  - a. Perform diagnostic and operative hysteroscopy, including endometrial ablation
  - b. Perform Dilation and Curettage with and without suction, with and without Ultrasound
  - c. Perform laparoscopic tubal sterilization and bilateral salpingectomy
  - d. Perform diagnostic laparoscopy
  - e. Perform laser vaporization of the lower genital tract and laser fulguration of endometriosis using laparoscopy
  - f. Perform incision and drainage of vulvar cyst/abscess
  - g. Manage wound complications and place wound vacuums
  - h. Perform cone biopsy of the cervix
  - i. Perform laparotomy- including drainage and/or removal of adnexal mass
  - j. Perform laparoscopic, vaginal, robotic, or open hysterectomy including bilateral salpingo-oophorectomy.
  - k. Perform manual vacuum aspiration of missed or incomplete abortions in the Emergency room

<p><b>PGY 2, PGY 3 and PGY 4– Moffitt Cancer Center – Gynecologic Oncology</b> <i>With Indirect Supervision and Direct Supervision Available</i></p>
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Residents shall:

- 1) Provide initial triage, admission, and ongoing care throughout hospitalization culminating in hospital discharge for all Direct Referral Center (DRC—Moffitt’s ER) consults and gynecologic-oncology including performing the following procedures:
  - a. Perform an initial history and physical exam, including pelvic exam, ordering appropriate initial laboratory workup, and collection of vaginal cultures and performance of wet prep
  - b. Demonstrate appropriate, professional OR etiquette including knowledge of patient’s medical history, the steps of the proposed surgery, and demonstration of ability to maintain sterile technique.
  - c. Obtain informed consent from all pre-operative patients.
  - d. Appropriately order preoperative prophylaxis with knowledge of risk and recommendations for hypertension, diabetes, heart disease, thrombophilias.
  - e. Write postoperative orders and order inpatient and outpatient medications appropriate to the patient’s condition and surgery.
  - f. Deliver attentive postoperative care including postoperative rounds, writing progress notes and giving thorough and effective discharge instructions in a way that patient can understand and explain back.
  - g. Evaluate and manage postoperative complications.
- 2) Provide consults to physicians in other specialties regarding gynecologic problems of their patients
- 3) Take home call including weekend rounding.
- 4) Perform the following procedures:
  - a. Endometrial biopsy
  - b. Pap smear
- 5) Demonstrate the following clinical knowledge:
  - a. Discuss the pathogenesis, pathophysiology, and principles of treatment of septic shock

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- b. Discuss the pathophysiology and principles of treatment of hemorrhagic shock
- c. Define the principal causes and explain the pathophysiology of ARDS
- d. Recognize the signs of hemodynamic derangement
- e. Discuss the signs of cardiopulmonary failure
- f. Describe the principles of advanced cardiac life support
- g. Discuss the pathophysiology and treatment of acute anaphylaxis
- h. Discuss perioperative considerations unique to the geriatric patient

### **PGY 2, PGY 3 and PGY 4– Moffitt Cancer Center – Gynecologic Oncology** *With Direct Supervision (for critical portions of operative procedures)*

Residents shall:

- 1) Perform the following procedures with assistance:
  - a. Perform diagnostic and operative hysteroscopy
  - b. Perform diagnostic laparoscopy
  - c. Perform incision and drainage of vulvar cyst/abscess
  - d. Perform partial and complete vulvectomy
  - e. Perform laser vaporization of the lower genital tract
  - f. Manage wound complications and place wound vacuums
  - g. Perform cone biopsy of the cervix
  - h. Perform laparotomy- including drainage and/or removal of adnexal mass
  - i. Perform laparoscopic, vaginal, robotic, or open hysterectomy including bilateral salpingo-oophorectomy.
  - j. Assist with more complex GYN oncology procedures such as pelvic and aortic lymph node dissection, radical hysterectomy, and pelvic exenteration
- 2) Provide inpatient hospital care including rounding in the morning and on weekends with the supervision of an attending GYN Oncologist.

### **PGY 3 and PGY4– Tampa General Hospital – Labor and Delivery** *With Indirect Supervision and Direct Supervision Available*

Residents Shall:

- 1) Provide initial triage, admission, and ongoing care throughout hospitalization culminating in hospital discharge for pregnant women including performing the following procedures that they were trained to perform their intern year:
  - a. Perform an initial history and physical exam, including pelvic exam, collection of vaginal cultures, fetal fibronectin, and performance of wet prep
  - b. Prescribe pain medications and consult anesthesia for spinal or epidural regional anesthesia
  - c. Counsel patients regarding the course of labor and discuss all options for pain management in labor.
  - d. Obtain informed consent from patients for vaginal birth after cesarean, external cephalic version, vacuum or forceps delivery, tubal ligation, and cesarean delivery
  - e. Repair of 1<sup>st</sup> and 2<sup>nd</sup> degree vaginal lacerations
  - f. Placement of Intrauterine pressure catheter and fetal scalp electrode
  - g. Order the administration of uterotonic medications to treat postpartum hemorrhage
  - h. Management of common hypertensive diseases of pregnancy including chronic hypertension and gestational hypertension.

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- i. Perform basic Obstetric Ultrasound including head position, Amniotic Fluid Index (AFI), Estimated Fetal Weight, and fetal heart rate assessment.
  - j. Perform Biophysical Profile Ultrasound
  - k. Interpret and document electronic fetal monitors using the NICHD nomenclature
  - l. Assess cervical dilatation and station and presenting fetal part
  - m. Assess Bishop's score
  - n. Determine fetal lie and position in a term pregnancy
  - o. Assess and document rupture of membranes in preterm pregnancies
  - p. Diagnose shoulder dystocia and initiate maneuvers to reduce dystocia and call for help.
  - q. Close the skin incision on all obstetric patient surgeries performed in the operating room
- 2) In addition to occasionally being asked to perform the above procedures without supervision, the PGY3 or PGY4 also shall:
- a. Provide support and, at times, supervision to any residents on the resident labor and delivery team in the performance of their duties.
  - b. Provide care for all antepartum patients on labor and delivery or on any other floor in the hospital, including the ICU.
  - c. Regularly update the antepartum patient service list for rounds and board checkout.
  - d. Provide preliminary a preliminary read for obstetric ultrasounds performed by ultrasound technicians on ER patients.
- 3) Read all assigned teaching materials, articles, and chapters that are sent weekly by the Program Directors for board rounds teaching on labor and delivery. Residents should master the following clinical knowledge during the course of the year:
- a. Understand how to recognize and manage cardiopulmonary disease including obtaining consultation
  - b. Understand how to evaluate and manage hematologic disorders and hemoglobinopathies
  - c. Diagnose and manage neurologic disorders including obtaining consultation
  - d. Manage alloimmunization in pregnancy
  - e. Diagnose and treat common dermatologic disorders seen in pregnancy
  - f. Understand the common placental disorders
  - g. Understand the pathophysiology and manage diabetes in the pregnant outpatient
  - h. Understand the pathophysiology and manage chronic hypertension in the pregnant outpatient
  - i. Understand intensive care monitoring of the critically ill pregnant patient
  - j. Diagnose and treat venous thromboembolic disease in pregnancy
  - k. Evaluate and manage thrombophilic disorders in pregnancy
  - l. Understand how to recognize and manage uterine inversion
  - m. Discuss the management of HIV infection in pregnancy
  - n. Understand how to anticoagulate patients with different drug protocols (coumadin, heparin, lovenox)

**PGY 3 and PGY4– Tampa General Hospital – Labor and Delivery**  
*With Direct Supervision (for critical portions of operative procedures)*

Residents shall:

- 1) Perform the following procedures with assistance:

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- a. Manage an obstetrical intraoperative or postoperative hemorrhage
- b. Manage a postpartum vaginal or perineal hematoma
- c. Diagnose and Repair a severe cervical laceration
- d. Manage and resolve a shoulder dystocia
- e. Perform an operative vaginal delivery (forceps and vacuum)
- f. Repair a third or fourth degree perineal laceration
- g. Perform a classical cesarean delivery
- h. Place a cervical cerclage
- i. Perform an emergency (STAT) cesarean delivery
- j. Diagnose and manage an umbilical cord prolapse

### **PGY 3 and PGY4– Tampa General Hospital – Inpatient Gynecology, Gynecologic Oncology**

*With Indirect Supervision and Direct Supervision Available*

Residents shall:

- 1) Provide initial triage, admission, and ongoing care throughout hospitalization culminating in hospital discharge for all emergency room consults and gynecology patients including patients with pregnancy of unknown location including performing the following procedures
  - a. Perform a complete history and physical exam, including pelvic exam, ordering appropriate initial laboratory workup, and collection of vaginal cultures and performance of wet prep
  - b. Demonstrate appropriate, professional OR etiquette including knowledge of patient's medical history, the steps of the proposed surgery, and demonstration of ability to maintain sterile technique.
  - c. Obtain informed consent from all pre-operative patients.
  - d. Appropriately order preoperative prophylaxis with knowledge of risk and recommendations for chronic medical conditions including hypertension, diabetes, heart disease, thrombophilias.
  - e. Write postoperative orders and order inpatient and outpatient medications appropriate to the patient's condition and surgery.
  - f. Deliver attentive postoperative care including post operative rounds, writing progress notes and giving thorough and effective discharge instructions in a way that patient can understand and explain.
  - g. Evaluate and manage postoperative complications.
- 2) Provide consults to physicians in other specialties regarding gynecologic problems of their patients
- 3) Perform the following procedures:
  - a. Endometrial biopsy
  - b. Pap smear
  - c. Cervical biopsies
  - d. Transvaginal Ultrasound of follow up beta book patients in Triage on Labor and Delivery.
- 4) Demonstrate the following clinical knowledge:
  - a. Evaluation and treatment alternatives of menorrhagia, chronic pelvic pain, amenorrhea
  - b. Management of uterine fibroids
  - c. Clinical evaluation for, including approaches to, hysterectomy
  - d. Diagnostic imaging in Gynecology

## *Scope of Practice*

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- e. Issues with gynecologic surgery and managing common gynecologic problems in the geriatric patient
- f. Evaluation and management of benign vulvar disease
- g. Know appropriate screening and management of Breast diseases (abscess, cyst, tumor)

### **PGY 3 and PGY4– Tampa General Hospital – Inpatient Gynecology, Gynecologic Oncology**

*With Direct Supervision (for critical portions of operative procedures)*

Residents shall:

- 1) Perform the following procedures with assistance:
  - a. Perform diagnostic and operative hysteroscopy, including endometrial ablation
  - b. Perform Dilation and Curettage with and without suction, with and without Ultrasound
  - c. Perform laparoscopic tubal sterilization and bilateral salpingectomy
  - d. Perform diagnostic laparoscopy
  - e. Perform laser vaporization of the lower genital tract and laser fulguration of endometriosis using laparoscopy
  - f. Perform incision and drainage of vulvar cyst/abscess
  - g. Manage wound complications and place wound vacuums
  - h. Perform cone biopsy of the cervix
  - i. Perform laparotomy- including drainage and/or removal of adnexal mass
  - j. Perform laparoscopic, vaginal, robotic, or open hysterectomy including bilateral salpingo-oophorectomy.
  - k. Perform manual vacuum aspiration of missed or incomplete abortions in the Emergency room
- 2) Perform the following procedures at the discretion of the attending physician
  - a. Debulking
  - b. Nodal dissection
  - c. Wide local excision

### **PGY4 and PGY3 (if covering)– Tampa General Hospital – Urogynecology**

*With Indirect Supervision and Direct Supervision Available*

Residents shall:

- 1) Perform the following practices and procedures with assistance:
  - a. Workup of the patient with incontinence or abnormalities of the pelvic floor
  - b. Obtain pertinent history
  - c. Assess symptomatology
  - d. Identify risk factors
  - e. Physical exam
  - f. Assess pelvic floor support and defects
  - g. Assess pelvic floor muscle strength
  - h. Examine with and without Valsalva
  - i. Examine in supine and/or standing positions
  - j. Obtain focused neurological exam
  - k. Appropriately order urinalysis and culture

## *Scope of Practice*

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- l. Perform and Interpret Post void residual
  - m. Discuss and counsel on appropriate management options and associated morbidity/mortality
  - n. Understand normal anatomic support of the pelvis, axis of the vagina, pelvic innervation, pelvic floor musculature and connective tissue
  - o. Describe anatomic defects associated with pelvic floor disorders
  - p. Understand Vaginal vault and uterine prolapse
  - q. Understand various pessary options
  - r. Understand surgical management of pelvic organ prolapse and urinary incontinence with risks and success rates of the following surgeries:
    - i. Sacrospinous ligament fixation
    - ii. Uterosacral ligament colpopexy
    - iii. Abdominal sacrocolpopexy with mesh
    - iv. Colpocleisis
    - v. Enterocele repair
    - vi. Culdoplasty
      - 1. McCall's
      - 2. Moschowitz
      - 3. Halban
    - vii. Anterior and posterior compartment defects
      - 1. Medical management
      - 2. Understand pessary options
      - 3. Patient counseling and instruction
      - 4. Appropriate follow up care
      - 5. Surgical management
      - 6. Site specific repairs
      - 7. Anterior/posterior colporrhaphy
    - viii. Paravaginal defect repairs, abdominal and vaginal approaches
      - 1. Application of mesh
      - 2. Patient counseling of risks, benefits, and long-term outcomes
      - 3. Appropriate postoperative follow up
      - 4. Understanding and management of postoperative complications
  - s. Understand the various types of urinary incontinence
    - i. Stress incontinence
    - ii. Hypermobility urethra
    - iii. Intrinsic sphincter deficiency
    - iv. Urge incontinence
    - v. Detrusor overactivity
  - t. Interpret multichannel urodynamic study
    - i. Understand indications, interpretations, applications and limitations
    - ii. Understand normal and abnormal states of filling and voiding phases
  - u. Interstitial cystitis
    - i. Hydrodistention
    - ii. PUF questionnaire
    - iii. Potassium sensitivity test
- 2) Each resident is responsible to attend clinic as follows:
- a. This resident will work with the attending physician and nurse during this ambulatory experience for new patient evaluations, follow up visits, pessary

## Scope of Practice

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counseling, fitting, and follow up, and preoperative and postoperative visits. The resident is responsible for obtaining a history, reviewing the history with the attending, and performing a physical exam with the attending. Differential diagnosis, assessment, and plan will be discussed.

- b. During the rotation, the resident is responsible for attending at least 3 sessions of lower urinary tract testing involving multichannel urodynamic evaluation performed by the nurse.

3) Provide ongoing care for all admitted urogynecology patients in the hospital, including the ICU and the ER.

### **PGY4 and PGY3 (if covering)- Tampa General Hospital - Urogynecology**

*With Direct Supervision (for critical portions of operative procedures)*

Residents shall:

- 1) Prepare a formal educational seminar for residents, subspecialty fellows and faculty on a topic agreed upon by the rotational leader to be delivered during protected academic time.
- 2) Perform the following procedures with direct supervision:
  - a. Perform laparoscopic, vaginal, robotic, or open hysterectomy including bilateral salpingo-oophorectomy.
  - b. Perform vaginal vault suspension surgery
  - c. Sacrospinous ligament fixation
  - d. Uterosacral ligament colpopexy
  - e. Abdominal sacrocolpopexy with mesh
  - f. Colpocleisis
  - g. Enterocele repair
  - h. Culdoplasty
    - i. McCall's
    - ii. Moschowitz
    - iii. Halban
  - i. Anterior/posterior colporrhaphy
  - j. Paravaginal defect repairs, abdominal and vaginal approaches
  - k. Tension free mid-urethral slings with cystoscopy
  - l. Periurethral injections of bulking agents for incontinence
  - m. Cystoscopy with ureteral stent placement

Signature:



*USF OB/GYN Residency Program Director*

4/23/2019