

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE

RESIDENCY TRAINING PROGRAM

2008 - 2009

Teresa A. Hubka, DO FACOOG (DIST), FACOG

Chair and Residency Program Director

GENERAL DEPARTMENT INFORMATION

FACULTY for OBSTETRICS/GYNECOLOGY

Name	Degree(s)		Rank
Thomas P Boesen	DO	Board Certified	Adjunct Assistant Clinical Professor
Robert M Bonaminio	DO	Board Certified	Assistant Clinical Professor
Jason W. Cullen	DO	Board Certified	Lecturer
Travis K. Haldeman	DO	Board Certified	Assistant Clinical Professor
Nawar Hatoum	MD	Board Certified	Lecturer
Shayna Hollingsworth	DO	Board Eligible	Lecturer
Teresa A Hubka	DO	Board Certified	Associate Clinical Professor
Howard K Kaufman	DO	Board Certified	Adjunct Associate Clinical Professor
Earle E. Pescatore	DO	Board Certified	Assistant Clinical Professor
R. Scott Springer	DO	Board Certified	Adjunct Associate Clinical Professor
Total Faculty: - 10			

MISSION

The MWU/CCOM Obstetrics and Gynecology Residency is a four-year AOA approved program designed to provide the graduating resident with mastery of the basic science, medical management, basic surgical skills and interpersonal skills of a highly qualified osteopathic obstetrician/gynecologist. The program follows the Basic Standards for Residency Training in Obstetrics and Gynecology of the American Osteopathic Association (AOA) and the American College of Osteopathic Obstetricians and Gynecologists (ACOOG).

The philosophy of the department has been that obstetrics and gynecology is best learned from selected rotations in a variety of environments pertinent to obstetrical and gynecological care. As obstetrics and gynecology is a changing field, modifications of the program will be made as needed to remain current and innovative.

PROGRAM

I. Aims, Goals, Objectives:

Residency training in obstetrics and gynecology is a postgraduate educational experience which is designed to make the graduating resident a highly qualified osteopathic obstetrician/gynecologist.

A. The goal of the training program in obstetrics and gynecology is to prepare a physician who shall have achieved mastery in the following core competencies:

1. *Osteopathic Philosophy and Osteopathic Manipulative Medicine:* Obstetrics and gynecology residents are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to obstetrics and gynecology. The educational goal is to train a skilled and competent osteopathic obstetrician who remains dedicated to life long learning. Specifically the obstetric and gynecology resident will be able to:
 - a. Demonstrate competency in the understanding and application of omt appropriate to obstetrics and gynecology.
 - b. Integrate osteopathic concepts and omt into the medical care provided to patients as appropriate.
 - c. Understand and integrate osteopathic principles and philosophy into all clinical and patient care activities.

2. *Medical Knowledge:* Obstetrics and gynecology residents are expected to demonstrate and apply knowledge of accepted standards of clinical obstetrics and gynecology, remain current with new developments in medicine, and participate in life-long learning activities, including research. Specifically the obstetrics and gynecology resident will:
 - a. Demonstrate competency in the understanding and application of clinical obstetrics and gynecology to patient care.
 - 1) Demonstrate thorough knowledge of the complex differential diagnoses and treatment options of obstetrics and gynecology.
 - 2) Integrate the sciences applicable in obstetrics and gynecology with clinical experience.
 - b. Know and apply the foundations of clinical and behavioral medicine appropriate to obstetrics and gynecology.
 - 1) Demonstrate ability to provide end of life care.
 - 2) Identify and address socioeconomic, ethnic, religious, and

cultural aspects of illness and their impact on patient clinical presentation and subsequent management.

3. *Patient Care:* Obstetric and gynecology residents must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion. Specifically the obstetrics and gynecology resident will be able to:
 - a. Gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records, and diagnostic/therapeutic plans and treatments.
 - b. Demonstrate competency in the performance of diagnosis, treatment and procedures appropriate to obstetrics and gynecology.
 - c. Provide health care services consistent with osteopathic philosophy, including preventive medicine and health promotion that are based on current scientific evidence and understanding of behavioral medicine.

4. *Interpersonal and Communication Skills:* Obstetrics and gynecology residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams. Specifically the obstetrics and gynecology resident will:
 - a. Demonstrate effectiveness in developing appropriate doctor-patient relationships.
 - b. Exhibit effective listening, written and oral communication skills in professional interactions with patients, families and other health professionals.

5. *Professionalism:* Obstetrics and gynecology residents are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to effectively care for patients. Specifically the obstetrics and gynecology resident will:
 - a. Demonstrate respect for patients and families and advocate for the primacy of patient's welfare and autonomy.
 - b. Adhere to ethical principles in the practice of medicine.
 - c. Demonstrate awareness and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.

6. *Practice-based Learning and Improvement:* Obstetrics and gynecology residents must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices. Specifically the obstetrics and gynecology resident will:
 - a. Treat patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness.
 - b. Perform self-evaluations of clinical practice patterns and practice-based improvement activities using a systematic methodology.
 - c. Demonstrate understanding of research methods, medical informatics, and the application of technology as applied to medicine.

7. *Systems-based Practice:* Obstetrics and gynecology residents are expected to

demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine. Specifically the obstetrics and gynecology resident will:

- a. Demonstrate understanding of national and local health care delivery systems and how they impact on patient care and professional practice.
- b. Advocate for quality health care on behalf of patients and assist them in their interactions with the complexities of the medical system.

B. The education of the resident requires understanding and mastery of several areas of experience:

1. Basic science knowledge to have an understanding of clinical management;
2. Medical management of the large variety of clinical situations present in obstetrical and gynecological practice;
3. Basic surgical skills and experience in specific operative procedures utilized in obstetrics and gynecology;
4. Acquiring the skills and tact necessary to become a competent consultant in obstetrics and gynecology;
5. Learning to work as a team member for the overall benefit of the patient.

The osteopathic medical center and the affiliate sites will attempt to provide the necessary patient population, learning opportunities and guidance necessary to assist the resident in becoming a skilled obstetrician/gynecologist. High quality patient care has to be the most important aspect of this training experience but exposure to teaching and research is also extremely important to the resident who expects to become an outstanding clinical obstetrician/gynecologist.

While it is the responsibility of the medical center and the affiliates to provide the patients and teaching opportunities in which to acquire experience, it must be clearly understood by the resident that he/she must take full advantage of these opportunities and the ultimate responsibility for the quality of the residents' education lies within the efforts of each individual resident.

The MWU/CCOM Obstetrics and Gynecology residency is a four year AOA approved program. It is open to individuals who have graduated from an accredited school of Osteopathic Medicine. Individuals in an approved program will need to complete the requirements of the ACOOG of Obstetrics and Gynecology residency in order to receive complete approval for their year of training.

As in any residency training program in obstetrics and gynecology, the instruction is progressive in nature. There are specific goals for each year of the program and mastery is required before progressing to the next level. The junior residents must always keep this progressive nature of the teaching program in mind and go through the "chain of command" with the institution.

II. Application of Osteopathic Principles and Practice:

The MWU-CCOM Department of Obstetrics and Gynecology faculty feel the concept of osteopathic medicine provides us and our patients with a more humanistic and realistic approach to the total health care of each patient. Obstetrics and Gynecology integrates osteopathic principles and practice into the residency training program in three ways: (1) via didactic programs through which the Department introduces guest lecturers who are Osteopathic specialists; (2) via bedside and individualized teaching; and (3) via patient consultation and concomitant care with the Osteopathic Medicine clinical specialists. Residency training incorporates the application of Osteopathic diagnostic and therapeutic measures related to the total health of the patient. The program emphasizes inclusion of osteopathic principles and practice in the management of patients with all aspects of pelvic pain and/or gynecological diseases; and in the treatment of somatic dysfunction in the obstetrical patient. The training includes observation and correlation of neuro-musculoskeletal lesions as they apply to

the diagnosis and therapy of pelvic pain and gynecological diseases.

RESPONSIBILITY OF PERSONNEL RESPONSIBLE FOR TRAINING

I. Program Director:

- A. Qualifications - the Program Director shall be the Chairman of the Department or an appointed designee. He/she shall be certified by the American Osteopathic Board of Obstetrics and Gynecology (hereafter referred to as the AOBOG). He/she shall be a member in good standing of the American College of Osteopathic Obstetricians and Gynecologists and the American Osteopathic Association (hereafter referred to as the ACOOG and AOA, respectively).
- B. Responsibilities - the Program Director shall oversee the program to ensure that its goals and objectives are being met, and fulfill his/her responsibilities as defined in the "Basic Standards for Residency Training in Obstetrics and Gynecology," of the AOA and ACOOG.

II. Staff Physicians:

- A. Qualifications - the staff physician in the program must be Board Certified or Board Eligible by the AOBOG or the ABOG. He shall also be a member in good standing of the American College of Osteopathic Obstetricians and/or the American College of Obstetrics and Gynecologists and the parent medical association.
- B. Responsibilities - the department members shall assist the program director in assuring that each resident meets the objectives set forth. This includes clinical instruction as well as didactic lectures and informal rounds.

GENERAL INFORMATION REGARDING RESIDENCY PROGRAM

I. Qualifications of Candidate

A. Requirements

1. Must be a graduate of an AOA approved osteopathic medical school
2. Must be licensed to practice medicine in the state of Illinois
3. Must provide letters of recommendation from the director(s) of training at each of the institution where candidate has been affiliated.
5. Must be a member in good standing of the AOA

B. Method of Selection

1. Candidate requests application from Office of Postdoctoral Education, or apply through ERAS website.
2. Candidate submits completed application with required documentation
3. Candidate receives personal interview by departmental Residency Selection Committee
4. Final approval as determined by Department Chairman with advice and consent of department members.

The Midwestern University's Obstetrics and Gynecology Residency Training Program does not discriminate with regard to sex, sexual orientation, race, religion, color, national origin, disability or veteran status.

C. Contract Renewal or Termination

1. Contract is renewed on a yearly basis.
2. If the performance of the resident does not meet with the standards of the Department, the contract will be terminated.

II. On-call Responsibilities

It is expected that each resident will serve both weekend and night call in-house. Frequency will be based on the educational requirements as set forth by the Department and in conjunction with ACOOG regulations.

III. Description of Training Program

A. Didactic - A comprehensive didactic program, which covers all didactic topics in Obstetrics and Gynecology as listed in the "Basic Standards for Residency Training in Obstetrics and Gynecology," of the AOA/ACOG, consists of the following:

1. Maternal-Fetal Medicine didactic lectures under the direction of a faculty member or a senior resident
2. Gynecologic oncology Tumor Board
3. Resident Journal Club
4. Discussion of gynecologic text materials under the direction of a faculty member or a senior resident
5. Educational sessions/protected time every Friday from 1:00 PM to 5:00 PM, which include the following:
Primary C-section review; gynecologic surgical rounds; guest or attending faculty lectures; junior resident lectures; senior resident lecture or research project presentations; and perinatal review with University of Illinois.
6. Lectures and discussions in reproductive endocrinology
7. OPP lecture and lab
8. Neonatal resuscitation course held by the Department of Pediatrics

B. Reading list

1. Journals:
American Journal of OB/GYN, Contemporary OB/GYN, Obstetrics and Gynecology, OB/GYN Survey
2. Texts:
Gabbe – Obstetrics Normal and Problem Pregnancies
Speroff – Clinical Gynecologic Endocrinology and Infertility, fourth edition
Telindes – Operative Gynecology, ninth edition
DiSaia – Clinical Gynecologic Oncology, fifth edition
Droegenmueller, Comprehensive Gynecology,
Creasy – Resnick, Maternal Fetal Medicine,
Copeland – Textbook of Gynecology, second edition
Van Dinh – Clinical Gynecologic Oncology Review, third edition
Callen – Ultrasonography in Obstetrics and Gynecology, second edition

Parker – Antepartum and Intrapartum Management,
Precis – Reproductive Endocrinology, second edition x 2
Precis – Gynecology, second edition
Precis – Primary and Preventive Care, third edition
Prolog – Obstetrics, third edition
Prolog – Obstetrics, fourth edition
Prolog – Obstetrics, fifth edition
Prolog - Reproductive Endocrinology and Infertility, third edition x 2
Prolog - Reproductive Endocrinology and Infertility, fourth edition
Prolog - Reproductive Endocrinology and Infertility, fifth edition
Prolog – Gynecologic Oncology and Surgery, third edition
Prolog – Gynecologic Oncology and Surgery, fourth edition
Prolog – Patient Management in the Office, third edition
Special Issues in Women’s Health
Blueprints Q & A – Step 3

C. Clinical

1. Rounds. Patient care is our first and foremost priority. Rounds should be performed twice daily (early a.m. and p.m.). It is the responsibility of the senior resident on service to personally see that rounds are completed and the attending notified of any concerns. The early a.m. rounds are to be completed before surgery is started. No exceptions! Prior to leaving each day, it is imperative that the on-call residents receive thorough check-out rounds from the Chief resident of each service.
2. Clinics: Clinics are to be an educational experience for the housestaff and students on service. An attending will always be available for consultation. Residents on call the preceding night are not to leave clinic early without specific permission of the responsible attending and their senior resident.

D. Teaching responsibilities

The resident will be required to present lectures to the interns and students on service on chosen topics. The selections will be assigned and monitored by the Director of Undergraduate Medical Education.

E. Resident Logs

eLogs are maintained on all activities of the resident throughout training. It includes a listing of cases seen, procedures performed and lectures attended. eLog summaries are due in the department office by the end of each month.

F. Required Reports

Residents are required to submit an annual report to the ACOOG, and to take the annual residency evaluation examination by the Council on Residency Education in Obstetrics and Gynecology (CREOG).

Each resident is required to write a publishable paper based on original work that he/she has performed during his/her four-year residency.

G. Evaluation of Program

Residents are required to evaluate the program, program director, and faculty yearly (for both the ACOOG, and the MWU/CCOM Office of Postdoctoral Education) in order to continually update the quality of the Department.

Residents are also required to aid in the evaluation of housestaff and students on the service. The resident's performance shall be evaluated by their supervising physicians.

Each resident will have a semi-annual review with the Department Chair/Program Director evaluating performance, reviewing documentation, and overall status in residency program.

Quarterly evaluation is maintained by the Department and kept on file in the Chairman's office. Each resident will receive a thorough annual review by the Program Director.

H. Vacation and CME

Paid Time Off

Residents shall receive a total of fifteen business days off in the OGME-1 and twenty business days off in the OGME-2 and above with pay pending the approval of the Program Director. Any time off (not to exceed one-week increments), for vacation, CME, personal reasons, sick leave, bereavement, etc. must come out of this time. An 'Absence From Hospital Duties' form, available in the Office of Postdoctoral Education, must be completed, approved and submitted ***prior*** to your time off (in the case of vacation and CME) and completed upon your return in the case of illness. Paid time off ***must*** be taken within the current contract year and may not be carried over into the next contract year.

All third and fourth-year residents must take at least two weeks vacation or CME prior to January 1st. Vacation and CME requests will be granted based on seniority. All attempts will be made to limit the number of residents absent from the program to only one at a time.

I. Illness

Residents will be excused from work for serious illness. Suspected abuse of this policy will be dealt with by the Program Director. Residents who must miss work for prolonged periods of time will be required to make up this time at the end of their program.

J. Licensure

It is a state law that all residents have a current temporary or permanent license. The Office of Postdoctoral Education and the office of the Department of Obstetrics and Gynecology require a copy on file prior to beginning the residency program.

K. Clinical Rotation Sites

CCOM is fortunate to offer the housestaff a wide variety of clinical experiences. Following is a description of our teaching facilities and a brief summary of the residents' responsibilities at each site.

Swedish Covenant Hospital

5145 North California
Chicago, IL 60625

Swedish Covenant Hospital is a 350-bed comprehensive health care facility providing health and wellness services to Chicago's North and Northwest Side communities. Swedish Covenant Hospital boasts a medical staff of more than 500 physicians, representing a wide variety of specialties and subspecialties. The finest medical professionals use advanced technology and procedures to provide comprehensive inpatient and outpatient medical services where approximately 3,000 babies are born each year. Swedish Covenant provides excellent educational opportunity for the residents.

Little Company of Mary Hospital

2800 West 95th Street
Evergreen Park, IL 60805

Little Company of Mary Hospital is a 300-bed health care hospital with a medical staff of more than 550 physicians in a variety of specialties and subspecialties. Through this affiliate site the resident has their Continuity of Care clinic. They also gain a general experience in the management of obstetrical cases and gynecologic surgery.

Advocate Christ Hospital

4440 West 95th Street
Oak Lawn, Illinois 60453

Advocate Christ is the largest private hospital in Illinois based on admissions. Obstetrical services rank among the busiest in the state; more than 4,000 babies are born at the medical center each year. Residents cover Labor and Delivery and postpartum care. The majority of Maternal Fetal Medicine experience is gained here also. Opportunities for Gynecologic Oncology and Urogynecology rotations exist here for senior residents.

Reproductive Endocrinology

Residents have the opportunity to work at a private office with Dr. Scott Springer, a specialist in this field.

Advocate Trinity Hospital

2320 East 93rd Street
Chicago, Illinois 60617

Trinity Hospital promotes healthy mothers and babies by offering a full range of prenatal services and specialty medical treatment and high-tech services if needed. At this center, training is in general gynecologic surgery (1700 cases in 2006). Trinity provides a wealth of Gynecologic surgery for senior residents. Emergency coverage of Labor and Delivery is also provided by the residents.

OBJECTIVES

I. Obstetrics

A. **First-year Resident.** The objectives of the rotation for the first year resident in obstetrics are to become familiar with normal obstetrics, be able to manage the normal obstetrical patient and to become familiar with obstetrical complications. One month will be devoted to neonatology with the Department of Pediatrics for exposure to the newborn nursery and the pediatric floor. The resident should learn the following:

1. Normal intrapartum and postpartum management.
2. Indications for surgical techniques and postoperative care of patients undergoing vaginal and abdominal deliveries
3. Indications, techniques and interpretations of fetal monitoring
4. The elements of normal and abnormal labor
5. Normal and abnormal obstetrical pelvis
6. Basic ultrasound as it relates to obstetrics
7. Interpretation of (with attending/senior resident) antepartum fetal evaluation tests
8. Become familiar with obstetrical anesthesia indications, techniques and complications as they relate to normal obstetrical patients.
9. Indications, counseling and techniques of abdominal postpartum sterilization
10. Indications, techniques and complications of oxytocin augmentation induction and the use of prostaglandins
11. Indications, techniques and complications of newborn resuscitation

B. **Second-year Resident.** The objectives of the second year rotation are to build knowledge and skills associated with abnormal and complicated obstetrics on the data base and skills acquired during the first year of residency. Upon completion of the second year of training, given a normal or abnormal obstetrical patient, the resident should be able to diagnose and appropriately treat all objectives and skills of year one plus diagnosis and therapy of:

1. Abnormal labor/presentations
2. Premature/prolonged gestation
3. Premature rupture of membranes.
4. Hypertensive disorders of pregnancy
5. Obstetrical hemorrhage pre/intra/postpartum
6. Indication and techniques
 - a. forceps and vacuum delivery
 - b. assists on other operative obstetrics as needed and directed
7. The second-year resident will spend time on the maternal-fetal-medicine service.

C. **Third-year Resident.** The objective for the third year resident is to acquire the data base and skills necessary to manage obstetrical, medical, psychiatric and surgical complications and diseases that may be associated with pregnancy in the antepartum, intrapartum and postpartum period.

Upon completion of the rotation, the resident should, given a patient with an associated medical, surgical or obstetrical complication, be able to diagnose, treat and consult appropriately. The resident shall utilize all skills acquired during the first and second year, plus:

1. Manage and act as primary resident consultant for in-service consultations for the special care obstetrical unit
2. Admit and manage antepartum high risk patients
3. Admit and manage non-emergent patients for repeat Cesarean section
4. Admit and manage high risk and complicated Cesarean section
5. Manage patients admitted for repeat Cesarean section
 - a. ultrasound
 - b. amniocentesis for maturity
 - c. genetic counseling.
 - d. become familiar with the management of patients on the maternal-fetal medicine service

D. Fourth-year Resident. At the conclusion of the rotation, given a normal or complicated obstetrical patient, the Chief resident should be able to diagnose and treat appropriately. The resident should be able to act as a consultant to other residents and as resident consultant to outside services.

Education: The Chief resident oversees the education and progress of the residents and students assigned to the services.

Clinical Duties: He/she monitors the actions of the residents assigned to maternal/fetal medicine. The Chief resident interprets and reports (with maternal/fetal medicine attending physician), antepartum evaluation study results. He is expected to manage obstetrical, surgical and medical complications admitted to the maternal/fetal medicine service.

II. Gynecology

A. First-year resident. First year residents should expect to work up both major and minor cases. Surgical experience will include scrubbing as first assistant on all minor cases he works up (i.e., chief operator). He should also scrub as second assistant on major cases he works up as well as other cases assigned to him by the senior resident. He should follow post-operatively all major and minor cases scrubbed on. Major cases will be followed along with a third or fourth-year resident.

The goals of the first-year resident will be to become proficient in performing such procedures as: diagnostic D & C, suction curettage, diagnostic laparoscopy, laparoscopic tubal ligation, marsupialization of a Bartholin's gland cyst; as well as to become competent in second assisting on major abdominal and vaginal cases. The first-year resident should be familiar with pelvic anatomy.

B. Second-year Resident. The second-year resident should expect to work up both minor and major cases. Surgical experience will include scrubbing as first assistant (chief operator) on all major cases he works up. He will also scrub as first or second assistant on major cases he works up as well as other cases assigned to him by the senior resident. He should follow postoperatively all minor and major cases scrubbed on.

The goals of the second-year resident will be to become proficient in performing such procedures as: cervical conization, resection of Bartholin gland cyst, selected major cases (i.e., salpingectomy, ovarian cystectomy) as well as to become proficient in assisting in

other major abdominal and vaginal cases. The second-year resident will be expected to assist on some operative laparoscopies.

- C. **Third-year Resident.** The third-year resident should expect to work-up primarily major cases but will also work-up minor cases as needed. He should expect to scrub on all major cases worked up and follow those patients postoperatively, many times along with a first-year resident.

The goal of the third-year resident will be to become proficient in performing an abdominal hysterectomy and bilateral salpingo-oophorectomy. He/she will also be expected to be a proficient first assistant on difficult operative laparoscopies.

The third-year resident will spend time in subspecialty training, in both maternal-fetal medicine and reproductive endocrinology.

- D. **Fourth-year Resident.** The fourth-year resident will be responsible for assigning surgical cases to the resident on the service each morning and for assigning workups each afternoon. He will also designate a resident to carry the emergency room beeper on a daily basis. He will preside over ward rounds each morning and afternoon.

The fourth-year resident should expect to work-up selected major cases. He will scrub on all cases he works up as well as selected cases worked up by a first or second-year resident, in which cases he will be responsible for senior resident note on the chart the day prior to surgery. He will follow postoperatively all cases upon which he scrubs.

The goals of the fourth-year resident will be to become proficient in performing such cases as vaginal hysterectomy with or without bilateral salpingo-oophorectomy, difficult operative laparoscopies including laparoscopic assisted vaginal hysterectomies as well as other special operative procedures.

The fourth-year resident will spend time in subspecialty training in oncology.

CURRICULUM

The following is a guide to the four-year residency in Obstetrics and Gynecology at CCOM. It is structured to meet the basic guidelines of ACOOG's model residency program and at the same time, utilize the special advantages that MWU/CCOM has to offer.

First-year Residency

Rotating Services: (Emergency Medicine, ICU, Family Medicine/Internal Medicine, General Surg)	5 months
Gynecology (time divided equally between clinic & surgery)	3 months [approximately]
Obstetrics	3 months

(time divided equally between clinic and Labor & Delivery, with one month of Ultrasound service) [approximately]

Neonatology/Pediatrics 1 month

Second-year Residency

Gynecology 5 months
(time divided equally between clinic & surgery)

Obstetrics 7 months
(time divided equally between clinic and Labor & Delivery and are assigned to one month of ultrasound and maternal-fetal-medicine service)

Third-year Residency

Gynecology 5 months
(time divided equally between clinic & surgery)
Pathology (concurrent with Gyne surg)

Obstetrics 4 months
(more time in clinic with supervisory role in Labor & Delivery)
Maternal-Fetal Medicine (as part of obstetrics)

Gynecologic Oncology 1 month
Reproductive endocrinology 1 month
Gyne Urology 1 month

Fourth-year Residency

Gynecology 6 months
Obstetrics 6 months