

SAUSHEC Graduate Medical Education

Residency Information: Obstetrics and Gynecology Residency

Educational Objectives

The goal of the San Antonio Uniformed Services Health Education Consortium (SAUSHEC) Obstetrics and Gynecology Residency Training Program is to produce graduates who possess the knowledge, technical skills, and attitudes required to function as fully qualified obstetricians and gynecologists. Graduates will be able to provide primary health care to women and specialty care required to deal with the full range of conditions encountered in the practice of Obstetrics and Gynecology. Graduates of this program will also be qualified to provide consultation to other physicians. The program was designed using the CREOG design for resident education in obstetrics and gynecology along with the ninth edition of the "Educational Objectives for Residents in Obstetrics and Gynecology." The program is designed to meet or exceed all of the general and special requirements for resident education outlined in the AMA Directory of Graduate Medical Education Programs. Residents progress through a structured educational system from total supervision to independent function and are given an opportunity to acquire along the way the cognitive knowledge, technical skills, judgement, and compassionate approach to patient care necessary to practice in this challenging field. Successful completion of the program qualifies the graduate for Part One of the specialty board examination. Another goal of this teaching program is to introduce residents to basic science and clinical research and thereby stimulate a group of individuals who may pursue additional sub-specialty training and/or seek career opportunities in academic medicine.

Program Overview

The length of the training program in obstetrics and gynecology is four years. The SAUSHEC Obstetrics and Gynecology residency training program is fully accredited by the Residency Review Committee (RRC) of the Accreditation Council of Graduate Medical Education (ACGME). The most recent review by the RRC was in 2006 and the program was granted full and maximum accreditation for five years until 2011 when the next review occurs. The program is currently approved for six residents at each year level for a total of 24. The make up of each resident year group is one-half Army and one-half Air Force. Residents are selected from a pool that includes active duty physicians, USUHS graduates, graduates from civilian programs through the Health Professions Scholarship Program and a few other sources. Application is made directly to the respective services graduate medical education office. The Joint Service GME Selection Board meets the first week of December and selectees are usually notified by the middle of December. Selection is based on the best qualified applicants and military residency training slots are filled prior to granting deferments for civilian training.

History and Organization of the Department

The previously separate residency training programs at BAMC and WHMC were integrated in 1996 under the auspices of the SAUSHEC. The history of the two merging residency programs was above reproach; previous graduates of both of these programs have become leaders in both community and academic medicine, leaders within the College of Obstetrics and Gynecology, and major contributors to the medical literature.

The Department of Obstetrics and Gynecology for the two integrated hospitals consists of five sub-specialty divisions and two ambulatory care divisions (one at each hospital). Leadership for the integrated department consists of one SAMMC department chair and one SAMMC Vice-Chair with their office located at either Wilford Hall Medical Center (WHMC) or at Brooke Army Medical Center (BAMC), depending upon their primary clinical responsibilities. All staff physicians report directly to the Chair or Vice-Chair at the hospital to which they are assigned. These staff assignments are made based on clinical and educational requirements, not the branch of service to which the physician has been commissioned. The five subspecialty sections include: Obstetrics/Maternal Fetal Medicine, Gynecology, Reproductive Endocrinology/Infertility, Urogynecology/Pelvic Reconstruction, and Gynecologic Oncology. Each section is directed by a division chief. The current faculty consists of the Chair, a Vice-Chair, a residency program director, associate program director, five subspecialty chiefs, two ambulatory division chiefs, and eleven active duty Army and Air Force Obstetrician and Gynecologists. Finally, there are twelve OB/GYN nurse practitioners assigned to the department. These physician extenders markedly reduce the service component and maximize the educational experience for the housestaff.

Program Director and Teaching Faculty

The residency program is directed by a Program Director located at both WHMC and BAMC (both are in San Antonio, TX) and an Associate Program Director. The selection of a Program Director is through a tri-service selection process developed by the Department of Defense. Selection of the Program Director is based on academic qualifications, not military rank or branch of service. The length of the program director's tenure is unspecified; however, applicants for the position must commit to a minimum of five years in that position. This commitment to at least five years of service has led to increased stability in the program.

The current faculty is composed of individuals both trained and board certified/eligible in Obstetrics and Gynecology, Gynecologic Oncology, Reproductive Endocrinology/Infertility, Urogynecology and Pelvic Reconstruction, and Maternal Fetal Medicine. The tenure of the full time faculty is not specified, but experience has shown that the core physician staff spend between 5 to 10 years at the two San Antonio medical centers.

The Department's Ambulatory Care Service provides care for women (18 years of age and older) and provides them with comprehensive primary health care as well as basic and consultative level obstetrical and gynecologic care. The program director facilitates the residents' participation in Ambulatory Care Services and provides a strong educational experience in primary health care and preventive medicine. Additionally, the sub-specialty clinics work closely with their patients' PCM's. In so doing, residents gain additional insight and educational experience in the field of primary care and preventive medicine.

Organization of In-Patient Teaching Service

The in-patient teaching services, for example, Obstetrics/Maternal Fetal Medicine, Gynecology, Urogynecology and Pelvic Reconstruction, Reproductive Endocrinology/Infertility, and Gynecologic Oncology are under the overall supervision of each service chief. In general, within each service various staff members are assigned for service coverage on a one-to-four week basis. The housestaff assigned to each of these services meet daily with the staff assigned to that service to coordinate clinical management as well as for educational purposes. Additionally, the residents also work with the staff in the out-patient sub-specialty clinics. The faculty rotate in-house call on a nightly basis, from 1700 to 0700 hours the next day, with 24-hour in-house coverage on weekends and holidays at WHMC and at the affiliate hospital Darnall Army Medical Center (CRDAMC) where there are labor and delivery units. At BAMC the service faculty take call from home to assist the residents in the management of the gynecology in-patient services. If patients at BAMC require surgery, the staff are in-house for pre-op work-ups, surgery, and immediate post-op care. The in-patient housestaff have continuity of responsibility for their respective services and are further required to have a change of duties briefing at 1700 hours for the night call rotations. This briefing takes place in each of the three hospitals and covers complicated patients on all the in-patient services, as well as those women in active labor. The same applies to the turnover time of 0800 hours on weekends. The staff on service are responsible for both patient care and resident education. Teaching responsibilities include direct patient contact, as well as a small group specialty-specific resident teaching sessions. Housestaff on in-patient services are required to attend all scheduled departmental conferences. There is a housestaff night float system in place where PGY1 and PGY-2 residents' work from 1700 until 0700 Sunday through Thursday to cover labor and delivery responsibilities and the other year groups have a rotating call schedule which averages every sixth night.

Participating Institutions

This SAUSHEC OB/GYN Residency Program was created through the integration of two teaching medical centers (WHMC and BAMC) and by affiliating with one large community hospital (CRDAMC). The two integrated medical centers have merged

into one large department with the organization structure previously described. In the City of San Antonio, all in-patient obstetrical services and reproductive endocrinology/infertility services are provided at WHMC, and all in-patient gynecology, gynecologic oncology, and urogynecology/pelvic reconstruction services are provided at BAMC. Both medical centers provide a full range of outpatient obstetrical and gynecologic services. CRDAMC is located in Killeen, TX (approximately 150 miles north of San Antonio) and provides a full range of outpatient and in-patient obstetrical and gynecological services in a community hospital setting with some Maternal-Fetal Medicine high-risk obstetric patients cared for at CRDAMC and some higher risk patients being transferred to the appropriate medical center in San Antonio (WHMC or BAMC). Residents rotating at CRDAMC gain an outstanding experience in high-volume community medicine. The residents participate in over 3,000 deliveries and approximately 1,500 surgical procedures annually at CRDAMC. This intense experience allows the residents to apply the principles they have learned in the large medical centers to a community hospital environment with its' inherent limitations. Furthermore, this provides the residents with a learning environment more similar to the one in which they will practice after residency training.

The SAUSHEC OB/GYN Residency Program is both sponsored by and affiliated with the Uniformed Services University of Health Science (USUHS). This affiliation involves third and fourth year medical student rotations at the two integrated medical centers. The relationship between the integrated program and USUHS has grown significantly in the past ten years. Clinical clerkships and sub-specialty electives are offered to third and fourth year students respectively. Most members of the department have academic appointments with the university ranging from teaching assistant (residents) to full professor (faculty).

Methods by Which Residents Gain Experience

- **Normal Obstetrics.**

The residents' experience in normal obstetrics begins in the PGY-1 year and continues throughout the training program. The residents spend a total of 8 to 18 weeks per year for each of four years on the obstetrics/maternal fetal medicine (MFM) service at WHMC and their responsibilities progress from postpartum care to labor and delivery management to antepartum care to overall supervision of the obstetric service. In addition to rotations on the obstetric/MFM service at WHMC, the residents are exposed to normal obstetrics for 6 to 8 weeks per year during PGY-1 through PGY-3 at CRDAMC. During these experiences with patients, residents are taught the principles of prenatal care, intrapartum management, and postpartum care which all allow them to integrate their knowledge of maternal and fetal physiology. They are also taught specific skills in labor management, obstetric analgesia and anesthesia, normal vaginal delivery, operative deliveries, management of the third stage of labor, sonography, and principles of newborn resuscitation. This experience in normal

obstetrics is supplemented throughout the program by didactic lectures on related subjects.

- **High-Risk Obstetrics.**

The unique role of WHMC and BAMC in the Department of Defense (DOD) health care system facilitates resident exposure to maternal and fetal complications seen at only the very largest civilian university centers. WHMC and BAMC serve as the Aero-Medical Evacuation Centers for DOD facilities worldwide. Furthermore, WHMC and BAMC serve the City of San Antonio as two of only three trauma centers in the metropolitan area. The resident educational experience is maximized by the lack of fellows in maternal-fetal medicine. Additionally, there are two maternal-fetal medicine staff members assigned to CRDAMC to further enhance the residents high risk obstetric experience. Residents work directly under the supervision of a maternal-fetal medicine sub-specialist. The first, second, and third year residents assume primary responsibility for the care of women on the postpartum, labor and delivery, and the high risk antepartum units, respectively. The chief residents supervise the junior residents. Resident education and training is not limited to medical complications and fetal anomalies. An important aspect of the resident's high-risk obstetric training involves intrapartum management including fetal assessment, in-utero resuscitative techniques, and operative vaginal delivery. Furthermore, residents observe and subsequently perform under supervision basic and advanced forceps deliveries, vacuum extraction, vaginal breech deliveries, and delivery of the second twin vaginally often by breech extraction.

- **Out-Patient Obstetrics.**

The resident experience is enhanced by both routine and complicated patients in the out-patient setting. In both routine obstetrics clinics and dedicated high-risk clinics, residents work side by side with faculty members, nurse practitioners, and nurse midwives, rendering pregnancy and primary care to over 14,000 women per month.

Residents at all levels participate in antenatal fetal assessment. The Antepartum Testing Unit performs thousands of non-stress, contraction stress, oxytocin challenge tests, and bio-physical profiles. Residents also work directly with maternal fetal medicine specialists in the performance of advanced ultrasound examinations and assist in a number of antepartum procedures such as amniocentesis, umbilical blood sampling, and inutero fetal procedures to include intrauterine transfusions, . This unit has provided a valuable educational resource for training in fetal heart rate and uterine activity assessment as well as refinement of ultrasound skills. Furthermore, the unit has provided a source of data for resident research projects. In addition to patient care, the high-risk

obstetric faculty has supported a number of highly motivated residents to design, perform, present, and publish original research in obstetrics.

- **Operative Gynecology.**

An in-patient gynecology service is maintained at BAMC with a chief resident in charge of the service. This chief resident is the contact point for the scheduling of all in-patient major and minor surgery, as well as the same-day surgeries performed in the main operating suites. He/she is also primarily responsible for all pre-operative evaluation, determining the appropriate operating teams assigned to each operating room, and for all post-operative management of the in-patients. Patients needing surgery are identified in the out-patient clinics by either housestaff, OB/GYN nurse practitioners, or one of the teaching staff and are then referred to a dedicated pre-op clinic which is managed by the gynecology chief resident. The GYN chief resident directly supervises PGY-1, PGY-2, and PGY-3 residents assigned to his/her service. These residents assist in pre-operative evaluation, accomplish admission history and physical examination to supplement the chief's evaluation, assist in or perform the surgery under the guidance of the chief resident, and primarily manage the patient's post-operative care.

The in-patient gynecology service provides the full spectrum of care for non-malignant diagnoses. In addition to the more routine procedures such as dilation and curettage, hysterectomy, and minor endoscopic surgeries (hysteroscopy, cystoscopy, laparoscopy), the residents actively perform the more complex diagnostic and therapeutic procedures required by patients with pelvic relaxation and urogynecological diseases. Additionally, major operative endoscopic procedures are also taught. Residents also gain experience in gynecology during their rotations at CRDAMC. The gynecology service at CRDAMC provides the full spectrum of health care for women.

- **Gynecologic Malignancies.**

The GYN Oncology Service is referred approximately 60 new cancer cases per year. The service is staffed by three board certified/ board eligible gynecologic oncologists, a gynecologic oncology nurse case manager and does not have a fellowship program. A PGY-2, PGY-3, and PGY-4 level resident are assigned to the gynecologic oncology service. These three residents are under the direct supervision of the gynecologic oncologists and with them provide care for women with gynecologic malignancies. The residents participate in the initial staging of all new tumor cases and help plan primary therapy, gaining insight into the application of radical surgery, radiotherapy, and chemotherapy in these patients. Since approximately two-thirds of these patients are over the age of sixty, this service is an excellent resource for the residents to gain experience in geriatrics.

During the GYN oncology rotation, the residents participate in weekly gynecologic oncology tumor clinics, acquiring experience in the follow-up of

patients with a GYN malignancy. The residents are responsible for morning ward rounds and afternoon teaching rounds daily. They acquire experience in pre-operative and post-operative care, as well as the care of complications of cancer therapy and administration of cancer chemotherapeutic agents. They also perform or assist in all oncology operations under the direct supervision of the staff oncologists to include such procedures as pelvic exenteration, urinary diversions, radical vulvectomies, and radical hysterectomies. The residents also participate in the application of brachytherapy in conjunction with both the staff oncologists and radiotherapists. All patients who require care in a critical care setting remain the responsibility of the OB/GYN residents under the supervision of the staff gynecologic oncologists and the critical care staff. This provides the residents with additional training in critical care medicine. Additionally, the PGY-1 residents spend four weeks assigned to the surgical intensive care unit where they receive daily experience with post surgical intensive care and is further described in the critical care section of this document. The administration of chemotherapy has shifted from an in-patient activity to an out-patient activity over the past 10 years. The GYN oncology service has kept in step with this change and currently administers all of its therapy in the out-patient setting. Working with the staff oncologists and the nurse oncologist, the residents on the GYN oncology service continue to participate in the care of all of these patients. Therefore, although the number of admissions for chemotherapy has decreased, the resident experience has actually increased over time.

The residents participate in a weekly gynecologic pathology conference which consists of the oncology team, the gynecologic pathologists, and numerous staff and resident pathologists. In this forum, they learn not only the histopathology of the reproductive tract, but learn about the clinical correlation based on the patient's own pathology.

The resident experience in this GYN oncology service is unique in that they benefit from the advantages of working on a very academic service without having to compete with fellows for procedures and experience. This strong academic teaching service not only provides an excellent learning opportunity in clinical medicine, but has also provides the residents with an excellent source of material for basic science and clinical research. A number of the residents have taken advantage of these opportunities and have completed scientific projects which have been presented at national meetings and/or published in the peer-review literature.

- **Infertility and Endocrinopathies.**

The reproductive Endocrinology/Infertility (RE/I) service consists of three Board Certified/Board Eligible Reproductive Endocrinologists, one IVF nurse coordinator, and a team of contract Embryologists. The RE/I service does not have a fellowship program. The residents receive 8 to 10 weeks of intense reproductive endocrinology training during each of the PGY-2 and PGY-4 years

of training. Additionally, the PGY-1 residents obtain limited exposure to reproductive endocrinology during a four week out-patient rotation. This rotation includes one-half day a week of reproductive endocrine clinic and one day in the operating room learning basic laparoscopy and hysteroscopy skills. Specific attention is provided to the areas of basic menstrual cycle physiology, normal and abnormal menstruation, embryology of the genital tract, puberty, amenorrhea, hirsutism, galactorrhea, adrenogenital and thyroid disorders, physiology and pathophysiology of the menopause and all aspects of male and female infertility. The basic physiologic principles necessary to understand both normal and abnormal reproductive function are covered using a variety of teaching methods. One half-day a week is devoted specifically to resident education whereby didactic lectures are provided in either formal or informal settings by the staff reproductive endocrinologists while each resident is also responsible for preparing a lecture on a general topic in the field during each 8 to 10 week rotation. Specific reading assignments from reproductive endocrinology textbooks and scientific articles from journals are utilized to enhance teaching points. Unusual cases and all radiological studies are reviewed each week. Clinical skills are obtained in four different settings: first, residents see a large number of scheduled endocrinology and infertility patients, and they provide initial and referral-level evaluations of the full spectrum of reproductive endocrinology disorders listed above; second, the residents, under direct staff supervision, see patients in a daily walk-in clinic prior to routine clinic hours. During these clinics the residents are actively involved in performing a wide variety of testing and therapeutic modalities to include provocative endocrinologic testing, endometrial biopsies, and complex ovulation induction protocols using ultrasonographic monitoring. The transvaginal ultrasound experience gained in the morning walk-in clinic is a significant part of the resident training in ultrasound technique. They also have a significant exposure to male factor infertility and andrology and perform basic semen analyses, sperm washing and intrauterine insemination. The third area of clinical training is in reproductive surgery. Residents operate two days a week and are actively involved in patient selection, pre-op counseling, performance of the procedure, and post-op care. Skills obtained include microsurgery, advanced laparoscopic and hysteroscopic procedures, including the use of the harmonic scalpel, correction of Mullerian anomalies, and open laparotomy procedures for benign pelvic masses and myomectomy. The residents also perform ambulatory procedures such as office hysteroscopy, hysteroscopic sterilization, conscious sedation, ovarian cyst aspiration, and sonohysterography. The fourth and final area of clinical training is in the assisted reproductive technology program where rotating residents have the opportunity to participate in in-vitro fertilization and embryo transfer. Satisfactory completion of the rotation requires demonstrated abilities in patient selection, counseling, and performance of the full spectrum of reproductive endocrinology care.

Due to the absence of fellows, the residents receive a clinical experience which is unsurpassed. Additionally, the RE/I service provides the residents another

source of material which motivated residents have utilized for clinical and basic science research. This division has produced numerous award winning resident projects in the past ten years.

- **GYN Pathology.**

Each resident has a formal four-week pathology rotation during their PGY-1 year of training. The resident is assigned to the department's GYN Pap and Dysplasia Chief. During this rotation, the residents gain experience in pathology with the sign out of gynecology and gynecologic oncology cases with a staff member from the Department of Pathology. These sessions also include a review of patients in the department's abnormal pap smear clinics to correlate their colposcopies, cytologies, and the histopathologic specimens. During the pathology rotation, the residents are involved in multiple dysplasia clinics each week where they evaluate abnormal pap smears, perform CO₂ laser vaporization, , LEEP/LLETZ procedures and formulate long-term management plans for patients with both atypical and dysplastic pap smears.

- **Diagnosis and Management of Breast Disease.**

The resident's experience in the management of breast disease begins in the first year of training. In addition to the general patient experience obtained in their primary care rotations, the PGY-1 residents spend one-half day per week for four weeks seeing patients in the BAMC Multi-Disciplinary Breast Clinic. During this rotation, they participate in the evaluation of women with abnormal breast exams. Skills obtained include the performance of fine needle aspiration, mammogram interpretation, and refining skills in physical examinations.

- **Diagnosis and Medical and Surgical Management of Urinary Incontinence/Pelvic Floor Dysfunction.**

The management of women with pelvic relaxation and urinary dysfunction begins at the first-year level. Didactic lectures are provided to the entire house staff throughout all four years of training regarding these topics. Additionally, more intensive lectures and group discussion regarding patients with these problems are provided to residents during PGY-1 through PGY-4 years while rotating on the benign gynecology and urogynecology services. Practical application of these skills is encouraged throughout the four year residency experience. Those patients requiring surgical management are referred to the chief resident on the urogynecology service for further evaluation and disposition. The urogynecology chief resident performs these functions after consultation with a staff physician. In addition to these experiences, the residents on the urogynecology service spend two days per week for a period of 8 to 10 weeks in the urogynecology

clinic working with a sub-specialty trained urogynecologist with special expertise in urodynamic testing and management of patients with urinary disorders. Specialized techniques such as cystourethroscopy, uroflowmetry, provocative cystometrogram, and profilometry are all mastered by the resident. The surgical skills in the management of patients with pelvic floor dysfunction and urinary/fecal incontinence are also mastered throughout all four years of training.

The urogynecology and pelvic reconstruction service, like all the other sub-specialty services has been an excellent source of clinical material for resident research. Over the past 10 years, a number of residents have completed projects using this clinical material which were presented at national meetings or published in the literature.

- **Management of Critically Ill Patients.**

The residents' experience with critically-ill patients begins at the first-year level. PGY-1 residents participate in a one-month rotation in the Department of Emergency Medicine. This includes the management of level-one trauma patients in the Department of Emergency Medicine. This training is accomplished under the direct supervision of senior emergency room residents, staff trauma surgeons and emergency room physicians, and staff intensivists. During the PGY-1 year, residents also have a four week rotation in surgical ICU at BAMC. This rotation is under the direct supervision of staff intensivists. The residents' experience in critical care medicine continues throughout the remaining years of their residency training. The PGY-2, PGY-3, and PGY-4 residents maintain the role of the primary physician in all oncology patients who require placement in the intensive care unit. Obstetrical patients requiring intensive care are staffed by the perinatologist with consultation from critical care medicine specialists. Critically-ill obstetrical patients are cared for by the residents under the direct supervision of these faculty members. Due to the added responsibilities of a military physician with regard to medical readiness, the management of critically-ill patients is stressed at all levels of training and this added emphasis greatly enhances the graduates' experience in the management of these patients.

- **Emergency Medicine.**

Due to the nature of military medicine and the added responsibility of preparing physicians for times of war, a rotation in emergency medicine has always been required of all PGY-1 residents who spend one month rotating in the Department of Emergency Medicine. During this time the residents are assigned to the emergency room faculty where they receive an intense month of both clinical and didactic training in the management of patients presenting to the Department of Emergency Medicine. This training is provided by both emergency room residents as well as the teaching faculty.

- **Primary and Preventive Care.**

Resident experience in primary care and preventive medicine begins during the intern year. The categorical interns have a one to two month block(s) of training in each of the following areas: Family Practice and Emergency Medicine. These clinical rotations create an excellent foundation in the core learning objectives. During the PGY-2 through PGY-4 years the residents are then able to reinforce the knowledge and skills developed during the PGY-1 year, in their continuity clinics located in the Women's Health Center. All PGY-2 through PGY-4 residents spend one-half day per week in this clinic.

- **Ambulatory Medicine.**

In keeping with current trends in U.S. medicine, the curriculum of this program has evolved to emphasize the shift from an in-patient focus to an out-patient focus in health care delivery. The residents' experience in ambulatory medicine begins in the first year of training and continues throughout the entire length of training. During the PGY-1 year, residents have experiences in ambulatory obstetrics and gynecology, ambulatory geriatrics, emergency medicine, and ambulatory family medicine. These rotations encompass approximately 50% of their educational and clinical experiences. During the PGY-2 through PGY-4 years, the principles and practices of out-patient/ambulatory medicine and surgery are stressed by weaving them into everyday practice. Each service rotation provides a comprehensive mix of both out-patient and in-patient experiences.

Research

A requirement for graduation from this residency program is the successful completion of a research project. The residents have a 6 to 8 week research block during the PGY-3 year; however, the resident's experience is not limited to that block of time. Both WHMC and BAMC have enjoyed a long successful tradition in Obstetrical and Gynecologic research and this success has earned the institutions an international reputation. This tradition continues with the current outstanding teaching faculty participating in numerous national and local projects involving both basic science as well as clinical research. This faculty research involvement, coupled with the resident's research requirement/rotation, provide an outstanding environment for scholarly activities.

Resident Facilities

Call rooms with adequate bathroom and shower facilities as well as locker space are provided for the residents. Additionally, computer equipment is provided in

several areas to allow residents to work on both research projects as well as to assist them in their clinical responsibilities and educational requirements. Office and work room spaces are also provided for the chief residents as well as work rooms for each clinical service for which residents rotate. These areas are supplied with telephones, computer equipment, and other necessary supplies to assist in both the residents' educational and clinical requirements. Both medical centers also maintain clinical investigation facilities which provide the residents and faculty with scientific and statistical consultation, secretarial and computer support, and a wide variety of scientific instrumentation to assist in the completion of research protocols. In addition to these facilities, new state-of-the-art computer facilities which include computerized literature review packages similar to the system available in the medical library, as well as state-of-the-art graphics and slide production equipment, is provided to further facilitate the residents' ability to meet their educational and research objectives. The medical centers also maintain full service medical libraries which are conveniently located within the hospitals and are available to residents 24 hours per day, 7 days per week. In addition to the broad selection of texts and periodicals, the libraries have computer literature search capabilities and a full-time library staff for consultation.

Conclusions

The net result of the 1996 integration of two of the strongest , separate obstetric and gynecology residency training programs within the Department of Defense has resulted in the formation of what we believe is not only the finest training program within the military system but also one of the best in the entire country. The integration has provided greater faculty exposure for teaching and instruction, and an improved quality of life by decreasing working hours and providing more time for formal and informal instruction and teaching. A curriculum has been designed that best utilizes the strengths of the two medical centers and the one community hospital included in the program. Residents training in this integrated program have enjoyed the benefits from both training in a community hospital setting as well as the experiences which are unique to the country's finest university facilities. The residents graduating from this integrated program possess the qualities and skills to proceed into further sub-specialty training and/or academic practice and possess the skills required for a community based obstetrical and gynecologic practice.

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SAMMC Department of Obstetrics and Gynecology

The San Antonio Military Medical Center OB/GYN Department is a combined department offering the full spectrum of specialty services. Obstetrics and Infertility Services are currently located at Wilford Hall Medical Center (WHMC). GYN services, to include routine annual exams, problem GYN, urinary incontinence evaluation, GYN surgical services, evaluation of abnormal Pap smears, and GYN oncology services are located at Brooke Army Medical Center (BAMC).