



Cleveland Clinic

Ob/Gyn and Women's Health Institute

OBGYN Residency Program

TRACKING ROTATION REQUEST FORM

Requests for elective rotations must be submitted 30 day prior to the requested tracking rotation date. Supervisor and the OBGYN Program Director must approve via email.

Existing Tracking Rotation

New Tracking Rotation

Resident Name: Date:

Existing Elective or Proposed Elective Name:

Location of Rotation:

Dates/Block Requested

Program Letter of Agreement (PLA) Required: Yes No

Elective Supervisor: Phone # / Pager

Goals & Objectives (completed from template) must be submitted 30 days prior to the start of the rotation.

GOALS & OBJECTIVES

1. Become more comfortable with management of Medication Assisted Treatment for opioid use disorder
2. Become certified to prescribe Subutex
3. Gain more comfort and skills with minor GYN operative and office procedures
4. Improve my gynecologic ultrasonography skills
5. Improve upon my laparoscopic and robotic basic skills
6. Complete FLS examination

STRUCTURE (work hours, etc.)

- 2 days per week in an opioid use disorder clinic
- 2 half days in office ultrasound or generalist office as available
- 2 days covering minor gynecologic operative procedures (including westown cases)
- 2 half days for FLS/robotics training as well as a half day to take the FLS examination

Elective Supervisor Date

OBGYN Program Date

Reading list:

- 1) Buprenorphine Online Training Waiver Modules (https://www.asam.org/education/live-online-cme/waiver-qualifying-training/ob-gyn-focus?utm_source=ACOG&utm_medium=Rounds&utm_campaign=ACOG&utm_term=20T OUD)
- 2) Overview of obstetrics. Cunningham F, & Leveno K.J., & Bloom S.L., & Dashe J.S., & Hoffman B.L., & Casey B.M., & Spong C.Y.(Eds.), (2018). *Williams Obstetrics, 25e*. McGraw-Hill. <https://accessmedicine-mhmedical-com.ccmain.ohionet.org/content.aspx?bookid=1918§ionid=185045008> (specifically section on opioid use disorder in pregnancy)
- 3) Committee Opinion No. 711: Opioid Use and Opioid Use Disorder in Pregnancy. *Obstet Gynecol.* 2017 Aug;130(2):e81-e94. doi: 10.1097/AOG.0000000000002235. PMID: 28742676.
- 4) Minimally invasive surgery. Hoffman B.L., & Schorge J.O., & Halvorson L.M., & Hamid C.A., & Corton M.M., & Schaffer J.I.(Eds.), (2020). *Williams Gynecology, 4e*. McGraw-Hill. <https://accessmedicine-mhmedical-com.ccmain.ohionet.org/content.aspx?bookid=2658§ionid=241077231>
- 5) Techniques used for imaging in gynecology. Hoffman B.L., & Schorge J.O., & Halvorson L.M., & Hamid C.A., & Corton M.M., & Schaffer J.I.(Eds.), (2020). *Williams Gynecology, 4e*. McGraw-Hill. <https://accessmedicine-mhmedical-com.ccmain.ohionet.org/content.aspx?bookid=2658§ionid=241006728>
- 6) FLS videos

Specific Calendar with day to day plan for the block:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	12 Opioid clinic (Hitchcock Center)	13 AM: Dr. Goebel ultrasound clinic PM: Westown	14 AM: Didactics PM: FLS/Robot Training	15 Opioid Clinic (Hitchcock Center)	16 GYN Minor cases vs robotic/FLS training	17	18
2	19 Opioid clinic (Hitchcock Center)	20 AM: Dr. Kshetry Clinic PM: Westown	21 AM: Didactics PM: Westown GYN OR cases	22 Opioid Clinic (Hitchcock Center)	23 AM: FLS Exam PM: Robotic Modules	24 Fairview Call	25 Fairview Call
3	26 Opioid clinic (Hitchcock Center)	27 AM: Opioid clinic (Hitchcock Center) PM: Westown	28 Vacation	29 Vacation	30 Vacation	1 Vacation	2 Vacation

OBGYN Residency Program

**TRACKING ROTATION
 REQUEST FORM**

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Existing Tracking Rotation x New Tracking Rotation

Resident Name: Date:

Existing Elective or Proposed Elective Name:

Location of Rotation:

Dates/Block Requested

Elective Supervisor: Phone # / Pager

Goals & Objectives (completed from template) must be submitted 30 days prior to the start of the rotation.

GOALS & OBJECTIVES
 Develop a foundation of knowledge and skills that will be useful and enhance residency training in the next few years, especially as it pertains to a surgical generalist and/or family planning career.

- 1) Become familiar with and practice on the robot console and laparoscopic simulator (FLS).
- 2) Develop skills with GYN ultrasound.
- 3) Gain early exposure to family planning skills and workflow.

STRUCTURE (work hours, etc.)

Sun	Monday	Tuesday	Wednesday	Thursday	Friday	Sat
	25 AM: Preterm PM: FLS/Robot	26 GYN U/S (Independence vs. Columbia)	27 AM: Didactic PM: GYN cases	28 AM: Clinic PM: FLS/Robot	29 GYN cases	30
31	1 AM: Preterm PM: FLS/Robot	2 GYN cases	3 AM: Didactic PM: GYN cases	4 AM: Clinic PM: FLS/Robot	5 GYN cases	6 FV call
7 FV call	8 AM: Preterm PM: FLS/Robot	9 GYN U/S (Independence vs. Columbia)	10 AM: Didactic PM: GYN cases	11 AM: Clinic PM: FLS/Robot	12 GYN cases	13
14						

*****Schedule subject to change pending GYN case schedule**

Elective Supervisor

Date

Reading List (adapted from Becca Omosigbo's tracking proposal)

1. Walters & Karram Chapter 2: Anatomy
2. Nezhat F et al. Laparoscopic appraisal of the anatomic relationship of the umbilicus to the aortic bifurcation. *J Am Assoc Gynecol Laparosc.* 1998; 5(2):135,Â140
3. Whiteside JL et al. Anatomy of ilioinguinal and iliohypogastric nerves in relation to trocar placement and low transverse incisions. *Am J Obstet Gynecol.* 2003. 189(6):1574,Â1578.
4. Hurd WW et al. The location of abdominal wall blood vessels in relationship to abdominal landmarks apparent at laparoscopy. *Am J Obstet Gynecol.* 1994;174(3):642,Â646.
5. Tulikangas PK et al. Anatomy of the left upper quadrant for cannula insertion. *J Am Assoc Gynecol Laparosc.* 2000; 7(2):211,Â214.
6. Rahn DD, Phelan JN, Roshanravan SM, White AB, Corton MM. Anterior abdominal wall nerve and vessel anatomy: clinical implications for gynecologic surgery. *Am J Obstet Gynecol.* 2010 Mar;202(3):234
7. AAGL Advancing Minimally Invasive Gynecology Worldwide. AAGL position statement: Robotic-assisted laparoscopic surgery in benign gynecology. *J Minim Invasive Gynecol.* 2013 Jan-Feb;20(1):2-9.
8. Ramirez PT, Adams S, Boggess JF, Burke WM, Frumovitz MM, Gardner GJ, Havrilesky LJ, Holloway R, Lowe MP, Magrina JF, Moore DH, Soliman PT, Yap S. Robotic-assisted surgery in gynecologic oncology: a Society of Gynecologic Oncology consensus statement. Developed by the Society of Gynecologic Oncology's Clinical Practice Robotics Task Force. *Gynecol Oncol.* 2012 Feb;124(2):180-4.
9. Newmann_SJ, Dalve-Endres_A, Diedrich_JT, Steinauer_JE, Meckstroth_K, Drey_EA. Cervical preparation for second trimester dilation and evacuation. *Cochrane Database of Systematic Reviews* 2010, Issue 8. Art. No.: CD007310. DOI: 10.1002/14651858.CD007310.pub2.
10. Dr. King's Vimeo account videos



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Existing Tracking Rotation

New Tracking Rotation

Resident Name: Date:

Existing Elective or Proposed Elective Name:

Location of Rotation:

Dates/Block Requested

Elective Supervisor: Phone # / Pager

Goals & Objectives (completed from template) must be submitted 30 days prior to the start of the rotation.

Goals and Objectives (as per below)

STRUCTURE (work hours, etc.) (as per below)

Elective Supervisor Date

OBGYN Program Date

Goals and Objectives:

- Clinical
 - o Understand the basic work-up for Infertility
 - o Understand the various protocols/pharmaceutical agents used to stimulate the ovaries in preparation for egg retrieval
 - Supplement this with extensive reading of Speroff's clinical gynecologic endocrinology and infertility (as per reading list below)
 - o Learn how to appropriately counsel patients struggling with infertility
 - This will largely take place via shadowing Dr. Richards in the IVF clinic on Thursdays
 - Further, read at least one research article per week
 - o Understand the embryological investigation of egg and sperm quality, as well as the process used for egg retrieval and ICSE
 - This will take place via shadowing and simulation to be organized by Dr. Desai and Christine Hur
 - This will additionally take place via reading of ASRM practice bulletins
- Research
 - o Complete review paper regarding the impact of cancer immunotherapy on female fertility
 - This is being completed with Dr. Richards and Dr. Falcone
 - o Develop a question to investigate with future basic science project in preparation for submission to Crile Research award
- Skills
 - o Comfortably/independently perform a GYN ultrasound for infertility work-up
 - o Assess the viability of an egg, sperm sample, and developing blastocyst
 - Much of this information to be gained through
 - o Develop a basic proficiency in surgical techniques used to resolve infertility (e.g. lysis of endometriosis, tubal reanastomosis, hysteroscopy)
 - o Develop a foundation in fundamental laparoscopic skills such that I am able to complete my FLS training exam this academic year
 - Supplement with IAPS Master Lecture Series – videos

Reading list:

- 1) Speroff's clinical gynecologic endocrinology and infertility – Pages 3-57
- 2) Speroff's clinical gynecologic endocrinology and infertility – Pages 58-71
- 3) Speroff's clinical gynecologic endocrinology and infertility – Pages 72-102
- 4) Speroff's clinical gynecologic endocrinology and infertility – Pages 103-136
- 5) Speroff's clinical gynecologic endocrinology and infertility – Pages 137-173
- 6) Speroff's clinical gynecologic endocrinology and infertility – Pages 174-196
- 7) Speroff's clinical gynecologic endocrinology and infertility – Pages 197-finish
- 8) Read one published paper each Thursday regarding psychological impact of infertility/best way to approach these topics with patients
- 9) ASRM practice bulletin regarding Pre-implantation genetic testing

Structure

- This rotation will be a blend of self-learning, clinical exposure, and development of skills (both in the clinic and the operating room) required to be an excellent REI expert. Given OB/GYN dedicates much of its learning to surgery, I am excited to dedicate more of this rotation to mastering the Endocrinology behind female infertility. This learning will take place via my extensive reading of Speroff's textbook, time spent with the Embryology team, and via independent workup of women experiencing infertility in the clinic (i.e. deciding which labs to order/when to order them/how to stimulate ovaries given specific disease burden). My surgical skills and breadth of surgical REI knowledge will also be expanded via time in the operating room with Dr. Goldberg/Dr. Richards as well as via independent time spent practicing my non-invasive (laparoscopic) skills. By deepening my fund of

clinical/surgical knowledge, I will finish the rotation with a significantly improved understanding for areas of the field which could benefit from basic science/genetics research.

Specific Calendar with day-to-day plan for the block:

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1 (Mar 15-19)	AM US/SIS with Dr. Richards PM: Westown clinic	AM Research time PM Research time	AM Didactics PM Goldberg OR cases	AM IVF Dr. Richards PM IVF Dr. Richards	All Day "Controversies in Endometriosis, Adenomyosis and Fibroids educational series"
Week 2 (Mar 22-26)	AM US/SIS with Dr. Richards PM: Westown clinic	AM Research time PM Research time	AM Didactics PM Goldberg OR cases	AM IVF Dr. Richards PM IVF Dr. Richards	AM Embryology shadowing PM Laparoscopic skills training
Week 3 (Mar 29-Apr 2)	AM US/SIS with Dr. Richards PM: Westown clinic	AM Research time PM Research time	AM Didactics PM Goldberg OR cases	AM IVF Dr. Richards PM IVF Dr. Richards	AM Embryology shadowing PM Laparoscopic skills training
Week 4 (Apr 5-9)	AM US/SIS with Dr. Richards PM: Westown clinic	AM Embryology shadowing PM Embryology shadowing	AM Didactics PM Goldberg OR cases	AM IVF Dr. Richards PM IVF Dr. Richards	AM Embryology shadowing PM Laparoscopic skills training



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New Tracking Rotation

Resident Name: Date:

Existing Elective or Proposed Elective Name:

Location of Rotation:

Dates/Block Requested

Program Letter of Agreement (PLA) Required: Yes No

Elective Supervisor: Phone # / Pager

Goals & Objectives (completed from template) must be submitted 30 days prior to the start of the rotation.

GOALS & OBJECTIVES

- Enhance my Gynecologic Oncology experience by immersing myself into outpatient clinic experiences, I will prep the clinic patients in advance as to better understanding treatment regimens and be an active part of the treatment team rather than have a shadowing role
- Incorporate myself into the regional OR Onc schedule as appropriate to have more experiences with the Onc Staff in the operating rooms and be able to practice my surgical skills
- Continue work on my ongoing Gyn Onc research projects in addition to meeting with Dr. Farrell in order to begin to prepare for Research Day

STRUCTURE (work hours, etc.)

Majority of time spent in Outpatient Gyn Onc Clinics with ample time to prepare/prep in advance
I will incorporate myself into the Onc surgical schedule as the chief of the service sees fit, specifically regional cases if there isn't already resident coverage
Will coordinate with Chief. ONC CHIEF

Elective Supervisor Date

OBGYN Program Date

Research

1. Solidify/follow up on research already performed

- GTN project, qualitative analysis of instagram posts with Dr. Chambers
- Vulvar surgical outcomes, post-operative outcomes in Elderly Patients- I completed this retrospective chart review during my last Tracking block

2. Continue to work on research I have started over the past couple of months

- Revision of the Single Port Laparoscopic Adnexal Surgery Chapter with Dr. Bedell and Dr. Michener
- Retrospective chart review of the ovary database looking at groin mets at time of diagnosis with Dr. Chambers and Dr. Debernardo

Elective Reading/Studying

- GYOEDU.ORG- Pre-recorded lectures made by Gyn Onc Fellows and Staff Nationally
- Will read over Tumor Board cases and prep plans on my own, Will leave up to Fellow's discretion on my participation
- Continue to review NCCN Guidelines, and memorize staging criteria
- Updates and New Options in Advanced Epithelial Ovarian Cancer Treatment, Clinical Expert Series in The Green Journal
- Rosh Review as time permits

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	15 ONC OR Coverage (MC or Regional)-will contact Chief	16 Tumor Board Dr. Rose Clinic MC	17 AM Didactics PM (Anatomy w/ DBN vs clinic, Pending dates available)	18 AM Westown Clinic PM Research	19 OFF	20
21	22 ONC OR Coverage (MC or Regional)	23 Tumor Board Dr. Rose Clinic v. ONC OR Coverage	24 AM Didactics PM Michener v DBN Clinic	25 AM Westown Clinic PM Research	26 Ricci HL CLINIC	27 FV 24
28	1 ONC OR Coverage (MC or Regional)	2 Tumor Board Dr. Rose Clinic v. ONC OR Coverage	3 AM Didactics PM Michener v DBN Clinic	4 AM Westown Clinic PM Research	5 ONC OR Coverage (MC or Regional)	6
7						



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Existing Tracking Rotation

New Tracking Rotation

Resident Name:

Date:

Existing Elective or Proposed Elective Name:

Location of Rotation:

Dates/Block Requested

Program Letter of Agreement (PLA) Required: Yes No

Elective Supervisor:

Phone # /
Pager

Goals & Objectives (completed from template) must be submitted 30 days prior to the start of the rotation.

GOALS & OBJECTIVES

To explore OB/GYN specialist practice
To gain experience in general office practice
Gain exposure to centering practice

STRUCTURE (work hours, etc.)

STJ with Dr. Bouchard on Mondays/Fridays
Office with Dr. Jhaveri on Wednesday afternoons
Tuesdays/Thursdays for minor GYN cases or ultrasound

Elective Supervisor

Date

OBGYN Program

Date

Reading list:

- 1) . William's Gynecology Chapter 1: Well Woman Care
- 2) . William's Gynecology Chapter 8: Abnormal uterine bleeding
- 3) . William's Gynecology Chapter 12: Pelvic Pain
- 4) . Ambulatory Gynecology Chapter 3: Contraception
- 5) . Ambulatory Gynecology Chapter 15: Hormone Replacement in Menopause

Specific Calendar with day to day plan for the block:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	STJ- Dr. Bouchard	OR minor GYN cases/ultrasound PM: Robotic modules/sim center	AM: Didactics PM: Dr. Jhaveri Clinic	OR minor GYN cases/ultrasound	AM: Westown PM: STJ- Dr. Bouchard		
2	STJ- Dr. Bouchard	OR minor GYN cases/ultrasound PM: Robotic modules/sim center	AM: Didactics PM: Dr. Jhaveri Clinic	OR minor GYN cases/ultrasound	AM: Westown PM: STJ- Dr. Bouchard	FV Call	
3	STJ- Dr. Bouchard	OR minor GYN cases/ultrasound PM: Robotic modules/sim center	AM: Didactics PM: Dr. Jhaveri Clinic	OR minor GYN cases/ultrasound	AM: Westown PM: STJ- Dr. Bouchard	HC Call	
4	STJ- Dr. Bouchard	OR minor GYN cases/ultrasound PM: Robotic modules/sim center	AM: Didactics PM: Dr. Jhaveri Clinic	OR minor GYN cases/ultrasound	AM: Westown PM: STJ- Dr. Bouchard		



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Existing Tracking Rotation

New Tracking Rotation

Resident Name:

Date:

Existing Elective or Proposed Elective Name:

Location of Rotation:

Dates/Block Requested

Program Letter of Agreement (PLA) Required: Yes No

Elective Supervisor:

Phone # / Pager

Goals & Objectives (completed from template) must be submitted 30 days prior to the start of the rotation.

GOALS & OBJECTIVES

- Gain more experience and exposure to contraceptive counseling and management, options counseling and abortion management (including medical abs, D&Cs, D&Es)
- Gain more exposure to performing SIS, pelvic ultrasounds, and reading images
- Perform more hysteroscopies

STRUCTURE (work hours, etc.)

This tracking block was designed to include a mix of clinic and OR time. I will be spending time at Planned Parenthood to gain more exposure to contraceptive / abortion counseling and management, in addition to time in the clinic gaining further experience with pelvic ultrasounds and SIS. I would also like to increase my experience with hysteroscopy, and may additionally join Dr. Brant in the OR for complex D&E procedures if the experience allows.

Elective Supervisor

Date

Reading list:

- 1) Ryan Program Online Modules
 - a. Abortion Course: Quality Care and Public Health Implications
 - b. LARC Insertion and Removal Course
 - c. Abortion Research and Policy
 - d. The Framework: Counseling for Patient-Centered Abortion Care
 - e. Structures & Self: Advancing Equity and Justice in Sexual and Reproductive Healthcare
 - f. Early Pregnancy Loss
- 2) Te Linde's Operative Gynecology - Hysteroscopy
- 3) ACOG Practice Bulletins - Gynecology

Specific Calendar with day to day plan for the block:

Depending on OR schedules at Main / regional hospitals and coverage, day to day activities may additionally include hysteroscopies & D&E experience

May also include time at Pre-term on Tuesdays late afternoons if Metro or UH resident is not covering – will have to touch base with Dr. Reider in advance

WEEK 1

09/28, Mon – AM Westtown, PM Main Campus US

09/29, Tues – Planned Parenthood / US with Dr. Fisher

09/30, Wed – AM Didactics, PM MFM US

10/01, Thur – Main Campus US with Dr. Edelman

10/02, Fri – Main Campus US with Dr. Farrell vs. MFM US

WEEK 2

10/05, Mon – AM Westtown, PM Main Campus US

10/06, Tues – Planned Parenthood / US with Dr. Fisher

10/07, Wed – AM Didactics, PM MFM US

10/08, Thur – Main Campus US with Dr. Edelman

10/09, Fri – Main Campus US with Dr. Farrell vs. MFM US

WEEK 3

10/12, Mon – AM Westtown, PM Main Campus US

10/13, Tues – Planned Parenthood / US with Dr. Fisher

10/14, Wed – AM Didactics, PM MFM US

10/15, Thurs – Main Campus US with Dr. Edelman

10/16, Fri – Main Campus US with Dr. Farrell vs. MFM US



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Existing Elective Rotation

New Elective Rotation

Resident Name:

Date:

Existing Elective or Proposed Elective Name:

Location of Rotation:

Dates/Block Requested

Program Letter of Agreement (PLA) Required: Yes No

Elective Supervisor:

Phone # / Payer

Goals & Objectives (completed from template) must be submitted 30 days prior to the start of the rotation.

GOALS & OBJECTIVES

- 1) Improve GYN surgical skills by performing GYN cases at the discretion of the benign gyn chief
- 2) Continue to build GYN office and ultrasound skills in clinic

STRUCTURE (work hours, etc.)

See attached calendar. Spend time in ultrasound clinic and attend GYN cases.

Elective Supervisor

Date

OBGYN Program

Date

Reading list:

- 1) Vilos GA, Ternamian A, Dempster J, Laberge PY, The Society of Obstetricians and Gynaecologists of Canada. Laparoscopic entry: a review of techniques, technologies, and complications. J Obstet Gynaecol Can. 2007 May;29(5):433-65.
- 2) Shirk GJ, Johns A, Redwine DB. Complications of laparoscopic surgery: How to avoid them and how to repair them. J Minim Invasive Gynecol. 2006 Jul-Aug;13(4):352-9.
- 3) FLS Online Modules
- 4) Falcone, et al. Operative Techniques in Gynecologic surgery. LWW 2017.

Specific Calendar with day to day plan for the block:

Monday	Tuesday	Wednesday	Thursday	Friday
28 AM: Regional GYN Cases PM: Regional GYN Cases	29 AM: Regional GYN Cases PM: Regional GYN Cases	30 AM: Didactics PM: Newlin US Clinic	1 AM: Regional GYN Cases PM: Regional GYN Cases	2 AM: Westown PM: Research
5 HOLIDAY	6 AM: Regional GYN Cases PM: Regional GYN Cases	7 AM: Didactics PM: Newlin US Clinic	8 All day: ACLS	9 AM: Westown PM: Research
12 AM: Regional GYN Cases PM: Regional GYN Cases	13 AM: Regional GYN Cases PM: Regional GYN Cases	14 AM: Didactics PM: Newlin US Clinic	15 AM: Regional GYN Cases PM: Regional GYN Cases	16 AM: Westown PM: Research
19 AM: Regional GYN Cases PM: Regional GYN Cases	20 AM: Regional GYN Cases PM: Regional GYN Cases	21 AM: Didactics PM: Newlin US Clinic	22 AM: Regional GYN Cases PM: Regional GYN Cases	23 AM: Westown PM: Research



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New Tracking Rotation

Resident Name: Date:

Existing Elective or Proposed Elective Name:

Location of Rotation:

Dates/Block Requested

Program Letter of Agreement (PLA) Required: Yes No

Elective Supervisor: Phone # / Pager

Goals & Objectives (completed from template) must be submitted 30 days prior to the start of the rotation.

GOALS & OBJECTIVES
-Experience Gynecologic subspecialties in the outpatient setting (Gyn Onc, MIGS, REI)
-Regional Gynecologic OR Cases (more experience with Laparoscopy- BTLs, TLHs, cystectomy)- Will coordinate with Chiefs above for both OR and clinic time
-Begin the online process for robotic training- Will contact Dr. Valentine for assistance

STRUCTURE (work hours, etc.)
Majority of time spent in subspecialty clinics with additional time spent in available regional ORs to work on Laparoscopy
Will coordinate with Chiefs on Gyn services GYN CHIEF: Son (oct 12-nov 15), ONC CHIEF: Miceli (oct 12-nov 15)

Elective Supervisor Date

OBGYN Program Date

Research:

- Solidify chart review, writing, and data analysis for two Onc projects with Dr. Chambers (GTN & Instagram, Vulvar Ca. and Surgical Outcomes)
- Begin to develop my own PGY2 project, I plan to discuss ideas with Dr. Chambers about what would be feasible/interesting to start developing for my own project

Elective Reading

- Handbook for the Principles and Practice of Gynecologic Oncology
 - Focus on new staging criteria and NCCN guidelines

The following readings provided as commonly missed CREOG topics by J Hunt.

-Office Practice:

- Assessment of perimenopausal symptoms
 - Chapter 38: Lobo RA. Primary and secondary amenorrhea and precocious puberty. In: Lobo RA, Gershenson DM, Lentz GM, Valea FA. Comprehensive gynecology. 7th ed. Philadelphia (PA): Elsevier; 2017.
 - Primary ovarian insufficiency in adolescents and young women. Committee Opinion No. 605. American College of Obstetricians and Gynecologists. Obstet Gynecol 2014;123:193–7.

-Periprocedural

- Geriatric preoperative testing
 - Chapter 24: Bakkum-Gamez JN, Dowdy SC, Valea FA. Preoperative counseling and management. In: Lobo RA, Gershenson DM, Lentz GM, Valea FA. Comprehensive gynecology. 7th ed. Philadelphia (PA): Elsevier; 2017.
 - Chapter 10: Neumayer L, Ghalyaie N. Principles of preoperative and operative surgery. In: Townsend CM Jr, Beauchamp RD, Evers BM, Mattox KL, editors. Sabiston textbook of surgery: the biological basis of modern surgical practice. 20th ed. Philadelphia (PA): Elsevier; 2017.
- Techniques for intraoperative assessment of ureteral patency
 - Grimes CL, Patankar S, Ryntz T, Philip N, Simpson K, Truong M, et al. Evaluating ureteral patency in the post-indigo carmine era: a randomized controlled trial. Am J Obstet Gynecol 2017;217:601.e1–10.
 - Luketic L, Murji A. Options to evaluate ureter patency at cystoscopy in a world without indigo carmine. J Minim Invasive Gynecol 2016;23:878–85.
- Postoperative ilioinguinal neuropathy
 - Chapter 3: Valea FA. Reproductive anatomy. In: Lobo RA, Gershenson DM, Lentz GM, Valea FA. Comprehensive gynecology. 7th ed. Philadelphia (PA): Elsevier; 2017.
 - Chapter 1: Corton MM, DeLancey JOL. Surgical anatomy of the female pelvis. In: Handa VL, Van Le L, editors. Te Linde's operative gynecology. 12th ed. Philadelphia (PA): Wolters Kluwer; 2020.

Specific Calendar with day to day plan for the block:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	19 Westtown AM Onc Clinics Available	20 Regional Cases	21 OFF	22 OFF	23 OFF	24
25	26 Westtown AM DBN Clinic/Onc Clinics Available	27 Regional Cases	28 Didactics PM Robotic Training	29 MIGS v Urogyn Clinic	30 Regional Cases v. Clinic FV PM CALL	31
1 FV CALL	2 Westtown AM DBN Clinic/Onc Clinics Available	3 Regional Cases	4 Didactics PM Robotic Training	5 MIGS v Urogyn Clinic	6 Regional Cases v Clinic	7 HL 24
8						



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ELECTIVE ROTATION REQUEST FORM

Existing Elective Rotation

New Elective Rotation

Resident Name:

Date:

Existing Elective or Proposed Elective Name:

Location of Rotation:

Dates/Block Requested

Program Letter of Agreement (PLA) Required: Yes No

Elective Supervisor:

Phone # /
Pager

For **new** elective rotation requests, please provide a description of the educational goals, objectives and structure below. This is required for the initial request. **Goals & Objectives (completed from template) must be submitted two weeks prior to the start of the rotation.**

GOALS & OBJECTIVES:
See attached sheet

STRUCTURE (work hours, etc.)
See attached sheet

Elective Supervisor's Signature

Date

(Required for pre-existing and self-designed electives)

OBGYN Program Director Signature

Date

Urogynecology Elective

Description of Rotation

This is a dedicated 5-week rotation where the resident will gain increased experience in the outpatient and operative practice of urogynecology. The resident will be exposed to the breadth of urogynecologic conditions and develop a deeper understanding for the foundations of this subspecialty. Clinical sites include Fairview Hospital, Hillcrest Hospital and Main Campus.

Educational Purpose

The resident will be exposed to a breadth of urogynecologic conditions and improve skills in both the outpatient and surgical workup for these conditions.

- Gain exposure to breadth of urogynecologic conditions
- Be able to understand workup and management of incontinence
- Be able to understand workup and management of pelvic organ prolapse
- Perform level appropriate urogynecologic procedures
- Hone fundamental surgical skills and techniques
- Be able to perform POP-Q exams and assessment
- Be able to understand and interpret urodynamic studies
- Improve vaginal surgery and cystoscopy skills
- Continue work on existing research projects

Learning Objectives:

Gain increased exposure to management of conditions including:

- a. Pelvic Floor Anatomy
- b. Pelvic Floor Physiology
- c. Urinary Tract Dysfunction
- d. Urinary Incontinence (stress, urgency, mixed)
- e. Fecal Incontinence
- f. Primary anti-incontinence and prolapse procedures
- g. Voiding Abnormalities
- h. Urodynamics
- i. Urinary Tract Infections
- j. Pelvic Organ Prolapse

Expectations

The resident will work with staff at Fairview, Hillcrest, and Main Campus. The resident will attend all assigned surgical cases and clinics.

Supervision

Residents will be supervised directly by fellows and attending physicians.

Resident Experience

The resident's schedule will be made on a weekly basis by the urogynecology administrative fellow. See attached calendar for general format of rotation.

Educational Resources:

- ACOG bulletins
 - o Bulletin 176: Pelvic Organ Prolapse
 - o Urinary Incontinence in Women

- Urogynecology and Reconstructive Pelvic Surgery, 4th Edition (Walters and Karram, 2015)
 - o Chapter 2: Anatomy of the Lower Urinary Tract, Pelvic Floor, and Rectum
 - o Chapter 4: Neurophysiology and Pharmacology of the Lower Urinary Tract
 - o Chapter 5: Physiology of the Pelvic Muscles, Vagina, and Anorectum
 - o Chapter 8: Description and Classification of the Lower Urinary Tract Dysfunction and Pelvic Organ Prolapse
 - o Chapter 9: Evaluation of Urinary Incontinence and Pelvic Organ Prolapse: History, Physical Exam, and Office Tests
 - o Chapter 10: Urodynamics
 - o Chapter 13: Radiologic Studies of Lower Urinary Tract and Pelvic Floor
 - o Chapter 15: Pathophysiology of Urinary Incontinence
 - o Chapter 17: Stress Urinary Incontinence and Pelvic Organ Prolapse
 - o Chapter 20: Synthetic Midurethral Slings for SUI
 - o Chapter 23: Surgical Treatment of Anterior Vaginal Wall Prolapse
 - o Chapter 24: Surgical Treatment of Retrocele and Perineal Defects
 - o Chapter 25: Surgical Treatment of Vaginal Apex Prolapse
 - o Chapter 26: Uterine conservation for surgical treatment of Uterovaginal Prolapse
 - o Chapter 29: Avoiding and Managing Lower Urinary Tract Injuries during Pelvic Surgery
 - o Chapter 31: Fecal Incontinence
 - o Chapter 35: Overactive Bladder Syndrome and Nocturia
 - o Chapter 38: Voiding Dysfunction and Urinary Retention
- International Academy of Pelvic Surgery modules
- Operative Techniques in Gynecologic Surgery (Falcone, 2017)
 - o Chapter 8.5: Vaginal Hysterectomy
- Williams Gynecology
 - o Chapter 23: Urinary Incontinence
 - o Chapter 24: Pelvic Organ Prolapse
 - o Chapter 25: Anal Incontinence and Functional Anorectal Disorders
 - o Chapter 45: Surgeries for Pelvic Floor Disorders
- Other Landmark readings in urogynecology
 - o Sister trial
 - o TOMUS trial
 - o E-Care Jama
 - o Optimal Trial
 - o ABC trial
 - o Rosetta Trial
 - o Value Trial
 - o Epidemiology of pelvic floor dysfunction
 - o Atlas Trial
 - o OPUS trial

Research Plan

Two projects will be active at the time of this elective. Plan for each:

1. Outcomes after hysterectomy stratified by BMI
 - a. New IRB pending
 - b. Will plan to do bulk of data collection and organization during this time

2. Perceptions surrounding hysterectomy as portrayed on social media
 - a. Data collection in process, will be in analysis phase during this elective

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
1 (6/29-7/3)		AM: Westown PM: Urogyn Clinic	Urogyn OR PM Conference	AM: Didactics PM: Research	Urogyn OR	OR/Clinic	
2 (7/6-7/10)		AM: Westown PM: Urogyn Clinic	Urogyn OR PM Conference	AM: Didactics PM: Research	Urogyn OR	OR/Clinic	
3 (7/13-17)		AM: Westown PM: Urogyn Clinic	Urogyn OR PM Conference	AM: Didactics PM: Research	Urogyn OR	OR/Clinic	
4 (7/20-7/24)		AM: Westown PM: Urogyn Clinic	Urogyn OR PM Conference	AM: Didactics PM: Research	Urogyn OR	OR/Clinic	
5 (7/27-7/31)		AM: Westown PM: Urogyn Clinic	Urogyn OR PM Conference	AM: Didactics PM: Research	Urogyn OR	OR/Clinic	



Cleveland Clinic

Ob/Gyn and Women's Health Institute

OBGYN Residency Program

ELECTIVE ROTATION REQUEST FORM

Elective Supervisor and the OBGYN Program Director must approve by signing below.

Existing Elective Rotation

New Elective Rotation

Resident Name

Date:

Existing Elective or Proposed Elective Name

Location of Rotation:

Dates/Block Requested

Program Letter of Agreement (PLA) Required: Yes x No

Elective Supervisor: Phone #
Pager

For **new** elective rotation requests, please provide a description of the educational goals, objectives and structure below. This is required for the initial request. **Goals & Objectives (completed from template) must be submitted two weeks prior to the start of the rotation.**

GOALS & OBJECTIVES

1. Participation as sonographer for MFM scans
2. Perform MFM US-guided procedures
3. Enhance specialized L&D skills (forceps, versions, c-hysts, etc)
4. Enhance family planning procedural skills
5. Participate in group DM program led by Dr. Ehrenberg
6. Participate in Cardiac-OB clinics with Dr. Singh and Dr. Bacak
7. Interdisciplinary meetings with neonatology

STRUCTURE (work hours, etc.)

1. Resident to evaluate and formulate plan for MFM clinic patients including initial consultations, prenatal counseling, and management of ongoing pregnancy issues
2. Resident to participate in level-appropriate procedures
3. Research days will be spent preparing abstract for stones in pregnancy database
4. I will also be interviewing for MFM fellowship during this block

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
AM	Outpatient MFM	Outpatient MFM	Resident didactics	Outpatient MFM	Outpatient MFM
PM	Westown Continuity Clinic	Outpatient MFM	Research	Outpatient MFM	Outpatient MFM

Friday July 2: Participate in Cardio-OB clinic

Thursday July 8: Participate in Group DM clinic with Dr. Ehrenberg

Monday July 19: Participate in Cardio-OB clinic

Selected readings:

ACOG Practice Bulletins:

- 217: Thrombocytopenia in pregnancy
- 209: Obstetric analgesia and anesthesia
- 205: Vaginal birth after cesarean delivery
- 204: Fetal growth restriction
- 203: Chronic HTN in pregnancy
- 201: Pregestational diabetes mellitus
- 200: Early pregnancy loss
- 199: Use of prophylactic antibiotics in labor and delivery
- 198: Prevention and management of obstetric lacerations at vaginal delivery
- 196: Thromboembolism in pregnancy

Williams Obstetrics:

- Section 4: Preconceptional and prenatal care
- Section 5: The fetal patient
- Section 6: Early pregnancy complications
- Section 7: Labor
- Section 8: Delivery
- Section 9: The newborn
- Section 10: The puerperium
- Section 11: Obstetrical complications