Objectives

- Enhance knowledge of Gynecology through application of simulated patient cases
- Practice skills helpful in the early stages of residency
- Discuss critical issues necessary for success in residency

Milestones in Gynecology

- Demonstrates knowledge of basic abdominal and pelvic anatomy
- Demonstrates basic surgical principles, including use of universal precautions and aseptic techniques
- Positions patient appropriately for surgery
- Demonstrates a basic understanding of patients presenting with abdominal/pelvic pain regarding: risk factors, signs and symptoms
- Demonstrates a basic understanding of patients presenting with a pelvic mass, including: differential diagnosis, signs and symptoms
Milestones in Gynecology

- Demonstrates a basic understanding of normal early pregnancy development, including implantation, early embryology and placental development
- Recognizes limitations and failures of a team approach in health care as the leading cause of preventable patient harm
- Has a commitment to self-evaluation, lifelong learning and patient safety
- Understands the importance of compassion, integrity and respect for others

Milestones in Gynecology

- Demonstrates sensitivity and responsiveness to patients
- Understands physicians are accountable to patients, society and the profession
- Acts with honesty and truthfulness
- Understands the importance of respect for patient privacy and autonomy
- Understands the ethical principles of appropriate patient/physician relationships

Milestones in Gynecology

- Demonstrates adequate listening skills
- Communicates effectively in routine clinical situations
- Understands the importance of relationship development, information gathering and sharing, and teamwork
- Understands the importance of informed consent
A 19 year-old woman presents to the emergency room with right sided pelvic pain beginning 3 hours ago, and progressively getting worse. She also complains of vaginal bleeding.

What are Key Elements in the History?

- Last menstrual period
- Pregnancy history
- History of sexually transmitted infections
- Sexual history
- Contraceptive history
- Gynecologic history
- Surgical history
What are Key Elements in the Physical?

• Vital signs
• Abdominal exam
• Pelvic exam

What Studies Would You Want to Order?
What Studies Would You Want to Order?

- CBC
- hCG
- Blood type and Rh
- Pelvic ultrasound

Gynecology Case Simulation

- The patient’s last menstrual period was 7 weeks ago. She has no prior pregnancies. She denies any prior sexually transmitted infections. She has been sexually active for the past 6 months without using contraception.
- Her vital signs show BP=90/60, pulse is 112 bpm, respirations are 16/min, and her temperature is 98.8 degrees Fahrenheit. You receive her labs STAT.

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<td>RBC (MIL/UL)</td>
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<td>Hemoglobin</td>
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<tr>
<td>MCV (FL)</td>
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<td>Platelet Count</td>
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Gynecology Case Simulation

- Pelvic ultrasound shows a uterus 8.1cm x 4.7cm with a thin endometrial stripe, 7.2mm, without fluid or mass.
- The left ovary is 3.2cm x 4.1cm without mass.
- The right ovary is 3.8cm x 2.9cm with an adjacent heterogeneous mass containing a cystic structure.
- There is free fluid and some debris in the posterior cul-de-sac.

Differential Diagnosis of Pelvic Mass

- Functional Cyst
- Leiomyoma
- Endometrioma
- Tuboovarian Abscess (TOA)
- Ectopic Pregnancy
- Mature Teratoma
- Serous Cystadenoma
- Mucinous Cystadenoma
- Metastatic Cancer
- Hydrosalpinx
- Malignancy
- Diverticular abscess
- Appendiceal abscess
- Nerve Sheath Tumors
- Ureteral Diverticulum
- Pelvic Kidney
- Paratubal Cyst
- Bladder Diverticulum
- Gastrointestinal Cancers
- Retroperitoneal Carcinoma
- Metastases
Early Pregnancy Ultrasound

What is the Diagnosis?

Ectopic Pregnancy
Gynecology Case Simulation

- You determine the patient needs a laparoscopy, salpingostomy vs salpingectomy for treatment of her ectopic pregnancy.
- Your patient consents to the procedure. Now you will need to follow all perioperative safety checks and ensure good communication as you move her to the operating room.

Components Included in Perioperative Safety and Communication?
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• Pre-procedure verification
  • Correct procedure, correct patient, correct site
  • When possible, involve patient and/or family
  • Relevant documentation (H&P)
  • Medications administered and allergies
  • Labeled diagnostics and imaging
  • Required blood, devices, materials, special equipment

Components Included in Perioperative Safety and Communication?

• Mark the procedure site
  • If possible, involve the patient
  • Mark site before procedure is performed
  • Mark is permanent to be visible after skin prep and draping

Components Included in Perioperative Safety and Communication?

• Perform a time-out
  • Designated team member starts time-out
  • Standardized
  • Involves immediate members of the team
  • All team members participate
  • All agree to:
    • Correct patient, correct site, correct procedure
Surgical Timeout

[Image]

Gynecology Case Simulation

• How will you plan to position this patient?
• What concerns will you have about her surgical positioning?

Surgical Positioning (Lithotomy)

[Image]
Surgical Positioning (Lithotomy)

Abdominal Wall Anatomy

Abdominal Wall Anatomy
Abdominal Wall Anatomy

Gynecology Case Simulation

• Hands on Exercise:

You are now in the operating room.

You will perform basic laparoscopy skills, knot-tying, and suturing.

Gynecology Case Simulation

• You performed a laparoscopic salpingectomy without complication. You now transport your patient to the post-anesthesia care unit (PACU).
  • She will transition care to the PACU team.
Transitions of Care

- Transitions of care are a vulnerable time for patient safety
- Include pertinent information
- Be succinct
- Highlight critical or pending information
- Ensure receiving team has understanding (check back)

Transitions of Care

- Consider the following:
  - Physical environment
  - Confidentiality
  - Standard language
  - Organizational culture
  - Method of communication
  - Documentation

Communication with Family

- How would you communicate with your patient’s family on the surgical findings and postoperative care?
Communication with Family

• What was the patient comfortable disclosing?
• Need to know pre-operative
• Introduce yourself
• Explain what the findings are
• Check often for understanding
• Use verbal clarification techniques
• Acknowledge and legitimize feelings

Thank you for your participation!

Please remember to fill out your post-course evaluation prior to leaving.