Gynecology Learning Objectives and Associated Reading

PGY-1

I. Basic Science/Mechanisms of Disease
   a. Microbiology and immunology
      i. Describe the normal bacteriologic flora of the lower genital tract.
      ii. Describe the microbiologic principles germane to the diagnosis and treatment of gynecologic infectious diseases.
      iii. Describe the epidemiologic principles involved in the spread of infectious diseases in both patients and health care workers including transmission and prevention of HIV and hepatitis.
      iv. Discuss the immunologic response to infection.

Recommended Reading:
   Text:
   - Novak’s Gynecology – Chapter 15. Genitourinary Infections and Sexually Transmitted Diseases by David Soper

II. Disorders of the Urogenital Tract and Breast
   a. Abnormal/Dysfunctional Uterine Bleeding
      i. Describe the principal causes of abnormal uterine bleeding and distinguish abnormal uterine bleeding from dysfunctional uterine bleeding.
      ii. Elicit a pertinent history to evaluate abnormal uterine bleeding.
      iii. Perform a focused physical examination to investigate the etiology of abnormal uterine bleeding.
      iv. Perform and interpret the results of selected diagnostic tests to determine the cause of abnormal uterine bleeding:
         1. Endometrial biopsy
         2. Pelvic ultrasonography/saline infusion ultrasonography
         3. Hysteroscopy
         4. Laparoscopy
      v. Interpret the results of other diagnostic tests:
         1. Serum/urine human chorionic gonadotropin (hCG) assay
         2. Endocrinologic assays
         3. Microbiologic cultures of the genital tract
         4. Complete blood count
         5. Coagulation profile
      vi. Treat abnormal uterine bleeding using both nonsurgical and surgical methods.
      vii. Recommend appropriate follow-up that is necessary for a patient with abnormal uterine bleeding.

Recommended Reading:
   Text:
Articles:

Guidelines

b. Vaginal and vulvar infections
   i. Describe the principal infections that affect the vulva and vagina.
   ii. Elicit a pertinent history in a patient with a possible infection of the vulva or vagina.
   iii. Perform a focused physical examination
   iv. Perform and interpret the results of selected tests to confirm the diagnosis of vulvar or vaginal infection, such as:
       1. Vaginal pH
       2. Saline microscopy (Wet mount)
       3. Potassium hydroxide microscopy
       4. Bacterial and viral culture
       5. Colposcopic examination
       6. Vulvar or vaginal biopsy
   v. Treat vulvar and vaginal infections
   vi. Describe the follow-up that is necessary for a patient with a vulvar or vaginal infection, for example:
       1. Assessing and treating sexual partner(s)
       2. Requirements for reporting a communicable disease
       3. Assessing the patient for other possible genital tract infections
       4. Counseling the patient with respect to measures that prevent re-infection.

Recommend Reading:
Text:

Articles:

Guidelines

c. Sexually transmitted diseases
i. Describe the most common STDs, including causes, symptoms, and risk of transmission, such as:
ii. Elicit a pertinent history in a patient with a suspected STD.
iii. Perform a focused physical examination in a patient with a suspected STD.
iv. Perform and/or interpret results of specific tests to confirm the diagnosis of an STD, such as:
   1. Bacterial and/or viral culture
   2. Endocervical aspirate for Gram stain
   3. Endocervical swab for nucleic acid probe
   4. Endocervical probe
   5. Cervical or vaginal cytologic screening (Pap test)
   6. Scraping of an ulcer or chancre
   7. Serologic assays
   8. Tzanck smear
v. Treat STDs with appropriate antimicrobial agents.
vi. Describe the long-term follow-up for patients with a STD, including assessment of the patient’s sexual partner, discussion of preventive measures, and review of serious sequelae, such as:
   1. Infertility
   2. Ectopic pregnancy
   3. Chronic pelvic pain
   4. Pelvic inflammatory disease (PID)

Recommend Reading:
Text:
Novak’s Gynecology – Chapter 15. Genitourinary Infections and Sexually Transmitted Diseases.

Articles:
AMA. A Clinicians Guide to Diagnosis & Treatment: Genital Herpes.

Guidelines
d. **Pelvic inflammatory disease**
   i. Describe the diagnostic criteria for PID
   ii. List the common infectious agents implicated in PID
   iii. Elicit a pertinent history from a patient suspected to have PID
   iv. Perform a physical exam to confirm the diagnosis of PID
   v. Describe the appropriate diagnostic tests to confirm PID, including indications for the tests, and how to perform and/or interpret the results.
      1. Endocervical swab for culture or nucleic acid probe
      2. Endometrial biopsy
      3. Imaging studies
      4. Laparoscopy
   vi. Treat PID with appropriate antimicrobial and surgical options.
   vii. Summarize the potential long-term effects and counsel patients regarding risks of further complications, including:
      1. Chronic pelvic pain
      2. Infertility
      3. Ectopic pregnancy

**Recommend Reading:**

**Text:**

**Articles:**

**Guidelines**

e. **Urinary Tract Disorders**
   i. Distinguish the types of urinary tract infection, including bacteruria, urethritis, cystitis, and pyelonephritis
   ii. Describe the pathophysiology related to urinary tract infection, including the organisms commonly implicated in lower and upper urinary tract disorders, and host factors, such as urinary retention, age, and pregnancy.
   iii. Describe the pathophysiology of the common forms of nephrolithiasis, including patient risk factors for the development of nephrolithiasis.
   iv. Describe the diagnostic methods and diagnostic criteria for the various types of urinary tract infections.
   v. Summarize the methods used for the diagnosis of nephrolithiasis.
   vi. Describe modes of therapy for acute, chronic, and complicated urinary tract infections, including prophylaxis for recurrent infection.
   vii. Summarize therapeutic options for nephrolithiasis, and strategies to prevent recurrence

**Recommend Reading:**

**Text:**
Articles:

Guidelines:
III. First Trimester Pregnancy Loss
IV. Preoperative and Postoperative Care
V. Critical Care
   a. Cardiopulmonary Resuscitation
      i. Perform a rapid, focused physical examination to identify the patient who requires cardiopulmonary resuscitation and attempt to determine the cause of the patient's decompensation.
      ii. Perform basic cardiac life support as per American Heart Association guidelines.
      iii. Describe the principles of Advanced Cardiac Life Support (ACLS), and in conjunction with an ACLS team, participate in the performance of ACLS according to American Heart Association guidelines.

Recommend Reading:
Text:
American Red Cross. Basic CPR.
Preventive Ambulatory Health Care
II. Special Gynecologic Conditions
A. Contraception
   a. Define the terms: method effectiveness and user effectiveness
   b. Describe national policies and local policies that affect control of reproduction.
   c. Describe how religious, ethical, and cultural differences affect providers and users of contraception.
   d. Describe the impact of contraception on population growth in the United States and other nations.
   e. Describe the factors that influence the individual patient’s choice of contraception.
   f. Perform a focused physical examination to detect findings that might influence the choice of contraception.
   g. Interpret the results of selected laboratory tests that might influence a patient’s choice of contraception.
   h. Describe the advantages, disadvantages, failure rates, and complications associated with the following methods of contraception:
      i. Sterilization
      ii. Oral steroid contraception
      iii. Transdermal steroid contraception
      iv. Vaginal steroid contraception
      v. Implantable steroid contraception
      vi. Intrauterine devices
      vii. Barrier methods
      viii. Natural family planning
   i. Describe appropriate methods for postcoital contraception.
   j. Describe the appropriate follow-up for a woman using any of the aforementioned methods of contraception.

Recommend Reading:
Text:

Articles:

Guidelines
Cervical Disorders
A. Preinvasive Cervical Disease
   a. Describe the epidemiology of cervical dysplasia.
   b. Elicit a pertinent history in a woman with an abnormal Pap test.
   c. Interpret Pap test reports using the Bethesda classification system and determine appropriate follow-up.
   d. Perform and interpret the results of diagnostic procedures for cervical dysplasia.
   e. Treat cervical dysplasia with modalities, such as:
      i. Cryosurgery
      ii. Laser ablation
      iii. Loop electrical excision
      iv. Cold knife conization
   f. Manage the complications resulting from treatment of cervical dysplasia.
   g. Establish an appropriate follow-up plan for a woman who has been treated for cervical dysplasia.
   h. Describe the structural changes in the cervix that are characteristic of in-utero DES exposure.

Recommend Reading:
Text:

Articles:
Cox JT, et al. Prospective follow-up suggests similar risk of subsequent cervical intraepithelial neoplasia grade 2 or 3 among women with cervical intraepithelial neoplasia grade 1 or negative colposcopy and directed biopsy. Am J Obstet Gynecol 2003;188: 1406-12.

Guidelines
VI. Disorders of the Urogenital Tract and Breast

a. Pelvic Masses

i. Describe the major causes of pelvic masses, including nongynecologic sources and those arising from the female genital tract, such as:
   1. Uterine fibroids
   2. Adnexal cystic and solid masses
   3. Tuboovarian abscess
   4. Adnexal torsion
   5. Ovarian cysts/benign neoplasms
   6. Diverticulitis
   7. Appendicitis

ii. Elicit a pertinent history suggestive of a pelvic mass, such as:
   1. Weight loss or weight gain
   2. Gastrointestinal symptoms
   3. Menstrual abnormalities
   4. Pelvic pain or pressure

iii. Perform a focused physical examination to confirm the diagnosis of a pelvic mass.

iv. Perform and/or interpret tests such as endovaginal or abdominal ultrasonography to confirm the diagnosis of a pelvic mass.

v. Interpret the results of other tests, such as MRI, ultrasound, or tomographic imaging, in the evaluation of a pelvic mass.

vi. Discuss the role of serum markers in the evaluation and monitoring of a patient with a pelvic mass.

vii. Treat benign pelvic masses, using nonsurgical or surgical methods, considering such factors as the patient’s:
   1. Age
   2. General Health
   3. Treatment preference
   4. Desire for future childbearing
   5. Symptom complex

viii. Describe the appropriate follow-up for patients who have been treated for a benign pelvic mass.

Recommend Reading:
Text:

**Articles:**

**Guidelines**

b. **Benign Breast Disorders**
   i. Describe the clinical history and principal pathophysiologic conditions that affect the breast, such as:
      1. Breast mass
      2. Nipple discharge
      3. Pain
      4. Infection (mastitis)
      5. Asymmetry
      6. Excessive size
      7. Underdevelopment
   ii. Perform a focused physical examination to evaluate for an abnormality of the breast.
   iii. Describe the indications for the following procedures to assess breast disorders. Be able to perform and/or interpret the results of each of them:
      1. Needle aspiration of a cyst or abscess
      2. Collection of nipple discharge for cytologic examination and/or culture
      3. Fine needle aspiration of a mass
      4. Needle localization biopsy
      5. Excisional biopsy
      6. Mammography
      7. Ultrasonography

**Recommend Reading:**
**Text:**

**Articles:**

**Guidelines**
B. Ectopic pregnancy
   i. Describe the major factors that predispose to ectopic pregnancy
   ii. Elicit a pertinent history in a patient with a suspected ectopic pregnancy.
iii. Perform a focused physical examination in a patient with a suspected ectopic pregnancy.

iv. Describe the differential diagnosis of ectopic pregnancy.

v. Perform and interpret the results of tests to confirm the diagnosis of ectopic pregnancy, such as:
   1. Endovaginal ultrasonography
   2. Uterine curettage or aspiration
   3. Laparoscopy

vi. Interpret the results of other diagnostic tests, such as:
   1. Quantitative serum hCG titer
   2. Serum progesterone
   3. Complete blood count

vii. Describe the indications and contraindications for, and complications of, medical management of ectopic pregnancy.

viii. Describe the indications for, and complications of, surgical management of an ectopic pregnancy.

ix. Treat an affected patient using appropriate nonsurgical or surgical methods.

x. Describe the indications for anti-D immune globulin in patients with an ectopic pregnancy.

xi. Describe the follow-up that is indicated for a patient treated for an ectopic pregnancy.

xii. Counsel patients about the recurrence risk for an ectopic pregnancy and prognosis for a normal intrauterine pregnancy.

Recommend Reading:
Text:

Articles:

Guidelines

VIII. Preoperative and Postoperative Care
   a. Preoperative Care
      i. Conduct detailed preoperative assessment with consideration given to the needs of special patient groups, such as:
         1. Children and adolescents
         2. The elderly
         3. Patients with coexisting medical conditions, such as cardiopulmonary disease or coagulation disorders.
      ii. Describe the indications for and perform appropriate preoperative evaluation and/or referral, including laboratory tests, radiographic imaging, and EKG.
      iii. Summarize indications and compose appropriate preoperative preparation plans for patients undergoing gynecologic surgery, including:
         1. Mechanical bowel preparation
         2. Antibiotic use
         3. Thromboembolism prophylaxis
iv. Choose appropriate suture and surgical instruments as dictated by the procedure.

v. Describe the options for intraoperative pain control.

**Recommend Reading:**

**Text:**


**Articles:**


**Guidelines**


b. **Postoperative Care**

i. Choose appropriate pain control based on the surgical procedure, degree of patient discomfort, and patient characteristics, including age and presence of coexisting morbidities.

ii. Manage and counsel patients about normal postoperative recovery. Include the following topics:

1. Advancement of diet and return to normal dietary and bowel function
2. Ambulation
3. Management of urethral catheterization and return to normal urinary function
4. Thromboembolism prophylaxis
5. Wound care
6. Return to normal activity levels and/or appropriate restrictions, including sexual activity

iii. Elicit appropriate history, perform a physical examination, perform and/or interpret appropriate tests, and manage common postoperative complications, such as:

1. Fever
2. Gastrointestinal ileus/obstruction
3. Infection
4. Wound complications
5. Fluid or electrolyte imbalances, including abnormalities of urinary output
6. Respiratory problems
7. Thromboembolism

**Recommend Reading:**

**Text:**
TeLinde’s Operative Gynecology. Preoperative Care. Pages 103-122.

Articles:

Guidelines:

IX. Critical Care
a. Hemodynamic assessment
   i. Describe the conditions most likely to cause cardiovascular dysfunction in obstetric and gynecologic patients.
   ii. Perform a focused physical examination to detect signs of hemodynamic derangements, such as:
       1. Hypotension or hypertension
       2. Bradycardia or tachycardia
       3. Apnea or tachypnea
       4. Signs of poor tissue perfusion (e.g., oliguria, delayed capillary refill)
       5. ARDs
       6. Myocardial failure
       7. Altered mental status
   iii. Explain the indications for central hemodynamic monitoring
   iv. Interpret the results of central hemodynamic monitoring and describe management of patients in whom central monitoring is being performed based on hemodynamic parameters obtained.
   v. Describe the complications of central hemodynamic monitoring and consult with an appropriate specialist, as needed, when managing the complications.

Recommend Reading:
Text:

Articles:

Guidelines

b. Allergic drug reactions
   i. List the drugs most likely to produce allergic reactions in obstetric and gynecologic patients.
   ii. Describe the typical symptoms associated with a drug reaction.
   iii. Describe the varying degrees of severity of a drug reaction, including anaphylaxis.
   iv. Perform a focused physical examination to confirm the diagnosis of a drug reaction and assess the severity of the reaction.
   v. Describe the differential diagnosis of a drug reaction.
vi. Describe the principles of treatment of a drug reaction. Manage a patient with a drug reaction, in consultation with an appropriate specialist, as needed.

Recommend Reading:

Text:

Articles:

Guidelines

Procedure Related Reading

Sterilization

Laparoscopy

Hysterectomy
X. Disorders of the Urogenital Tract and Breast
   a. Vulvar Dystrophies and Dermatoses
      i. Describe the principal types of vulvar dystrophies and dermatoses, such as:
         1. Squamous cell hyperplasia
         2. Lichen sclerosus
         3. Lichen planus
         4. Lichen simplex chronicus
         5. Atrophic dermatitis
      ii. Elicit a pertinent history in a patient with a suspected vulvar dystrophy or dermatosis.
      iii. Perform a focused physical examination in a patient with a suspected vulvar dystrophy or dermatosis.
      iv. Perform and/or interpret the results of selected diagnostic tests to confirm the diagnosis of a vulvar dystrophy or dermatosis, for example:
         1. Colposcopy
         2. Staining with dyes to localize the affected area.
         3. Vulvar biopsy
      v. Treat common vulvar dystrophies and dermatoses medically and surgically.
vi. Describe follow-up for a patient with a vulvar dystrophy or dermatosis, including the risk, if present, for malignant change.

**Recommended Reading:**

**Text:**

**Articles:**

**Guidelines:**
b. Urogynecology (See Attached AUGS objectives)
   i. Explain the normal anatomic supports of the vagina, rectum, bladder, urethra, and uterus (or vaginal cuff in the setting of prior hysterectomy), including the bony pelvis, pelvic floor nerves and musculature, and connective tissue.
   ii. Describe the static and dynamic interrelationships and function of the pelvic organs and support mechanisms.
   iii. Summarize the normal function of the lower urinary tract during the filling and voiding phases, and the mechanisms responsible for urinary continence.
   iv. Summarize the potential psychological, social, and sexual consequences of urogynecologic disorders.
   v. Describe the principal etiologies of pelvic support defects, urinary incontinence, and fecal incontinence, including effects of pregnancy and delivery.
   vi. Identify the anatomic defects associated with various aspects of pelvic support disorders.
   vii. Characterize the major types of urinary incontinence.
   viii. Describe abnormal urethral conditions, including urethral syndrome, urethritis, and diverticuli.
   ix. Describe the possible etiologies, diagnostic strategies, and treatment approaches for interstitial cystitis.
   x. Characterize and explain various types of urinary voiding disorders.
   xi. Describe the etiologies, prevention, diagnostic techniques, and approaches to repairing various fistulae that may involve the pelvic organs.
   xii. Describe the symptoms that may be experienced by a patient with pelvic support defects, urinary incontinence, or fecal incontinence.
   xiii. Elicit a pertinent history in a patient with a suspected pelvic support defect, urinary incontinence, or fecal incontinence.
  xiv. Perform a focused physical examination to identify and characterize specific pelvic support defects, including:
      1. Anterior compartment
      2. Urethral hypermobility
      3. Posterior compartment
      4. Apical compartment (cervix/uterus or vaginal cuff)
   xv. Perform a focused physical exam in a patient with urinary and/or fecal incontinence, including assessment of:
      1. Bladder and urethral support
      2. Perineal, levator, and anal sphincter strength
      3. Neurologic status
   xvi. Perform and interpret the results of selected tests to characterize urinary incontinence disorders, including:
      1. Assessment of residual urine volume
      2. Simple cystometry
      3. Q-tip test
   xvii. Describe the indication for, and interpret the results of other diagnostic tests, such as:
      1. Urinalysis
      2. Urine culture
      3. Cystourethroscopy
      4. Multi-channel cystometry
      5. Urethral profilometry
      6. Uroflowmetry
      7. Radiologic tests
      8. Electromyography
9. Assessment of anal sphincter integrity (e.g. manometry, radiologic imaging studies, neurologic testing)

xviii. Treat urogynecologic disorders by both nonsurgical (e.g. pelvic floor exercise regimens, physical therapy, pessary) and surgical methods.

xix. Describe the types of injuries or complications that may occur related to medical and surgical treatments of urogynecologic disorders, and the approaches to managing them.

xx. Describe appropriate follow-up for a patient who has been treated for an urogynecologic disorder.

xxi. Summarize and counsel patients regarding risks, benefits, and expected outcomes of surgical and nonsurgical approaches to management of pelvic support and incontinence disorders.

Recommended Reading:

Text:

Articles:

Guidelines:

See attached guidelines by the American Urogynecologic Society.
c. Chronic pelvic pain
   i. Define chronic pelvic pain.
   ii. Outline the principal gynecologic and nongynecologic causes of chronic pelvic pain, and describe the pathophysiology of each cause.
   iii. Elicit a pertinent, detailed medical, menstrual, and sexual history to characterize the patient’s chronic pelvic pain, including signs/symptoms emanating from non-reproductive organs.
   iv. Elicit an appropriate social and mental health history in a patient with chronic pelvic pain.
   v. Perform a focused physical examination, including attempts to localize the pain and an evaluation of neurologic and musculoskeletal components.
   vi. Perform and/or interpret the results of the following selected diagnostic tests to determine the cause of chronic pelvic pain.
      1. Microbiologic cultures of the genitourinary tract.
      2. Radiologic imaging studies
      3. Hysteroscopy
      4. Laparoscopy
      5. Injection of anesthetic agent at a specific trigger point
      6. Mental health examination, including screening for depression or dysphoria.
   vii. Treat patients with chronic pelvic pain, using nonsurgical and surgical methods.
   viii. Summarize indications and approximate success rates for interventions for chronic pelvic pain, such as laparoscopy, presacral neurectomy, uterosacral nerve ablation, adhesiolysis, and extirpative procedures.
   ix. Describe the indications for referral of a patient to a specialist in urology or gastroenterology.
   x. Describe the indications for referral to a multidisciplinary group, including pain management specialists and behavioral and/or mental health.
   xi. Describe the appropriate long-term goals and follow-up for a patient with chronic pelvic pain.

Recommended Reading:
Text: Persistent or Chronic Pelvic Pain. TeLinde’s Operative Gynecology. Chapter 27. 661-674.

Articles:

Guidelines:

d. Endometriosis (In conjunction with REI)
i. Summarize the theories of the pathogenesis of endometriosis.
ii. Describe the typical history of a patient with endometriosis.
iii. Perform a focused physical examination in a patient with suspected endometriosis and identify the principal abnormal clinical findings.
iv. Perform and interpret the results of selected tests to confirm the diagnosis of endometriosis, for example:
   1. Endovaginal ultrasonography
   2. Laparoscopy with/without biopsy
v. Describe various features of endometriosis on visual inspection with laparoscopy or laparotomy. Compare the sensitivity of visual inspection with laparoscopy or laparotomy in diagnosing endometriosis.
vi. Describe the staging system for endometriosis according to the American Society for Reproductive Medicine Classification of Endometriosis.
vii. Treat endometriosis medically and surgically.
viii. Describe the appropriate long-term follow-up and outcome in patients who have endometriosis, including infertility.

**Recommended Reading:**

**Text:**


**Articles:**


**Guidelines:**


**XI. Critical Care**

a. Toxic shock
   i. Describe the pathogenesis and microbiology of toxic shock syndrome (TSS)
   ii. Describe the typical signs and symptoms of a patient with TSS and distinguish signs/symptoms according to the infectious agent.
   iii. Perform a focused physical examination to confirm the diagnosis of TSS, and assess the severity of the patient’s illness.
   iv. Interpret the results of diagnostic tests to evaluate TSS.
   v. Describe the principles of treatment of TSS, and the possible need for consultation with a critical care or infectious disease specialist.
   vi. Counsel affected patients about the risk of recurrence and the value of preventive measures.

**Recommended Reading:**

**Text:**
Articles:

Guidelines:

b. Septic shock
   i. Explain the pathophysiology of septic shock.
   ii. Describe the usual causes of septic shock in obstetric and gynecologic patients.
   iii. Describe the typical symptoms experienced by a patient with septic shock.
   iv. Perform a focused physical examination to confirm the diagnosis of septic shock, attempt to determine the etiology of the disorder, and assess the severity of the patient’s illness.
   v. Describe indications for, and interpret the results of, the following diagnostic tests:
      1. Microbiologic cultures
      2. Complete blood count and white cell differential
      3. Liver function tests
      4. Renal function tests
      5. Coagulation profile
      6. Chest x-ray
      7. MRI and CT scan of the abdomen and pelvis
      8. Ultrasonography of the pelvis
      9. Arterial blood gases
     10. Central hemodynamic monitoring
   vi. Describe the principles of management of septic shock, including antimicrobial and supportive therapy
    vii. Manage a patient with septic shock, consulting an appropriate specialist as needed.

Recommended Reading:

Text:

Articles:

Guidelines:

c. Adult respiratory distress syndrome
   i. Identify the principal causes of adult respiratory distress syndrome (ARDS).
   ii. Explain the pathophysiology of ARDS depending on the etiology.
   iii. Describe the usual signs and symptoms manifested by a patient with ARDS.
   iv. Perform a focused physical examination to aid in the diagnosis of ARDS and assess the severity of the condition.
   v. Interpret the results of diagnostic tests such as:
      1. Chest x-ray
2. Pulse oximetry  
3. Arterial blood gases  
4. Pulmonary function tests  
5. Central hemodynamic monitoring  

vi. Describe the principles of treatment of ARDS.  
vii. Manage a patient with ARDS, consulting an appropriate specialist as needed.

Recommended Reading:  
Text:

Articles:  

Guidelines:

XII. Surgical Care of the Geriatric Patient (In conjunction with Gyn/Onc)  
a. Surgical Care of the Geriatric Patient  
   i. Explain surgical options for a given indication in a geriatric patient, accounting for the patient's medical condition and functional status.  
   ii. Assess the impact of the proposed surgical intervention on a patient's capacity for independent living, including assessment of availability of assistance, or need for assistance during treatment or the recovery period.  
   iii. Summarize complications of anesthesia that are more common in the elderly patient.  
   iv. Assess the geriatric patient's capacity for independent decision making related to surgical consent.  
   v. Counsel patients and family members about advance directives, living wills, DNR orders, power of attorney, and surrogate decision-making.  
   vi. Describe the appropriate preoperative evaluation for a geriatric patient, including consultation with other medical disciplines as indicated.  
   vii. Describe the unique considerations related to preoperative, intraoperative, and postoperative care of the geriatric patient, such as:
      1. Entrapment (pressure) neuropathies  
      2. Hypothermia  
      3. Fluid and electrolyte imbalances  
      4. Thromboembolism  
      5. Pain management  
      6. Adverse drug events  
      7. Mental status changes  
      8. Incontinence  
      9. Infection  
     10. Nutrition  
     11. Stress-induced gastrointestinal ulceration  
     12. Pressure ulcers  
     13. Ambulation difficulties  
     14. Prevention of falls  
     15. Functional decline  
     16. Possible referral to an assisted-living facility or possible need for assistance within the home.

Recommended Reading:  
Text:  

Articles:
Guidelines: