1.0 Risk Factors

Level 1 (Declarative Knowledge)

1.1 The learner will be able to state the following most common risk factors for a 4th Degree Laceration without references and with 100% accuracy:

- Previous 4th degree laceration
- Fetal macrosomia (> 4000gms)
- Maternal obesity
- Multiparity
- Post term gestation (42+ weeks)
- Operative vaginal delivery

Level 2 (Simulated Performance)

1.2 The learner will be able recognize the listed risk factors for a 4th Degree Laceration in a simulated context without prompting or references from others.

Level 3 (Clinical Performance)

1.3 The learner will be able recognize the listed risk factors for a 4th Degree Laceration during applied patient care without prompting or references from others.
2.0 Complications

Level 1 (Declarative Knowledge)

2.1 The learner will be able to describe the following potential complications of a 4th degree laceration without references and with 100% accuracy:
   • Hemorrhage
   • Infection
   • Hematoma
   • Repair breakdown
   • Anal incontinence
   • Rectovaginal fistula

Level 2 (Simulated Performance)

2.2 The learner will be able to recognize the occurrence of these complications in a simulated context without prompting from others, with 100% accuracy.

Level 3 (Clinical Performance)

2.3 The learner will be able to recognize the occurrence of these complications during applied patient care without prompting from others, with 100% accuracy.
3.0 Indications

Level 1 (Declarative Knowledge)

3.1 The learner will be able to describe the following components of a 4th degree laceration without references and with 100% accuracy:

- Vaginal Laceration
- Torn Perineal Skin
- Torn Perineal Muscles
- Torn external anal sphincter
- Torn rectal mucosa
- Isolated rectal mucosa tear without anal sphincter involvement ("button hole")

Level 2 (Simulated Performance)

3.2 The learner will be able to recognize the occurrence of a 4th degree laceration in a simulated context without prompting from others, with 100% accuracy.

Level 3 (Clinical Performance)

3.3 The learner will be able to recognize the occurrence of a 4th degree laceration during applied patient care without prompting from others, with 100% accuracy.
4.0 Pre-Repair Patient Management

Level 1 (Declarative Knowledge)

4.1.0 The learner will be able to describe how to communicate with the patient about the need for 4th degree laceration repair, without references or prompts from others, and with 100% accuracy, including the following:

- Use patient-friendly language
- Inform patient and partner why the procedure/intervention is necessary
- Explain all procedures/interventions that will take place
- Ask if the patient/partner have any questions
- Respond to questions
- Reassure patient and partner

4.1.1 The learner will be able to describe how to communicate with the clinical team members about the need for 4th degree laceration repair, without references or prompts from others, and with 100% accuracy, including the following:

- Inform clinical team of the need for laceration repair
- Request the necessary instruments and equipment from support staff
- Assign responsibilities to assisting clinical team members

Level 2 (Simulated Performance)

4.2.1 The learner will be able to communicate with the simulated patient about the need for 4th degree laceration repair, without references or prompts from others, and with 100% accuracy, including the following:

- Use patient-friendly language
- Inform patient and partner why the procedure/intervention is necessary
- Explain all procedures/interventions that will take place
- Ask if the patient/partner have any questions
- Respond to questions
- Reassure patient and partner

4.2.2 The learner will be able to communicate with the clinical team members about the need for 4th degree laceration repair in a simulated context, without references or prompts from others, and with 100% accuracy, including the following:

- Inform clinical team of the need for laceration repair
- Request the necessary instruments and equipment from support staff
• Assign responsibilities to assisting clinical team members verbalize the appropriate postpartum orders for a patient after repair of a 4th degree laceration.

**Level 3 (Clinical Performance)**

4.3.1 The learner will be able to communicate with the patient about the need for 4th degree laceration repair, without references or prompts from others, and with 100% accuracy, including the following:

- Use patient-friendly language
- Inform patient and partner why the procedure/intervention is necessary
- Explain all procedures/interventions that will take place
- Ask if the patient/partner have any questions
- Respond to questions
- Reassure patient and partner

4.3.2 The learner will be able to communicate with the clinical team members about the need for 4th degree laceration repair during applied patient care, without references or prompts from others, and with 100% accuracy, including the following:

- Inform clinical team of the need for laceration repair
- Request the necessary instruments and equipment from support staff
- Assign responsibilities to assisting clinical team members verbalize the appropriate postpartum orders for a patient after repair of a 4th degree laceration.
5.0 Repair

Level 1 (Declarative Knowledge)

5.1.1 The learner will be able to state the relevant anatomical landmarks for repairing a 4th degree laceration, without references and with 100% accuracy, including the following:
- Apex of rectal mucosa
- Submucosa
- Rectovaginal septum
- Anal sphincter
- Vaginal mucosa
- Perineal body

5.1.2 The learner will be able to state the name of the instruments required to perform repair of a 4th degree laceration, without references, and with 100% accuracy, including the following:
- Needle holder
- Nontraumatic forceps
- Vaginal retractor(s)
- Allis clamps
- Gauze sponges
- 3-0 or 4-0 non-permanent suture material for the anal mucosa
- 2-0 and 3-0 non-permanent suture material for the anal sphincter
- 5cc or larger syringe with appropriate small gauge needle (22-27g) and local anesthetic (if effective regional anesthesia is not in place)

5.1.3 The learner will be able to state the sequential steps for performing a rectal exam, in order, without references and with 100% accuracy, including the following:
- Changes gloves before and after rectal examination
- Inserts one finger into the rectum and exams rectovaginal septum and visualize for disruption in the anal mucosa.

5.1.4 The learner will be able to state how to manage the anesthesia needs of the patient, without references and with 100% accuracy, including the following:
- Test for degree of patient anesthesia
- 5cc or larger syringe with appropriate small gauge needle (22-27g) and local anesthetic (if effective regional anesthesia is not in place)
5.1.5 The learner will be able to state the correct suture material, without references and with 100% accuracy, including the following:
- Absorbable suture over permanent suture
- Suture caliber between 4-0 and 0
- Suture caliber for repair of rectal mucosa =< 3-0

5.1.6 The learner will be able to describe how to perform repair of a 4th degree laceration, without references or prompts from others, and with 100% accuracy, including the following specific tasks:
- Expose defect for repair, utilizing instruments or assistant as necessary
- Repair submucosa (without entry to rectal mucosa)
- Place imbricating second layer of suture to relieve tension from initial suture line
- Reapproximate anal sphincter with at least 2 interrupted sutures
- Repair vaginal mucosa, reapproximate rectovaginal septum and repair perineal body
- Subcuticular closure of skin
- Evaluate repair by performing a rectal exam
- If sutures are palpated through mucosa of rectum (cut suture transrectally)

**Level 2 (Simulated Performance)**

5.2.1 The learner will be able to identify the relevant anatomical landmarks for repairing a 4th degree laceration in a simulated context, without references and with 100% accuracy, including the following:
- Apex of rectal mucosa
- Submucosa
- Rectovaginal septum
- Anal sphincter
- Vaginal mucosa
- Perineal body

5.2.2 The learner will be able to request and correctly use the instruments required to perform repair of a 4th degree laceration in a simulated context, without references, and with 100% accuracy, including the following:
- Needle holder
- Nontraumatic forceps
- Vaginal retractor(s)
- Allis clamps
ACOG Simulations Consortium – 4th Degree Repair Learning
Objectives

- Gauze sponges
- 3-0 or 4-0 non-permanent suture material for the anal mucosa
- 2-0 and 3-0 non-permanent suture material for the anal sphincter
- 5cc or larger syringe with appropriate small gauge needle (22-27g) and local anesthetic (if effective regional anesthesia is not in place)

5.2.3 The learner will be able to perform the sequential steps for performing a rectal exam on a simulated patient, in order, without references and with 100% accuracy, including the following:
- Expose defect for repair, utilizing instruments or assistant as necessary
- Repair submucosa (without entry to rectal mucosa)
- Place imbricating second layer of suture to relieve tension from initial suture line
- Reapproximate anal sphincter with at least 2 interrupted sutures
- Repair vaginal mucosa, reapproximate rectovaginal septum and repair perineal body
- Subcuticular closure of skin
- Evaluate repair by performing a rectal exam
- If sutures are palpated through mucosa of rectum (cut suture transrectally)

5.2.4 The learner will be able to manage the anesthesia needs of a simulated patient, without references and with 100% accuracy, including the following:
- Test for degree of patient anesthesia
- 5cc or larger syringe with appropriate small gauge needle (22-27g) and local anesthetic (if effective regional anesthesia is not in place)

5.2.5 The learner will be able to select the correct suture material in a simulated context, without references and with 100% accuracy, including the following:
- Absorbable suture over permanent suture
- Suture caliber between 4-0 and 0
- Suture caliber for repair of rectal mucosa =< 3-0

5.2.6 The learner will be able to perform repair of a 4th degree laceration in a simulated context without references or prompts from others, completed in no more than 25 minutes with minimal tissue damage, and with an overall performance rating of “acceptable” or better, including the following specific tasks:
Objectives

- Expose defect for repair, utilizing instruments or assistant as necessary
- Repair submucosa (without entry to rectal mucosa)
- Place imbricating second layer of suture to relieve tension from initial suture line
- Reapproximate anal sphincter with at least 2 interrupted sutures
- Repair vaginal mucosa, reapproximate rectovaginal septum and repair perineal body
- Subcuticular closure of skin
- Evaluate repair by performing a rectal exam
- If sutures are palpated through mucosa of rectum (cut suture transrectally)

Level 3 (Clinical Performance)

5.3.1 The learner will be able to identify the relevant anatomical landmarks for repairing a 4th degree laceration in applied patient care, without references and with 100% accuracy, including the following:
- Apex of rectal mucosa
- Submucosa
- Rectovaginal septum
- Anal sphincter
- Vaginal mucosa
- Perineal body

5.3.2 The learner will be able to request and correctly use the instruments required to perform repair of a 4th degree laceration in applied patient care, without references, and with 100% accuracy, including the following:
- Needle holder
- Nontraumatic forceps
- Vaginal retractor(s)
- Allis clamps
- Gauze sponges
- 3-0 or 4-0 non-permanent suture material for the anal mucosa
- 2-0 and 3-0 non-permanent suture material for the anal sphincter
- 5cc or larger syringe with appropriate small gauge needle (22-27g) and local anesthetic (if effective regional anesthesia is not in place)
5.3.3 The learner will be able to perform the sequential steps for performing a rectal exam on a patient, in order, without references and with 100% accuracy, including the following:
- Expose defect for repair, utilizing instruments or assistant as necessary
- Repair submucosa (without entry to rectal mucosa)
- Place imbricating second layer of suture to relieve tension from initial suture line
- Reapproximate anal sphincter with at least 2 interrupted sutures
- Repair vaginal mucosa, reapproximate rectovaginal septum and repair perineal body
- Subcuticular closure of skin
- Evaluate repair by performing a rectal exam
- If sutures are palpated through mucosa of rectum (cut suture transrectally)

5.3.4 The learner will be able to manage the anesthesia needs of a patient, without references and with 100% accuracy, including the following:
- Test for degree of patient anesthesia
- 5cc or larger syringe with appropriate small gauge needle (22-27g) and local anesthetic (if effective regional anesthesia is not in place)

5.3.5 The learner will be able to select the correct suture material in applied patient care, without references and with 100% accuracy, including the following:
- Absorbable suture over permanent suture
- Suture caliber between 4-0 and 0
- Suture caliber for repair of rectal mucosa =< 3-0

5.3.6 The learner will be able to perform repair of a 4th degree laceration in applied patient care without references or prompts from others with minimal tissue damage, and with an overall performance rating of “acceptable” or better, including the following specific tasks:
- Expose defect for repair, utilizing instruments or assistant as necessary
- Repair submucosa (without entry to rectal mucosa)
- Place imbricating second layer of suture to relieve tension from initial suture line
- Reapproximate anal sphincter with at least 2 interrupted sutures
- Repair vaginal mucosa, reapproximate rectovaginal septum and repair perineal body
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Objectives

- Subcuticular closure of skin
- Evaluate repair by performing a rectal exam
- If sutures are palpated through mucosa of rectum (cut suture transrectally)
6.0 Teamwork
Level 1 (Declarative Knowledge)

6.1 The learner will be able to describe the physician’s role and expected communication strategies for working with assistants to repair a 4th Degree Laceration, without external references and with 100% accuracy, including:
- Assume a leadership role for patient management
- Communicate planned course of operation to assistants
- Strategically use assistants to the best advantage
- Provide specific directions to assistants
- Request instruments by name
- Specify suture required for the repair
- Use closed-loop communication strategies
- Respond to requests/questions from assistants promptly and professionally

Level 2 (Simulated Performance)

6.2 The learner will be able to perform the physician’s role and expected communication strategies for working with assistants to repair a 4th Degree Laceration in a simulated context, without external references and with 100% accuracy, including:
- Assume a leadership role for patient management
- Communicate planned course of operation to assistants
- Strategically use assistants to the best advantage
- Provide specific directions to assistants
- Request instruments by name
- Specify suture required for the repair
- Use closed-loop communication strategies
- Respond to requests/questions from assistants promptly and professionally

Level 3 (Clinical Performance)

6.3 The learner will be able to perform the physician’s role and expected communication strategies for working with assistants to repair a 4th Degree Laceration during applied patient care, without external references and with 100% accuracy, including:
- Assume a leadership role for patient management
- Communicate planned course of operation to assistants
- Strategically use assistants to the best advantage
Objectives

- Provide specific directions to assistants
- Request instruments by name
- Specify suture required for the repair
- Use closed-loop communication strategies
- Respond to requests/questions from assistants promptly and professionally

7.0 Post-Repair Patient Management

Level 1 (Declarative Knowledge)

7.1 The learner will be able to describe what should be communicated to a patient about how to care for the 4th degree laceration repair, without references or prompts from others, and with 100% accuracy, including the following:
- Use patient-friendly language
- Direct the patient to use stool softeners and to take Sitz baths
- Inform patient/partner of potentially adverse symptoms and associated actions to take if they occur
- Ask if the patient/partner have any questions and allow time for them to answer
- Respond to questions
- Inform patient/partner about follow-up expectations

Level 2 (Simulated Performance)

7.2 The learner will be able to communicate with the simulated patient about how to care for the 4th degree laceration repair, without references or prompts from others, and with 100% accuracy, including the following:
- Use patient-friendly language
- Direct the patient to use stool softeners and to take Sitz baths
- Inform patient/partner of potentially adverse symptoms and associated actions to take if they occur.
- Ask if the patient/partner have any questions and allow time for them to answer
- Respond to questions
- Inform patient/partner about follow-up expectations
- Will be able to write post operative orders that include all of the above interventions
Level 3 (Clinical Performance)

7.3 The learner will be able to communicate with a patient about how to care for the 4th degree laceration repair, without references or prompts from others, and with 100% accuracy, including the following:

- Use patient-friendly language
- Direct the patient to use stool softeners and to take Sitz baths
- Inform patient/partner of potentially adverse symptoms and associated actions to take if they occur.
- Ask if the patient/partner have any questions and allow time for them to answer
- Respond to questions
- Inform patient/partner about follow-up expectations
- Will be able to write post operative orders that include all of the above interventions