The Los Angeles Medical Center (LAMC) serves as a referral center for more than 3 million Kaiser Permanente members throughout Southern California. It is the regional tertiary care facility for such subspecialty services as Maternal-Fetal Medicine, Pediatric Surgery and Gynecologic Oncology. The Center for Medical Education at LAMC provides oversight and administrative support for 20 fully accredited residency and fellowship programs. Our institution sponsors the postgraduate medical education of over 220 residents and fellows. In addition, residents and fellows from other institutions rotate at LAMC.

Kaiser Permanente is among the nation’s largest and most highly regarded not-for-profit managed care organizations. As a member of our residency program, you will learn to provide cost-effective, yet caring medicine—an indispensable approach to providing health care in any future practice setting.

**The Program**

Kaiser Permanente’s residency program in Obstetrics and Gynecology prepares you for the rewards and challenges of the specialty. We structure your training around the concept of providing comprehensive medical care; including health maintenance and preventive care. We strive to balance our residents’ inpatient and outpatient experiences.

The Department of Obstetrics and Gynecology includes 39 full time physicians, two certified Nurse Midwives, three Lactation Consultants, and five Registered Nurse Practitioners. The fac-
are also fully integrated in the EPIC® system that allows us to interface with other health care delivery systems in the nation.

The Ob/Gyn residency program at LAMC is fully approved by the Accreditation Council for Graduate Medical Education. Residents gain experience in all aspects of Obstetrics, including training in reproductive biology, genetics, ultrasound and perinatology. Gynecologic expertise is developed through extensive clinical experience; there are rotations in Benign Gynecology, Urogynecology, Gynecological Oncology, and Reproductive Endocrinology/Infertility.

More than 1,200 major gynecological operations are performed annually at LAMC, so our residents are assured of comprehensive surgical training.

**Information Technology and Simulation**

Kaiser Permanente is a leader in the development of electronic medical records. Using HealthConnect®, our fully-integrated in-and out-patient medical record system, clinic notes, hospital charts, medications, laboratory results, operative and pathology reports, and radiographic images are “just a click away.” We are also fully integrated in the EPIC® system that allows us to interface with other health care delivery systems in the nation.

Residents may access Kaiser Permanente’s Clinical Library website from any desktop computer on campus, and may obtain privileges to access the site from home. The Clinical Library site includes evidence-based medicine databases (e.g. Cochrane Library and Clineguide), drug databases (e.g.: Micromedex and Natural Medicines), search databases (e.g. OVID, MDConsult, and PubMed), electronic journals and online textbooks.

The Center for Medical Education provides each resident with the option to buy an IPad for immediate and convenient connections to secure hospital based systems as well as professional emails and internet based research data bases.

Residents in all surgical specialties participate in LAMC’s Fundamentals of Laparoscopic Surgery Course. The program’s six modules include didactic lectures and hands-on practice using laparoscopy “box” trainers and a Symbionix Virtual Reality (VR) machine. During the PGY-3 Clinics Rotation, Ob/Gyn residents complete a 10-part simulation curriculum. In addition to exercises using the laparoscopy trainers and VR machine, residents practice hysteroscopic procedures using a VR simulator manufactured by Immersion Medical.

**Year One: Internship Obstetrics Rotations**

Obstetrical experience is gained during three, one-month Labor and Delivery rotations. Interns participate in the triage of patients, consultations, and providing care during labor and delivery. They will receive exposure to peripartum testing, ultrasound, vaginal and cesarean delivery care.
To fulfill ACGME duty hour requirements, a night float system is in place for the PGY-1 through the PGY-3 classes: the workday is divided into 12-hour shifts and each resident works overnight for one month covering Labor and Delivery. There are three faculty members on Labor and Delivery around-the-clock to supervise and teach residents.

**Gynecologic Oncology Rotation**
Interns spend two months on the Gynecologic Oncology service under the direction of three gynecologic oncologists, a fellow, and a PGY-3 and -4 resident. The intern helps manage patients pre and postoperatively, helps assess patients in the emergency room, assists with chemotherapy regimens, assists in the operating room, attends subspecialty conferences, and provides ambulatory care (including new patient consultations) all under faculty supervision.

**Internal Medicine Rotation**
There is a one month Internal Medicine rotation spent working in the ICU. House officers from the Department of Obstetrics and Gynecology have clinical duties similar to those of interns on the Medicine Service.

**Pediatrics**
Interns spend two weeks in the Well-baby Nursery under the supervision of faculty pediatricians. They learn to perform newborn physical exams and initiate sepsis work-ups. Training in lactation and neonatal care are emphasized during the rotation.

**Family Planning**
A two week rotation is conducted with Planned Parenthood-Los Angeles. Interns provide contraception counseling, insert highly-reliable contraceptives (e.g. IUDs and Nexplanon®), screen for and treat sexually transmitted infections, and perform medical and surgical pregnancy terminations.

**General Surgery**
During this four-week rotation, interns are assigned to work on the Breast Service with a subspecialty trained surgeon. House officers from the Department of Obstetrics and Gynecology have clinical duties similar to those of interns from the Department of Surgery. Interns see patients in Multidisciplinary Breast Clinic where mammographic fine-needle aspirate and needle-localization findings are reviewed, and they assist in the operating room.

**Benign Gynecology**
Interns spend two months on the Benign Gynecology Service. Under the supervision of faculty generalists, a team comprised of PGY-1, -3, and -4 residents. The intern evaluates outpatients, assist in providing consultation on hospitalized patients and women presenting to the Emergency Room, and assist on all ambulatory gynecologic procedures and surgeries in the operating room. Residents are responsible for all aspects of the pre- and post-operative care of their patients.

**Continuity Clinic**
We incorporate Continuity Clinic experience into the internship year. Initially, interns and attending physicians see patients together. Ultimately, interns see patients independently, but are closely supervised by faculty “mentors” in the clinic. Continuity Clinics are scheduled during all first year rotations (except ICU, NICU and General Surgery). In this way, interns begin to develop a cohort of obstetrical patients and women for whom they will provide care during the next three years of residency.

Continuity Clinic is held weekly during each subsequent year of training, regardless of assignment to specialty services or outside rotation. Residents see their own postpartum and postoperative patients and serve as primary care providers for a growing patient group.

**Year Two**
The focus of the second year of residency is on High-Risk Pregnancy and Benign Gynecology. During two, 10-week rotations on Labor and Delivery, PGY-2 residents assist the intern caring for normal laboring patients and manage women with pregnancy related complications under faculty supervision. The residents’ obstetrical experience also includes a 10 week rotation in the Maternal-Fetal Medicine Clinic where they assist with outpatient consultations on high risk patients as well as organizing and participating in multidisciplinary rounds and meetings as needed for each specific high risk patient. Second year residents also spend 10 weeks on a subspecialty clinic rotation that concentrates on outpatient hysteroscopy, colposcopy training, manual vacuum aspiration and circumcision.
PGY-2 residents spend 10-weeks on the Urogynecology service under the supervision of a chief resident and three fellowship trained attending physicians. The resident learns to evaluate pelvic organ prolapse, non-surgical treatment of pelvic prolapse and urinary incontinence, and how to interpret urodynamic test results. The second year resident serves as a surgical assistant during urogynecological and pelvic reconstruction operations.

Because of the night float system, PGY2s do not do week-day call and are able to concentrate on learning during their respective rotations. They rotate with their fellow residents to cover weekend calls.

**Year Three**
The third year of residency emphasizes gynecologic surgery and High Risk Obstetrics. PGY-3 residents have a 10-week Gynecologic Surgery rotation at LAMC. Residents assist in a variety of major procedures including abdominal and vaginal hysterectomies, laparotomies, and operative laparoscopy and hysteroscopy.

During their 10-week rotation on the Gynecologic Oncology Service, third year residents refine their surgical skills and care for acutely ill patients. Residents also learn the principles of chemo and radiation therapy in the outpatient setting during clinic sessions conducted jointly with the Medical and Radiation Oncology divisions.

Third year residents have a 6-week experience in Reproductive Endocrinology and Infertility (REI) under the supervision of four board certified Reproductive Endocrinologists. Residents learn how to evaluate infertile couples and perform such outpatient procedures as salinesonohystogram, hysterosalpingography, ultrasonography for follicular development, and perform intratranuterine inseminations. For full breadth, there are two dedicated endocrine only clinics during this rotation. Residents scrub for all surgical procedures performed on the service. During this rotation there is an opportunity to observe assisted reproductive technology procedures such as egg retrieval and embryo transfer.

Third year residents have a 4-week Elective Block that may used to complete their research project, to participate in a rotation outside Kaiser, or to have an international experience. Some residents have used this as an opportunity to participate in a medical mission in a developing country.

**Year Four: Chief Resident Year**
Fourth-year residents share administrative and teaching responsibilities. There are five rotations in the fourth year: Labor and Delivery, Benign Gynecology, Gynecologic Oncology, Urogynecology and Minimally Invasive Surgery. Because of the night float system, the Chief Resident year only has weekend call responsibilities.

Each resident is expected to complete a research project during their tenure at Kaiser-LAMC. This research project will be presented at the Southern California Kaiser OB/GYN Symposia held in September. Many research projects are accepted for presentation or publication.

**Gynecologic Oncology Service**
The senior resident coordinates the day to day clinical activities of the service; seeing new referrals, postoperative and returning patients, as well as women receiving radiation and chemotherapy. The PGY-4 resident scrubs on all cases, serving as the first assistant, depending upon complexity of the procedure.

**Labor and Delivery**
The chief resident manages all patients on Labor and Delivery. This includes normal and high risk laboring patients, antepartum patients, high risk maternal fetal medicine patients and immediately postpartum patients. Under the guidance of the Maternal Fetal Medicine Attendings the chief resident is charged with organizing and undertaking diagnostic, treatment and delivery procedures needed by their patients. The chief resident is also responsible for the teaching and management of their junior residents as well as the general flow of the L&D floor.

**Urogynecology Service**
The chief resident on this service evaluates outpatients in specialty clinics and supervises the PGY-2 resident’s care of postoperative patients. The focus of the rotation is the surgical treatment of urinary incontinence and pelvic organ prolapse including discussed vaginal hysterectomy. The senior resident either performs or assists during all cases.
Benign Gynecology
PGY-4 residents have a 10-week rotation on the Benign Gynecology Service. The chief resident serves as the first assist on all surgical cases. They manage and oversee the care of all inpatients and outpatients on the service. They supervise their team of a PGY-3 and PGY-1 with the guidance of the generalist gynecology staff. During this rotation there are dedicated gynecology clinics and one half day of clinical teaching that concentrates on surgical case review and evidence based approach to consultation of the gynecology patient.

Minimally Invasive Surgery
Chief residents enjoy a 10 week rotation at Kaiser Permanente’s West Los Angeles Medical Center (WLA). WLA is a designated Minimally Invasive Gynecology Surgical (MIGS) Center. WLA provides the PGY4 resident an opportunity to refine laparoscopic skills as 94% of all gynecologic surgeries performed there are minimally invasive. There is also a fellowship trained specialist in Female Pelvic Medicine/Reconstructive Surgery on the Faculty at WLA affording residents additional opportunities to perform vaginal hysterectomies, prolapse operations and anti-incontinence surgeries. As the sole resident, the PGY4 is the primary assist on all surgeries. They are also responsible for perioperative care.

Department Educational Activities
Thursday afternoons are designated as “education time” for the residents and staff alike. There are both combined educational lectures and resident specific educational activities scheduled during this time. There is a weekly case management conference that reviews the care of individual cases that have occurred in the last 2 weeks. There are interesting clinical case presentations and well as journal club reviews. Once a month there are Hospital Grand Rounds that are undertaken on site.

The residents have additional educational conferences that are specific to them. During the year there are continuous resident only sessions at our Endoscopic Simulation Center. Tuesday mornings there is a Clinic topic review lecture given by an attending, which synthesizes material from CREOG (Council for Resident Education in Obstetrics and Gynecology) Educational Objectives. Every Monday at noon there is a Benign Pathology Conference moderated by members of the Pathology Department. Each week there are formal didactic sessions for residents rotating on the Benign Gynecology, Urogynecology, Maternal-Fetal Medicine, and Reproductive Endocrinology/Infertility services. The Gynecologic Oncology service meets with members of the Pathology Department each week to review surgical specimens and slides sent with patients referred to the division.

The Los Angeles Obstetrical and Gynecological Society meets quarterly and features lectures by local medical school faculty members and world-renowned experts. The Center for Medical Education underwrites the registration fee for residents who attend these meetings.

The department participates in Southern California Kaiser Permanente Medical Group’s annual Obstetrics and Gynecology Symposium. This off-site meeting features lectures by preeminent physicians and researchers in our specialty. In order to graduate from the program, each resident must complete a research project and present their findings at the annual symposium. Suitable papers are submitted to peer-reviewed journals for publication.

To learn more about:
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