

**University of New Mexico OB/GYN Residency Program
PRIMARY & PREVENTIVE MEDICINE
RESIDENT COMPETENCE FOCUSED ASSESSMENT CHART REVIEW**

OBGYN RRC Requirements 7/08: Primary and preventive care is an essential component of training in Obstetrics and Gynecology residency programs. The documentation of this experience will shift to include the content of care provided. Programs must review 5 well woman or annual examinations from each resident every 6 months for compliance with 20 essential components of primary and preventive care (below). Programs must keep records of each individual resident for at least each year of continuity clinic experience as part of the resident portfolio. The reports must be discussed at each resident's semiannual meeting, and the program must review summary data for each year.

Resident Name:		Patient	Patient	Patient	Patient	Patient
Date of Audit::	PGY 1 2 3 4	1	2	3	4	5
Age of Patient:						
1. Allergies: drugs, latex, foods and other environmental exposures		Y N	Y N	Y N	Y N	Y N
2. List of current medications		Y N	Y N	Y N	Y N	Y N
3. Menstrual history or history of abnormal vaginal bleeding		Y N	Y N	Y N	Y N	Y N
4. Previous Pap smear		Y N	Y N	Y N	Y N	Y N
5. Contraception (age 15-50years)		Y N	Y N	Y N	Y N	Y N
6. Immunization history		Y N	Y N	Y N	Y N	Y N
7. Smoking history		Y N	Y N	Y N	Y N	Y N
8. Alcohol use		Y N	Y N	Y N	Y N	Y N
9. Substance abuse		Y N	Y N	Y N	Y N	Y N
10. Family history		Y N	Y N	Y N	Y N	Y N
11. Depression screening		Y N	Y N	Y N	Y N	Y N
12. History of sexual dysfunction		Y N	Y N	Y N	Y N	Y N
13. History of sexual, physical or mental abuse		Y N	Y N	Y N	Y N	Y N
14. Blood pressure		Y N	Y N	Y N	Y N	Y N
15. Dietary assessment/ appropriate weight nutritional counseling/exercise counseling		Y N	Y N	Y N	Y N	Y N
16. Seat belt use		Y N	Y N	Y N	Y N	Y N
17. Recommendation or evidence of query re: mammography (age> 50 or family history)		Y N	Y N	Y N	Y N	Y N
18. Recommendation or evidence of query re: colonoscopy (age> 50 or family history)		Y N	Y N	Y N	Y N	Y N
19. Recommendation or evidence of query re: lipid screening (age> 50)		Y N	Y N	Y N	Y N	Y N
20. Recommendation or evidence of query re testing or treatment for osteoporosis (age> 60)		Y N	Y N	Y N	Y N	Y N
Areas of Strengths:						
Areas of Weaknesses:						

Resident: _____ Program Director: _____

Date: _____