



PA's Practicing in Obstetrics and Gynecology

APAOG Core Competencies

Obstetrics and Gynecology is a robust discipline for women's health. It combines the medical, surgical, and preventative care throughout the lifespan. This discipline requires study in anatomy, reproductive physiology, pathology, genetics, and pharmacology as well as a comprehensive understanding of the physical, social, emotional, and cultural aspects of healthcare. PAs are proficiently educated in these facets of care with the mandatory component of didactic and clinical obstetrics and gynecology. We propose that PAs are competent in providing care to women through the lifespan including, but not limited to, performing vaginal deliveries. Collaboration and teamwork are central tenets of our profession, and we will continue to collaborate with our physician colleagues.

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Core Competencies for Physician Associate Practice

General PA competencies are defined by a collaborative effort by our four leading organizations (AAPA, ARC-PA, PAEA, and NCCPA) and is entitled Competencies for the Physician Associate Profession which was originally adopted in 2005 and revised in 2012.

Physician Associate (PA) Competencies

A INTERPERSONAL AND COMMUNICATION SKILLS

1. Obtain and provide information using effective listening, nonverbal, explanatory, questioning, and writing skills.
2. Describe the process of informed health care decision making, including required components of an informed consent discussion.
3. Develop skills to effectively communicate with patients via telehealth platforms.
4. Work with health care professionals in multidisciplinary teams.
 - a. Provide effective and professional consultation to physicians and health care professionals.
 - b. Communicate effectively with others as a member or leader of a health care team.
 - c. Facilitate the learning process for students and other health care professionals.
 - d. Develop awareness of the roles of other health care professionals and their effect on patient care, the health care organization, and society.
 - e. Recognize the value of input from all members of the health care team and methods to facilitate communication among team members.
5. Communicate effectively with patients and family members about the following scenarios:
 - a. Unexpected outcomes including fetal demise and stillbirth
 - b. Crisis situations including substance abuse and intimate partner violence
 - c. Disclosure of adverse outcomes and medical error
 - d. Disclosure of life-threatening illness

B PROFESSIONALISM

1. Demonstrate compassionate and respectful behavior when interacting with patients, families, and professional colleagues, taking the following characteristics into consideration:
 - a. Culture
 - b. Race/ethnicity
 - c. Age
 - d. Gender identity and sexual orientation
 - e. Socioeconomic status
 - f. Beliefs and political affiliation
 - g. Disabilities
 - h. Other vulnerable/underserved populations or circumstances associated with barriers to care (e.g., incarceration, homelessness, recent immigration, mental/behavioral health disorders, substance use disorder)

2. Develop awareness of implicit biases that may affect patient care.
3. Demonstrate respect, compassion, integrity, and responsiveness to the needs of patients and society that supersedes self-interest.
4. Describe and apply the basic principles of medical ethics, including autonomy, beneficence, justice, and nonmaleficence, taking into account the following considerations:
 - a. Balancing accountability to patients, society, and the profession
 - b. Uncompromised honesty
 - c. Making decisions about the provision or withholding of clinical care
 - d. Fair allocation of limited medical resources
 - e. The role of a patient's age and mental capacity in ethical decision making
 - f. Ethical implications of commonly used obstetric and gynecologic technologies
 - g. Managing conflicting ethical obligations in complex patient care situations
5. Maintain a good work ethic (e.g., positive attitude and high level of initiative).
 - a. Develop and maintain habits of punctuality and efficiency.
 - b. Demonstrate receptiveness to instruction and feedback.
 - c. Develop skills for providing constructive feedback.
6. Describe and manage common stressors in the health care environment that affect physician well-being and patient care, including the following:
 - a. Factors contributing to physician burnout (e.g., prolonged work hours, electronic medical records, work compression, abuse by patients)
 - b. The relationship between physician burnout and poor-quality patient care
 - c. Warning signs of excessive fatigue, stress, burnout, or substance abuse
 - d. Appropriate and timely interventions to prevent harm to self or others
 - e. Effective preventive stress-reduction activities

PRACTICE-BASED LEARNING AND IMPROVEMENT

1. Understand that patient safety is always the first concern.
2. Participate in departmental and institutional quality improvement activities and patient safety initiatives.
 - a. Describe the process of quality assessment and improvement.
 - b. Demonstrate an ability to collaborate with other medical personnel to correct system problems and improve patient care.
3. Demonstrate understanding of institutional disclosure processes and participate in disclosure and discussion of adverse events with patients.
4. Use scientific evidence and methods to investigate, evaluate, and improve patient care practices.
 - a. Identify areas for personal and practice improvement; implement strategies to enhance knowledge, skills, attitudes, and processes of care as well as make a commitment to lifelong learning.
 - b. Analyze and evaluate personal practice experience and implement strategies to continually

- improve the quality of patient care provided using a systematic methodology.
- c. Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems.
 - d. Obtain and use information about the unique needs and characteristics of local and regional patient populations.
 - e. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
 - f. Use information technology to manage information, access online medical information, and support personal education.
 - g. Facilitate the learning process for students and other health care professionals.

D SYSTEM-BASED PRACTICE

1. Use information technology to support patient care.
 - a. Maintain comprehensive and accurate medical records.
 - b. Understand and use telehealth modalities to enhance regular patient care and assist in increasing access for patients.
 - c. Describe current standards for the protection of health-related patient information.
 - d. Use online resources.
2. Understand the need for a commitment to excellence and ongoing professional development, including the following:
 - a. Maintain medical licensure, board certification, credentialing, hospital staff privileges, and liability insurance
3. Analyze personal practice patterns and outcomes, identify areas for improvement, and implement strategies to enhance knowledge, skills, attitudes, and processes of care. Describe the process of shared health care decision making, including the following:
 - a. Understand and counsel patients and families about the role of advance directives, living wills, and durable powers of attorney for health care
 - b. Describe the appropriate indications and the medical, ethical, and legal implications for "do not resuscitate" orders
 - c. Describe and counsel families about surrogate decision making for incapacitated patients, including who can and should act as a health care proxy
 - d. Elicit information about patients' personal values and preferences for end-of-life treatment
 - e. Describe the legal, ethical, and emotional issues surrounding withholding and withdrawing medical therapies
4. Practice cost-effective health care and resource allocation while optimizing quality of care.
 - a. Describe different types of medical practice and delivery systems, emphasizing high-value care.
 - b. Describe common methods of health care financing.
 - c. Understand the documentation necessary for quality patient care, billing, and coding.
5. Advocate for the patient, women's health, and the field of obstetrics and gynecology.
 - a. Describe how educational, socioeconomic, and political factors affect social determinants of health.

- b. Explain the factors that can lead to health care disparities, including race/ ethnicity, age, gender identity, sexual orientation, disability, geographic location, socioeconomic circumstances, health literacy, language barriers, and mental/behavioral health disorders.
 - c. Suggest potential ways to mitigate or solve barriers to care and inequities in health care.
 - d. Describe structural racism and explicit biases that can affect health care outcomes.
 - e. Describe the role of the women's health care professional in advocating for patient populations and individual patients, particularly underserved and vulnerable women.
6. Understand risk management and professional liability
- a. List the major types of liability insurance.
 - b. Describe the most common reasons for professional liability claims.
 - c. Understand risk-reduction strategies.

E MEDICAL KNOWLEDGE

1. Locate, appraise, and assimilate evidence from scientific studies and appropriately apply to patient care.
2. Describe the difference between screening and diagnostic tests.

Guidelines for Ethical Conduct for the PA Profession

Additionally, PA practice is guided by Guidelines for Ethical Conduct for the PA Profession (reaffirmed 2013). In this document, the Values of the PA Profession include:

- PAs hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.
- PAs uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.
- PAs recognize and promote the value of diversity.
- PAs do not discriminate; PAs treat equally all persons who seek their care.
- PAs hold in confidence the patient-specific information shared in the course of practicing medicine.
- PAs actively seek to expand their knowledge and skills, keeping abreast of advances in medicine. PAs assess their personal capabilities and limitations, striving always to improve their practice of medicine.
- PAs work with other members of the healthcare team to provide compassionate and effective care of patients.

- PAs use their knowledge and experience to contribute to a healthy community and the improvement of public health.
- PAs respect their professional relationship with all members of the healthcare team.
- PAs share and expand clinical and professional knowledge with PAs and PA students.

AAPA defines PAs as healthcare professionals licensed or, in the case of those employed by the Federal Government, credentialed to practice medicine. PAs provide medical and surgical services as a member of the healthcare team, based on their education, training, and experience. PAs exercise independent medical decision making within their scope of practice (HP-3100.3.1). Further, HP-3800.1.1 states that “PAs are responsible for the delivery of cost-effective, accessible, quality healthcare, that is safe effective, patient-centered, timely, efficient, and equitable. Patient care is ensured to be evidence-based, coordinated, integrated, and interdisciplinary. PAs are also active participants and leaders in promoting patient safety, as well as evaluating and improving the quality of care for patients.”

APAOG is in support of AAPA Policy on Optimal Team Practice (OTP) which occurs when healthcare professionals work together to provide quality care without burdensome administrative constraints. The key tenets of OTP declared in AAPA Policy are eliminating legal tethers to other healthcare professionals in order for a PA to practice to the full extent of their education, training, and experience and creating PA Practice Boards.

APAOG is also in support of HX-4200.1.10, AAPA policy entitled “Disparities in Maternal Morbidity and Mortality,” explicitly identifies the racial and ethnic disparities in the maternal mortality crisis and supports solutions for maternity care issues including reduction of barriers to practice for PAs in obstetrics.

The Core Competencies for PA Practice in Obstetrics and Gynecology

The knowledge, skills, and abilities expected of new graduates is certified by the National Commission on Certification of PAs (NCCPA).

PAs have mandatory training in Obstetrics and Gynecology including a robust didactic curriculum and six weeks of supervised clinical practice experience, which includes prenatal care, gynecological care, labor and delivery management, and surgical training. Additionally, knowledge of anatomy, physiology, pathophysiology, genetics, pharmacology, social determinants of health, and clinical medicine prepare PAs for quality clinical care. Combined with general medical and surgical training, a primary care focus, and specialty experience, PAs are an asset to Obstetrics and Gynecology patients. This includes patients of diverse backgrounds, orientations, and ages.

FUNDAMENTALS OF OBGYN PA PRACTICE INCLUDE:

- Elicit a history and perform a physical exam that informs the diagnosis
- Develop differential diagnoses relevant to the patient’s presentation

- Select appropriate studies based on the differential diagnosis
- Develop an initial management plan for common obstetric presentations
- Recognize and discuss the importance of the triaging and timing of a therapy
- Communicate with empathy, respect, and compassion that facilitates patient trust and autonomy
- Mitigate physical barriers to communication to optimize patient comfort, dignity, privacy, engagement, and safety
- Identify, verify, and validate nonverbal cues on the part of patients and their families
- Conduct a focused and efficient patient interview, managing the flow of the encounter while being attentive to the patient's cues and responses
- Organize information in appropriate sections within the medical record
- Synthesize and organize clinical information for clear and succinct presentation
- Discuss with the patient and family any plan for involving other health care professionals, including other physicians, in the patient's care
- Respond to requests and feedback in a respectful and timely manner
- Show respect for the diversity of perspectives and expertise among health care professionals
- Counsel patients regarding the age-appropriate use of vaccinations.
- Understand universal screening for substance use disorder.
 - Know appropriate screening tools.
 - Initiate therapy with consultation as necessary
- Provide trauma-informed care (i.e., recognize, initiate management and appropriate counseling or referral for the following):
 - Abuse (e.g., sexual, physical, elder, and psychologic)
 - Violence (e.g., intimate partner, workplace, and environmental)
 - Substance use
 - Psychosocial concerns
 - Human trafficking
 - Gender dysphoria
 - Post-traumatic stress disorder (PTSD)

Fundamentals of PA training in OBGYN in the Medical Model of Care

A BASIC SCIENCE

1. Physiology of the normal menstrual cycle, including the following:
 - a. Changes at puberty
 - b. Changes during perimenopause
 - c. Timing of fertilization

2. Patterns of inheritance.
 - a. Mendelian modes (eg, autosomal dominant, autosomal recessive, X-linked)
 - b. Non-Mendelian modes (eg, mitochondrial, imprinting, polygenic)
3. Anatomy of the abdomen and pelvis.
 - a. Anterior and posterior abdominal wall
 - b. Pelvic floor
 - c. Retroperitoneal space
 - d. Para-aortic space
 - e. External genitalia
 - f. Pelvic organs
 - g. Vascular supply and innervation
4. Breast diseases and breast surgery
 - a. Basic anatomy, physiology, and embryology of the breast (B1.01b-d; B2.02a-b).
 - b. Evaluation and initial management of fibroadenoma, fibrocystic disease, and breast cancer, nipple discharge, breast pain, mastitis, and breast abscess.
 - c. Describe the clinical presentation, diagnostic testing, and treatment of breast pain conditions.
5. Embryology of the pelvis and pelvic organs.
 - a. Describe normal development.
 - b. Describe abnormal development, including the following:
 - Ambiguous genitalia
 - Müllerian agenesis
 - Vaginal/uterine septum
 - c. Gametogenesis.
6. General principles of drug delivery, distribution, metabolism, and excretion.
7. Mechanism of action of the following classes of medications:
 - a. Contraceptives
 - b. Prostaglandin inhibitors
 - c. Antiestrogens and antiprogestins
 - d. Analgesics, including opioids
8. Physiology of wound healing.
9. Microbiologic principles, diagnosis, and treatment of gynecologic infectious diseases.
 - a. Describe the normal bacteriologic flora of the lower genital tract.
 - b. Describe the epidemiologic principles involved in the spread of infectious diseases in the following populations:
 - Patients
 - Sexual partners
 - Health care professionals
 - c. Describe the immunologic response to infection.
 - d. List common gynecologic pathogens and appropriate therapies (bacterial, viral, parasitic, and fungal).

B BASIC OBSTETRICS

1. Major physiologic changes and symptoms in a pregnant patient. Interpret common diagnostic tests in each organ system in the context of normal physiologic changes of pregnancy.
 - a. Nutritional needs/vitamin supplements (e.g., folic acid, iron supplements)
 - b. Immune system/immunizations
 - c. Cardiovascular system
 - d. Pulmonary system
 - e. Hematologic system
 - f. Renal system
2. Musculoskeletal, neurologic, and vascular changes to the pelvis, vulva, and breast.
 - a. Antepartum
 - b. Intrapartum
 - c. Postpartum
3. Embryologic and fetal development from fertilization until term.
 - a. Morphology and anatomy
 - b. Immunology
 - c. Fetal organogenesis
 - d. Placentation and zygosity of multiple gestations
4. Pharmacokinetics in pregnancy.
 - a. Drug metabolism in pregnancy
 - b. Placental drug and nutrient transfer
5. Principles of teratology.
6. Fetal risk associated with exposure to the following:
 - a. Antimicrobial agents (eg antibiotics, antivirals, antifungals)
 - b. Exogenous hormones
 - c. Anesthetic agents
 - d. Radiation (e.g., X-ray) and radioactive imaging
 - e. Recreational drugs and tobacco
 - f. Nonprescription medications and supplements
 - g. Environmental toxins

Antepartum Care

A HISTORY AND PHYSICAL EXAMINATION DURING PREGNANCY

1. Identify risk factors for pregnancy complications (e.g., previous cesarean, obesity, diabetes, socioeconomic barriers to care).
2. Establish gestational age.

B PERFORM ULTRASONOGRAPHY

1. Assess fetal number, lie, presentation, viability, and placental location.
2. Assess fetal biometry.
3. Assess cervical length.
4. Perform and interpret a biophysical profile (BPP).
5. Describe indications for assessment with Doppler ultrasonography (e.g., umbilical artery [UA] and middle cerebral artery [MCA]).

C COUNSEL PATIENTS ABOUT GENETICS

1. Solicit a family pedigree.
2. Describe and perform prepregnancy counseling and testing.
3. Describe and perform antepartum genetic testing and counseling.
4. Perform prenatal genetic screening.
5. Refer for diagnostic testing.

D COUNSEL THE PREGNANT PATIENT ON THE FOLLOWING:

1. Lifestyle modifications
 - a. Recommended weight gain based on prepregnancy body mass index
 - b. Nutrition
 - c. Exercise
 - d. Sexual health
 - e. Substance use

2. Effects of pregnancy on medical conditions
 - a. Hematologic disorders (e.g., anemia, thrombocytopenia, thrombophilia, coagulopathies)
 - b. Congenital heart disease
 - c. Cardiopulmonary disease (including asthma)
 - d. Gastrointestinal disease
 - e. Neurologic disease
 - f. Endocrine disorders (e.g., preexisting diabetes mellitus, thyroid disorders)
 - g. Gestational diabetes mellitus
 - h. Collagen vascular disease
 - i. Renal disease
 - j. Infectious disease
 - k. Autoimmune disorders
 - l. Psychiatric disease
 - m. Dermatologic disease
 - n. Substance use disorder
 - o. Malignancy
3. Warning signs of adverse pregnancy events

E RECOGNIZE AND SUPPORT DIVERSE SOCIOECONOMIC, FAMILY, AND ENVIRONMENTAL FACTORS AFFECTING ACCESS TO CARE AND PREGNANCY OUTCOMES

1. Screen for intimate partner violence (IPV).
2. Screen for social supports, socioeconomic needs, and need for social work intervention.

F UNDERSTAND, PERFORM, ORDER, AND INTERPRET THE GESTATIONAL AGE- APPROPRIATE SCREENING, DIAGNOSTIC TESTING, AND TREATMENT OF ROUTINE PRENATAL CARE, INCLUDING THE FOLLOWING APPROACHES:

1. Serum tests
2. Imaging
3. Fetal surveillance

G COUNSEL PATIENTS ON BREASTFEEDING

1. Describe the effects of medical and surgical conditions on breastfeeding.
2. Understand drug transfer or effect of medication on breastfeeding.
3. Describe the approach to successful lactation and troubleshooting difficulty.



PROVIDE RISK-APPROPRIATE MATERNITY CARE

1. Understand maternal levels of care and indications for referral.
2. Counsel about non-hospital-based birth.



FOR THE FOLLOWING CONDITIONS:

Describe the effects of the condition on maternal and fetal outcome; develop a plan for monitoring and managing the patient during pregnancy, delivery, and the puerperium; describe the prognosis and interventions for this pregnancy to minimize recurrence; and understand indications for referral and consultation:

1. Hematologic disorders (e.g., anemia, thrombocytopenia, thrombophilia, coagulopathies)
2. Congenital heart disease
3. Cardiopulmonary disease (including asthma)
4. Gastrointestinal disease
5. Neurologic disease
6. Endocrine disorders (e.g., preexisting diabetes mellitus, thyroid disorders)
7. Gestational diabetes mellitus
8. Collagen vascular disease
9. Renal disease
10. Infectious disease (e.g., HIV, varicella, TORCH [Toxoplasmosis, Other (syphilis, varicella-zoster, parvovirus B19), Rubella, Cytomegalovirus (CMV), and Herpes] infections, parvovirus, group A strep)
11. Autoimmune disorders
12. Psychiatric disease
13. Dermatologic disease
14. Substance use disorder
15. Malignancy

Antenatal Complications

A For the following obstetric complications:

1. describe the differential diagnosis; perform a pertinent history and physical examination; evaluate (using laboratory testing and diagnostic imaging); manage appropriately; determine and describe the prognosis and implement interventions to minimize recurrence; and determine the indications for referral to a subspecialist:
 - a. First-trimester, second trimester, and third-trimester vaginal bleeding
 - b. Prior cesarean delivery and implications on current delivery mode
 - c. Abnormal placentation
 - d. Urinary tract infections
 - e. Preterm labor
 - f. Hypertensive disorders
 - g. Prelabor rupture of membranes
 - h. Hyperemesis gravidarum
 - i. Multiple gestation
 - j. Intrauterine growth restriction and macrosomia
 - k. Intrauterine fetal demise in the first, second, and third trimester
 - l. Post-term pregnancy
 - m. Isoimmunization
 - n. Emergency care during pregnancy (including surgical/trauma)
 - o. Venous thromboembolism
 - p. Seizure
 - q. Trauma
 - r. Cerebrovascular accident
 - s. Surgery (non-ob-gyn and adnexal masses)
 - t. Cardiac arrest
 - u. Uterine rupture

Intrapartum Care

- A. Evaluate the woman presenting in labor.**
- B. Define and describe the normal course of labor, including diagnosis and management.**
- C. Define and describe abnormal labor, including diagnosis and management.**
- D. Perform and interpret intrapartum fetal monitoring:**
 - 1. Intermittent auscultation
 - 2. Electronic fetal heart rate monitoring
 - 3. Define and recognize normal and abnormal heart rate and variability.
 - 4. Define and recognize types of heart rate patterns.
 - 5. Describe appropriate interventions for abnormal fetal heart rate patterns.
- E. List indications for and complications of the following:**
 - 1. Normal vaginal delivery
 - 2. Episiotomy
 - 3. Forceps-assisted delivery
 - 4. Vacuum-assisted delivery
 - 5. Cesarean delivery
- F. Manage the patient requiring labor induction, including the following:**
 - 1. Indications, methods and procedures, risks and complications
- G. Understand and counsel about options for obstetric analgesia and anesthesia including unmedicated birth.**
- H. List risk factors of, diagnose, and perform initial management of the following obstetric complications:**
 - 1. Shoulder dystocia
 - 2. Obstetric lacerations
 - 3. Obstetrical hemorrhage
 - 4. Uterine inversion
 - 5. Uterine rupture
 - 6. Perineal hematoma
 - 7. Intraamniotic infection
 - 8. Retained placenta
 - 9. Umbilical cord prolapses
 - 10. Malpresentations (breech, face, shoulder, brow)
 - 11. Amniotic fluid embolism
 - 12. Eclampsia

Newborn Care

- A. Perform an immediate assessment of the newborn.
- B. Resuscitate a depressed neonate.
- C. Counsel about and obtain cord blood for banking.
- D. Assess indications for and interpret umbilical cord blood gas evaluations.
- E. Counsel about and perform circumcision pending local practice patterns.

Postpartum Care

A DESCRIBE THE NORMAL COURSE OF THE PUERPERIUM AND PERFORM ROUTINE POSTPARTUM CARE, INCLUDING THE FOLLOWING:

1. Counsel about breast care, including breastfeeding.
2. Counsel about the normal healing process of obstetric lacerations and episiotomy.
3. Counsel about diet and exercise during and after lactation.
4. Counsel about and provide contraception, including sterilization.
5. Counsel about and provide vaccinations.
6. Counsel about implications of perinatal complications for life-long health.
7. Screen for urinary and fecal incontinence.

B DIAGNOSE AND PERFORM INITIAL MANAGEMENT OF POSTPARTUM COMPLICATIONS, INCLUDING THE FOLLOWING:

1. Delayed postpartum hemorrhage
2. Infections
3. Urinary tract injury
4. Mastitis/breast abscess
5. Postpartum depression, anxiety, and suicidal ideation
6. Laceration/episiotomy breakdown

Benign Basic Gynecology

A MANAGEMENT OF THE FOLLOWING:

1. Pelvic masses, including the following etiologies:
 - a. Uterine leiomyomas
 - b. Cystic and solid adnexal/ovarian masses
 - c. Tubo-ovarian abscess
 - d. Adnexal torsion
 - e. Ectopic pregnancy
2. Pelvic pain (acute or chronic), including the following etiologies:
 - a. Endometriosis
 - b. Adenomyosis
 - c. Dysmenorrhea
 - d. Nongynecologic conditions (e.g., musculoskeletal, gastrointestinal, neurologic, genitourinary, psychiatric)
3. Abnormal bleeding, including the following sources:
 - a. Uterine (polyp, adenomyosis, leiomyoma, and malignancy/hyperplasia- coagulopathy, ovulatory, endometrial, iatrogenic, not classified [PALM-COEIN])
 - b. Nonuterine gynecologic (cervical, vulvovaginal)
 - c. Nongynecologic (gastrointestinal, genitourinary, bleeding disorders)
4. Benign urogenital infections, including the following types:
 - a. Sexually transmitted infections (include partner therapy in treatment)
 - Chlamydia
 - Gonorrhea
 - HPV with management of condylomata
 - HSV
 - Syphilis
 - Trichomoniasis
 - Rare STIs including lymphogranuloma venereum (LGV), chancroid, molluscum
 - b. Pelvic inflammatory disease
 - c. Vulvovaginal infections
 - d. Urinary tract infections
 - e. Pelvic support defects
 - f. Pelvic organ prolapse
 - Urinary incontinence
 - Fecal incontinence

B REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY

1. Describe normal steroid hormone biosynthesis and clinical applications.
2. For the following medical conditions, describe the appropriate screening, diagnosis, pertinent history, focused physical examination, diagnostic testing, and treatment, including indications for referral:
 - a. Amenorrhea
 - b. Galactorrhea/hyperprolactinemia
 - c. Androgen excess
 - d. Recurrent pregnancy loss and infertility
 - e. Premenstrual syndrome/premenstrual dysphoric disorder
 - f. Ovarian disorders, including polycystic ovary syndrome and primary ovarian insufficiency
 - g. Müllerian anomalies

Gynecology Oncology and Breast Oncology

A RISK IDENTIFICATION AND REDUCTION

1. Assess patients' risk for cancer of the breast, ovary, endometrium, and other sites.
 - a. Review family and personal history to identify patterns suggestive of hereditary cancer syndromes.
 - b. List genetic markers most frequently associated with hereditary cancer risk (eg, BRCA1/2, MSH6, MSH2, MLH1, PMS2).
 - c. Understand implications of positive and negative genetic test results for surveillance planning and risk-reducing strategies.
 - d. Provide appropriate referral to a genetic counselor.
2. For Genetic testing, understand and counsel with respect to available testing options, indications, interpretation, and limitations.
3. For patients at increased cancer risk, counsel about risk-reducing strategies and manage or refer as appropriate, including the following approaches:
 - a. Lifestyle modifications
 - b. Medical interventions
 - c. Surgical interventions

B IDENTIFY RISK FACTORS, RECOMMEND PREVENTIVE STRATEGIES, PERFORM SCREENING AND DIAGNOSTIC PROCEDURES, AND PERFORM INITIAL MANAGEMENT AND REFERRAL:

1. Cervix
2. Uterus
3. Ovary, fallopian tube, and peritoneal
4. Vulva and vagina
5. Breast
6. Gestational trophoblastic neoplasia

C PROVIDE COMPREHENSIVE CARE OF WOMEN WITH MALIGNANCIES

1. Understand, evaluate, and manage the medical, psychological, and sexual effects of treatments for gynecologic cancers and breast cancer.
2. Counsel patients about the reproductive implications of non-gynecologic cancer care and manage or refer as indicated for the following health concerns:
 - a. Sexual and psychosocial function
 - b. Fertility preservation strategies
 - c. Contraceptive needs and options
 - d. Gynecologic side effects of cancer treatments (eg, hormonal treatments, immunosuppressive therapy, radiation therapy)

Periodic Health Assessment

A PERFORM ROUTINE PREVENTIVE AND HEALTH MAINTENANCE CARE

1. Perform a complete age-appropriate history and physical examination.
2. Counsel patients regarding the age-appropriate use of vaccinations.
3. Counsel patients about appropriate screening for cancer and other conditions based on age, history, and personal risk factors.

4. Provide lifestyle and life-phase counseling, such as reproductive health or menopause counseling.
5. Initiate management or provide appropriate referral.
6. Provide HIV counseling, testing, and prophylaxis with PrEP

B UNDERSTAND THE EFFECT OF PERSONAL GENETICS ON PERIODIC ASSESSMENT OF A PATIENT AND INITIATE APPROPRIATE REFERRAL FOR FURTHER EVALUATION

C UNDERSTAND UNIVERSAL SCREENING PROTOCOLS FOR SUBSTANCE USE DISORDER

1. Know appropriate screening tools.
2. Initiate therapy with consultation as necessary.

D DEVELOP THE PATIENT-PHYSICIAN RELATIONSHIP AND GAIN THE PATIENT'S CONFIDENCE AND COLLABORATION, APPRECIATING THAT MANY FACTORS CAN AFFECT OVERALL HEALTH AND SHARED DECISION-MAKING PROCESS, INCLUDING THE FOLLOWING:

1. Age
2. Race/ethnicity
3. Cultural and religious background
4. Sexual preference/orientation
5. Gender identity
6. Socioeconomic status
7. Lifestyle
8. Primary language
9. Mental status
10. Health care literacy
11. Level of comfort and personal modesty
12. Values and beliefs
13. Violence and abuse

Focused Areas in Gynecologic Care

A CONTRACEPTION

1. Describe and counsel patients on the use of contraception, including the following:
 - a. Options and effectiveness of various methods, including hormonal, nonhormonal, long-acting reversible contraception, and sterilization
 - b. Benefits and risks of usage or abstinence
 - c. Mechanisms of action
 - d. Relative and absolute contraindications for individual patients
 - e. National, local, and institutional policies
 - f. Effect of contraceptive use on population health

B PEDIATRIC/ADOLESCENT GYNECOLOGY

1. Address the unique needs of pediatric and adolescent gynecology patients (including indications for referral) for conditions and topics including the following:
 - a. Healthy lifestyle choices (including nutrition, substance use, and physical activity)
 - b. Healthy and safe relationships (including gender identification, psychological and physical abuse, intimate partner violence, human trafficking, bullying, and social media use)
 - c. Mental health, depression, anxiety, and suicide
 - d. Sexual abuse and assault
 - e. Normal and abnormal pubertal development
 - f. Primary amenorrhea
 - g. Breast masses
 - h. Dysmenorrhea
 - i. Vulvovaginitis
 - j. Ovarian diseases and masses
 - k. Sexuality
 - l. Contraceptive needs
 - m. Screening for sexually transmitted infections
 - n. Pregnancy
 - o. Genital tract obstruction

C SPONTANEOUS AND INDUCED ABORTION

1. Understand the etiology, natural course, and options for initial management of spontaneous abortion, including the following approaches:
 - a. Expectant management
 - b. Medical management
 - c. Surgical management
2. Provide unbiased, individualized counseling about available options for induced abortion.
3. Understand the public health aspect of unintended pregnancy and abortion services for women's health.
4. Provide appropriate referral for patients seeking abortion services.
5. Address premedical/preprocedural and postmedical/postprocedural concerns for patients undergoing pregnancy termination.
6. Describe potential outcomes for subsequent pregnancies after spontaneous or induced abortion.
7. Understand national, local, and institutional laws and policies related to provision of abortion services.

D SEXUAL HEALTH

1. Use a positive and respectfully inclusive approach to patients regarding gender identity and sexual preference.
2. Support positive attitudes toward sexuality, healthy sexual relationships, and pleasurable and safe sexual experiences that are free of coercion, discrimination, and violence in the following ways:
 - a. Understand and counsel patients about normal sexual function and physiology
 - b. Obtain a comprehensive sexual health history using open-ended and inclusive questions
 - c. Understand the effect of medication, substance use, behavior, and social media on sexual function
 - d. Understand common sexual dysfunction

E TRAUMA AND ABUSE

1. Provide trauma-informed care by obtaining a pertinent history and physical examination and initiating management, appropriate counseling, or referral for the following:
 - a. Abuse (eg, sexual, physical, elder, and psychological)
 - b. Sexual assault/rape

- c. Violence (eg, intimate partner, workplace, and environmental)
 - d. Substance use
 - e. Psychosocial concerns
 - f. Human trafficking
 - g. Gender dysphoria
 - h. Posttraumatic stress disorder
2. Understand and follow regional forensic evaluation policies (ie, rape kits).

F BREAST CONDITIONS AND DISORDERS

1. Understand, evaluate, and manage benign disorders of the breast (eg, nipple discharge, pain, asymmetry).
2. Evaluate and initially manage patients with a breast mass.
 - a. Describe the characteristics and evaluation findings suggestive of benign versus malignant breast masses.
 - b. Perform an evaluation (including physical examination, testing, imaging, and indications for biopsy and referral).
 - c. List individual risk factors for breast disease/cancer (not including genetic/ hereditary risks).
3. Evaluate and manage patients who have undergone or are planning a breast surgery (eg, reduction, augmentation, mastectomy).
4. Describe the effect of hormonal therapy on breast health.

G MANAGEMENT OF NONGYNECOLOGICAL CONDITIONS AND DISORDERS

1. Define each of the following, perform a pertinent history and physical examination, develop a differential diagnosis, perform appropriate diagnostic testing, and describe the initial management and indications for referral:
 - a. Hypertension and cardiovascular disease including hyperlipidemia
 - b. Pulmonary function and disease (eg, asthma, upper respiratory infection [URI], bronchitis)
 - c. Endocrine disorders
 - Galactorrhea/hyperprolactinemia
 - Thyroid disease
 - Androgen excess
 - Diabetes mellitus
 - d. Gastrointestinal disease
 - e. Genitourinary disease

- f. Musculoskeletal disease (e.g., low back pain, sprains, osteoarthritis)
- g. Osteopenia/osteoporosis
- h. Weight disorders (e.g., obesity, underweight, anorexia, bariatric medicine)
- i. Headaches
- j. Low back pain
- k. Mental health disorders (e.g., depression, anxiety, other mood disorders, premenstrual syndrome)

H PERIMENOPAUSE AND MENOPAUSE

1. Understand the definition, physiology, and description.
2. Counsel and advise patients about perimenopause and natural and induced menopause.
 - a. Evaluate the extent of metabolic changes.
 - b. Perform laboratory testing (e.g., serum lipid and glucose levels).
3. Perform imaging (e.g., bone densitometry).
4. Manage patients with perimenopause and menopause.
 - a. Counsel and advise patients about nutritional and behavioral interventions.
 - b. Counsel and advise patients about medical and pharmacologic interventions, including hormone therapy.
 - c. Counsel patients about benefits and risks of medical interventions.

I GERIATRIC CARE

1. Counsel and provide health care for the geriatric patient.
2. Describe management and subsequent counseling for medical, surgical, palliative, and end-of-life care.
3. Diagnose and manage pelvic floor support and incontinence disorders.
4. Diagnose and manage cognitive and physical limitations.
5. Diagnose and manage elder abuse.

Optimizing Perioperative Outcomes

A FOR THE FOLLOWING PERIOPERATIVE CONSIDERATIONS, DESCRIBE YOUR OPTIONS AND MANAGEMENT IN THE DAYS PRIOR TO, IMMEDIATELY BEFORE, AND AFTER SURGERY:

1. Antibiotic prophylaxis
2. Thromboprophylaxis
3. Pain control
4. Bowel function
5. Consideration/Plans for ERAS protocol

Preoperative Considerations

A FOR PATIENTS REQUIRING PROCEDURAL INTERVENTION IN EACH OF THE FOLLOWING AREAS, LIST THE INTEGRAL COMPONENTS AND KEY CONSIDERATIONS:

1. Routine preoperative evaluation
2. Preoperative assessment with consideration of special populations and comorbidities, including the following:
 - a. Children/adolescents
 - b. Geriatric women
 - c. Diabetes mellitus
 - d. Obesity
 - e. Other medical conditions
3. Obtaining surgical informed consent

Intraoperative Care

A DESCRIBE KEY CONSIDERATIONS AND ELEMENTS OF THE FOLLOWING ASPECTS OF INTRAOPERATIVE CARE:

1. Team communication and patient safety measures
2. Suture selection and use
 - a. Instrumentation selection and use
 - b. Patient positioning
3. Incision planning
4. Surgical field exposure
5. Safe use of technology (e.g., power sources, fluid management, blood product usage)

Postoperative Care

A DESCRIBE YOUR CONSIDERATIONS FOR AND APPROACH TO THE OPTIMIZATION OF THE FOLLOWING COMPONENTS OF POSTOPERATIVE CARE:

1. Assessment of postoperative milestones
2. Management of lines, tubes, and drains
3. Wound care
4. Discharge planning and coordination

Management of Complications

A UNDERSTAND RISK FACTORS, ETIOLOGIES, SIGNS AND SYMPTOMS, EVALUATION, INITIAL MANAGEMENT, AND INDICATIONS FOR REFERRAL FOR THE FOLLOWING COMPLICATIONS:

1. Fever
2. Ileus/obstruction
3. Wound complications (e.g., infection, dehiscence)
4. Fluid or electrolyte imbalance, including abnormal urinary output
5. Injury to pelvic structures (e.g., urinary tract, gastrointestinal tract, blood vessels, nerves)
6. Cardiovascular and pulmonary events (e.g., deep vein thrombosis/pulmonary embolism, myocardial infarction, stroke, aspiration pneumonia)
7. Acute and chronic blood loss

Critical Care

A DESCRIBE THE EVALUATION, DIAGNOSIS AND INITIAL MANAGEMENT OF THE FOLLOWING CONDITIONS:

1. Anaphylaxis and severe allergic reactions
2. Systemic inflammatory response syndrome/acute respiratory distress syndrome
3. Shock (hypovolemic, cardiogenic, septic, neurogenic)
4. Necrotizing fasciitis

Procedures

A FIRST ASSIST ON CORE PROCEDURES

B PERFORM INDEPENDENTLY

Disclaimer: this list is only an example and not exhaustive

1. Ablative procedures of the cervix
2. Ablative procedures of the endometrium
3. Amniocentesis
4. Amnioinfusion
5. Amniotomy
6. Arterial blood gas sampling
7. Bartholin abscess management + Word catheter
8. Biopsy:
 - a. Cervix
 - b. Endocervix
 - c. Endometrium
 - d. Peritoneum
 - e. Skin
 - f. Vagina
 - g. Vulva
9. Circumcision, neonatal with anesthesia
10. Colposcopy
11. Curettage for adherent placenta
12. Cystometry (simple)
13. Cystotomy repair
14. Cystourethroscopy
15. Dilatation and curettage
16. Electrocardiography
17. Episiotomy and repair
18. Excision of Bartholin gland
19. Excision of cyst (ovarian, tubal, vaginal, or vulvar)
20. Fecal occult blood testing

21. Fetal assessment, antepartum
 - a. Biophysical profile
 - b. Nonstress test
 - c. Vibroacoustic stimulation
22. Fetal assessment, intrapartum
 - a. Fetal heart rate monitoring (internal/external)
 - b. Fetal scalp stimulation test
 - c. Vibroacoustic stimulation test
23. Incision and drainage
24. Incision of vaginal septum
25. Induction of labor
26. Insertion and removal of implantable contraception
27. Insertion and removal of intrauterine device
28. Manual removal of the placenta
29. Pessary fitting
30. Repair of genital tract lacerations (cervical, perineal, vaginal)
31. Shoulder dystocia maneuvers
32. Skin biopsy
33. Ultrasonography
34. Uterine evacuation (dilatation and curettage)
35. Uterine tamponade
36. Vacuum extraction
37. Vaginal delivery
38. Vaginal reconstruction
39. Vulvar wide local excision
40. Wound care