

Year-By-Year Description of the Gynecology Experience

The Division of Gynecology at SCVMC is committed to train resident physicians to achieve the skill and knowledge essential to the practice of general gynecology and ambulatory primary care. The Division is comprised of over 30 board-certified gynecologists who are dedicated to this mission.

Resident physicians are exposed to a wide range of services that the Division provides to women of all ages: major gynecology surgery, family planning, adolescent gynecology, menopausal gynecology, minimally invasive surgery and pelvic reconstructive surgery. Clinical research is strongly promoted and required.

FIRST YEAR (PGY1): (Ambulatory gynecology, Gynecology, outpatient primary care rotations)

During this first year, the resident physician is exposed to office gynecology and surgical skills. The resident serves as primary surgeon on minor gynecology procedures such as D&C, diagnostic hysteroscopy, diagnostic laparoscopy and laparoscopic tubal ligations. The resident is expected to participate as a second assist in major abdominal, vaginal and advanced laparoscopy cases.

Training in family planning services is offered to all residents. However, residents may decline participation in elective abortion services.

Progression is expected in the following areas:

- Obtain a comprehensive, accurate gynecologic history
- Develop a clear understanding of functional normal pelvic anatomy and possible anomalies
- Perform accurate gynecologic examinations
- Proper preoperative evaluation and postoperative management of common problems in gyn patients
- Familiar with instruments and sutures materials used in gyn surgeries
- Manage patients with SABs, missed Abs
- Manage complications of abortions
- Contraception and family planning advice
- Become familiar with diagnostic modalities in gynecology such as CT, MRI, ultrasound, saline infusion sonography and HSG

The resident is expected to meet first year's surgical skill goals in Surgical Skill Training Sessions.

SECOND YEAR (PGY 2): Gynecology and Ambulatory rotations

The resident continues to progress and achieve mastery in the above listed areas. The resident acquires basic understanding in the diagnosis and management of urinary incontinence. The resident will serve as the primary surgeons in operative laparoscopy cases, laparotomy and other selected cases at the discretion of the chief resident and attending staff. He/she has the option to perform pregnancy terminations, specifically second trimester terminations. Progression in patient responsibility and surgical participation is expected.

Under the supervision of the chief resident and/or attending staff, the resident physician is responsible for the evaluation and management of ER and urgent care clinic patients. He/she will begin providing continuity ambulatory care for his/her patients in continuity clinic.

The resident is expected to meet second year's surgical skill goals in Surgical Skill Training Sessions.

THIRD YEAR (PGY 3): Gynecology and REI rotations

The Senior resident is expected to serve as primary surgeon in major cases at the discretion of the chief resident and attending staff. Assignments should provide enough exposure to major gynecology surgery to prepare the third year for his/her chief year. At the end of this year, the resident is expected to have acquired clear understanding of the evaluation and management options for common gynecologic conditions. He/she is expected to have developed adequate understanding and technical competence in routine gynecologic procedures.

He/she should obtain adequate understanding of pelvic organ prolapse and urogynecology conditions. He/she should be familiar with cystometrics.

The resident is expected to make major decisions on ambulatory and acute care patients. He/she is expected to assist the chief resident in the day to day management of gynecology inpatients.

The resident is expected to meet third year's surgical skill goals in Surgical Skill Training Sessions.

FOURTH YEAR (PGY 4): Gynecology, Gynecologic Oncology and Ambulatory rotations

The chief resident is expected to run the Gynecology or the Gyn Oncology Service, supervise the day to day care of all gyn/gyn onc patients and provide guidance to his/her team members. He/she is to oversee all gyn consultations.

The chief resident will serve as the primary surgeon on his/her choice of major gyn cases. The chief resident will be expected to perform difficult major gyn cases such as those involving pelvic infections, advanced endometriosis, morbidly obese patients, and multiple intraabdominal surgeries.

The chief resident should be proficient in the evaluation and management of pelvic organ prolapse and urogynecology conditions. He/she should serve as the primary surgeon in urogynecology procedures such as urethropexy, vault suspensions (SSLF, uterosacral ligament suspension, sacrocolpopexy), APR, obliterative procedures.

The resident is expected to meet fourth year's surgical skill goals in Surgical Skill Training Sessions.