



Obstetrics Gynecology

Los Angeles Medical Center

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.

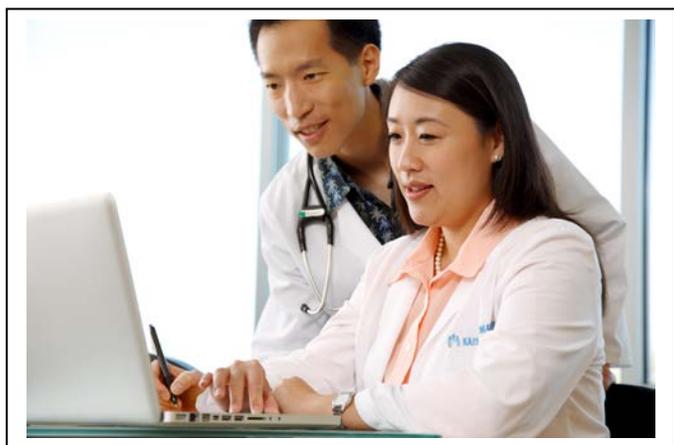
Our Department of Obstetrics and Gynecology includes 43 full time physicians, two certified Nurse Midwives, eight Lactation Consultants, and three Registered Nurse Practitioners. The faculty includes fellowship-trained physicians in all four subspecialties: Maternal Fetal Medicine, Urogynecology, Gynecologic 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.

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, Minimally Invasive Surgery, Urogynecology, Gynecological Oncology, and Reproductive Endocrinology and Infertility. More than 1,200 major gynecological operations are performed annually at LAMC, so our residents are assured of comprehensive surgical training, with additional surgical training at the West Los Angeles and Fontana Kaiser Permanente Medical Centers.

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. Faculty and residents are provided an encrypted iPhone free of charge that allows them to always stay connected to EPIC and be able to view and share patient information over Kaiser protected network and encryption, meeting HIPPA requirements for patient privacy and safety of personal data.



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, MDCConsult, and PubMed), electronic journals and online textbooks.

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 the medical knowledge and experience that will help provide the basis of a comprehensive obstetric and gynecologic practice. There is exposure to obstetrics, gynecology, focused family planning, reproductive endocrine, internal medicine, primary and community care medicine, pediatrics and palliative medicine.

Labor and Delivery Rotation

In the first-year obstetrical experience is gained during a 10-11 week rotation through Labor and Delivery. Interns begin their training learning about normal labor patterns and work closely with our Certified Nurse Midwives. They participate in the triage and consultation of labor and delivery patients and provide care for laboring patients. During this rotation, the intern receives graduated exposure to peripartum testing, basic ultrasound, vaginal deliveries and primary cesarean deliveries. The intern works within a PGY2 and PGY4 team for the duration of the rotation. Overtime, the complexity of the cases assigned to the intern increases as deemed appropriate by experience and individual clinical aptitude. There are also PGY1 and PGY2 residents from Family Medicine that rotate sequentially with our OBGYN interns and share weekend call schedules. All residents work with the Certified Nurse Midwives, generalist OBGYN faculty and staff, Maternal Fetal Medicine Specialists and Family Medicine Attendings credentialed to work on Labor and Delivery.



Night Float Rotation

The PGY1 undertakes a 4-5 week night float rotation during which they mirror the Labor and Delivery daytime PGY1 responsibilities. The PGY1 works closely with the PGY2 and PGY3 night float team to provide seamless care to the patients overnight. The PGY1 overnight is primarily responsible for normal patients presenting to OB triage and admitted for labor. The PGY1 is responsible for rounding on their own postpartum

patients under the supervision of the postpartum rounding attending. In addition, the PGY1 is responsible to participate in formal sign out at 8am board rounds by presenting any laboring patient that they are following. The night float resident team works from Sunday night to Friday morning and have the entire weekend off.

Benign Gynecology Rotation

Interns spend 10-11 weeks on the Benign Gynecology Service. The PGY1 is part of a team that includes a PGY3 and a PGY4 resident. The team works under the supervision of faculty generalists as well as minimally invasive surgeons. The intern assists in providing care for admitted gynecology patients, with emergency room consultations and in operating room procedures. The goal is to gain knowledge and experience in the basics of gynecology evaluations and procedures. The intern is assigned operative cases by the PGY4 on a weekly basis. The intern is expected to be prepared for such cases and will be guided by the seniors on the gynecology team as well as by attendings during weekly case teaching. All care provided by the intern is under the direct supervision of a gynecology attending. Every resident on the gynecology team, including the intern, is responsible for all aspects of care provided to gynecology patients admitted to the hospital.

Primary Care Rotation

During this four-week rotation interns are assigned to work with the Family Medicine service. The intern participates in primary care clinic, morning rounds and in the UCLA Mobile Homeless Clinic. The intern also works with attendings in the community at Marshall High School and Belmont High School. The rotation provides invaluable experience in primary and preventative care for women along the entire spectrum of life, from pediatric to adolescent to geriatric care.

Reproductive Endocrine Rotation

Interns spend four weeks rotating through the REI department, including time with pediatric and adult endocrine specialists. The rotation is designed to examine the physiologic basis of the major endocrine disorders of development as well as of those most commonly seen in reproductive aged women. The goal is to enhance the understanding of clinical reproductive endocrinology that provides the basis of so much of the care we provide to our female patients. The rotation involves a highly-structured reading requirement as well as clinical experience in both adult and pediatric endocrine clinics.

Internal Medicine Rotation

The PGY1 undertakes a four-week Internal Medicine rotation

spent working in the Intensive Care Unit. This rotation prepares the intern to participate in the critical care of obstetrics and gynecologic patients in the later years. During this rotation, house officers from the department of obstetrics and gynecology have the same clinical responsibilities and call duties as 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 learning and performing well-baby care under the supervision of faculty pediatricians. The intern participates in pediatric postpartum rounding, attends deliveries, and counsels on postpartum breastfeeding strategies. The intern learns 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. Working with both attendings and fellows, the intern fields consults and assists with providing individualized care as needed by patients. The intern observes and learns how to counsel and approach difficult conversations with care, respect and compassion. The intern will also learn what kind of services are available and can be offered to patients with critical diagnoses to enhance their medical care as well as maximize their quality of life.

Continuity Clinic

We begin the continuity clinic experience in the internship year. The intern progresses from a shadowing experience to independent evaluations based on competencies and depending on patient care needs. There is always a continuity clinic mentor who attends and supervises the residents in a graduated fashion. During intern year, this attending teaches and supervises all procedures in the clinic. Graduated independence depends on the number of procedures performed and individual aptitudes. The goal is for complete independence by third and fourth years, with continued review by the clinic mentor for maximizing learning opportunities. Continuity clinics are undertaken on all 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. Residents have a dedicated appointment clerk by which to schedule their own patients into their clinics. Residents may see their own postpartum, postoperative and post

Post Graduate Year Two: PGY2

The focus of the second year of residency is on high-risk obstetrical care, gynecologic oncology and office-based procedures. There is a significant component of family planning education in complex contraceptive clinic as well as at our high school wellness clinic.



Labor and Delivery Rotation

The PGY2 undertakes two separate 10-11 week rotations on Labor and Delivery. The PGY-2 resident takes the lead on managing the patients on the laboring floor, delegating to their PGY1 and consulting with their PGY4 team member. The PGY2 is responsible for managing the more medically complex patients on the Labor and Delivery unit. They are also responsible for managing the obstetrical triage area and

assisting in repeat cesarean deliveries. Because Kaiser LAMC is a referral center for both Maternal Fetal Medicine and Nursery level of care, patients include high-risk maternal or fetal transports from the greater Los Angeles and sometimes greater Southern California areas.

Maternal Fetal Medicine Rotation

The PGY2 experiences the first of two rotations on the Maternal and Fetal Medicine Team. During this rotation they work closely with the PGY3 and each of the Maternal Fetal Medicine Attendings (who rotate) in caring for the complex obstetrical patients. As a referral center, LAMC accepts, cares for and delivers patients with high level maternal or fetal complications. Working within the team, the PGY2 rounds on and presents the inpatient service at morning board rounds. The day then continues in the Maternal Fetal Medicine outpatient clinic. There they assist with the care of the complicated outpatient obstetrical service and assist with consultations, follow up and delivery planning. During this rotation, ultrasound skills are emphasized starting with basic biometry and progressing to level II anatomy survey and doppler studies. In addition, proficiency in reading external fetal monitoring is emphasized and done routinely. The PGY2 assists the PGY3 in organizing the perinatal high risk multispecialty conference that plans the most complex of care for planned delivery of high risk pregnancies

Gynecologic Oncology Rotation

PGY2 spend 10 weeks on the Gynecologic Oncology service under the direction of two gynecologic oncologists, a fellow, and a PGY-4 resident. They help 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, all under faculty supervision.

Night Float Rotation

The PGY2 undertakes a 10-11 week night float rotation during which they mirror the Labor and Delivery PGY2 responsibilities. The PGY2 works closely with the PGY1 and PGY3 night float team to provide seamless care to the patients overnight. As with the PGY2 day rotation, they are primarily responsible for the more complex labor and delivery patients. However, overnight, the PGY2 gets graduated experience into the emergency room for appropriate level consultations. The 10-11 weeks of night float for the year are broken up into two separate blocks during the year. The night float residents work from Sunday night to Thursday morning and have the entire weekend off.



Gynecology Clinics Rotation

In the PGY2 year there is an Ambulatory Women's Clinic rotation. In this 10-11 week rotation the resident works one on one with faculty attendings learning specialty outpatient procedures in the clinic setting. The PGY2 starts their day assisting on scheduled cesarean deliveries (3 days a week) or providing circumcision procedures (2 days a week). From there, the resident goes to one of multiple specialty clinics and works one on one with attending faculty providing care and expanding their proficiencies in specific office procedures. Specialty clinics include: 1) Two half days in dysplasia clinic learning ASCCP guidelines for abnormal pap smear follow up. In this clinic they perform colposcopy and LEEP procedures, 2) One half day doing diagnostic and operative hysteroscopy, 3) One half day working in the SIMulation lab, fulfilling FLS (fundamentals of laparoscopic surgery) curriculum, working on technical skills and learning personal ergonomics, 4) One half day working at our community high school wellness clinic and 5) Two half days in Complex Contraceptive Clinic (CCON) working with our Family Planning Specialists providing contraceptive options and methods to women with complex medical conditions, performing diagnostic and elective manual vacuum aspirations and counseling women about first and second trimester abortions. In the case of second trimester abortions, the resident will fully assess, consent and place laminaria with the goal to provide the abortion procedure the following day. One half day consist of operating room time, primarily for medically complicated first trimester and/or second trimester abortion procedures. The last half day consists of the resident's personal continuity clinic. It is our goal that all our residents get early training in office procedures and graduate proficient enough to offer these procedures to the patients they care for.

Year Three: PGY3

The focus of the third year of training is advanced training in both obstetric and gynecologic care. There is an emphasis on

emergency room assessments and gynecologic surgery. There is also a greater emphasis on teaching and leading within a team structure.

Benign Gynecology Rotation

The PGY3 resident has a 10-11 week benign gynecologic surgery rotation at the Los Angeles Medical Center. The PGY3 resident works with a team that includes a PGY4 and a PGY1. Under the supervision of both faculty and staff attendings, the PGY3 resident assists the generalist and minimally invasive gynecologic surgeons in their cases. The PGY3 may assist in a variety of major procedures including laparoscopic, vaginal and abdominal hysterectomies. They will also assist in diagnostic and operative laparoscopy and diagnostic and operative hysteroscopy. Within the team, the PGY3 is the senior resident and responsible for teaching the PGY1 and the medical student, especially in the art of emergency room consultation.



Maternal Fetal Medicine Rotation

In the PGY3 year the resident undertakes their second 10-11 week Maternal Fetal Medicine (MFM) rotation. As the senior on service, the PGY3 functions as the senior and is responsible to lead the PGY2 in providing outpatient consultations on high-risk patients in the MFM Clinic. The PGY3 leads the PGY2 in providing care to the MFM in-patient service. 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 level II fetal anatomy surveys, focused fetal ultrasound surveillance and doppler studies. The PGY3 on the MFM rotation is responsible for participating in multidisciplinary L&D board rounds every morning as well as organizing the perinatal multispecialty conference that guides delivery plans in the setting of complicated maternal or fetal conditions.

Senior Minimally Invasive Gynecologic Surgery Rotation

In order to increase proficiency in minimally invasive surgery (MIS), the PGY3 attends a 10-11 week surgical rotation at the Kaiser Permanente Fontana Medical Center. This medical center is centered in a rapidly growing area of Southern California and is designated a Minimally Invasive Gynecologic Surgery (MIGS) Center. While at Fontana, the PGY3 functions as a primary assist in minimally invasive surgeries performed by the generalists and specialists alike. The PGY3 also takes L&D call thus experiencing the differences in care needed by a different population in a different environment with a high volume of deliveries. Because of the distance, the GME funds housing and a meal card for this rotation.

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 couples having trouble conceiving. They perform such outpatient procedures as salinesonohystogram, hysterosalpingography and office hysteroscopy. The PGY3 receives formal teaching and competencies in transvaginal ultrasonography assessing gynecologic anatomy and pathology as well as for assessing follicular development. The PGY3 also spins samples and performs intrauterine inseminations. Residents scrub for all surgical procedures performed by the REI service during their rotation. In addition, there are opportunities to observe assisted reproductive technology procedures such as egg retrieval and embryo transfer done by our LAMC Attendings at USC Medical Center.

Night Float Rotation

The PGY3 is the senior on the night float rotation. This rotation is a total of 10-11 weeks, divided in two separate four and six week runs. During the night float rotation, the PGY3 is the senior OBGYN resident in house and runs the night float team which includes a PGY2 and PGY1. The PGY3 provides oversight to the PGY2 running the L&D floor and assists the PGY1 with vaginal deliveries. The PGY3 assumes the care for any critically ill patient that is admitted for labor, delivery or postpartum care. In addition, the PGY3 is responsible for the overnight care to all the inhouse patients admitted to the gynecologic oncology, urogynecology, benign gynecology and the in-house obstetrical patients on the antenatal service. In particular, the PGY3 night float resident is first call to the emergency room for consultation by the emergency room staff. If an urgent intervention, including a surgery, is needed, the PGY3 will be involved. The Night Float PGY3 works closely with both the gynecology and the obstetric attendings 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 not do weekend call.

Elective Rotation

Third year residents have a 4-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, especially those applying to fellowship, use it for a more in-depth experience in their chosen field of study. Other residents chose it to further their educational goals in alternative approaches to care, public health or public 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 service trip. Any resident participating in the Global Health Track is required to do a global health experience during this elective. There are scholarships that are available to global health experiences/applicants. This elective provides the PGY3 an opportunity to enhance their training in a way that they feel specifically benefits them.

Post Graduate Year Four: Chief Resident Year

The emphasis of the fourth year of training is team leading and autonomous patient care. Every chief resident leads a team of Resident Physician care providers and is responsible for all aspects of research, administration and organization of the care rendered to their patients. Because of the night float system, the chief resident now only has weekend call responsibilities.

Each resident is expected to complete one major research project and one quality improvement project by the end of their fourth year. It is required that the chief resident present their research project at our Kaiser Permanente Southern California OBGYN Symposium. In addition, every chief resident will submit their research to the LAMC research forum. By chief year, many of our residents have already completed and submitted research projects to appropriate societies. There is both academic and financial support for participation in oral or poster presentations when invited.

Benign Gynecology Rotation

PGY-4 residents have a 10-11 week rotation on the benign gynecology service. This rotation is primarily a surgical rotation, but this team is also responsible for emergency room assessments and care for inpatient gynecology patients. The chief resident of this team is in charge of managing and overseeing all inpatient and outpatient care for the gynecology patients that have been seen by the service. The chief resident is responsible for teaching

and supervising their team of a PGY-3, a PGY-1 and a medical student. The PGY4 works closely with our gynecology attending faculty that lead a weekly half day of clinical teaching concentrating on surgical case review and the evidence-based approach to consultation and treatment of the gynecology patient. The PGY4 is expected to review and appropriately assign the surgical cases to be presented and to assist the gynecology attending in the teaching points of each case.

Chief Minimally Invasive Gynecology Surgery Rotation

Chief residents enjoy a 10-11 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 most major 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 a labor and delivery suite.

Labor and Delivery Rotation

The PGY4-chief resident is responsible for the management of all obstetrical patients in the hospital. This includes normal and complicated 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 any diagnostic, treatment and delivery procedures, needed by their hospitalized antenatal 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 L&D triage, are laboring, or are on the postpartum floor. The chief resident is responsible for the PGY2 and PGY1 on their day team, and the PGY3, PGY2 and PGY1 on their night team. They must be aware of all care rendered, assure appropriate understanding of the care plan and procedures by their junior residents, the 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 to coordinate care for the gynecologic oncology patients on this service. The PGY4 works closely with the gynecologic oncology attendings, fellow and PGY2 in order to provide care to all the patients in-house, be it post-operative or admitted for further oncologic care. The PGY4 has opportunities to assist with major gynecologic oncology surgeries with the fellow or with the gynecologic oncology attending. They round with the team and are charged with assuring a good understanding of the plan of care with their PGY2 resident. 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 10-11 week rotation, the chief resident on service works closely with all three of our board certified Female Pelvic Medicine and Reconstructive Surgeons in providing evaluations and consultations in the urogynecology specialty clinic. They assist in performing indicated urogynecologic surgical procedures. 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 and is responsible for post-operative care and follow up.

Department Educational Activities

Thursday afternoons are designated as “education time” for the residents and faculty/staff alike. At this time there are scheduled educational activities that may be in combination and/or resident specific. Many combined educational activities are on a rotating basis, such as a monthly case management conference, surgical case review, journal club, fetal strip review and ultrasound series. There are quarterly quality review meetings as well as a quarterly

combined OBGYN/Radiology conference. Interspersed will be speakers invited to lecture 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. On a rotating basis, the department as a whole, including the residency, undergoes critical events training (CETT). These are multidisciplinary SIMulations of obstetrical emergencies that are undertaken on L&D that mimic true to life emergencies and the appropriate response pathways needed to be practiced prior to the actual need.

Residents have additional educational conferences that are specific to them. In addition to FLS training undertaken in the PGY2 year, there is a monthly SIMulation series that concentrates on the practice of specific gynecologic skills starting with the very basic and progressing to the more complicated. There are resident led topic lectures. There is a monthly review of the latest published ACOG bulletin or opinion.

Every Tuesday morning there is an evidence-based lecture on a CREOG (Council for Resident Education in Obstetrics and Gynecology) recommended topic. As the time for the national CREOG in service exam draws near, there is a series of lectures undertaken by our subspecialists to target areas of study. In addition, we have a GME sponsored on-line question bank with specific assignments as well as for individual studying.

Every rotation also has their individual learning sessions that are meant to teach and learn in small groups and make learning relative to the topics at hand. On the labor and delivery rotation, there are daily morning board rounds that are lead by the MFM faculty attending of the month that provide teaching on both normal and complicated admitted obstetrical patient as well as those soon to be admitted. On the maternal-fetal medicine rotation, there is a monthly multi-disciplinary meeting that includes MFM, NICU, anesthesia, nursing, social work and specific subspecialists to coordinate safe delivery efforts for those with complications on involving the fetal maternal unit. On the gynecology service, there is a Monday case conference, led by the gynecology mentor faculty group, that reviews every upcoming surgical case, the patient presentation, work up, imaging and planned surgical procedure. On the gynecologic oncology service there is biweekly tumor board, which includes a review of pathologic specimens and a discussion of staging and appropriate surveillance care for that patient. The reproductive endocrine rotations have focused reading materials and competency testing. The urogynecology team give weekly early morning lectures that are usually about female pelvic anatomy. The complex contraceptive clinic provides a provides a structured reading list and journal article review as do the high school wellness clinic, dysplasia and FLS aspects of the clinics rotation.

It is our goal to graduate well rounded, highly competent and

compassionate obstetricians and gynecologists that can begin generalist practice upon completion of this program. If a graduating resident choses to pursue further fellowship training, they can be sure they will be doing so on a strong foundation of generalist knowledge. If a graduating resident choses to begin to provide generalist obstetrics and gynecology care they can do so with well-developed self-directed learning skills and leadership abilities that will continue a lifetime of learning to continue to provide evidence-based, compassionate care to the women they serve.

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To learn more about how to apply, our faculty & residents, available clerkships & electives, and benefits & salary