

Educational Program - OB/GYN

The goal of this program is to produce a knowledgeable and skillful general obstetrician/gynecologist through a combination of didactic activities and the care of patients under supervision of the faculty.

The accompanying material details the learning objectives for the program and a list of the procedures that should be mastered during the program. The objectives and procedures are divided by year and by rotation. Each year includes the material from the previous year and adds new objectives and procedures. Therefore the R4 year includes the entire requirements for the program. While objectives and procedures are included in each year, the curriculum is a continuum. The same learning objective should be understood in depth and sophistication through the program, particularly in terms of application to the care of the patient. Procedures are assigned to the appropriate year but the availability of patient material and the ability of individual residents will affect the actual time at which an individual will be able to master the task. For example, if a chief resident has not felt that she has had sufficient experience in pelvic reconstruction she may continue to perform cases that normally would have been passed to a senior resident.

General Outline by Year

R1

General Considerations

Via lectures, informal discussions and by example the R1 is introduced to dealing with the health care system and learn how to deal with the stresses new to their transition from student to practicing physician.

Ambulatory Health Care

The R1 spends " day per week at the Women"s Center of the Mobile County Board of Health on Springhill Avenue learning prenatal care. The R1 also covers the Evaluation Center to treat common emergencies on an ambulatory basis for gynecology. The R1 is also the primary resident in the Screening Room where a significant amount of ambulatory care is given to obstetrical patients.

Obstetrics

The major task of the R1 in obstetrics is to master normal prenatal, intrapartum and postpartum care. Ambulatory experience in prenatal care is obtained by a minimum of " day per week at the Women"s Center of the Mobile County Board of Health on Springhill Avenue. Assignment to Labor and Delivery centers on normal deliveries. The R1 is introduced to caring for obstetrical complications while assisting more senior residents.

Gynecology

In addition to primary coverage as the consultant in the Evaluation Center, the R1 assists senior residents in caring for inpatients and surgical patients. The R1 performs simpler procedures and assists at more complicated operations.

Private Gynecology

The R1 assists private physicians in a wide variety of gynecologic procedures.

Internal Medicine

The R1 is part of the medicine team caring for patients in the inpatient setting obtaining experience in the caring of seriously ill people.

Emergency Room

The R1 cares for a wide variety of primary care, urgent, and emergent problems in a busy general emergency room.

R2

General Considerations

Continues the same objectives as the R1 year.

Ambulatory Health Care

The R2 is assigned to a Continuity Clinic panel at the Center Street Clinic. Obstetrical, family planning, and minor gynecologic problems predominate in their patient list.

Obstetrics and High Risk Obstetrics

During High Risk Obstetrics the R2 cares for a wide range of obstetrical and medicine co-morbidities. On Labor and Delivery the R2 cares for complicated patients in conjunction with senior residents. Cesarean section and operative vaginal deliveries expand the R2's procedure list.

Gynecology

More responsibility is taken by teaching and supervising R1s in the Evaluation Center and on the inpatient service. The R2 performs more complicated surgical procedures, particularly laparoscopy, hysteroscopy and less complicated abdominal and vaginal procedures.

Private Gynecology

Building on the relationship with attendings during the first year it is expected to increase the amount of their participation during surgery.

Reproductive Endocrinology

The R2 is exposed to problems common to general practice such as anovulation, hirsutism, and bleeding irregularities. The diagnosis and treatment of infertility are taught both from the generalist standpoint and exposure to advanced reproductive technologies including advanced ovulation induction and IVF.

R3

General Considerations

Continues the same objectives as the R1 year.

Ambulatory Health Care

The case list of patients cared for in the Continuity Clinic begins to be concentrated in gynecologic cases with increasing complexity. Routine care of obstetrical and family planning patients becomes a smaller portion of the panel.

Obstetrics

The R3 may act as the senior resident on Labor and Delivery managing the most difficult patients and supervising the care of junior residents. Procedures are expanded to include difficult cesarean sections, more complicated operative vaginal deliveries and vaginal breach deliveries.

Gynecology

The R3 is expected to be a major part of the decision making process in conjunction with the Chief Resident in the preoperative, intraoperative and postoperative areas. Abdominal procedures, advanced laparoscopic procedures and easier vaginal procedures are performed at this level. The actual procedures done are variable depending on the needs of the Chief Resident.

Oncology

The R3 works with Dr. Brewington in the diagnosis and treatment of gynecologic cancer. The resident scrubs with Dr. Brewington in which a wide variety of oncology problems are treated. The resident participates with the postoperative care of complicated patients and participates in the provision of chemotherapy and care for the complications.

R4

General Considerations

Continues the same objectives as the R1 year. The evaluation of job opportunities is an important part of the Chief year.

Ambulatory Health Care

The care of the most complicated gynecological patients and preoperative evaluation through the Pre-Op Clinic and the Mostellor Clinic allow the Chief Resident to make decisions on the provision of surgical care in conjunction with the attending physician. While patients who have been in their panel for four years are cared for in routine obstetrical, gynecologic, and family planning needs, these patients become a lesser proportion of the patients seen.

Obstetrics

The Chief Resident is responsible for Labor and Delivery and the postpartum floors. The Chief spends most of her time in supervision of junior residents, and teaching the more basic procedures. The Chief will scrub for the most complicated procedures such as cesarean hysterectomy.

Gynecology

The Chief Resident is responsible for the service including preoperative clinics, postoperative care and assigns residents to surgical procedures. The Chief performs the most complicated cases and supervises junior residents in simpler cases. The Chief is expected to ensure that her case list is adequate.

Private Gynecology

Substantial operative experience will be obtained with the private attendings in their cases.