The Program
Kaiser Permanente’s residency program in Obstetrics and Gynecology prepares you for the rewards and challenges of the specialty. We structure our training around the concept of providing comprehensive medical care for women; including health maintenance and preventive care.

Our Department of Obstetrics and Gynecology includes 39 full time physicians, two certified Nurse Midwives, four Lactation Consultants, and five Registered Nurse Practitioners. The faculty includes fellowship-trained physicians in all four subspecialties: Maternal Fetal Medicine, Urogynecology, Gynecologic Oncology, and Reproductive Endocrinology/Infertility. We also have faculty with specialty training in Minimally Invasive Surgery and Family Planning. In addition to training residents, third year medical students from the University of Southern California rotate through the department for required clerkships in obstetrics and gynecology.

We also offer a competitive fourth year elective in Gynecologic Oncology to students from throughout the nation. Gynecologic Oncology Fellows from a joint program with Cedars Sinai Medical Center rotate continuously through the department. We plan to be fully integrated into the fellowship program in Female Pelvic Medicine and Reconstructive Surgery with Harbor-UCLA during the 2016-17 academic year.

The Ob/Gyn residency program at LAMC is fully approved by the Accreditation Council for Graduate Medical Education (ACGME). 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.
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 Cliniguide), 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-2 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. During the second year clinics rotation each resident gets one on one time with one of our minimally invasive surgeons to work on fundamentals of laparoscopy, instrumentation and ergonomics in preparation for the more intensive surgical years ahead.

Post Graduate Year One: Internship
The focus of internship year is on attaining medical knowledge and experience that will help provide the basis of a comprehensive obstetric and gynecologic practice. There is exposure to both obstetrics and gynecology within a team structure of learning.

Obstetrics Rotations
Obstetrical experience is gained during three, one-month Labor and Delivery rotations. Interns participate in the triage of patients, consultations, and provide care during labor and delivery. They receive exposure to peripartum testing, ultrasound and 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.

Benign Gynecology Rotation
Interns spend two months on the Benign Gynecology Service. Under the supervision of faculty generalists, the PGY1 works within a team that also includes a PGY3, and a PGY4 resident. The intern evaluates outpatients, assists in providing consultation on hospitalized patients and women presenting to the Emergency Room, and assists with 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.

Gynecologic Oncology Rotation
Interns spend two months on the Gynecologic Oncology Service under the direction of two gynecologic oncologists, a fellow, and a PGY-3 and PGY-4 resident. The intern evaluates outpatients, assists in providing consultation on hospitalized patients and women presenting to the Emergency Room, and assists with 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.

General Surgery Rotation
During this four-week rotation, interns are assigned to work on the Breast Service with subspecialty-trained surgeons. 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 the Multi-Disciplinary Breast Clinic where mammographic fine-needle aspirate and needle-localization findings are reviewed, and they assist in the operating room.
Internal Medicine Rotation
There is a one-month Internal Medicine rotation spent working in the Intensive Care Unit. House officers from the Department of Obstetrics and Gynecology have clinical duties similar to those of interns on the Medicine Service.

Family Planning Rotation
A four-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.

Pediatrics Rotation
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.

Palliative Care Rotation
During this rotation, the intern works with the palliative care consult team, both attendings and fellows, fielding consults and providing whatever care is needed by individual patients. The goal is to learn about what palliative care means to the patient and their families as well as what services are available and can be offered. The intern observes and learns about how to counsel and approach difficult conversations with care, respect and compassion.

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 the intern rotations that are not off service. In this way, interns begin to develop a cohort of patients 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.

Post Graduate Year Two: PGY2
The focus of the second year of residency is on high-risk obstetric care, benign gynecology and out-patient procedures.

Obstetrics and Maternal Fetal Medicine Rotations
During two, ten-week rotations on Labor and Delivery, the PGY-2 residents take the lead on managing the patients on the laboring floor. They are responsible for managing the high-risk, or more complex, maternal fetal unit. Because Kaiser LAMC is a referral center for both Maternal Fetal Medicine and Nursery level of care, this includes high-risk maternal or fetal transports. The PGY2 also assists and leads the intern in caring for normal laboring patients and managing labor and delivery triage. The PGY2 role is essentially the same as a day rotation than as a night rotation. In the PGY2 year there is also a ten-week rotation in the Maternal Fetal Medicine (MFM) Clinic where they assist with outpatient consultations on high-risk patients, work on ultrasound proficiency, and read external fetal monitoring on a daily basis. The PGY2 on the MFM rotation assists the PGY3 in organizing and participating in multidisciplinary rounds and meetings as needed for each specific high-risk patient.

Because of the night float system, PGY2s do not do weekday call and are able to concentrate on learning during their respective rotations. They rotate with their fellow residents to cover weekend calls keeping within duty hour’s restrictions.

Urogynecology Rotation
The PGY-2 resident spends ten weeks on the Urogynecology service under the supervision of a chief resident and three fellowship trained attending physicians. The PGY2 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.

Gynecology Clinics Rotation
In the PGY2 year there is an Ambulatory Women’s Clinic rotation. In this ten week rotation the PGY2 works one on one with faculty attendings learning specialty outpatient
procedures in the outpatient clinic setting. The PGY2 starts their days providing circumcision procedures 2 days a week and assisting on scheduled cesarean deliveries 3 days a week. Once the clinic day begins there is formal teaching and performing of colposcopy and loop electro-excision procedures, office hysteroscopy and related procedures, and focused practice in our simulation lab. During this rotation, education regarding family planning is continued in our complex contraceptive clinic where patients with complex medical issues are seen. In this clinic the PGY2 also performs office manual vacuum aspirations and provides perioperative care for patients who will undergo dilation and evacuation procedures. One half day a week during this rotation the PGY2 staffs our High School Wellness Clinic. Within this high school campus clinic, the PGY2 works, one on one with an attending, providing full spectrum women’s care to the high school patients and their families.

**Post Graduate Year Three: PGY3**
The focus in the third year of training is advanced training in both obstetric and gynecologic care and gynecologic surgery.

**Benign Surgical Gynecology**
The PGY3 resident has a ten-week Gynecologic Surgery rotation at LAMC. They work within a team that includes a PGY4 and PGY1. Under the supervision of various attendings, the PGY3 resident assists in a variety of major procedures including laparoscopic, abdominal and vaginal hysterectomies, non-hysterectomy operative laparoscopy, and diagnostic and operative hysteroscopy. Within the team, the PGY3 is the senior resident and responsible for teaching the PGY1 and medical student, especially in the art of emergency room consultation. This team is responsible, along with the gynecologic attending on call, for all care rendered to patients in the emergency room as well as inpatient care that is gynecologic, if not surgically based. During this rotation there is weekly-protected time for case teaching and surgical case review undertaken with a gynecology faculty member.

**Maternal Fetal Medicine Rotation**
In the PGY3 year there is a ten-week senior resident Maternal Fetal Medicine (MFM) rotation. During this rotation, the PGY3 functions as a team leader and teacher to the PGY2 in providing outpatient consultations on high-risk patients in the MFM Clinic. The PGY3 also provides care to inpatients on the MFM service with complex medical needs. They are the first assist on any prescheduled high risk obstetrical procedures including cerclage placements, cesarean deliveries needing to be undertaken in the main operating room and planned cesarean hysterectomies. The PGY3 resident works on more advanced ultrasound proficiencies including fetal anatomy surveys and focused fetal ultrasound surveillance. The PGY3 on the MFM rotation is responsible for organizing and participating in multidisciplinary rounds and meetings as needed for each specific high-risk patient.

**Gynecologic Oncology Rotation**
During a ten week rotation on the Gynecologic Oncology Service, the PGY3 resident assists with in- and outpatient care under the direction of the chief resident, fellow or attending. The PGY3 will care for the more acutely ill patients. They will be allowed to assist in surgical cases as is appropriate. The PGY3 resident also learns the principles of chemotherapy and radiation therapy in the outpatient setting during clinic sessions conducted jointly with the Medical and Radiation Oncology divisions. The PGY3 assists the PGY4 in organizing and conducting the weekly multidisciplinary meeting aimed at promoting comprehensive care to the gynecologic oncology patient.

**Night Float Rotation**
The PGY3 is the senior on the night float service. This rotation is a total of ten weeks, divided in two separate four and six week runs. During the night float rotation, the PGY3 is expected to be in charge of both the in-house gynecology needs as well as oversee the PGY2 and PGY1 on the laboring floor. The PGY3 is responsible to provide any needed overnight care to the gynecologic oncology, urogynecologic, benign gynecologic and obstetric patients on the in-patient floors. In particular, the PGY3 night float resident is first call to the emergency room for consultation and to the operating room as may be needed in the overnight hours. They work closely with both the gynecology and the obstetric attending doing in-house call to manage the patient care provided by the resident team. The night float team works Sunday night to Thursday night and does no weekend call.
Reproductive Endocrinology and Infertility Rotation
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 hysterosalpingography. Office hysteroscopy is undertaken as indicated. The PGY3 receives formal teaching and competencies in transvaginal ultrasonography for focused pathology and for follicular development. The PGY3 also spins samples and performs intrauterine 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 done by our LAMC Attendings at USC.

Elective Rotation
Third year residents have a four week Elective Block that can be used in a multitude of educational ways. One prerequisite is that the PGY3 must be advanced enough in their required primary research project that they may take advantage of this opportunity in a different way. Some residents have used it to do an “away” rotation in an area of special interest or fellowship intent (such as gynecologic oncology, family planning, minimally invasive surgery or health policy). Many residents have used this four-week block to go abroad and learn about health care delivery systems in other countries or participate in a medical mission in a developing country. Because we participate in a Global Health Track, there is assistance in finding and possibly financially supporting this global health opportunity. This PGY3 elective rotation provides the PGY3 an opportunity to enhance their education in a way that most specifically benefits them.

Post Graduate Year Four: Chief Resident Year
The emphasis of the fourth year of training is team leading and autonomy in patient care. Chief residents are responsible for all aspects of administration and organization of their team in respect to patient care rendered. There are five rotations in the fourth year: Benign Surgical Gynecology, Minimally Invasive Surgical Gynecology, Labor and Delivery, Gynecologic Oncology and Urogynecology. Because of the night float system, the Chief Resident year only has weekend call responsibilities.

Each resident is expected to complete one major research project and one quality improvement project during their tenure at Kaiser-LAMC. This research project will be presented at the Southern California Kaiser OB/GYN Symposia held in September. It will also be submitted to the OBGYN Assembly of Southern California and the LAMC Research Forum. Many research projects are accepted for presentation, oral or poster, and for publication in a peer-reviewed journal.

Benign Surgical Gynecology
PGY-4 residents have a ten-week rotation on the Benign Gynecology Service. The chief resident serves as the first assist on all major surgical cases. They manage and oversee the care of all inpatients and outpatients on the service. They supervise their team of a PGY-3, a PGY-1 and a medical student, 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. The PGY4 is expected to assign the surgical cases to be presented and to assist the gynecology attending in the teaching points of each case.

Minimally Invasive Surgery
Chief residents enjoy a ten-week minimally invasive surgical (MIS) rotation at the Kaiser Permanente West Los Angeles Medical Center (WLA). The WLA Medical Center is a designated Minimally Invasive Gynecology Surgical (MIGS) Center. WLA provides the PGY4 resident an opportunity to refine laparoscopic skills as 95% of all gynecologic surgeries performed there are minimally invasive. There are also two fellowship trained Female Pelvic Medicine/Reconstructive Surgeons 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 and is responsible for all perioperative care. While at WLA, the PGY4 takes L&D call once a week, affording them an opportunity to see how a different medical center runs it’s labor and delivery.
Labor and Delivery Rotation
The chief resident is responsible for the management of all obstetrical patients in the hospital. This includes normal and high risk laboring patients, antepartum patients, high-risk maternal fetal medicine patients and 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 hospitalized MFM patients. The PGY4 works closely with the obstetrician and the certified nurse midwife on call, to manage the care of all patients that are presenting to triage, laboring, or on postpartum. The chief resident is responsible for the PGY2 and PGY1 in their charge. They must be aware of all care rendered, assure appropriate understanding of their junior residents, care for the most acutely ill patients, manage complications, and assure the general flow of the Labor and Delivery and Postpartum Floor.

Gynecologic Oncology Service
The Chief Resident is responsible for the PGY3 and PGY1 on the team. They are given the opportunity to assist with major gynecologic oncology surgeries and may be first assist, depending on the complexity of the case. The PGY4 works closely with the gynecologic oncology fellow and attendings in order to provide care to all the patients in-house, be it post-operative or admitted for further oncologic care. They round with the team and are charged with assuring a good understanding of the plan of care with their junior residents. The PGY4 coordinates the day-to-day clinical activities of the service, assists with new consultations and provides postoperative care for returning patients. They are also involved with care for patients receiving radiation and chemotherapy. The PGY4 is responsible for coordinating and conducting the weekly multidisciplinary meeting aimed at promoting comprehensive care to the gynecologic oncology patient.

Urogynecology Rotation
During this ten-week rotation, the chief resident on service evaluates outpatients in the Urogynecology Specialty Clinic and performs the urogynecologic surgical procedures indicated. The focus of the rotation is the surgical treatment of urinary incontinence and pelvic organ prolapse including vaginal hysterectomy. The senior resident either performs or assists during all cases. The PGY4 supervises the PGY-2 resident’s care of postoperative patients.

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. Many educational activities are on a rotating basis, such as the biweekly case management conference, monthly journal club, monthly fetal strip review, monthly ultrasound series, quarterly quality meetings as well as quarterly combined OB/GYN/Radiology Conference. Included are a multitude of speakers on different topics of interest. These may be internal speakers or external speakers. 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 afternoon the gynecology team has protected time to do surgical case teaching and image review. During the Urogynecology rotation there are early morning lectures of topics of the attending’s choice. The Maternal-Fetal Medicine specialists review their own journal articles and run teaching board rounds every morning. The Reproductive Endocrinology/Infertility specialists have a series of competencies based on reading and review of articles that are undertaken weekly. 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 Obstetrical and Gynecological Assembly of Southern California 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 this annual symposium. Suitable papers are submitted to peer-reviewed journals for publication.

Visit residency-scal-kaiserpermanente.org to learn more about how to apply, our faculty & residents, available clerkships & electives, and benefits & salary