Chief Year

General Considerations

Continues the same objectives as the R1 year. The evaluation of job opportunities is an important part of the Chief year.

Ambulatory Health Care

The care of the most complicated gynecological patients and preoperative evaluation through the Continuity Clinic allow the Chief Resident to make decisions on the provision of surgical care in conjunction with the attending physician. While patients who have been in their panel for four years are cared for in routine obstetrical, gynecologic, and family planning needs, these patients become a lesser proportion of the patients seen.

Obstetrics

The Chief Resident is responsible for Labor and Delivery and the postpartum floors. The Chief spends most of her time in supervision of junior residents, and teaching the more basic procedures. The Chief will scrub for the most complicated procedures such as cesarean hysterectomy. The Chief also is involved in the High Risk Obstetric service supervising the R3 who is the primary resident on that service.

Gynecology

The Chief Resident is responsible for the service including preoperative clinics, postoperative care and assigns residents to surgical procedures. The Chief performs the most complicated cases and supervises junior residents in simpler cases. The Chief is expected to ensure that her case list is adequate.

Oncology

The Chief resident builds on the knowledge and experience gained during the R3 rotation.
Urogynecology

The R4 builds on his/her experience obtained as an R3 and performs the most challenging pelvic reconstruction operations.

Elective

The Chief resident can choose more experience in areas where she is either interested or feels extra training. Examples would be urogynecology, ultrasound, or laparoscopic surgery for which opportunities are available in town or in remote settings.