

# OB-GYN 101 2008 Revision

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The Brookside Associates

OB-GYN 101 has become an important source of medical education training material for 3<sup>rd</sup> year medical students in their basic OB-GYN rotation. In some form, it is in use in over 50 medical schools in North America. Some schools use the CDs for their students. Others use on-line access at [www.obgyn-101.org](http://www.obgyn-101.org). Still others have the material installed on their controlled-circulation server.

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This unique material combines text, images, and video clips in educationally useful ways. It includes:

- A 350 drug pharmacy, interlinked with the text.
- A 150 test laboratory, interlinked with the text.
- 123 “Facts Cards”, index cards with the notes that a conscientious student would take during a lecture on these topics.
- Educational Objectives linked to the text that meets those objectives.
- 40 OB-GYN procedures, demonstrating “how to do it.”
- 30 video clips
- Full search function

While this novel approach to medical student training has been well-accepted, the material needs some updating. The revisions will be complete in 2008.

The updated edition will include:

- 61 major topics, each with text, images, PowerPoint™ lecture, “Facts Cards”, and a case presentation, illustrating important teaching points on the topic. The PowerPoint™ lectures can be used in primary teaching, modified, or used as backup should a primary lecturer not be available.
- Revised educational objectives to encompass the diversity of educational programs. Institutions may choose to use all, some or none of the educational objectives.
- More videos, with higher resolution to better illustrate procedural issues.
- Participation from many institutions to broaden the perspectives.

I would like to invite you and your institution to participate in the revision process. Institutional participation means producing at least one Major Topic, including the text, supporting images, PowerPoint™ lecture, Facts Cards, Case presentation, and any other supporting material

necessary. The material must be produced on time and contain no copyright-protected images or text.

In addition to generally feeling good about contributing to the medical education of 3<sup>rd</sup> year students at institutions throughout North America, those institutions completing one major topic, on time, will receive full credit for their authors, and one free DVD of the final product.

Those institutions completing two major topics, on time, will also receive 50% off purchases of DVDs, CDs, or Licenses of this material, in addition to full credit for their authors and the single free DVD.

Those institutions completing three or more major topics, on time, will receive a free perpetual license to use this material on their secure server, in addition to full credit for their authors and 50% off any purchases of DVDs or CDs of this material and the free DVD.

Those institutions wishing to participate should email me ([webmaster@brooksidepress.org](mailto:webmaster@brooksidepress.org)) or FAX me the form at the end of this invitation, with their preferences, including:

1. How many major topics they wish to produce.
2. Their top choices for major topics.
3. Their willingness (or unwillingness) to accept topics not among their top choices.
4. Their contact person (Name, address, email, phone) for this project.

## The Rules

1. Each Major Topic will include:
  - a. PowerPoint Lecture
  - b. Textbook material, including Images, Drawings, Charts, Graphs, as appropriate
  - c. Facts Card(s) on the Topic
  - d. Case Presentation(s) on the Topic
  - e. Medication sheets for any medications mentioned in the Text
  - f. Laboratory sheets for any medications mentioned in the Text
  - g. Video Clips, demonstrating anatomy or procedures discussed in the Text (if appropriate)
2. The PowerPoint™ lecture for each major topic should be appropriate for a 3<sup>rd</sup>-year medical student and last no longer than approximately 50 minutes. Some lectures will be shorter. Because the topics are broad, the PowerPoint™ lecture is not expected to be an exhaustive presentation of the material, but rather an introduction, making sure to cover the educational objectives.
3. The text that accompanies the PowerPoint™ lecture can be as long as you like, and in as much detail as you like, remembering that the target audience is 3<sup>rd</sup> year medical students. You may start with the existing OB-GYN 101 text and modify it, or scrap it altogether and start over. You may use any of the images or videos found in OB-GYN 101, or use your own images and videos. To review the existing OB-GYN 101 material,

you may download it at [www.obgyn-101.org](http://www.obgyn-101.org). Whatever you use, however, must not be copyright protected. In the process of submitting the Major Topic, you will be asked to sign a copyright release for this material.

4. All Text material (including Major Topic text chapters, Med-sheets, Lab-sheets, etc.) should be in MS Word format. It will later be reformatted, as needed, to HTML or PDF.
5. For every medication mentioned in your text, you should produce a short Med-sheet that describes the medication in a format similar to what is in the existing OB-GYN 101 pharmacy. You may use the existing Med-sheet, or modify it, or make your own substitute for it.
6. For every laboratory test mentioned in your text, you should produce a short Lab-sheet that describes the lab test in a format similar to what is in the existing OB-GYN 101 Laboratory. You may use the existing Lab-sheet, or modify it, or make your own substitute for it.
7. Every Major Topic should have at least one Case Presentation of a clinical patient who illustrates some important teaching points. The Case Presentation may be totally or partially fictional, but should be written up as though it were a factual case being presented at Grand Rounds. If a real patient is used, personally-identifiable data should be removed from the presentation to “anonymize” the case. The Case presentation should include (where appropriate):
  - a. Chief Complaint (eg., “This is a 21 year old G-2, P-1 at 20 weeks of pregnancy, complaining of vaginal bleeding and abdominal cramping”)
  - b. History of Present Illness
  - c. Significant Past Medical/Surgical History
  - d. OB-GYN history
  - e. Medications, Allergies
  - f. ROS
  - g. Vital signs
  - h. Physical Exam
  - i. Pelvic Exam
  - j. Labs (provide actual values, even if fictional)
  - k. Imaging (provide actual images, with personal identifying data removed)
  - l. Surgical findings (if surgery performed)
  - m. Pathology findings (if a specimen was obtained. Include actual path image, with personal identifying information removed)
8. Procedures. Many of the Major Topics will include demonstration of Procedures. This can be effectively done with text and images or video. You may utilize any of the existing OB-GYN 101 text, images, or videos. You may wish to add your own images or videos.
9. Facts Cards. Follow the format of existing Facts Cards. Every Major Topic will require at least one Facts Card and possibly several. You may use any of the existing Facts Cards,

or update them, or make up your own.

10. Images. I prefer JPG images of at least 640x480 pixels. Larger images are fine. In the editing process, I'll make smaller copies of the images to load faster, but they will always be linked to the larger image for greater detail if desired by the user. GIF images are also acceptable.
11. Videos. Any video format is acceptable, but the higher the resolution, the better. Minimum resolution is 320 x 240 (broadcast television quality). I may make several versions of the video in different compression formats, depending on whether they will be downloaded over the internet or embedded on the DVD. If you have raw video (unedited) that shows what you want to show, but you do not have the editing capability to make a clip of professional quality, just send the raw video to me and I will edit it for you. We are HIPPA compliant and all personally-identifiable information (names, dates, ID numbers, Hospital name, tattoos, etc.) on the video will be scrubbed out before it is released. All video sent must be accompanied by a copyright release. Raw video will not be returned, so make a copy before you send it.
12. Additional material. I am always looking for more material than can be educationally useful. If you have good images, or video of surgical procedures, I would be pleased to receive them and massage them into helpful clips for inclusion in the DVD or other educational purposes. These submissions need to be accompanied by a copyright release (enclosed at the end of this letter). Full credit will be given in the final product.
13. Submissions can be in any effective format, including email or burning a CD and sending it along. My preference is a CD for each Major Topic, including all supporting files of PowerPoint, Text (ms word), images (jpg or gif), video (any electronic video format). However, I can accept any submission in pretty much any format.
14. I am intentionally limiting institutional participation to no more than five major topics (out of 61) to assure diversity. Make sure to write the lectures and text in such a way that all medical schools in North America could use the material, as others will be relying on you to be complete.
15. I will try very hard to accommodate your individual choices of Major Topics, but there is both a science and art to that task. Please try to be accommodating, but I won't ask you to try to produce a Major Topic that holds no interest for you. You won't enjoy it and the final product might not be as good as we all want it to be.
16. The enclosed outline is tentative and subject to revision. I am providing it so you know what others will be covering in their Major Topics. I anticipate you may wish to modify some aspects of it and that is OK.
17. The Learning Objectives are also subject to change, although adding to them is more feasible than removing some. Feel free to make any suggestions you like.

18. Editing. After you submit your Major Topic and supporting documents, they will be edited and returned to you for final approval.
19. Authors. The Primary Author should be a faculty member. Associate Authors may be Residents, Medical Students, or others, and I encourage participation by these junior members of the departments. All authors will receive credit in the final production. The Primary Author is responsible for meeting deadlines, signing Copyright releases, and serving as a contact point.
20. Deadlines.
  - a. Submission of Major Topic Requests – up to June 1, 2007
  - b. Notification of Major Topic Assignments – up to July 1, 2007
  - c. Submission of Major Topics – up to November 1, 2007
  - d. Return to you of Edited Major Topics for final review – up to January 1, 2008.
  - e. Final sign-off on Edited Major Topics – February 1, 2008
  - f. Deadlines are final. This is a major revision with hundreds of people involved in writing material for thousands of students. We won't be able to hold up the parade for those who cannot meet the deadline.
  - g. The production is on a "rolling" basis, so please submit your products as soon as they are finished. You needn't wait for the deadline to arrive.
21. Final Product. This should be available no later than June 1, 2008 and hopefully sooner. It will consist of:
  - a. A distributable DVD filled with text, images and video. All participants will receive one free DVD, and an option to purchase more.
  - b. An on-line version with full text, images and compressed video. This will be free, but will include advertising to support the site.
  - c. A server-based version, without advertising, available for placing on secure servers that will include full text, images, and high-resolution videos.
22. Project Director and Point of Contact at The Brookside Associates:

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Major Topics (See outline for further details)

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| <ol style="list-style-type: none"> <li>1. The Gynecologic Exam</li> <li>2. Reproductive Physiology and Pathology</li> <li>3. Puberty</li> <li>4. Amenorrhea/Oligomenorrhea</li> <li>5. Hirsutism and Virilization</li> <li>6. Normal and Abnormal Uterine Bleeding</li> <li>7. Menstrual Disorders</li> <li>8. Menopause</li> <li>9. Infertility</li> <li>10. Mood Disorders</li> <li>11. Normal Pregnancy</li> <li>12. First Trimester Pregnancy Loss</li> <li>13. Medical/Surgical Problems in Pregnancy</li> <li>14. Preeclampsia-Eclampsia</li> <li>15. Isoimmunization</li> <li>16. Multifetal Pregnancy</li> <li>17. Fetal Death</li> <li>18. Third Trimester Bleeding</li> <li>19. Perinatal Anxiety/Depression</li> <li>20. Post-term Pregnancy</li> <li>21. Fetal Growth Abnormalities</li> <li>22. Intrapartum Care</li> <li>23. Intrapartum Maternal and Fetal Surveillance</li> <li>24. Vaginal Delivery</li> <li>25. Immediate Care of the Newborn</li> <li>26. Postpartum Care</li> <li>27. Lactation</li> <li>28. Abnormal Labor</li> <li>29. Preterm Labor</li> <li>30. Premature Rupture of Membranes</li> <li>31. Postpartum Hemorrhage</li> <li>32. Postpartum Infection</li> </ol> | <ol style="list-style-type: none"> <li>33. Abnormal Presentation</li> <li>34. Shoulder Dystocia and Umbilical Cord Prolapse</li> <li>35. Induction of Labor</li> <li>36. Forceps and Vacuum Extraction</li> <li>37. Cesarean Section</li> <li>38. Imaging in Obstetrics &amp; Gynecology</li> <li>39. Contraception</li> <li>40. Induced Abortion</li> <li>41. Benign Vulvar/Vaginal Disease</li> <li>42. Sexually Transmitted Infections</li> <li>43. Urinary Tract Infections</li> <li>44. Pelvic Relaxation, Urinary Incontinence and Obstruction</li> <li>45. Endometriosis</li> <li>46. Chronic Pelvic Pain</li> <li>47. Abdominal Pain</li> <li>48. Breast Issues</li> <li>49. Sexuality</li> <li>50. Gestational Trophoblastic Neoplasia</li> <li>51. Vulvar/Vaginal Neoplasms</li> <li>52. Cervical Disease and Neoplasia</li> <li>53. Uterine Leiomyomas</li> <li>54. Endometrial Carcinoma</li> <li>55. Ovarian Neoplasms</li> <li>56. Sexual Assault</li> <li>57. Domestic Violence</li> <li>58. Accidental Gynecologic Injury</li> <li>59. Introduction to the Operating Room</li> <li>60. Surgical Assisting</li> <li>61. Operative Management</li> </ol> |
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## Educational Objectives

### **Antepartum Care**

Rationale: Antepartum care promotes patient education and provides on going risk assessment and development of an individualized patient management plan.

The student will be able to cite methods to:

- Diagnose pregnancy
- Assess gestational age
- Distinguish an at-risk pregnancy

The student will be able to describe

- Appropriate diagnostic studies
- Patient education programs
- Nutritional needs of pregnant women
- Adverse effects of drugs and the environment

The student will be able to

- Perform a physical examination on obstetric patients
- Answer commonly asked questions concerning pregnancy and labor and delivery.

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### **Intrapartum Care**

Rationale: Understanding the process of normal labor and delivery allows optimal care and reassurance for the parturient and timely recognition of abnormal events.

The student will be able to describe:

- Characteristics of true and false labor
- Initial assessment of the laboring patient
- Stages and mechanism of normal labor and delivery
- Techniques to evaluate the progress of labor
- Pain management during labor
- Methods of monitoring the mother and fetus
- Management of normal delivery
- Vaginal repair
- Indications for operative delivery
- Immediate postpartum care of the mother.

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### **Postpartum Care**

Rationale: Knowledge of normal postpartum events allows appropriate care, reassurance, and early recognition of abnormal events.

The student will be able to describe:

- Normal maternal physiologic changes of the postpartum period
- Normal postpartum care
- Appropriate postpartum patient counseling.

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### **Lactation**

Rationale: Knowledge of the physiology and function of the breast during lactation allows appropriate counseling to the pregnant and postpartum woman.

The student will be able to:

List the normal physiologic and anatomic changes of the breast during pregnancy and the postpartum periods

Recognize and treat common postpartum abnormalities of the breast

Know the reasons why breast feeding should be encouraged

Recognize commonly used medications which are appropriate and inappropriate to use while breastfeeding

Counsel the lactating patient about commonly asked questions such as frequency, duration, inadequate production of milk, etc.

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### **Abnormal Labor**

Rationale: Labor is expected to progress in an orderly and predictable manner. Careful observation of the mother and fetus during labor will allow early detection of abnormalities so that management can be directed to optimize outcome.

The student will be able to list:

Abnormal labor patterns

Methods of evaluating fetopelvic disproportion

Fetal and maternal complications resulting from abnormal labor

Indications and contraindications for oxytocin administration

Strategies for management of abnormal fetal presentations

Indications for vaginal birth after cesarean delivery

Strategies for emergency management of breech, shoulder dystocia, and cord prolapse

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### **Preterm Labor**

Rationale: Prematurity is the most common cause fo neonatal mortality and morbidity. The reduction of preterm births remains an important goal in obstetric care. Understanding the causes and recognizing the symptoms of preterm labor provides the basis for management decisions.

The student will be able to cite:

Factors predisposing to preterm labor

Signs and symptoms of premature uterine contractions

Causes of preterm labor

Management of preterm labor, including tocolytics, steroids, and antibiotics.

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### **Premature Rupture of Membranes**

Rationale: Rupture of the membranes prior to labor is a problem for both term and preterm pregnancies. Careful evaluation of this condition may improve fetal and maternal outcome.

The student will be able to describe the following:

History, physical findings, and diagnostic methods to confirm rupture of the membranes

Factors predisposing to premature rupture of membranes.

Risks and benefits of expectant management versus immediate delivery

Methods to monitor maternal and fetal status during expectant management.

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### **Preeclampsia-eclampsia Syndrome**

Rationale: Preeclampsia-eclampsia syndrome accounts for significant morbidity and mortality in both the mother and newborn.

The student will be able to explain:

Definition(s) and classification of hypertension in pregnancy

Pathophysiology of preeclampsia-eclampsia syndrome

Symptoms, physical findings and diagnostic methods

Approach to management

Maternal and fetal complications

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**Spontaneous Abortion**

Rationale: Bleeding is common in early pregnancy. A logical approach to its evaluation may not only affect the outcome of the pregnancy, but also will help to reassure the patient.

The student will be able to:

- Develop a differential diagnosis for first-trimester bleeding
- Distinguish the types of spontaneous abortion
- Define recurrent abortion
- Recognize the signs of a missed abortion
- List complications of spontaneous abortion
- List causes and complications of septic abortion.

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**Third Trimester Bleeding**

Rationale: Bleeding in the third trimester requires immediate patient evaluation. Thoughtful, prompt evaluation and management is necessary to reduce the threat to the lives of the mother and fetus.

The student will be able to:

- Describe the approach to the patient with third-trimester bleeding
- Compare symptoms, physical findings, and diagnostic methods that differentiate patients with placenta previa and abruptio placenta
- Describe complications of placenta previa and abruptio placenta
- Describe immediate management of shock secondary to third-trimester bleeding
- Describe components of the various blood products and indications for their use.

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**Pap Smear and Cultures**

Rationale: The Pap smear is one of many screening methods used in medicine. Proper technique in performing the Pap smear and obtaining specimens for microbiologic culture will improve accuracy.

The student will demonstrate the ability to:

- Perform an adequate Pap smear
- Obtain specimens to detect sexually transmitted diseases
- Handle specimens properly to improve diagnostic accuracy
- Provide an explanation to the patient regarding the purpose of these tests.

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**Contraception**

Rationale: An understanding of the medical and personal issues involved in decisions regarding contraceptive methods is necessary to adequately advise patients requesting contraception.

The student will be able to explain:

- Physiologic or pharmacologic basis of action
- Effectiveness
- Benefits and risks
- Financial considerations of the various methods of contraception.

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**Sterilization**

Rationale: In the process of deciding whether to have a sterilization procedure, men and women often seek the advice of their physicians. Providing accurate information will allow patients to make an informed decision regarding this elective surgery.

The student will be able to list:

- Methods of male and female surgical sterilization
- Risks and benefits of procedures

Factors needed to help the patient make informed decisions, including potential surgical complications, failure rates and reversibility.  
Financial considerations

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### **Abortion**

Rationale: Induced abortion is a reproductive option considered by some patients. Regardless of one's personal views, the practitioner should be aware of the techniques, management, and complications of induced abortions.

The student will be able to list:

- Surgical and non-surgical pregnancy termination methods
- Potential complications of abortion, such as hemorrhage and infection.
- Psychosocial considerations of abortion.

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### **Sexually Transmitted Infection**

Rationale: To prevent sexually transmitted infections and minimize their impact on health, the physician should understand their basic epidemiology, diagnosis and management.

The student will be able to list organisms and methods of transmission, symptoms, physical findings and evaluation and management of each of the following::

- Gonorrhea
- Chlamydia
- Herpes simplex virus
- Syphilis
- Human papillomavirus infection
- Human Immunodeficiency virus (HIV) infection
- Hepatitis B virus infection.

The student will be able to list the public health concerns, including:

- Screening programs
- Costs
- Prevention and immunizations
- Partner evaluation and treatment

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### **Salpingitis**

Rationale: The potential impact of acute or chronic salpingitis is significant. Early recognition and optimal management may help prevent the long-term sequelae of tubal disease.

The student will be able to describe:

- Pathogenesis
- Common organisms
- Signs and symptoms
- Methods of diagnosis
- Treatment
- Sequelae, including tuboovarian abscess, chronic salpingitis, ectopic pregnancy, and infertility.

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### **Endometriosis**

Rationale: Endometriosis is a common problem of women of reproductive age, which may result in pelvic pain, infertility and menstrual dysfunction.

The student will be able to describe:

- Theories of pathogenesis
- Symptoms and physical findings
- Common sites of implants

Methods of diagnosis  
Non-surgical and surgical management

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### **Normal and Abnormal Bleeding**

Rationale: The occurrence of bleeding at times other than expected menses is a common event. Accurate diagnosis of abnormal uterine bleeding is necessary for appropriate management.

The student will be able to:

- Describe endocrinology and physiology of the normal menstrual cycle
- Distinguish abnormal uterine bleeding from dysfunctional uterine bleeding
- List causes of abnormal uterine bleeding
- Evaluate and diagnose abnormal uterine bleeding
- Describe therapeutic options.

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### **Uterine Leiomyomas**

Rationale: Uterine leiomyomas represent the most common gynecologic neoplasm and are often asymptomatic.

The student will be able to describe the following:

- Prevalence of uterine leiomyomas
- Symptoms and physical findings
- Methods to confirm the diagnosis
- Indications for medical and surgical treatment

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### **Ectopic Pregnancy**

Rationale: Ectopic pregnancy is a leading cause of maternal morbidity and mortality in the United States. Early diagnosis and management may not only save lives, but may also preserve future fertility.

The student will be able to:

- Develop a differential diagnosis of first-trimester bleeding
- List risk factors predisposing patients to ectopic pregnancy
- Describe symptoms and physical findings suggestive of ectopic pregnancy
- Understand methods and test used to confirm the diagnosis of ectopic pregnancy
- Explain treatment options

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### **Disorders of the Breast**

Rationale: Every physician should understand the basic approach to evaluating the common symptoms associated with the breast.

The student will be able to describe:

- Standards of surveillance of an adult woman, including breast self-examination, physical examination and mammography.
- Diagnostic approach to a woman with the chief complaint of breast mass, nipple discharge, and breast pain.

The student will be able to describe the history and physical findings that might suggest the following abnormalities:

- Intraductal papilloma
- Fibrocystic changes
- Fibroadenoma
- Carcinoma
- Mastitis

The student will be able to teach a woman how to perform breast self-examination.

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**Cervical Disease and Neoplasia**

Rationale: Detection and treatment of preinvasive lesions reduces the medical and social costs of, as well as the mortality associated with, carcinoma of the cervix.

The student will be able to describe:

- Risk factors of cervical disease and neoplasia
- Indications for screening.
- Symptoms and physical findings of cervicitis and neoplasia
- Evaluation and management of the patient with an abnormal pap smear.
- Impact of staging on management and prognosis

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**Endometrial Carcinoma**

Rationale: Endometrial carcinoma is the most common gynecologic malignancy.

The student will be able to describe:

- Risk factors for endometrial carcinoma
- Symptoms and physical findings
- Management of the patient with postmenopausal bleeding
- Methods to diagnose endometrial carcinoma
- Impact of staging on management and prognosis
- Management of the patient with endometrial cancer

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**Ovarian Neoplasms**

Rationale: Adnexal masses are a common finding in both symptomatic and asymptomatic patients. Management is based on determining the origin and character of these masses.

The student will be able to describe:

- Evaluation of the patient with an adnexal mass
- Characteristics of ovarian neoplasms
- Evaluation and management of carcinomas of the ovary
- Symptoms and physical findings
- Risk factors
- Histologic classification
- Impact of staging on management and prognosis

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**Sexual Assault**

Rationale: Individuals who are the victims of sexual assault often have significant physical and emotional sequelae.

The student will be able to explain the medical, forensic, psychological evaluation and treatment and followup of::

- Child sexual assault victim
- Adult sexual assault victim
- Acquaintance rape

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**Domestic Violence**

Rationale: Domestic violence affects a significant proportion of the U.S. population in all economic classes and walks of life. All physicians should screen for the presence of domestic violence.

The student will be able to:

- Cite prevalence and incidence of violence against women, elder abuse, child abuse.
- Assess the involvement of any patient in domestic violence situations.
- Counsel patients for short term safety.
- Counsel patients regarding local support agencies for long term management and resources.

Counsel patients requiring resources for batterers and perpetrators of domestic violence.

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**Climacteric**

Rationale: Women spend as much as one-third of their lives in the postmenopausal years. Understanding the physical and emotional changes caused by estrogen depletion is important for all physicians who provide health care for women.

The student will be able to describe:

- Physiologic changes in the hypothalamic-pituitary-ovarian axis.
- Symptoms and physical findings associated with hypoestrogenism
- Management, including hormone therapy, nutrition and exercise, and non-hormonal therapeutic options.
- Risks and benefits of hormone replacement therapy.

## OB-GYN 101 (2008 Revision) Outline

1. Gynecologic Exam
  - A. History
    1. Chief complaint
    2. Present illness
    3. Menstrual history
    4. Obstetric history
    5. Gynecologic history
    6. Sexual history
    7. Family history
    8. Social history
  - B. Examination
    1. Breast
    2. Abdomen
    3. Pelvis
    4. Rectovaginal
  - C. Pap Smear and Cultures
    1. Pap smear technique
    2. Obtain specimens to detect sexually transmitted diseases
    3. Handle specimens properly to improve diagnostic accuracy
    4. Explain to the patient the purpose of these tests
  - D. Diagnosis and Management Plan
    1. Laboratory
    2. Diagnostic studies
    3. Imaging
    4. Treatment options
    5. Counseling
    6. On-going care
    7. Economic concerns
  - E. Documentation
    1. Focused documentation
    2. History/physical
    3. Preoperative Note
    4. Consultation
    5. Routine examination
    6. Electronic vs. paper medical records
    7. Correcting errors
    8. Communicating with other providers
  - F. Personal Interaction and Communication Skills
  - G. Legal and Ethics Issues in Obstetrics and Gynecology
  - H. Preventive Care and Health Maintenance
    1. Pap smear
    2. Mammogram
    3. Blood-pressure monitoring
    4. Blood-lipid profiles
    5. Occult blood in the stool
    6. Contraception
    7. STD prevention

8. Diet
  9. Nutrition
  10. Exercise
  11. Stress management
  12. Risk-taking behavior
  13. Substance abuse
  14. Immunization
  15. Seat-belt use
  16. Personal safety
2. Reproductive Physiology and Pathology
- A. Women and men are not the same
    1. Anatomic variance between males and females
    2. Systemic effects of female and male sex hormones on GI tract, carbohydrate intake, seizure threshold
    3. Differences in energy metabolism
    4. Sexual response function and dysfunction
    5. Pharmacodynamics, pharmacokinetics and drug toxicities
    6. As a group, women (as a group, in comparison to men) have:
      - a. More self-reported chronic conditions and all acute conditions except injuries
      - b. Higher illness rates
      - c. Lower accidental injury rates
      - d. More days of illness and disability
      - e. 10% more acute conditions, particularly infections, respiratory problems and digestive conditions
      - f. Poorer vision
      - g. Poorer dental status
      - h. Poorer upper body strength
      - i. Poorer running speed
      - j. Better hearing
      - k. Better memory
      - l. Better navigational skills using landmark and vector
      - m. Better communication
      - n. More genitourinary problems
      - o. Less chronic illness leading to death
      - p. Lower death rates
    7. Diseases of different significance for women
      - a. Cardiovascular disease
      - b. Autoimmune diseases
      - c. Lupus, rheumatoid arthritis
      - d. Depression, anxiety and eating disorders
      - e. Migraine
      - f. MS
      - g. Stroke
      - h. Non-epileptic seizures
      - i. Thyroid disease
      - j. Diabetes
      - k. HIV/AIDS
      - l. Fibromyalgia

- m. TMJ disorder
  - n. Interstitial cystitis
  - o. Abdominal/pelvic pain
  - p. Breast disorders
  - q. Urinary tract infection
  - r. Urinary incontinence
  - s. Urogenital atrophy
  - t. Sexually transmitted diseases
3. Puberty
- A. Physiologic events in the hypothalamic-pituitary-ovarian axis and their target organs
  - B. Normal sequence of pubertal stages and expected ages at which these changes occur (Tanner)
  - C. Psychological aspects of puberty
  - D. Abnormal puberty
    - 1. Definition
    - 2. Causes of early or late puberty
    - 3. Diagnostic approach to early or delayed puberty
4. Amenorrhea/Oligomenorrhea
- A. Definition
  - B. Causes
    - 1. Unsuspected pregnancy
    - 2. Polycystic Ovaries
    - 3. Premature Ovarian Failure
    - 4. Pituitary adenoma
    - 5. Hypothyroid
  - C. Evaluation
  - D. Treatment options
  - E. Natural course if untreated
5. Hirsutism and Virilization
- A. Normal variations
  - B. Definitions of hirsutism and virilization
  - C. Causes
    - 1. Ovarian
    - 2. Adrenal
    - 3. Pituitary
    - 4. Pharmacological
    - 5. Familial
  - D. Evaluation
  - E. Management
6. Normal and Abnormal Uterine Bleeding
- A. Physiology of the normal cyclical bleeding
  - B. Abnormal uterine bleeding
  - C. Causes
    - 1. Unsuspected pregnancy
    - 2. Hormonal abnormalities
    - 3. Thyroid dysfunction

4. Anticoagulants (intentional and accidental)
  5. Mechanical problems
  6. Adenomyosis
  7. Fibroids
  - D. Evaluation
  - E. Treatment options
    1. Dilatation and Curettage
    2. Hysteroscopy
  - F. Consequences of non-treatment
7. Menstrual Disorders
- A. Primary and secondary dysmenorrhea
    1. Causes
    2. Evaluation
    3. Management
  - B. Mittelschmerz
    1. Causes
    2. Evaluation
    3. Management
  - C. PMS and PMDD
    1. Diagnosis
    2. Treatment regimens
  - D. Bloating
  - E. Edema
  - F. Acne
  - G. Breast pain
  - H. Menstrual Migraine
8. Menopause
- A. Physiology of menopause and perimenopause
  - B. Signs/symptoms that may be associated with menopause
    1. Backache
    2. Decreased libido
    3. Decreased arousal
    4. Dysparunia
    5. Fatigue
    6. Headache
    7. Hot flashes
    8. Joint pains
    9. Memory loss
    10. Mood changes
      - a. Depression
      - b. Anxiety
      - c. Irritability
    11. Muscle stiffness
    12. Night sweats
    13. Palpitations
    14. Sleep disturbance
    15. Urinary frequency
    16. Urinary incontinence

17. Vaginal dryness
  18. Vaginal itching or burning
  - C. Management options
    1. Hormones
      - a. Estrogen
      - b. Progesterone
      - c. Testosterone
      - d. Route of administration
    2. Medical risks and benefits of HRT
    3. Absolute/relative Contraindications
      - a. Breast cancer
      - b. Estrogen-sensitive cancer
      - c. Liver disease
      - d. Hypertriglyceridemia
      - e. Venous thromboembolism
    4. Quality of life issues
    5. Philosophical issues
      - a. Normal event at midlife, to which women should learn to adapt?
      - b. Acquired estrogen deficiency state due to ovarian failure, which should be corrected, returning the woman back to normal?
  - D. Osteoporosis
    1. Definition
    2. Risk factors
    3. Prevention
    4. Imaging
    5. Treatment
9. Infertility
- A. Definition
  - B. Causes of male and female infertility
  - C. Evaluation
    1. Hysterosalpingogram
  - D. Management
  - E. Psychosocial issues
10. Mood Disorders
- A. Depression
    1. Diagnosis
    2. Screening
    3. Suicidal ideation
    4. Treatment regimens
  - B. Anxiety
    1. Diagnosis
    2. Screening
    3. Treatment regimens
  - C. Somatization
  - D. Eating disorders
    1. Bulimia
    2. Laxative abuse
    3. Anorexia nervosa

- E. Substance abuse
11. Normal Pregnancy
- A. Maternal-Fetal Physiology
    1. Physiologic and anatomic changes during pregnancy
    2. Placenta physiology
    3. Fetal physiology
    4. Effect of pregnancy on diagnostic studies
  - B. Preconception Care
    1. Pre-existing medical conditions that may affect pregnancy
    2. Impact of pregnancy on pre-existing medical conditions
    3. The role of a history of genetic abnormalities in future pregnancies
    4. Significance of advanced maternal age and other genetic issues
      - a. BUN Testing
      - b. Triple or Quad Screening
      - c. Chorionic Villus Sampling
      - d. Amniocentesis
      - e. Cordocentesis
    5. Effect of substance abuse on pregnancy
    6. Pre-pregnancy nutrition and exercise
    7. Medications and environmental hazards during pregnancy
    8. Immunizations before and during pregnancy
  - C. Antepartum Care
    1. Diagnose pregnancy
    2. Assess gestational age
    3. Distinguish an at-risk pregnancy
    4. Appropriate diagnostic studies
    5. Fetal growth, well-being, and maturity
    6. Patient education programs
    7. Nutritional needs of pregnant women and vitamin supplements
    8. Adverse effects of drugs and the environment
    9. Perform a physical examination on obstetric patients
    10. Common issues during pregnancy, including skin changes, gastric reflux, sciatica, upper respiratory infections, travel, and exercise.
12. Pregnancy Problems
- A. First Trimester Pregnancy Loss
    1. Ectopic Pregnancy
      - a. Risk factors
      - b. Laboratory evaluation
      - c. Treatment alternatives
      - d. Risk of recurrence
    2. Spontaneous Abortion
      - a. Types of SAB
        - i. Complete
        - ii. Incomplete
        - iii. Inevitable
        - iv. Threatened
        - v. Missed
        - vi. Septic

- b. Causes
    - c. Treatment
  - 3. Risk of recurrent SAB
  - 4. Differential diagnosis of 1st trimester bleeding
- B. Medical and Surgical Conditions in Pregnancy
  - 1. Anemia
  - 2. Diabetes mellitus
  - 3. Urinary tract disorders
  - 4. Herpes
  - 5. Rubella
  - 6. Group B Streptococcus
  - 7. Hepatitis
  - 8. Human Immunodeficiency Virus (HIV)
  - 9. Human Papillomavirus (HPV)
  - 10. Iron deficiency
  - 11. Syphilis
  - 12. Gonorrhea
  - 13. Cytomegalovirus (CMV)
  - 14. Toxoplasmosis
  - 15. Varicella and parvovirus
  - 16. Cardiac disease
  - 17. Asthma
  - 18. Alcohol, tobacco and illicit drugs
  - 19. Surgical abdomen and surgery while pregnant
- C. Preeclampsia-Eclampsia
  - 1. Definitions
    - a. Chronic Hypertension
    - b. Gestational Hypertension
    - c. Pregnancy-induced hypertension
    - d. Pre-eclampsia and Eclampsia
    - e. HELLP
  - 2. Pathophysiology
  - 3. Symptoms
  - 4. Physical findings
  - 5. Diagnosis
  - 6. Management
    - a. Term
    - b. Preterm
  - 7. Future pregnancies
- D. Isoimmunization
  - 1. Pathophysiology
  - 2. Immunoglobulins to prevent isoimmunization
  - 3. Identification of maternal isoimmunization
  - 4. Evaluation of severity of fetal involvement
  - 5. Management of maternal isoimmunization during pregnancy
- E. Multifetal Gestation
  - 1. Causes of monozygotic, dizygotic and multizygotic gestation
  - 2. Physiology of multifetal pregnancies
  - 3. Symptoms, physical findings and diagnosis
  - 4. Antepartum management

5. Intrapartum management
  6. Postpartum management
  7. Potential maternal and fetal complications
  - F. Fetal Death
    1. Common causes in each trimester
    2. Symptoms, physical findings and lab or imaging studies to confirm the diagnosis
    3. Potential maternal complications
    4. Prognosis for future pregnancies
  - G. Third-Trimester Bleeding
    1. Causes
      - a. Placenta previa
      - b. Abruption placenta
      - c. Cervicitis
      - d. Cervical dilatation
    2. Potential maternal and fetal complications
    3. Signs/symptoms
    4. Initial evaluation
    5. Management of shock due to acute blood loss
    6. Various blood products, their benefits and potential complications
  - H. Anxiety and Depression
    1. Definitions
      - a. Anxiety disorder
      - b. Clinical Depression
      - c. Postpartum depression
      - d. Postpartum blues
      - e. Postpartum psychosis
    2. Risk factors
    3. Treatment options during pregnancy
    4. Treatment options postpartum
  - I. Postterm Pregnancy
    1. Definitions
    2. Complications associated with post-maturity
    3. Treatment options
  - J. Fetal Growth Abnormalities
    1. Definitions
      - a. Macrosomia
      - b. Fetal growth restriction
    2. Etiologies of abnormal growth
    3. Morbidity and mortality
    4. Diagnosis
    5. Management
13. Normal Labor and Delivery
- A. Intrapartum Care
    1. Signs and symptoms of labor
    2. Characteristics of true and false labor
    3. Initial assessment of the laboring patient
    4. Stages and mechanism of normal labor and delivery
    5. Techniques to evaluate the progress of labor
    6. Pain management during labor

- a. Local Anesthetic
- b. Pudendal Block
- c. Paracervical Block
- d. Spinal Block
- e. Epidural Block
- f. Inhalation Analgesia

B. Intrapartum Maternal and Fetal Surveillance

- 1. Periodic auscultation
- 2. Electronic fetal monitoring
- 3. Scalp gas evaluation
- 4. Umbilical cord gas evaluation

C. Delivery

- 1. Cardinal movements of labor and delivery
- 2. Management of normal delivery
- 3. Episiotomy
- 4. Repair of lacerations

D. Immediate Care of the Newborn

- 1. Physiology of adaptation to extrauterine life
- 2. Clearing the airway and stimulation
- 3. Resuscitation
- 4. Eye care
- 5. Prophylaxis
- 6. Circumcision

E. Postpartum Care

- 1. Immediate postpartum care of the mother.
- 2. Maternal physiologic changes
- 3. Normal postpartum care
- 4. Postpartum patient counseling
- 5. Common postpartum problems

F. Lactation

- 1. Physiology of lactation
- 2. Common postpartum breast problems
- 3. Advantages/disadvantages of breast feeding
- 4. Medication use while breastfeeding
- 5. Common lactation issues

14. Labor and Delivery Problems

A. Abnormal Labor

- 1. Abnormal labor patterns
- 2. Fetal and maternal complications associated with abnormal labor
- 3. Methods to evaluate fetopelvic disproportion
- 4. Indications/contraindications for oxytocin administration
- 5. Indications for operative delivery

B. Preterm Labor

- 1. Risk factors for PTL
- 2. Causes of preterm labor
- 3. Preterm labor vs. Braxton Hicks contractions
- 4. Signs and symptoms
- 5. Initial management of threatened preterm labor

6. Medications (tocolytics, steroids, antibiotics)
  7. Potential problems associated with treating preterm labor
  8. Prevention
  9. Cervical incompetence
  - C. Premature Rupture of Membranes
    1. Etiology
    2. Signs/symptoms
    3. Techniques to identify rupture of membranes
    4. Predisposing factors
    5. Expectant management vs. immediate delivery
    6. Monitoring maternal and fetal status with expectant management
  - D. Postpartum Hemorrhage
    1. Risk factors
    2. Differential diagnosis
    3. Management
  - E. Postpartum Infection
    1. Risk factors
    2. Pathophysiology
    3. Micro-organisms commonly involved
    4. Evaluation and management
  - F. Abnormal presentation
    1. Breech
    2. Transverse lie
    3. Occiput posterior
    4. Deep transverse arrest
  - G. Shoulder dystocia
  - H. Umbilical cord prolapse
15. Obstetrical Procedures
- A. Induction of Labor
  - B. Forceps
    1. Design
    2. Indications/contraindications
    3. Low, outlet
    4. Mid
    5. Complications
  - C. Vacuum Extraction
    1. Design
    2. Indications/contraindications
    3. Complications
  - D. Cesarean Section
    1. Technique
    2. Low transverse vs. vertical
    3. Indications/contraindication
    4. Repeat
    5. VBAC
    6. Patient request
16. Imaging in Obstetrics & Gynecology
- A. Ultrasound

- B. CT Scans
  - C. MRI
  - D. Mammography
  - E. X-rays
    - 1. Lower GI
    - 2. Chest
    - 3. IVP
    - 4. 4-view abdomen
    - 5. Pelvimetry
17. Conception Control
- A. Physiologic basis of contraception
    - 1. OCPs
    - 2. Emergency contraception
    - 3. Patches
    - 4. Rings
    - 5. IUD
      - a. Insert an IUD
      - b. Remove an IUD
    - 6. DMPA
    - 7. Condom
    - 8. Female condom
    - 9. Diaphragm
    - 10. Spermicide
    - 11. Withdrawal
    - 12. Periodic abstinence
    - 13. Sterilization, male and female
  - B. Effectiveness
  - C. Benefits/risks
  - D. Costs
18. Induced Abortion
- A. Surgical
  - B. Non-surgical
  - C. Potential complications of induced abortion
  - D. Alternatives
19. Vulvar and Vaginal Disease
- A. Clinical Anatomy
  - B. Vaginitis
    - 1. Monilia
    - 2. Trichomonas
    - 3. BV
    - 4. Atrophic
    - 5. Foreign body
  - C. Wet mount
  - D. Benign Vulvar lesions
    - 1. Bartholin Cyst / Abscess
      - a. Drain a Bartholin's Cyst
    - 2. Contact dermatitis

3. HSV
  4. HPV
  5. Lice
  6. Scabies
  7. Lichen sclerosus
  8. Hypertrophic Dystrophy
  9. Lichen Planus
  10. Molluscom Contagiosum
  11. Skene's abscess
- E. Toxic Shock Syndrome

20. Sexually Transmitted Infections and Urinary Tract Infections

A. Signs and symptoms, Clinical findings, Laboratory testing, and Management of:

1. Gonorrhea
2. Chlamydia
3. Herpes simplex
4. Syphilis
5. Human papillomavirus
6. Human immunodeficiency virus (HIV)
7. Hepatitis B
8. Chancroid
9. Granuloma Inguinale
10. Lymphogranuloma venereum

B. Urethritis

1. Gonococcal
2. Non-Gonococcal

C. Pelvic Inflammatory Disease (PID)

1. Pathophysiology
2. Signs/symptoms
3. Diagnosis
4. Management
5. Long-term issues:
  - a. Tuboovarian abscess
  - b. Chronic salpingitis
  - c. Ectopic pregnancy
  - d. Infertility

D. Public health issues:

1. Screening programs
2. Costs
3. Prevention
4. Immunization
5. Partner screening and treatment
6. Public health concerns for STDs

E. Urinary Tract Infection

1. Pathophysiology
2. Signs/symptoms
3. Diagnosis
4. Management

21. Pelvic Relaxation, Urinary Incontinence and Obstruction

- A. Screening during patient history
  - B. Various types of incontinence
    - 1. Stress
    - 2. Urgency
    - 3. Overflow
    - 4. Mixed
    - 5. Random
  - C. Pathophysiology of pelvic relaxation
    - 1. Cystocele
    - 2. Rectocele
    - 3. Uterine
    - 4. Vaginal Vault
  - D. Treatments
    - 1. Medical
    - 2. Surgical
    - 3. Behavioral
    - 4. Prosthetic
  - E. Acute urinary obstruction
    - 1. Signs/symptoms
    - 2. Diagnostic procedures
    - 3. Treatment and followup
22. Endometriosis
- A. Definition
  - B. Common sites of implantation
  - C. Uncommon sites of implantation
  - D. Theories of pathogenesis
  - E. Classical symptoms
  - F. Classical physical findings
  - G. Diagnosis
  - H. Natural course
  - I. Alternative treatments
    - 1. Ovulation suppression (OCPs, DMPA)
    - 2. Lupron
    - 3. Conservative surgery
    - 4. Definitive surgery
23. Chronic Pelvic Pain
- A. Definition
  - B. Incidence and etiologies
  - C. Clinical manifestations
  - D. Diagnosis
  - E. Management options
    - 1. Laparoscopy
  - F. Psychosocial issues
24. Abdominal Pain
- A. Clinical Evaluation of abdominal/pelvic pain in women
    - 1. History
    - 2. Physical Exam

- 3. Lab and Imaging
  - B. Uncertainty of Diagnosis
    - 1. Pain and Bedrest
    - 2. Pain and Fever
    - 3. Chronic Pain
    - 4. Pregnancy Test
    - 5. Pain and BCPs
    - 6. IUD
  - C. Pregnancy-related
    - 1. Threatened Abortion
    - 2. Ectopic Pregnancy
    - 3. Placental Abruption
  - D. Infected or Rejected IUD
  - E. Ovarian Cyst
    - 1. Unruptured
    - 2. Ruptured
    - 3. Twisted
  - F. Dysmenorrhea
  - G. Mittelschmerz
  - H. Functional Bowel Syndrome
  - I. Gastroenteritis
  - J. Diverticular Disease
  - K. PID
    - 1. Mild
    - 2. Moderate/Severe
  - L. Endometriosis
  - M. Appendicitis
  - N. Diverticulitis
  - O. Bowel Obstruction
  - P. Degenerating Fibroid
  - Q. Cystitis
  - R. Pyelonephritis
  - S. Urolithiasis
25. Breast Issues
- A. Normal development
  - B. Breast exam
  - C. Breast mass
  - D. Nipple discharge
  - E. Breast pain
  - F. Skin lesion
  - G. Mastitis
  - H. Fibrocystic changes
  - I. Intraductal papilloma
  - J. Fibroma
  - K. Breast Cancer
    - 1. Screening
    - 2. Fine needle aspiration
    - 3. Core biopsy
    - 4. Excisional biopsy

## 26. Sexuality

- A. Physiology of female sexual response
- B. Female sexuality changes throughout the life cycle
- C. Common patterns of female sexual dysfunction
  - 1. Hypoactive sexual desire disorder
  - 2. Sexual arousal disorder.
  - 3. Orgasmic disorder
  - 4. Sexual pain disorders
    - a. Dyspareunia
    - b. Vaginismus
    - c. Non-coital sexual pain
- D. Medical problems that may affect female sexuality
  - 1. Neurological Disorders
    - a. Head injury
    - b. Psychomotor epilepsy
    - c. Spinal cord injury
    - d. Stroke
    - e. Multiple sclerosis
  - 2. Vascular Disorders
    - a. Hypertension and other cardiovascular diseases
    - b. Leukemia
    - c. Sickle-cell disease
  - 3. Endocrine Disorders
  - 4. Diabetes
  - 5. Hepatitis
  - 6. Kidney disease
  - 7. Cancer
  - 8. Lung disease
  - 9. Degenerative disease
  - 10. Psychiatric Disorders
    - a. Anxiety
    - b. Depression
  - 11. Voiding Disorders
    - a. Overactive bladder
    - b. Stress urinary incontinence
  - 12. Medications that may affect female sexual function
    - a. Psychoactive medications
      - i. Barbiturates
      - ii. Benzodiazepines
      - iii. Lithium
      - iv. Monoamine oxidase inhibitors
      - v. Selective serotonin reuptake inhibitors (SSRIs)
      - vi. Tricyclic antidepressants
    - b. Cardiovascular and antihypertensive medications
      - i. Antilipid medications
      - ii. Beta blockers
      - iii. Clonidine
      - iv. Digoxin
      - v. Spironolactone

- c. CNS medications
    - i. Amphetamines and related anorexic drugs
    - ii. Methyldopa
    - iii. Narcotics
    - iv. Trazodone
  - d. Hormones
    - i. Danazol
    - ii. Gn-RH agonists
    - iii. Oral contraceptives
  - e. Other
    - i. Anticholinergics
    - ii. Antihistamines
    - iii. Histamine H2-receptor blockers and pro-motility agents
    - iv. Indomethacin
    - v. Ketoconazole
    - vi. Phenytoin sodium
13. Physical, psychological and societal contributions to female sexual dysfunction
14. Basic sexual history, including sexual function and sexual orientation
- a. Heterosexual, homosexual, and bisexual modes of sexual expression
  - b. Awareness of the physician's own sexuality and its impact on patient interactions
  - c. Dealing with seductive patients.

27. Neoplasms

- A. Gestational Trophoblastic Neoplasia
  - 1. Pathophysiology
  - 2. Signs/symptoms
  - 3. Diagnosis
  - 4. Management
- B. Vulvar and Vaginal Neoplasms
  - 1. Risk factors
  - 2. VIN
  - 3. VAIN
  - 4. Paget's disease
  - 5. Vulvoscopy
  - 6. Indications for vulvar biopsy
- C. Cervical Disease and Neoplasia
  - 1. Cervical anatomy
    - a. SQJ
    - b. Transformation zone
    - c. Ectropion
    - d. Nabothian cysts
  - 2. Pathogenesis of cervical cancer
  - 3. Cervical cancer staging and impact on management and prognosis
  - 4. Risk factors for cervical neoplasia and cancer
  - 5. Pap smears
  - 6. HPV testing
  - 7. Symptoms and physical findings of cervicitis and neoplasia
  - 8. Colposcopy and biopsy
  - 9. Cryosurgery

10. LEEP
  11. Cervical Conization
  12. Management of a patient with an abnormal Pap smear
  - D. Uterine Leiomyomas
    1. Pathology
    2. Symptoms and physical findings
    3. Diagnostic methods
    4. Treatment
      - a. Medical
      - b. Surgical
        - i. Myomectomy
        - ii. Hysterectomy
        - iii. Minimally invasive techniques
  - E. Endometrial Carcinoma
    1. Pathology
    2. Endometrial cancer staging and impact on management and prognosis
    3. Symptoms and physical findings
    4. Risk factors
    5. Diagnostic tools
      - a. Endometrial sampling
      - b. Ultrasound
    6. Management of the patient with postmenopausal bleeding
  - F. Ovarian Neoplasms
    1. Pathology overview
    2. Ovarian cancer staging and impact on management and prognosis
    3. Clinical characteristics
      - a. Functional cyst
      - b. Benign ovarian neoplasm
      - c. Ovarian malignancies
    4. Symptoms and physical findings of a patient with ovarian malignancy
    5. Risk factors for ovarian cancer
    6. Clinical approach to a patient with an adnexal mass
28. Sexual Assault
- A. Definitions
  - B. Patients at increased risk for sexual abuse
  - C. Taking a history on a sexual assault victim
    1. Adult
    2. Child
    3. Acquaintance rape
  - D. Examination on a sexual assault victim
    1. Interaction with patient and law enforcement agencies
    2. Specimens
    3. Chain of custody
    4. Labs
    5. Risk of STDs
    6. Medications
    7. Counseling of a sexual assault victim
29. Domestic Violence

- A. Prevalence and incidence of violence against women, elder abuse, child abuse
  - B. Assessing the patient in domestic violence situations
  - C. Short-term safety
  - D. Long-term management and resources
30. Accidental Injury
- A. 1st Trimester
  - B. 2nd and 3rd Trimester
  - C. Straddle Injury
31. Introduction to the Operating Room
- A. Operating Room Conventions
  - B. Scrubbing your hands
  - C. Putting on a sterile gown
  - D. Putting on sterile gloves
  - E. Removing gown and gloves
32. Surgical Assisting
- A. Tying knots
  - B. Suturing
  - C. Stapling
  - D. Opening an Abdomen
  - E. Closing an Abdomen
33. Operative Management
- A. Pre-operative evaluation
    - 1. Medical history
    - 2. Informed consent
    - 3. Consultation
  - B. Peri-operative techniques to reduce complications
    - 1. Infection
    - 2. Deep venous thrombosis.
  - C. Routine post-operative care
    - 1. Draw blood
    - 2. Start an IV
    - 3. Insert a Foley Catheter
    - 4. Insert a NG tube
  - D. Common post-operative complications

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Yes, I would like to participate. I would like 1 2 3 4 5 Major Topics.

My preferences for major topics are:

\_\_\_\_\_

\_\_\_\_\_

1. The Gynecologic Exam
2. Reproductive Physiology and Pathology
3. Puberty
4. Amenorrhea/Oligomenorrhea
5. Hirsutism and Virilization
6. Normal and Abnormal Uterine Bleeding
7. Menstrual Disorders
8. Menopause
9. Infertility
10. Mood Disorders
11. Normal Pregnancy
12. First Trimester Pregnancy Loss
13. Medical/Surgical Problems in Pregnancy
14. Preeclampsia-Eclampsia
15. Isoimmunization
16. Multifetal Pregnancy
17. Fetal Death
18. Third Trimester Bleeding
19. Perinatal Anxiety/Depression
20. Post-term Pregnancy
21. Fetal Growth Abnormalities
22. Intrapartum Care
23. Intrapartum Maternal and Fetal Surveillance
24. Vaginal Delivery
25. Immediate Care of the Newborn
26. Postpartum Care
27. Lactation
28. Abnormal Labor
29. Preterm Labor

30. Premature Rupture of Membranes
31. Postpartum Hemorrhage
32. Postpartum Infection
33. Abnormal Presentation
34. Shoulder Dystocia and Umbilical Cord Prolapse
35. Induction of Labor
36. Forceps and Vacuum Extraction
37. Cesarean Section
38. Imaging in Obstetrics & Gynecology
39. Contraception
40. Induced Abortion
41. Benign Vulvar/Vaginal Disease
42. Sexually Transmitted Infections
43. Urinary Tract Infections
44. Pelvic Relaxation, Urinary Incontinence and Obstruction
45. Endometriosis
46. Chronic Pelvic Pain
47. Abdominal Pain
48. Breast Issues
49. Sexuality
50. Gestational Trophoblastic Neoplasia
51. Vulvar/Vaginal Neoplasms
52. Cervical Disease and Neoplasia
53. Uterine Leiomyomas
54. Endometrial Carcinoma
55. Ovarian Neoplasms
56. Sexual Assault
57. Domestic Violence

58. Accidental Gynecologic Injury
59. Introduction to the Operating Room
60. Surgical Assisting
61. Operative Management

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