Gynecology Specialties – Ambulatory Selective  
@ Johns Hopkins Hospital

Selective Director: Isabel Green, MD  
Pager in PING, igreen5@jhmi.edu

Description:
This selective is designed to supplement the inpatient gynecology rotation with an emphasis on core topics in gynecology and their management in the outpatient setting. During this two-week rotation medical students will work with faculty members in the GYN SPECIALTIES division, as well as in the Department of Radiology and Surgery – Breast Diseases.

The main objectives are as follows:
- Refine principles of history taking and pelvic examination through direct observation by course faculty and feedback.
- Demonstrate the ability to articulate a differential diagnosis and individualization of management plans for core gynecologic complaints and illnesses.
- Identify a clinical question relevant to individualized patient care during the rotation and subsequently research and present the topic at the end of the rotation.

Additional topic specific objectives are listed below.

Sample Selective Schedule:

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<tr>
<th>Wk 1</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td>AM</td>
<td>Gyn Faculty Clinic Greenspring Dr Kratz</td>
<td>Colposcopy Clinic JHOC Dr Shen</td>
<td>Breast Clinic JHOC Dr Lisa Jacobs</td>
<td>Grand Rounds</td>
<td>WORK ON TALK</td>
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<tr>
<td>PM</td>
<td>Menopause Clinic Greenspring Dr Shen</td>
<td>Pelvic Imaging MRI Ultrasound</td>
<td>Moore Clinic Dr Anderson</td>
<td>Continuity Clinic</td>
<td>General OB GYN Laura Burnham NP JHOC</td>
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<thead>
<tr>
<th>Wk 2</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>Gyn Faculty Clinic Greenspring Dr Kratz</td>
<td>Gyn Faculty Clinic JHOC Dr Green</td>
<td>Gyn Faculty Clinic Greenspring Dr Sewell</td>
<td>Grand Rounds Family Planning JHOC Dr Michelle Fox</td>
<td>WORK ON TALK Presentation: 12pm – Dr Green JHOC</td>
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<tr>
<td>PM</td>
<td>Menopause Clinic Greenspring Dr Shen</td>
<td>Continuity Clinic</td>
<td>Moore Clinic Dr Anderson</td>
<td>Moore Clinic Jean Keller NP</td>
<td>General OB GYN Laura Burnham NP JHOC</td>
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</tbody>
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**Please meet with your selective director on Day 1 to finalize your two week schedule.**

Course Topics:
1. Family planning and abortion (elective only)
   a. FCC clinic
2. Endometriosis
   a. GSS Clinics (Dr Kratz, Sewell)
3. Chronic pelvic pain
   a. GSS clinics (Dr Kratz, Sewell)
4. Breast disorders  
   a. GSS Breast clinic (Dr Jacobs)  
5. Gynecologic procedures  
   a. GSS clinics (All MDs)  
6. Normal and abnormal uterine bleeding  
   a. GSS clinics (Dr Kratz, Sewell, Green)  
7. Menopause  
   a. GSS clinics (Dr Shen)  
8. Cervical disease and neoplasia  
   a. Colpo clinic (Dr Shen)  
9. Uterine leiomyomas  
   a. GSS Clinic & Fibroid Conference (Dr Green, Sewell)  
10. HIV management  
   a. Moore Clinic (Dr Sewell and Anderson, Jean Keller NP)  
11. Preventive Health maintenance  
   a. General OB GYN Clinic (Laura Burnham, NP)  
12. Imaging modalities  
   a. Fibroid conference, Radiology dept. (Dr Green, Sewell, Hong)

**GYN Specialties - Ambulatory Selective Objectives**

*In addition to the core OB/GYN objectives, on completion of your Ambulatory Selective you should be able to:*

1) **FAMILY PLANNING:** An understanding of contraceptive methods and associated risks and benefits is necessary to assist patients seeking to prevent pregnancy.  
   a) Describe the mechanism of action and effectiveness of contraceptive methods  
   b) Counsel the patient regarding the benefits, risks and use for each contraceptive method  
   c) Describe barriers to effective contraceptive use and to the reduction of unintended pregnancy  
   d) Describe the methods of male and female sterilization  
   e) List the risks and benefits of female sterilization procedures

2) **INDUCED ABORTION:** Induced abortion is a reproductive option. Patients may consider is based on their personal life circumstances as well as in the setting of fetal anomalies or maternal illness. Regardless of personal views about abortion, students should be knowledgeable about its public health importance as well as techniques and complications.  
   a) Provide non-directive counseling to patients surrounding pregnancy options.  
   b) Explain surgical and non-surgical methods of pregnancy termination  
   c) Identify potential complications of induced abortion  
   d) Understand the public health impact of legal status of abortion

3) **ENDOMETRIOSIS:** Endometriosis may result in pelvic pain, infertility and menstrual dysfunction  
   a) Describe the theories of pathogenesis of endometriosis  
   b) List the most common sites of endometriosis  
   c) Describe the symptoms and physical exam findings in a patient with endometriosis  
   d) Describe the diagnosis and management of endometriosis
5) **CHRONIC PELVIC PAIN:** chronic pelvic pain may be a manifestation of a variety of gynecologic and non-gynecologic conditions.
   a) Define chronic pelvic pain
   b) Cite the prevalence and common etiologies of chronic pelvic pain
   c) Describe the symptoms and physical exam findings associated with chronic pelvic pain
   d) Discuss the steps in evaluation and management options for chronic pelvic pain
   e) Discuss the psychosocial issues associated with chronic pelvic pain

6) **DISORDERS OF THE BREAST:** breast disorders and concerns are common. They are often distressing and may indicate the presence of serious disease.
   a) Describe the symptoms and physical examination findings of benign or malignant conditions of the breast
   b) Demonstrate the performance of a clinical breast examination
   c) Discuss the steps in the evaluation of common breast complaints: mastalgia, mass, nipple discharge
   d) Discuss initial management options for benign and malignant conditions of the breast

7) **GYNECOLOGIC PROCEDURES:** Evaluation and management of gynecologic problems frequently requires performing diagnostic and therapeutic surgical procedures. Understanding the risks and benefits of these procedures is important in counseling patients about their treatment options
   a) Describe the key components of pre-operative evaluation and planning, including history, physical examination and informed consent
   b) Describe the common measures for the prevention of infection, deep venous thrombosis and other peri-operative complications
   c) Describe the components of post-operative care
   d) Discuss the common post-operative complications

8) **NORMAL AND ABNORMAL UTERINE BLEEDING:** The occurrence of bleeding at times other than expected menses is common. Accurate diagnosis of abnormal uterine bleeding is necessary for appropriate management.
   a) Define the normal menstrual cycle and describe its endocrinology and physiology
   b) Define abnormal uterine bleeding
   c) Describe the pathophysiology and identify etiologies of abnormal uterine bleeding
   d) Discuss the steps in the evaluation of abnormal uterine bleeding
   e) Explain medical and surgical management options for patients with abnormal uterine bleeding
   f) Counsel patients about management options for abnormal uterine bleeding

9) **MENOPAUSE:** Women many spend much of their lives in the postmenopausal years. Physicians should understand the physical and emotions changes caused by menopause.
   a) Define menopause and describe changes in the hypothalamic-pituitary-ovarian axis associated with perimenopause/ menopause.
   b) Recognize symptoms and physical exam findings related to peri/menopause.
   c) Discuss management options for patients with peri/menopausal symptoms
   d) Counsel patients regarding the menopausal transition
   e) Discuss long-term changes associated with menopause.
11) CERVICAL DISEASE AND NEOPLASIA: Early recognition and proper evaluation of pre-invasive cervical disease and cancer can reduce mortality and morbidity.
   a) Describe the pathogenesis of cervical cancer
   b) Identify the risk factors for cervical neoplasia and cancer
   c) State the guidelines for cervical cancer screening
   d) Describe the initial management of a patient with an abnormal pap smear
   e) Describe the symptoms and physical findings of a patient with cervical cancer

12) UTERINE LEIOMYOMAS: Uterine leiomyomas represent the common gynecologic problems and often lead to medical and surgical intervention
   a) Discuss the prevalence of uterine leiomyomas
   b) Describe the symptoms and physical findings in patients with uterine leiomyomas
   c) Describe the diagnostic methods to confirm uterine leiomyomas
   d) List the management options for the treatment of uterine leiomyomas

13) HIV CARE:
   a) Describe the management of HIV infection and reduction of disease
   b) Describe the impact of HIV on prevalence of gynecologic disorders
   c) Review screening recommendation for neoplasia in women with HIV
   d) Review early pregnancy management in women with HIV

14) IMAGING IN GYNECOLOGY
   a) Describe the different imaging modalities for gynecology and their applicability
   b) Describe the use of interventional radiology procedures for the treatment of gynecologic disorders

Student Responsibility/Expectations:
1) Prepare for clinic session using objectives list and topics to direct reading. In this way learning during the sessions will be maximized to reinforce basic knowledge, integrate physical findings and imaging, and formulate differentials and treatment planning.

2) Identify a unique clinical question relevant to the treatment of a patient during their selective. Utilizing the ACOG website and pubmed search engines, perform a guided literature search and prepare a 10 minute presentation exploring the clinical question. The goal from this presentation is to identify a small mystery, or gap in knowledge during the clinical experience and use literature to explore the gap.

3) Exemplify qualities of professionalism with timeliness, courtesy towards patients and families, and enthusiasm for the learning experience.