ACGME/ABOG Updates

ABOG requires Fundamentals of Laparoscopic Surgery Course & Exam for graduates June 30, 2020 & after:
Comprehensive education module designed to teach the physiology, fundamental knowledge, and technical skills required in basic laparoscopic surgery

- Online study guide - covers didactics, interactive patient scenarios and manual skills training, containing practice questions
- Technical skills curriculum on the FLS Trainer Box with skill demonstration videos/training & self-practice
- Assessment:
  - Multiple-choice cognitive component
  - Manual skills component on FLS Trainer box
- Details for box trainer purchase & assessment being discussed with HCA

Hysterectomy minimums to change for graduates June 30, 2019 & after

<table>
<thead>
<tr>
<th>Previously</th>
<th>New</th>
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</thead>
<tbody>
<tr>
<td>TAH</td>
<td>35</td>
</tr>
<tr>
<td>TVH/LAVH</td>
<td>15</td>
</tr>
<tr>
<td>TLH</td>
<td>20</td>
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<tr>
<td>Min Invas.</td>
<td>35</td>
</tr>
<tr>
<td>Total</td>
<td>70</td>
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Free Prolog Resources!

- Obstetrics, 8th edition
  - Free download PDF
- Prolog Games
  - Log in to ACOG
  - Visit Prolog page
  - Click on “Get Started”
  - Prolog online user dashboard
  - Button for Prolog Games (near bottom)
- Marathon, Beat the Clock, Classic Quiz, & Hot Streak!

Noteworthy News
Your spot for up-to-the minute news & views

CREOG Corner
A dose of education for your day

Cozy Cat Calendar
Know where to be and when to be there!

Research Road
Navigating the tides of research

Didactic Den
What’s up and coming in the world of didactics
Although hysteroscopic complications are rare, uterine perforation can cause serious injury to adjacent structures. Compared to diagnostic procedures, operative hysteroscopy elevates the risk of uterine corpus perforation 16-fold, and increases the risk of electrical, mechanical, or thermal injury to the bowel or viscer.a Hysteroscopic morcellators used for myoma resection can breach the myometrium and injure the bowel. Monopolar or bipolar resectoscopes may result in thermal injury if an activated electrode perforates the myometrium. Early recognition of injuries prevents severe morbidity or mortality.

Visualizing bowel or suspected bowel contents through the hysteroscope raises the concern for bowel injury. The procedure should be aborted and the operative instruments withdrawn using hysteroscopic guidance. Laparoscopy, with the hysteroscope left in the uterus, aids in identifying the perforation site. The surrounding bowel and viscera should be methodically evaluated for injury. Laparotomy may be required to evaluate for thermal damage since this type of injury may be difficult to see on simple visual inspection. If an injury is detected, depending on their skill and comfort level with bowel surgery, the gynecologist should consider general surgery consultation. If no bowel damage is visualized or expectant management is selected due to low likelihood of injury, patients should be advised that peritonitis symptoms such as nausea, vomiting, fever, or pain, may not occur immediately and can develop up to 2 weeks later. Patients should be given strict precautions for follow-up since delays in diagnosis can lead to serious morbidity and mortality.

To reduce the risk of perforation and subsequent bowel injury, the surgeon should:

- Visualize active electrodes and oscillating blades at all times
- Refrain from advancing surgical instruments while operating in the endometrial or myometrial spaces
- Avoid resecting into the myometrium
Research Road

New Research Flowsheet!

Patient Safety and Quality Improvement Day - May 31, 2018. Abstract due to Dr. Ozcan by May 1, 2018!

All PGY2 residents will present a poster of their QI project (as well as anyone else who would like to present). Please refer to your emails for an updated poster template. Sections can be reorganized, but please do not resize or change logos/colors.

Allow time for poster to be submitted to PubClear for approval and then time for printing prior to the presentation!

Make sure to note at the beginning of the PubClear form that this is a GME request (expedited)!

https://edr.hca.corpad.net/

There is also a new QI form to be sent to HCA Research for any QI projects. Annie will help to collect signatures.

FAST FACTS

22%
Of women undergo induction of labor in the US

30%
Risk of Cesarean in women who undergo IOL with Bishop score of 3 or less (vs. 4% in those with score 8 or higher)

70%
Rate of vaginal delivery within 24 hrs after cervical ripening with prostaglandins with Bishop < 3 (vs 23%)
Labor Induction

Labor induction occurs in 22% of women with singleton pregnancies in the US. Osceola is participating in the FPQC PROVIDE Initiative in an effort to reduce the rate of Singleton Vertex Primary Cesarean deliveries as well as make IOL safer. We are creating pocket cards with helpful information regarding induction of labor for all residents. Elective inductions should ideally be limited to those patients > 39 weeks with a “favorable” cervix (>8 for nullipara; >6 for a multipara). Otherwise, inductions will occur for medical indications. Please refer to the pocket card for information on diagnosing “failed induction” or “arrest” disorders.

<table>
<thead>
<tr>
<th>Definition of Abnormal Labor</th>
<th>Nulliparous</th>
<th>Multiparous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early labor (5 ≤ cm)</td>
<td>Median 3:3 h</td>
<td>Median 2:2 h</td>
</tr>
<tr>
<td>Active labor (6 ≤ cm)</td>
<td>Median 5:4 h</td>
<td>Median 5:4 h</td>
</tr>
<tr>
<td>Nulliparous</td>
<td>≤ 8</td>
<td>≥ 6</td>
</tr>
<tr>
<td>Multiparous</td>
<td>≥ 6</td>
<td>≥ 6</td>
</tr>
</tbody>
</table>

- Consider cesarean delivery when:
  - Early labor (≤ 6 cm), primarily with ruptured membranes and
  - Length of labor exceeds 24 hours or
  - At least 12 - 18 hours of oxytocin administration following amniotomy

- Consider discharge home if:
  - Contractions are minimal intensity
  - Intrauterine fetal monitoring
  - Stable maternal and fetal condition

- Consider cesarean delivery for failed induction of labor when:
  - Latent labor (< 6 cm) exceeds 24 hours and preferably
  - At least 12 - 18 hours of oxytocin administration following amniotomy

Didactic Den

Attendance will be tracked utilizing a sign-in sheet until the QR code kinks are worked out.
The UCF/HCA Greater Orlando OB/Gyn residents have embarked on a journey toward wellness and resilience! In the past quarter, in addition to our monthly Wellness Hours, we participate in ACOG/CREOG Wellness Week. This week in February was dedicated to promoting physician wellness by participating in events throughout the week with various themes – Monday: Physical, Tuesday: Emotional, Wednesday: Spiritual, Thursday: Environmental, Friday: Social. Our entire week was Disney-themed!

Monday: The Void – Star Wars-based hyper-reality laser game at Disney Springs

Tuesday: Affirmation cards – residents & faculty created over 200 affirmation cards while watching “Inside Out” then distributed these to faculty, staff, and patients through the day

Wednesday: Pocahontas-themed Meditation Den

Thursday: Wilderness Explorers & Kilimanjaro Safari at Animal Kingdom

Friday: Social time at International Festival of the Arts at Epcot