NUHS
National University Health System

Department of Obstetrics & Gynaecology
Residents' Handbook
Jul 2019 - Jun 2020

TABLE OF CONTENTS

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INTRODUCTION

This Resident Policy and Procedure Handbook is designed to improve quality of patient care, minimize conflicts, equalize burdens, and allow you to spend more time and energy on your basic goal – that of learning the art and science of Obstetrics & Gynecology (OBGYN). That is why we are here. “Training begins with a task, and learning begins with a question.” In this program, you will find both with abundance. I hope you will find this handbook a useful companion as you undergo training to be a fully competent specialist in OBGYN.

On behalf of the Faculty, I would like you know that your wellbeing and training is of primary importance. Please feel free to let us know your concerns and do not hesitate to approach anyone- the HoD; the PD, APD, core faculty or other faculty if you have any issues or even just for some chit-chat. As Core Faculty of the OBGYN Residency Program, it is our responsibility to provide the opportunities for your education and to finally place the stamp of completion on your residency documents. We look forward to the exciting and fruitful years ahead.

Dr Logan Susan Jane Sinclair
Program Director

Dr Ida Ismail-Pratt
Associate Program Director

A/P Mahesh Choolani
Chief, Department of OBGYN

MISSION STATEMENT

Shaping Future Medical Leaders

The National University Health System (NUHS)'s mission is-
"**Advancing Health by Integrating Excellent Clinical Care, Research and Education"**

The purpose of the six-year program is to educate the resident in the breadth and depth of the discipline of obstetrics and gynecology and to foster a lifelong commitment to the promotion of women's health care. The resident will acquire cognitive knowledge, technical skills, and interpersonal skills through didactic lectures, small group teachings, audiovisual media, individual instruction, independent reading, and direct patient care. Upon successful completion of year 1-4 residency training the resident will be prepared for advanced training in years 5 & 6 and on completion, accreditation by the Specialist Accreditation Board of Singapore. The program is firmly committed to providing holistic medical training to develop evidence-based and compassionate clinicians, in a vibrant academic environment and a culture of continual improvement.

NUHS Resident Manual

All residents in NUHS are provided with a corporate Resident Manual that describes the Institutional Responsibilities, Financial Support and Benefits, Resident Responsibilities, Ancillary and Support Services, Educational Program, Resident Work Environment, Grievance Procedures and human resources matters. Institution-wide policies are covered in the above Manual.

This Handbook refers to program specific information.

EDUCATIONAL GOALS FOR PROGRAM

The educational objectives of the NUHS OBGYN Residency Program are to provide an academic environment that promotes a structured educational experience. It is dedicated towards effective and efficient patient care, stressing a graduated experience of resident responsibility.

The faculty is dedicated toward active participation in your education, with emphasis on your independent thought and decision-making capabilities.

By meeting these objectives, upon graduating from this program you will be capable of entering into the practice of obstetrics and gynecology, actively participate in undergraduate and postgraduate training, research and quality improvement and pursue academic careers.

Year 1-4 of the program utilizes the CREOG booklet entitled "Educational Objectives for Residents in Obstetrics & Gynecology". This booklet provided to each resident.

Residents are expected to participate in the yearly CREOG examination during R1-5. The results of this examination are used to identify areas of weakness in the resident's knowledge. These areas will be addressed as individualized learning objectives.

Each resident will be evaluated by the division they are attached to on a rotational basis. A final evaluation will be submitted to the Program Director. You will review your evaluations with your Program Director (PD)/ Assistant PD at least twice per year. Your progress will be closely monitored throughout your training. The faculty discuss each resident's progress at scheduled semi-annual performance reviews. In year 5-6 you will "cross cluster" train for a period time at KKH hospital.

The full residency program at the NUHS is of six years duration- years 1-4 as a junior resident and years 5-6 as a senior resident. It is expected, except in exceptional circumstances, that you will have passed the Membership of the Royal College of Obstetrics and Gynaecology (MRCOG) Part 1 Examination prior to entry into OBGYN residency. It must be passed within the first two years of training to progress. Part 2 of the MRCOG Examination is undertaken in year 3/4 and Part 3 only after four years of clinical practice in OBGYN and success in Parts 1 and 2. It is mandatory to obtain MRCOG Part 3 for progression to senior residency. At the end of year 6 a national exit exam is undertaken. Success denotes specialty accreditation in Singapore and is a requirement for progression to Associate Consultant.

In order to assure quality educational opportunity and care, accurate record keeping is **mandatory and reviewed for progression**. Duty Hours statistics are to be submitted on a monthly basis in years 1-4. These are reviewed by both the Program Director and the Graduate Medical Education Committee (GMEC).

We anticipate that your years of training will be satisfactory and rewarding to you. We are proud to include you as members of our Department and are dedicated to your success in pursuing a career in the field of OBGYN.

FACULTY
Academic Year 2020

HEAD OF DEPARTMENT
A/Prof Mahesh Choolani

MATERNAL FETAL MEDICINE
A/Prof Su Lin Lin, Senior Consultant and Head of Division
A/Prof Arijit Biswas, Senior Consultant
A/Prof Mary Rauff, Senior Consultant
A/Prof Wong Yee Chee, Senior Consultant
Prof Chong Yap Seng, Senior Consultant
A/Prof Mahesh Choolani, Senior Consultant
Dr Chua Tsei Meng, Senior Consultant
Dr Vanaja Kalaichelvan, Senior Consultant
Dr Anita Kale, Senior Consultant
A/Prof Citra Mattar, Consultant*

BENIGN GYNECOLOGY
Dr Anupriya Agarwal, Senior Consultant and Head of Division
Professor Kuldip Singh, Senior Consultant
Dr Winnie Wun, Senior Consulant
Dr Ng Kai Lyn, Consultant
Dr Ma Li, Associate Consultant
Dr Harvard Lin, Associate Consultant*

GYNECOLOGIC ONCOLOGY
A/Prof Jeffrey Low, Senior Consultant and Head of Division
A/Prof A Ilancheran, Senior Consultant
Dr Joseph Ng, Senior Consultant
Dr Ida Ismail, Consultant*
Dr Pearl Tong, Consultant

REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY
Dr Stephen Chew, Senior Consultant and Head of Division*
Professor Yong Eu Leong, Senior Consultant
Dr Anupriya Agarwal, Senior Consultant
Dr Logan Susan Jane Sinclair, Senior Consultant*
Dr Shakina Rauff, Consultant
Dr Zhong Wei Huang, Associate Consultant

UROGYNECOLOGY AND PELVIC RECONSTRUCTIVE SURGERY
A/Prof Roy Ng, Senior Consultant and Head of Division*
Dr Ng Kai Lyn, Consultant
Dr Harvard Lin, Associate Consultant*

*Denotes core faculty

Academic Year 2019 – 2020

CURRENT RESIDENTS	YEAR	MEDICAL SCHOOL
Dr Yap Jing Yi Jeannie	1	University of Liverpool, UK
Dr Wang Yue Luna	1	Yong Loo Lin School of Medicine, Singapore
Dr Kelvin Lee Zhi Xing	1	University Kebangsaan, Malaysia
Dr Grace Chan Ming Fen	2	Yong Loo Lin School of Medicine, Singapore
Dr Nurulhuda Bte Ahmad	2	Monash University, Australia
Dr Rachel Lee Jia Yu	3	Yong Loo Lin School of Medicine, Singapore
Dr Choo Soe-Na	3	University College Dublin, Republic of Ireland
Dr Nur Azleen Sidek	4	Yong Loo Lin School of Medicine, Singapore
Dr Eliane Hong	4	University of Glasgow, UK
Dr Kanneganti Abhiram	4	Yong Loo Lin School of Medicine, Singapore
Dr Karen Lim Mei Xian	5	University of Melbourne, Australia
Dr Judith Ong Shan Lin	5	Yong Loo Lin School of Medicine, Singapore
Dr Pradip Dashraath Vijayakumar	5	Yong Loo Lin School of Medicine, Singapore
Dr Jeslyn Wong Jin Lin	6	Yong Loo Lin School of Medicine, Singapore
Dr Sarah Li Weiling (CS)	6	University of Glasgow, UK

CS = Clinician Scientist

Mentor Assignments 2019-2020

A/Prof Mahesh Choolani	Dr Sarah Li Weiling
Dr Roy Ng	Dr Jeslyn Wong Jin Lin
Dr Stephen Chew	Dr Pradip Dashraath Vijayakumar
Dr Joseph Ng	Dr Kanneganti Abhiram
A/Prof Citra Nurfarah Bte Zaini Mattar	Dr Karen Lim Mei Xian
Prof Kuldip Singh	Dr Judith Ong Shan Lin
Prof Arijit Biswas	Dr Nur Azleen Sidek
Prof Chong Yap Seng	Dr Eliane Hong Yuting
Dr Ma Li	Dr Rachel Lee Jia Yu
A/Prof Citra Nurfarah Bte Zaini Mattar	Dr Choo Soe-na
Dr Ida Ismail-Pratt	Dr Grace Chan Ming Fen
	Dr Nurulhuda Bte Ahmad
Dr Lim Li Min	Dr Yap Jing Yi Jeannie
Dr Harvard Lin	Dr Wang Yue Luna
	Dr Kelvin Lee Zhi Xing

RESIDENCY PERSONNEL

The coordinator, Edwin Wong, is available to assist you with any clerical or informational needs that you may have. He will liaise with you on program requirements such as evaluations. **Please be courteous & punctual to his requests**. **Again, administration is a core element of training and reviewed for progression.**

The ACGME-I Designated Institutional Official (DIO) is A/Prof Shirley Ooi.

RESIDENT RECRUITMENT POLICY

This is covered under Section IIIA of the NUHS Resident Manual, titled **Resident Eligibility and Selection of Residents.**

REGULARLY SCHEDULED DIDACTICS 2019-2020

Name Of Activity	**Frequency Per Month**
Obstetric M & M Meeting	1 except Jun & Dec
Gynecology M & M Meeting	1 except Jun & Dec
Science Tuesday (Research meeting)	4 except Jun & Dec
OBGYN Grand Round	4 except Jun & Dec
Journal Club	1 except Jun & Dec
Perinatal Meeting	1 except Jun & Dec
FemThem Meeting	Once a month
Hospital Grand Round Friday	4
Practical Obstetric Multiprofessional Training (PROMPT)	Once a year (To restart when Dr Arun is back)
Hysteroscopy Workshop	Once annually
Laparoscopy Workshop	Once annually
Contraception workshop	3 x a year
MIS (Minimally invasive surgery) Modules	Once a month (8 months period)
MRCOG OSCE Course	Once annually (For R3 and R4)
Anatomy of Complications Workshop	2 x a year
Colposcopy	2 x a year (1 in KKH, 1 in NUH) To refer to SCCPS website for further information
Benign Gynaecology Meeting	4
Tumor Board Meeting	4
Reproductive Endocrinology Meeting	4
Obstetric Risk Management	1
Gynecology Risk Management	1

Training requirements R1-4

The 48 months clinical training program is accredited by ACGME-I and includes the following:

Clinical/operative experience

- Clinical assignments in the essential content of OBGYN- labour & delivery, surgical gynecology, gynaecologic oncology, reproductive endocrinology & infertility
- Experience with a variety of procedures including pre and post-operative continuity of care
    - These will be logged with a minimum number set by ACGME
- 30 months of continuity of care clinics

Regular didactic sessions

- Department morning Continuing Medical Education 7:30-8:30
- Division meetings
- Workshops

Attendance is compulsory, sign in is required. Participation is tracked by MoHH.

Scholarly activities

Participation in both research & quality improvement (QIP) is compulsory and reviewed biannually by the clinical competency committee.

Supervisor's assessment

At end of every rotation.

Feedback

Residents should perform a yearly evaluation of teaching faculty & training program.

BLOCK DIAGRAM 2019-2020

Week beg	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
	1	2	3	4	5	6	7	8	9	10	11	12
Luna (R1A)	OB	OB	OB	OB	GYN	GYN	GYN	GYN	PC	PC	PC	PC
Kelvin (R1B)	GYN	GYN	GYN	GYN	PC	PC	PC	PC	OB	OB	OB	OB
Jeannie (R1C)	PC	PC	PC	PC	OB	OB	OB	OB	GYN	GYN	GYN	GYN
	Year 2											
Nurul (R2A)	GYN	GYN	GYN	GYN	PC	PC	PC	PC	OB	OB	OB	OB
Grace (R2B)	PC	PC	PC	PC	OB	OB	OB	OB	GYN	GYN	GYN	GYN
(R2C)	OB	OB	OB	OB	GYN	GYN	GYN	GYN	PC	PC	PC	PC
	Year 3											
(R3A)	RE	RE	RE	RE	OB	OB	OB	Elective	UROGYN	UROGYN	UROGYN	UROGYN
Soe-Na (R3B)	OB	OB	OB	Elective	UROGYN	UROGYN	UROGYN	UROGYN	RE	RE	RE	RE
Rachel (R3C)	UROGYN	UROGYN	UROGYN	UROGYN	RE	RE	RE	RE	OB	OB	OB	Elective
	Year 4											
Azleen (R4A)	ONC	ONC	ONC	ONC	GYN	GYN	GYN	GYN	Project	OB	OB	OB
Eliane (R4B)	Project	OB	OB	OB	ONC	ONC	ONC	ONC	GYN	GYN	GYN	GYN
(R4C)	GYN	GYN	GYN	GYN	Project	OB	OB	OB	ONC	ONC	ONC	ONC

Example Weekly Schedule

	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
OB 1/2										
Schedule A	LW	LW	LW	LW	LW	LW	LW	LW	G CLINIC	LW
Schedule B	OB Ward /2A	OB Ward /2A	OB Ward /2A	OB Ward /2A	OB Ward /2A	OB Ward /2A	OB Ward /2A	OB Ward /2A	OB Ward /2A	OB Ward/G CLINIC
PC 1/2										
Schedule A (OB)	US	HRO	G CLINIC	G CLINIC	MBOT	US	DM	US	HRO	G CLINIC
Schedule B (GYN)	G CLINIC	MENO	US	MENO	US	G CLINIC	EMD	EMD	ADOL	MBOT
GYN 1/2										
Schedule A	GYN Ward/EMD	GYN Ward	GYN Ward/EMD	GYN WARD	GYN Ward/G CLINIC	GYN Ward/EMD	GYN WARD	GYN Ward/MBOT	GYN Ward	GYN Ward/EMD
Schedule B	TOP/MCOT	MBOT	MBOT	HYST /MBOT	G CLINIC	G CLINIC	TOP/MCOT	G CLINIC	MCOT	NTFGH
OB 3/4										
Schedule A	LW Int	CONT	LW Int	LW Int	LW Int	LW Int	LW Int	LW Int	LW Int	LW Int
Schedule B	OB Int	OB Int/HRO	OB Int	OB Int	OB Int/HRO	OB Int	OB Int/DM	OB Int	OB Int/G CLINIC	OB Int
UG	UG	G CLINIC	MBOT	MBOT	UG	MBOT	G CLINIC	MBOT	EMD	UG
BG R4	CONT	MBOT	MBOT	NTFGH	EMD	MBOT/hyst	MBOT	MBOT	MBOT	MBOT
SUBFERT	SUBFERT	LAB/EMD	SUBFERT	EMD	CHR	ADOL	MBOT	G CLINIC	MBOT	SUBFERT
ONCO	MBOT	COLP	G CLINIC	ONC CLINIC	MBOT	MBOT	TB	COLPO	GRAND RND	ONC CLINIC

Example Continuity Clinic Template

	Monday		Tuesday		Wednesday		Thursday		Friday	
AM	GYN4	UG	ONCO	PC Ob	GYN 1	PC Gyn	UG		OB1	OB2
PM	GYN2	OB3/4		PC Ob	GYN 2	GYN 2		RE	PC1	PC2

Each resident has a scheduled half day session per week for continuity clinic. The session is assigned by rotation.

IMPORTANT DATES TO NOTE

CREOG In-Training Examination 18 January 2020

MRCOG Part 1

Dates:	Exam	Provisional Centres
3 Feb 2020	Written	Hong Kong, Malaysia, Dubai, London

Closing date for applications: 24 October 2019

MRCOG Part 2

Dates: Feb/ July 2020	Exam	Provisional Centres
4 February 2020	Written[1]	UK Hong Kong, Malaysia, Dubai, Egypt
7 July 2020	Written[2]	TBC

Deadline for receiving official entry forms[1]: 17 October 2019 [1], 23 April 2020 [2]

MRCOG Part 3

Dates: Nov 19/ May 20	Exam	Provisional Centres
11-14 May 2020	Oral[1]	London, India, Abu Dhabi, Singapore
2-5 November 2020	Oral[2]	TBC

- **Deadline for applications:** 18 March 2020[1], 2 September 2020[2]
- **Deadline for receiving assessment of training form:** 30 January 2020[1], 17 August 2020[2]

ACGME ESSENTIALS OF ACCREDITED RESIDENCIES Years 1-4

The Accreditation Council for Graduate Medical Education (ACGME), composed of representatives of five national associations interested in medical education, and the Residency Review Committee accredit graduate education programs which meet the General and Special Requirements of the Essentials for Accredited Residencies.

GENERAL CLINICAL COMPETENCIES FOR RESIDENTS IN OBSTETRICS AND GYNECOLOGY

The ACGME has identified six core competencies for incorporation into all resident training programs. These competencies, as they apply to the training of residents in obstetrics & gynecology, are summarized below in the form of performance-based learning objectives.

1. Patient Care

Residents must be able to provide care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Residents are expected to:

A. Demonstrate caring and respectful behaviors when interacting with patients and their families. (PC, P, ICS)
B. Gather essential information about patients by performing a complete and accurate medical history and physical examination. (PC, ICS, MK)
C. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment. (PC, PBLI, MK)
D. Develop, negotiate, and implement effective patient management plans. (PC, ICS, P, SBP)
E. Counsel and educate patients and their families. (PC, PBLI, ICS, P, MK)
F. Use information technology to support patient care decisions and patient education. (PC, PBLI, SBP)
G. Perform competently all medical and invasive procedures considered essential for generalist practice in the discipline of obstetrics and gynecology. (PC, MK)
H. Understand the differences between screening and diagnostic tests essential for generalist practice in obstetrics and gynecology. (PC,MK)
I. Provide health care services aimed at preventing health problems or maintaining health. (PC, SBP, PBLI)
J. Work with health care professionals, including those from other disciplines, to provide patient-focused care. (PC, SBP, P, ICS)

2. Medical Knowledge

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and apply this knowledge to patient care.

Residents are expected to:

A. Demonstrate an investigatory and analytic thinking approach to clinical situations. (MK, PBLI)
B. Demonstrate a sound understanding of the basic science background of women's health and apply this knowledge to clinical problem solving, clinical decision making, and critical thinking. (MK, PBLI, PC, SBP)

3. Practice-based Learning and Improvement

Residents must be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.

Residents are expected to:

A. Identify areas for personal and practice improvement and implement strategies to enhance knowledge, skills, attitudes, and processes of care, as well as making a commitment to life-long learning. (MK, P, SBP, PBLI)
B. Analyze and evaluate personal practice experience and implement strategies to continually improve the quality of patient care provided using a systematic methodology. (PBLI, SBP, P, MK, PC)
C. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems. (PBLI, MK, PC)
D. Obtain and use information about their population of patients and the larger population from which their patients are drawn. (PBLI, SBP, PC)
E. Demonstrate receptiveness to instruction and feedback. (PBLI, ICS, P)
F. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness. (PBLI, MK, PC)
G. Use information technology to manage information, access online medical information, and support their education. (PBLI, P, MK)
H. Facilitate the learning of students and other health care professionals. (PBLI, ICS, SBP, MK)

4. Interpersonal and Communication Skills

Residents must be able to demonstrate interpersonal and communication skills that assist in effective information exchange and be able to team with patients, patients' families, and professional associates.

Residents are expected to:

A. Sustain therapeutic and ethically sound relationships with patients, patients' families, and colleagues. (ICS, P)
B. Provide effective and professional consultation to other physicians and health care professionals. (ICS, P, SBP, MK, PBLI)
C. Elicit and provide information using effective listening, non-verbal, explanatory, questioning, and writing skills. (ICS, P)
D. Communicate effectively with patients in language that is appropriate to their age and educational, cultural, and socioeconomic background. (ICS, P, PC)
E. Maintain comprehensive, timely, and legible medical records. (ICS, P, PC)
F. Communicate effectively with others as a member or leader of a health care team or other professional group. (ICS, SBP, P)

5. Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse population.

Residents are expected to:

A. Demonstrate respect, compassion, integrity, and responsiveness to the needs of patients and society that supersedes self-interest. (P, ICS)
B. Demonstrate accountability to patients, society, and the profession.
    1. Demonstrate uncompromised honesty. (P, ICS)
    2. Develop and maintain habits of punctuality and efficiency. (P)
    3. Maintain a good work ethic (i.e., positive attitude, high level of initiative). (P)
C. Demonstrate a commitment to excellence and ongoing professional development. (P, PBLI)
D. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care. (P, PC)
E. Describe basic ethical concepts such as: autonomy, beneficence, justice, and no malfeasance. (P, ICS)
F. Describe the process of informed healthcare decision making, including the elements that must exist and the specific components of an informed-consent discussion. (P, ICS, PC)
G. The resident must demonstrate an understanding of the use of advanced directives, living wills, and durable power of attorney for health care and strategies for the resolution of ethical conflicts. (P, PC)
H. Discuss surrogate decision making for incapacitated patients, including who can and should act as a proxy decision maker and what standards they should use to make healthcare choices for another. (P, PC, ICS)
I. The resident should be able to examine their personal values and preferences for end-of-life treatment and the values of diverse patients. (P, PBLI)

J. Differentiate between institution-based DNR orders, community based DNR orders (also called out-of-hospital or portable DNR orders), and advance directives. Describe the legal, ethical, and emotional issues surrounding withholding and withdrawing medical therapies. (P, MK, SBP, PC)
K. Discuss when it is appropriate to use all available technology to sustain a life and when it is appropriate to limit treatment. (P, ICS, SBP, PC)
L. Discuss the principle of justice and the use of limited medical resources. (P, MK)
M. Discuss the differences in ethical decision making if the patient is an adult or a child. (P, PC)
N. Discuss ethical implications of commonly used ob/gyn technologies. (P, MK, SBP, PC)
O. Analyze an ethical conflict and develop a course of action that is ethically defensible and medically reasonable. (P, PC, MK, ICS)
P. Discuss important issues regarding stress management, substance abuse, and sleep deprivation.
    1. List preventive stress-reduction activities and describe their value. (P, MK)
    2. Identify the warning signs of excessive stress or substance abuse within one's self and in others. (P, MK, ICS)
    3. Intervene promptly when evidence of excessive stress or substance abuse is exhibited by oneself, family members, or professional colleagues. (P, ICS, MK, PC)
    4. Understand the signs of sleep deprivation and intervene promptly when they are exhibited by oneself or professional colleagues. (P, MK, PC, ICS)
Q. Maintain confidentiality of patient information.
    1. Describe current standards for the protection of health-related patient information. (P, SBP, ICS)
    2. List potential sources of loss of privacy in the health care system. (P, SBP)
R. Demonstrate sensitivity and responsiveness to the culture, age, sexual preferences, behaviors, socioeconomic status, beliefs, and disabilities of patients and professional colleagues. (P, ICS)
S. Describe the procedure for, and the significance of, maintaining medical licensure, board certification, credentialing, hospital staff privileges, and liability insurance. (P, SBP, ICS)

6. Systems-based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Residents are expected to:
A. Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society, and how these elements of the system affect their practices. Understand the processes for obtaining licensure, receiving hospital privileges and credentialing. (SBP, PC, P, ICS)

B. Describe how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources. (SBP, ICS, PC)
   1. List common systems of health care delivery, including various practice models. (SBP, PC)
   2. Describe common methods of health care financing. (SBP, PC)
   3. Discuss common business issues essential to running a medical practice. (SBP, P, ICS)
   4. Apply current procedural and diagnostic codes to reimbursement requests. (SBP, PC, ICS)
C. Practice cost-effective health care and resource allocation that does not compromise quality of care. (SBP, PC, P)
D. Advocate for quality patient care and assist patients in dealing with system complexities. (SBP, ICS, P)
   1. Recognize that social, economic and political factors are powerful determinants of health and incorporate these factors into how they approach patient care.
   2. Demonstrate knowledge of disparities in health and health care in a variety of populations.
   3. Recognize the role of the women's health provider to advocate for patients, particularly poor and vulnerable women, and to help develop methods of care that are effective, efficient, and accessible to all women.
   4. Be aware of ACOG and community resources and advocacy on behalf of underserved and vulnerable populations such as poor women and teenagers.
   5. Learn to communicate effectively about women's health concern to family and community groups.
   6. Recognize the role of the physician in legislation as it relates to women's health policy.
E. Acknowledge that patient safety is always the first concern of the physician.
   1. Demonstrate the ability to discuss errors in management with peers and patients to improve patient safety. (SBP, ICS, P, PBLI)
   2. Develop and maintain a willingness to learn from errors and use errors to improve the system or process of care. (SBP, P, ICS, PBLI, PC, MK)
   3. Participate in hospital/departmental QI activities and Patient Safety initiatives (SBP, P, PBLI, ICS)
   4. Recognize the value of input from all members of the health care team and methods by which to facilitate communication among team members. (SBP, ICS, P, PC, PBLI)
   5. Demonstrate understanding of institutional disclosure processes and participate in disclosure and discussions of adverse events with patients. (SBP, ICS, P, PC)
F. Partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance. (P, ICS, PC, PBLI)
   1. Describe the process of quality assessment and improvement including the role of clinical indicators, criteria sets, and utilization review. (SBP, ICS, P, PC)
   2. Participate in organized peer review activities and use outcomes of such reviews to improve personal and system-wide practice patterns. (SBP, P, ICS, PBLI, PC)

3. Demonstrate an ability to cooperate with other medical personnel to correct system problems and improve patient care. (SBP, P, ICS, PC, PBLI)

G. Risk management and professional liability
   1. List the major types and providers of insurance. (SBP)
   2. Describe the most common reasons for professional liability claims. (SBP, P, ICS)
   3. Describe a systematic plan for minimizing the risk of professional liability claims in clinical practice. (SBP, PC, P, ICS)
   4. Describe basic medical-legal concepts regarding a professional liability claim and list the steps in processing a claim. (SBP, P, ICS)

FACULTY EVALUATION (See Evaluation Policy)

Residents are required to complete an anonymous evaluation of each faculty member and an overall written assessment of the residency education program at the end of the academic year. These assessments will be reviewed by the Program Director and DIO (Designated Institutional Official) and her team and used in making decisions about the program and the Department.

EVALUATION POLICY:

METHOD OF EVALUATION/COMP MATRIX

Competency	360 evaluations	CREOG Exam	MRCOG exam	OSCE	OSATS	Mini CEX	CbD	Reflective learning	Chart review	Projects (audits/QIP/ research)	Teaching	Admin
Professionalism	✓		✓	✓		✓		✓			✓	✓
Medical Knowledge		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Patient Care	✓		✓	✓	✓	✓	✓	✓	✓	✓		✓
Communication	✓		✓	✓	✓	✓		✓			✓	✓
Practice-Based Learning	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓
Systems-Based Practice	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓

Training requirements R 5-6

The 24 months clinical training program is accredited by JCST and comprises the following:

Postings	**Duration**
Maternal Fetal Medicine	6 months
Benign Gynecology	6 months
Reproductive Endocrinology	6 months
Gynecological Oncology	6 months

Minimum thresholds for case logs:

Procedure	Minimum thresholds
Cesarean section	20
Instrumental delivery	10
Ectopic pregnancy	10
Open ovarian cystectomy	5
Laparoscopic ovarian cystectomy	15
Vaginal hysterectomy	10
Pelvic floor repair/incontinence procedure	10
Abdominal hysterectomy	20
Open myomectomy	10
Diagnostic laparoscopy	15

Regular didactic sessions

- Department morning Continuing Medical Education 7:30-8:30
- Division meetings
- Workshops

Attendance is compulsory, sign in is required. Participation is tracked by MoHH.

Scholarly activities

Participation in both research & quality improvement (QIP) is compulsory and reviewed biannually by the clinical competency committee. While not a JCST requirement, the Department expects two peer reviewed publications for promotion to Associate Consultant.

All residents must keep a log documenting clinical, education, research/QIP and administrative achievement which will be presented at CCC.

Supervisor's assessment

At end of every rotation.

Feedback

Residents should perform a yearly evaluation of teaching faculty & training program.

Residency Training Matrix

These standards represent the minimum required. Trainees are encouraged to exceed these requirements.

	Year 1	**Year 2**	**Year 3**	**Year 4**		**Year 5**	**Year 6**
Curriculum progression (as evidenced in the case log report on ADS)	ACGME goals and objectives	ACGME goals and objectives	ACGME goals and objectives	ACGME goals and objectives		Post ACGME goals and objectives/ JCST	Post ACGME goals and objectives/ JCST
Clinical Skills	MO call	MO call	MO call	MO call DS-shadow reg call Day time		Reg call	Reg call
Examinations	CREOG ITE	CREOG ITE MRCOG Part 1	CREOG ITE	CREOG ITE MRCOG Part 2 MRCOG Part 3		JCST MCQ	Exit exams

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Mini-CEX (Formative)	6 (3 obs / 3 gyn)	6 (3 obs / 3 gyn)	6 (3 obs / 3 gyn)	6 (3 obs / 3 gyn)	7 (4 obs / 3 gyn)	7 (3 obs / 4 gyn)
CBDs (Formative)	6 (3 obs / 3 gyn)	6 (3 obs / 3 gyn)	6 (3 obs / 3 gyn)	6 (3 obs / 3 gyn)		
Reflective practice	2 (1 obs / 1 gyn)	2 (1 obs / 1 gyn)	2 (1 obs / 1 gyn)	2 (1 obs / 1 gyn)		
Attendance at meetings						
Scholarly activity		Lead at least 1 Journal Club (cumulative)		Lead at least 2 Journal Clubs (cumulative)		Minimum 2 publications
Formative DOP (SLE) showing evidence of training since last review. **Formative assessments should continue for the following years until competence has been demonstrated as below.**	Manual removal of placenta Basic ultrasound scanning Uncomplicated caesarean section Surgical management of miscarriage Normal vaginal delivery Perineal repair Doptone	Hysteroscopy Laparoscopy Non- rotational assisted vaginal delivery (ventouse) Insertion of Implanon Removal of Implanon	Operative laparoscopy (eg diagnostic /laparoscopic sterilization) Third degree tear repairs Follicular Tracking Scan	Operative laparoscopy - ectopic pregnancy/ adnexal surgery Abdominal Cystectomy Abdominal Myomectomy Abdominal Hysterectomy Non-rotational assisted vaginal delivery (forceps)		

	PAP smear Endo Sampling Insert IUCD					
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**
At least 3 summative OSATS confirming competence by more than one assessor (can be achieved prior to the specified year)	Perineal repair Normal vaginal Delivery Termination of Pregnancy / Evacuation of Uterus Basic ultrasound Scanning • 1st trimester • 3rd trimester • Normal Pelvis Diagnostic Hysteroscopy	Uncomplicated Caesarean Section Manual removal of Placenta Contraceptive device insertion (Implanon/ IUCD) Marsupialization of Bartholin glands (incl incision and excision)	Third/ Fourth degree tear management Hysteroscopy - hysteroscopy, surgical; w removal of impacted foreign body (IUCD) Surgical sterilization (incl PPS) Operative laparoscopy - Adnexal surgery (cystectomy) or Operative laparoscopy - other, laparoscopy, abdomen, peritoneum and omentum, diagnostic OR Laparoscopy,	Complicated Cesarean Deliveries Normal vaginal delivery (after prior cesarean) Laparoscopic management of ectopic pregnancy Non rotational instrumental delivery (forceps/ ventouse) Abdominal Hysterectomy Laparotomy – Myomectomy Cancer Staging for Cervical Cancer Colposcopy Vaginal and vulva biopsy Cervical Biopsy		

			surgical; w fulguration or excision of ovary lesions Cystoscopy Pelvic Floor Repair Vaginal Hysterectomy Incontinence surgery	Operative laparoscopy - other (operative laparoscopy) - surgical myomectomy (no OSATS required) Laparoscopic hysterectomy (no OSATS required) Staging Laparotomy (no OSATS required)		
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Year 6**
Obligatory courses	CTG training (usually eLearning package) and other local mandatory training Obstetric emergencies course (eg PROMPT/ ALSO/ other) Contraception Basic USS	Basic ultrasound 3rd degree tear course Specific courses required as per curriculum to be able to complete basic competencies as identified by supervisor/CCC)			Specific courses as required as per curriculum to be able to complete intermediate competences	Leadership and Management course (in Year 5/6)

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Team observation (TO) forms (360 degree evaluations)	Twice per year Summary should not raise significant concerns to CCC panel	Twice per year Summary should not raise significant concerns to CCC panel	Twice per year Summary should not raise significant concerns to CCC panel	Twice per year Summary should not raise significant concerns to CCC panel	Twice per year Summary should not raise significant concerns to CCC panel	Twice per year Summary should not raise significant concerns to CCC panel
Clinical governance (patient safety, audit, risk management and quality improvement)	1 completed and presented project Evidence of attendance at local risk management meetings	As per Year 1	As per Year 1	As per Year 1	1 completed project (can include supervising more junior doctors)	As per Year 5
Teaching experience	Documented evidence of teaching (eg to medical students/FM residents)	As per Year 1	As per Year 1	As per Year 1	Formal specialty teaching by Year 5	
Leadership and management experience			Roster planner	Roster planner Chief Resident	Evidence of department responsibility	Working with consultants to organise (eg office work) including organising lists and dealing with correspondence

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Other evaluation forms	Resident Evaluation of Rotation Resident Evaluation of Faculty Resident Evaluation of Program	As per Year 1	As per Year 1		As per Year 1	As per Year 1

TEACHING RESPONSIBILITIES:

Teaching those who are junior to you (residents, MOPEX, house officers) is one of the most important resident activities. Residents' responsibilities will vary with the service.

Because of the leadership qualities this residency is designed to foster, teaching will continue to be expected, and excellence in this area will be formally recognized. The opposite is also true. Those who fail to use common courtesy in dealing with other residents, who neglect their role as leaders and who deal with other residents in an antagonistic, counterproductive manner will be subject to **disciplinary action**. We will strive to eliminate blame culture and public humiliation of our fellow colleagues. Chronic behavior of this nature may be grounds for probation or termination.

As part of the ongoing continuum of assessment, you may be expected to complete evaluation forms looking at different aspects of a resident's training. This may include evaluation of fellow residents. These forms are a vital part of your duties and must be completed in a thorough, candid, and constructive manner as promptly as possible.

DOCUMENTATION OF CLINICAL AND SURGICAL EXPERIENCE:

Throughout the four years of training, residents are expected to keep an accurate record of their clinical experience. Vaginal deliveries, cesareans, surgical procedures, and primary care encounters must be documented. Residents are to enter their surgical statistics directly into the ACGME-I Resident Case Logs database via the Internet at https://www.acgme-i.org/intldatacollectionnet/sg/caselogsmenu/login.aspx. Statistics will be entered into the computer daily. Failure to comply will result in warning (1st offense), suspension (2nd offense) and probation (3rd offense).

Additionally, as approved by the GMEC, residents who scrub in on cases that are not in the division/department they are assigned to, but who desire to gain the learning experience from such cases, must follow all required hospital procedures and document such.

Leave Policy:

Please refer to MOH document "HR Policy And Guidelines (HOMODO) - May 2015" on the different types of leave that you are entitled to, and their specific purposes. If leave is applied under an incorrect category, it will not be approved.

Annual Leave

Your MOHH contract specifies the number of days of annual leave. Only 14 days of annual leave can be carried forward to the next calendar year. However, the number of days of annual leave and the amount that may be carried forward may differ according to date of first appointment.

1. ALL VACATIONS MUST BE APPROVED AT LEAST 12 WEEKS IN ADVANCE OF THE START OF A NEW ROTATION BY THE PROGRAM DIRECTOR.
2. **Only two residents may be on vacation at any one time.** There may be occasions that exceptions are made. This is at the discretion of the Program Director.
3. Vacations should be taken in one week blocks. While every effort will be made to allow the weekend before and after to be included in the period of leave, for operational purposes this is not always possible. Public holidays that fall within periods of annual leave are not counted as days of annual leave.
4. VACATIONS MUST NOT CONFLICT WITH THE ANNUAL CREOG EXAMINATION.
5. Priority will be given for recognised courses, study leave the week before and travel/exam days for residents sitting any parts of the MRCOG exam and Exit exams, Annual leave should not be taken by residents who are not sitting the exams during these times..

Training Leave

1. Training leave is defined as leave taken for activities relevant to the OBGYN Residency Program (including but not limited to conferences/ symposia, seminars, workshops, lectures, courses, examinations) and hence will not be considered as leave of absence.
2. Residents who apply for training leave must obtain approval from the Program Director. The PD will decide whether the training leave is considered appropriate and relevant to the program. Should there be misinformation or misuse of training leave, action will be taken to recover funding for training days and the leave days will be forfeited from the annual leave. The total number of days allowed for training leave activities is 12 days per year.

Sick Leave

1. As per MOHH you are eligible for 14 working days sick leave per calendar year.
2. If you are sick, you must contact the roster planner (or deputy) by TELEPHONE. It is not sufficient to send email or SMS text message as these may not be read in a timely fashion.
3. The roster planner will inform the admin support team who is off and who will cover their duties.
4. The office staff will contact the covering person as well as the affected location to inform them of the change in schedule.
5. **Medical certificates must be presented to the Program Coordinator (Edwin Wong) upon your return to work within 5 working days. The medical leave must also be entered into Prosoft within 5 working days.**

Allowable Days of Absence

Training duration may be extended due to long leave and absence from training beyond the allowed number of days, below par performance during the residency, failure in exams and where competency to progress to the next level is not evident.

Period of Posting (Months)	Allowable Days of Absence
2	6
3	10
4	13
6	19

In the event that you are required to exceed the total number of allowable days of absence from a posting, you should inform your Program Director in advance.

Training leave is not considered leave of absence as this is leave taken for activities relevant to the OBGYN Residency Program.

Leave application procedure

1. Leave applications are made prospectively, for a 6 months period. The Program Coordinator will inform you when you can apply for leave for a 6 months period.
2. Residents will put in leave requests in the excel spreadsheet via the Google Drive.
3. Residents & MOs will need to resolve their leave clashes if there are more than 2 doctors requesting for the same period. Please refer to the next section for details of when leave will not be approved.
4. All leave requests will be approved by Dr Susan Logan and if there are unresolved clashes, office will conduct balloting and the decision will be final.
5. When leave is approved, resident applies electronically via Prosoft system. This must be done within 7 days of notification of approval. Failure to complete the application will result in the leave request being removed from the Google Docs file, and other residents may then apply for this period.

Leave cancellation procedure

1. This should not arise unless there are extenuating circumstances.
2. Inform Prema and roster planner of leave cancellation. Roster planner will reassign duties for the day(s) in question.
3. Fill in leave cancellation form on paper and electronically.

MANDATORY COURSES

Title	Reference
Medical Ethics, Professionalism and Health Law	JCST Cir 095/12
Geriatric Medicine Modular (GRM) Training Programme	JCST Cir 099/12

Call duties

Although the on call doctors are expected to function as a team, the various locations need a point person to contact.

		Area
ROC1A	HO/FM	Delivery Suite
ROC1B	HO/FM	Wards and EMD
ROC2	OBGYN	Delivery Suite
ROC3	OBGYN	Wards and EMD

Usually the ROC1 would be contacted first by the ward staff. If the ROC1 is busy, the ROC2/3 would be contacted. If in doubt, always escalate to a senior doctor. There is always a registrar/ associate consultant who is resident on call, and the consultant is on call from home.

Weekend Duties

	ROC1A	**ROC1B**	**ROC2**	**ROC3**	**Registrar**
Outgoing (Post call)	9A changes and discharges	48GYN sub ward round, sub and private changes and discharges including GYN ONC	48OB sub ward round and oversees OB discharges	48GYN sub ward round and oversees GYN discharges	48OB sub ward round
Incoming	Delivery Suite	48OB sub ward round, sub and private changes and discharges	Delivery Suite	EMD	48GYN sub ward round