



[Obstetrics and Gynecology Residency Program](#)

Curriculum

The four years of OB-GYN training provide an opportunity for individuals at each level of training to progressively develop their clinical skills and judgment and to assume increasingly greater responsibility for patient management. This progressive responsibility and independence is fostered by faculty and staff; OB-GYN residents always have direct supervision immediately available by a supervising physician who is physically present on site and whose responsibilities specifically include resident supervision.

PGY-1

The major focus of the 1st postgraduate year is on the provision of routine uncomplicated gynecologic and obstetric care in the outpatient setting including outpatient family planning and contraception, management of normal pregnancy and labor, development of basic surgical techniques (suturing, knot tying, incisions), and introduction to basic surgical procedures (simple laparoscopy, dilation & curettage, hysteroscopy). R1s will also spend time in primary care settings learning the evaluation and management of common medical problems they will encounter when providing health maintenance care to women.

PGY-2

The major focus of the 2nd postgraduate year is on the provision of more complicated obstetric and gynecologic care in the outpatient setting including chronic pain, infertility, and high-risk obstetrics, evaluation and triage of patients in labor, evaluation of early pregnancy and gynecologic problems presenting to the emergency department, evaluation and management of postoperative problems in GYN Oncology patients, management of high-risk antepartum patients, achievement of competence in basic surgical techniques and procedures introduced in R1 year, and introduction to intermediate surgical procedures (cesarean section, abdominal hysterectomy, operative laparoscopy and hysteroscopy). R2s will also begin supervising junior residents in the management of normal pregnancy and labor.

PGY-3

The major focus of the 3rd postgraduate year is on the evaluation and management of labor in high-risk obstetric patients (preterm delivery, preeclampsia, medical co-morbidities, multiple gestation, diabetes), introduction to advanced surgical procedures (complicated cesarean section, laparoscopic hysterectomy, complicated abdominal hysterectomy and laparotomy, surgery in GYN oncology patients), and outpatient management of pelvic floor disorders. R3s will also begin to supervise junior residents for evaluation of early pregnancy and gynecologic problems presenting to the emergency department.

PGY-4

The major focus of the 4th postgraduate year is on supervision and competent management of a resident inpatient service teams with junior residents and medical students (supervision of service patients, assignment of cases, team education, liaison with attendings and staff, solving logistical issues), achievement of competence in intermediate and advanced surgical procedures, introduction to robot-assisted laparoscopic procedures, and broadening depth of understanding of medical and surgical illness in women including medical and surgical treatment options. At completion the resident is expected to have sufficient knowledge and technical skill in outpatient gynecologic and obstetric care of women, inpatient medical management of gynecologic problems, inpatient management of labor & delivery, decision for and performance of gynecologic surgery and appropriate postoperative care to be able to function independently as an generalist obstetrician and gynecologist.

Rotations

Inpatient Obstetrics

Inpatient obstetrics experience occurs at both the URM and HH clinical sites - 6 weeks per year at each site. The HH rotation is a combined OB and GYN experience while the URM rotation focuses specifically on OB.

PGY-1

First year residents spend most of their time on obstetrics learning management of normal labor & delivery under the supervision of an attending, senior residents, and nurse practitioners. PGY-1s are assigned to low-risk labor & delivery and learn to actively manage spontaneous labor, perform labor induction, assess fetal well-being during labor, manage labor pain, and respond to obstetric emergencies as part of the obstetrics team. They will perform basic obstetric procedures including placement of intrauterine monitors, amniotomy, cervical assessment & ripening, vaginal deliveries, and circumcision. As they gain in skill, PGY-

1s will assist at and perform more advanced procedures including operative deliveries and cesarean sections.

PGY-2

Second year residents will learn management of high-risk antepartum patients, evaluation and triage of patients presenting in labor or with acute medical problems in pregnancy, and will begin supervising junior residents in the management of normal pregnancy and labor. They will be the primary surgeon for scheduled & urgent cesarean sections and for operative deliveries on low-risk patients. They will be introduced to the care of patients in labor with high-risk pregnancies and postpartum care of the same. At HH, the PGY-2 will act as the supervising resident on labor & delivery in preparation for their 3rd year responsibilities.

PGY-3

Third year residents focus on the evaluation and management of labor in high-risk obstetric patients (preterm delivery, preeclampsia, medical co-morbidities, multiple gestation, diabetes), introduction to advanced obstetric procedures (complicated & emergent cesarean sections, repair of severe obstetric lacerations), and supervision of junior residents on the obstetric service.

PGY-4

The major focus of the 4th postgraduate year is on supervision and competent management of the obstetric service and resident team (supervision of service patients, assignment of cases, team education, liaison with attendings and staff, solving logistical issues), achievement of competence in intermediate and advanced obstetric procedures, and broadening depth of understanding of medical and surgical illness in pregnant women including medical and surgical treatment options.

Inpatient Gynecology

Inpatient gynecology experience occurs at both the URMC and HH clinical sites - 6 weeks per year at each site. The HH rotation is a combined OB and GYN experience while the URMC rotation focuses specifically on GYN. The teams at each site are responsible for management of patients with gynecologic problems admitted for medical management, evaluation of women with gynecologic complaints presenting to the emergency department, and providing inpatient and intra-operative consultations for other hospital service teams. Residents on the GYN services are primarily involved in care of surgical patients and perform a wide variety of

vaginal, laparoscopic, and open abdominal procedures. Both clinical sites have 2 DaVinci robots and teaching consoles that are heavily used by both the oncology and general GYN services. At URMC, residents on the GYN service also operate with subspecialists in minimally invasive surgery, vulvar disorders, family planning, and urogynecology. PGY-1s typically start their surgical experience with basic procedures including diagnostic hysteroscopy & laparoscopy, dilation & curettage, tubal ligations, etc. and assisting at more complicated cases. Residents at all levels participate in robotic cases, first as bedside assistant and progressing to console surgeon as milestones are met. Weekly, residents are assigned to participate in cases at the university ambulatory surgery center.

Night Float

Weekday night shifts at both URMC and HH are covered by night float teams, allowing the service teams to maintain team and patient care continuity during the week without interruption for call shifts and mandatory post-call days off. Team and patient care continuity for both the day and night shifts promotes resident education & satisfaction as well as patient safety. During this rotation, residents are assigned to participation in several university & departmental committees including OB Safety Rounds, OB Service Team, GYN QA, & OB QA.

Ambulatory

Residents spend 6 weeks each year on the AMB team where they are exposed to a variety of general and subspecialty outpatient care experiences. The Ambulatory rotation occurs at the Women's Health Practice.

PGY-1

First year residents are introduced to the Family Planning & Contraception service and participate in patient consultations, counseling, and procedures including placement of long-acting contraceptives such as IUDs and Implanon. One afternoon per week occurs at Planned Parenthood to provide a broader community experience. PGY-1s also start their formal training in obstetric and gynecologic ultrasound at the on-site ultrasound services - there is a formal curriculum including didactic modules, hands-on practice, and skills evaluation.

PGY-2

Second year residents participate in:

- **Colposcopy Clinic:** principles of colposcopy, pathology correlation, colposcopic examination, evaluation & management of cervical, vaginal, and vulvar dysplasia & dermatoses

- **Special Care Clinic:** outpatient prenatal and postpartum care for women with high risk pregnancies including fetal anomalies, abnormal placentation, preterm labor, diabetes, and maternal disease
- **Pelvic Pain Clinic:** evaluation and management of women with chronic pelvic pain and pain syndromes with a gynecologic component including myofascial pain, irritable bowel syndrome and interstitial cystitis.
- **Complicated Contraception Clinic:** evaluation, counseling, and management of women seeking contraception who have medical issues complicating counseling or with complications related to contraception.

PGY-2s also continue to spend time in Ultrasound for further skills improvement.

PGY-3 & PGY-4

The 3rd and 4th year residents also participate in colposcopy clinic, special care clinic, and ultrasound training. In addition, they attend a weekly Diabetes Clinic for evaluation and management of diabetes in pregnancy.

GYN Oncology

Residents rotate on GYN Oncology for 6 weeks in each of their 1st, 3rd, and 4th years of training. First year residents focus on the medical management of patients admitted with complications or for adjuvant therapies and the postoperative care of surgical patients under the supervision of the service attendings, senior residents, and service nurse practitioner. PGY-1s also act as assistants in the operating rooms - on this busy service there are typically 2 OR's running daily. PGY-3s and 4s spend most of their time in the operating room learning anatomy, developing surgical skills, and understanding the approaches to GYN cancers that may affect their future patients. Weekly, residents attend a formal GYN Oncology Pathology conference reviewing histology of the week's cases and discussing treatment plans and complications.

REI

Residents rotate on the REI service during their 2nd year of training and in other years REI education is continued through on-line educational modules and didactic teaching sessions. During the REI rotation, residents participate in the outpatient care of women with primary & secondary infertility as well as women with disorders such as PCOS, mullerian anomalies, and genetic disorders. Residents participate in ultrasound evaluation and observe advanced procedures such as egg retrieval. Residents are encouraged to spend time in the REI lab to gain appreciation for the processes of egg hatching, fertilization, ICSI, and PGD. Residents

participate in REI surgeries including hysteroscopy, laparoscopy, myomectomy, and tubal reversals while they are on inpatient gynecology at URM.

Urogynecology

Residents rotate on outpatient Urogynecology during their 3rd year of training where they learn to evaluate and manage pelvic floor disorders such as urinary and fecal incontinence, pelvic organ prolapsed, bladder pain, and recurrent bladder infections. During the rotation, residents complete 3 modules on urogynecologic topics and have one-on-one review sessions with the attendings with problem-based learning exercises and review of interesting cases. Residents on the rotation or who are interested attend the weekly Urogynecology didactic sessions which rotate between lecture, research meeting, journal club, and M&M.

Research

Additional time of up to 1 week of each elective may also be dedicated to completion of the research project and manuscript.

Elective

Residents are offered 2 elective rotations, 4 weeks in 3rd year and again in 4th year, to pursue new learning opportunities or further develop skills already achieved. Each resident develops their elective in consultation with the program director and elective supervisor including scheduling and learning objectives to be achieved. Resident experiences have included: advanced ultrasound training, surgical rotations at affiliated hospitals, primary and OB-GYN care in developing countries (Nicaragua, Nepal, Uganda, and Haiti), quality assessment projects with systems development & testing, development of an educational program, surgical ICU, etc.