

NUHS OBSTETRICS & GYNAECOLOGY RESIDENCY PROGRAMME

The National University Health System (NUHS)'s mission is Advancing Women's Health by Integrating Excellent Clinical Care, Research, Quality Improvement and Education.

The aim of our six-year Obstetrics & Gynaecology (OBGYN) Residency Programme is to educate the residents in the breadth and depth of the discipline of Obstetrics and Gynaecology and to foster a lifelong commitment to the promotion of women's health care. The residents will acquire cognitive knowledge, technical skills and interpersonal skills through didactic lectures, small group seminars, audiovisual media, individual instruction, independent reading, and direct patient care. Upon successful completion of the four-year core programme, residents will progress to two years advanced training, culminating in accreditation by the Specialist Accreditation Board of Singapore. The Programme is firmly committed to providing holistic medical training in a vibrant clinical environment with a culture of research, education and quality & innovation.

Outstanding Features

Well-funded programme opportunities with e-learning, medical simulation and distinction track (leadership) educating research, quality and innovation etc.

Extensive research curriculum to train residents in both basic science and clinical research.

Research mentorship by world renowned visiting experts.

High faculty to resident ratio (2:1 for faculty). Faculty comprises national and international experts within subspecialty areas.

Morning teaching didactics protected from service commitments.

Well-rounded outpatient experiences of both general clinics and specialty clinics. Continuity clinics ensure involvement throughout the patient journey.

With 4,494 deliveries, 5,793 operations, 7,652 inpatient volume and 96,299 outpatient volume annually, we have ample clinical resources to provide exposure to a broad range of OBGYN conditions and cutting-edge treatment.

Opportunity to take an elective month in Year 3/4 to develop an area of personal interest.

Opportunities to develop special skills in leadership, education, research & quality & innovation tracks at hospital and national level.

Trainees are consistently above national average for CREOG scores and pass rate for intermediate and exit examinations.



A/Prof Citra Mattar Programme Director



Programme Structure

The overall aim of the Department of Obstetrics and Gynaecology, NUHS is to provide an academic environment that promotes a structured educational experience. We are dedicated towards effective and efficient patient care, with a graduated experience of resident responsibility. We aim to provide holistic medical training to develop evidence-based and compassionate clinicians, in a vibrant academic environment with a culture of continual improvement.

	Training Object	ives				
5 core postings - O	s - Obs ward, DS, Gyn ward, Gyn OT and Primary care, Each core posting - 2months and rotate twice.					
POSTING Stations to cover Learning objective						
Obs ward	Obs ward (pre/postnatal), Jade OBS, FCC, GDM + continuity clinic (Obs)+FCC	Antenatal and postnatal care, low and high risk pregnancies, Priming Suite, MTPT, discharge summaries and audits; complete Tier 1 USS (within 6m of R1)				
DS	DS, Em LSCS, EL LSCS list, EMD (obs) + continuity clinic	Intrapartum care, operative deliveries, Em + CS, acute complications				
Gyn ward	BG/UG/REI ward (pre/post surgery) + EMD (gyn) + FCC + Jade GYN + continuity clinic (Gyn)	Gyn pre-/post-op care, complex conditions (OHSS, TOA, AUB), EMD gyn admissions, discharge summaries and audits, complete Tier 1 USS (within 6m of R1)				
Gyn OT	MCOT (minors) + Jade GYN + NTF GYN + MBOT (majors)	Elective minor operations (independent operation), assist major operations				
Primary Care	Jade OBS/GYN + FCC + Meno/Adol/HRC + NTF GYN	Ambulatory clinics, FCC, subspecialty clinics				
Clinical elective	MFM/BG/Onco+ Clinics (#COVER)	Ambulatory clinics, clinical elective, first-line COVER				
Research elective	Dry lab (epidemiology/clinical trials) + Wet lab (benchwork) + Audit / QIP + Clincs (#COVER)	Ambulatory clinics, research/audit, second-line COVER				

R1 & R2

	Training Objectives			
	5 rotations - MFM, Benign Gyn, Urogyn, REI, Onco - 3m each			
S P	MFM	Obs ward, DS, EL LSCS, Em LSCS, HRC, GDM, FCC		
E C	BG	Gyn MBOT, Jade Gyn, Hysteroscopy / Endometriosis clinics, BG inpatients		
I A	REI	Subfertility clinic, CHR, MCOT, Menopause/Adolescent, REI inpatients		
A L	UroGyn	UG clinics, UG MBOT, UG inpatients		
T	Gyn-Onco	GO wards, MBOT, Cancer / Colposcopy clinic		
Y	Ambulatory Care	Jade OBS/GYN, Subspecialty clinics (eg Menopause/Adolescent), NTF		
	Elective	Internal or External postings		

R5 & R6

R3 & R4

Training Objectives										
			Medical	Communication	Systems-based					
Stations to cover	Learning objectives	Patient Care	Knowledge		Practice					
	Antenatal and postnatal care, low and high risk				 Compassion, 					
	pregnancies, Priming Suite, MTPT, discharge		Demonstrates	patients/families	integrity, respect for					
Obs ward (pre/postnatal), Jade OBS, FCC,	summaries and audits. Intrapartum care, operative				others. Punctuality,					
GDM + HRC, FCC + fetal anomalies/genetic	deliveries. Em + EL CS. acute complications. Senior				responsiveness;					
		 Comprehensive 	· · ·		Reliability. Coaches					
		U			others to do the same.					
		, ,,			 Self-awareness of 					
			· · · ·	r -	fatigue and stress,					
+ Robotics	abdominal surgery. Senior Resident OSATS.				management of					
REI ward (pre/post surgery) + Jade GYN +	Gyn pre-/post-op care, complex conditions (OHSS,	0 //		· · ·	stressors.					
Menopause/Adol outpt + Subfertility clinic	TOA, AUB), EMD gyn admissions, discharge				 Reports errors / near 					
+ CHR + MCOT/IVF + MBOT/MIS	summaries and audits. Senior Resident OSATS.				misses to the					
MCOT (minors) + Jade GYN + NTE GYN +	Inpatient pre-/post-surgery care, proficiency in				institutional					
					surveillance systems. Able to conduct root					
					cause analysis.					
					 Actively participates 					
	procedures. To complete Senior Resident OSAIS.				in quality improvement					
	Subspecialty training mirroring the R5's assigned posting	,		U U	/patient safety					
2 months (minimum of 1 month) in		1 '		1 · ·	projects. Organises and					
Whichever posting they are accigned by					leads institutional QI					
their DD The PE will continue with the					/patient safety					
				· ·	projects.					
1				recommendations	Contributes to peer					
	· ·				reviewed medical					
				team.	literature.					
	GDM + HRC, FCC + fetal anomalies/genetic counselling, supervise EL LSCS, EM LSCS Gyn-Onc ward, pre-/post-surgery care, Cancer clinics. Colposcopy, MBOT Gyn Onco + Robotics REI ward (pre/post surgery) + Jade GYN + Menopause/Adol outpt + Subfertility clinic + CHR + MCOT/IVF + MBOT/MIS MCOT (minors) + Jade GYN + NTF GYN + MBOT (majors) + BG/UG wards + Outpt hysteroscopy / UG + MIS Accreditation (To reach Level 2) + Robotics SR training 2 months (minimum of 1 month) in whichever posting they are assigned by their PD. The R5 will continue with the subspecialty training programme in the host institute, and this will be accredited towards their 6 month posting at their	Stations to coverLearning objectivesStations to coverLearning objectivesAntenatal and postnatal care, low and high risk pregnancies, Priming Suite, MTPT, discharge summaries and audits. Intrapartum care, operative deliveries, Em + EL CS, acute complications. Senior 	Stations to coverLearning objectivesPatient CareStations to coverAntenatal and postnatal care, low and high risk pregnancies, Priming Suite, MTPT, discharge summaries and audits. Intrapartum care, operative deliveries, Em + EL CS, acute complications. Senior enderstanding of abdominal surgery. Senior Resident OSATS.• Comprehensive understanding of varying presentations or ordering TPN, Tumour Board, proficiency in major abdominal surgery. Senior Resident OSATS.• Comprehensive understanding of varying presentations or OBGYN conditions.REI ward (pre/post surgery) + Jade GYN + Menopause/Adol outpt + Subfertility clinic + CHR + MCOT/IVF + MBOT/MISGyn pre-/post-op care, complex conditions (OHSS, TOA, AUB), EMD gyn admissions, discharge summaries and audits. Senior Resident OSATS.• Recognizes atypical presentations of OBGYN conditions.MCOT (minors) + Jade GYN + MBOT (majors) + BG/UG wards + Outpt hysteroscopy / UG + MIS Accreditation (To reach Level 2) + Robotics SR trainingGyn pre-/post-surgery care, proficiency in major operations, independence and safety in procedures. To complete Senior Resident OSATS.• Manages patients with complex and atypical OBGYN conditions.2 months (minimum of 1 month) in whichever posting they are assigned by their PD. The R5 will continue with the subspecialty training programme in the host institute, and this will be accredited towards their 6 month posting at theirSubspecialty training mirroring the R5's assigned posting supervises and educates R1-4.• Arranges for multidisciplinary and collaborative care.Delivers bad news on complications. The appropriate handover of supervision will• Delivers bad news on complications or	Stations to coverLearning objectivesPatient CareMedical KnowledgeObs ward (pre/postnatal), Jade OBS, FCC, GDM + HRC, FCC + fetal anomalies/genetic counselling, supervise EL LSCS, EM LSCSAntenatal and postnatal: ntrapartum care, operative deliveries, Em + EL CS, acute complications. Senior Resident OSATS Comprehensive understanding of varying presentationsDemonstrates advanced knowledge necessary for management of varying presentationsREI ward (pre/post surgery) + Jade GYN + Menopause/Adol outpt + Subfertility clinic + CHR + MCOT/IVF + MBOT/MISPre-/Post-surgery care, condering TPN, Tumour Board, proficiency in major abdominal surgery. Senior Resident OSATS.• Recognizes atypical ever complex conditions (DHSS, TOA, AUB), EMD gm admissions, discharge summaries and audits. Senior Resident OSATS.• Recognizes atypical ever post-surgery care, proficiency in major operations, independence and safety in major operations, independence and safety in procedures. To complete Sonior Resident OSATS.• Collaborates and atypical OBGYN conditions. • Collaborates and atypical OBGYN conditions.2 months (minimum of 1 month) in whichever posting they are assigned by their PD. The R5 will continue with the subspecialty training programme in the host institute, and this will be accredited towards their 6 month posting at theirSubspecialty training mirroring the R5's assigned postingsupervises and regarding care of atient.• Effectively regarding care of atient.• Delivers bad news or omplications, • Effectively2 months (minimum of 1 month) in whichever posting they are assigned by their PD. The R5 will continue with the subspecialty training programme in the rotations.<	Stations to cover Learning objectives Patient Care Medical Knowledge Communication skills Obs ward (pre/postnatal), Jade OBS, FCC, GDM + HRC, FCC + fetal anomalies/genetic deliveries, Em + EL CS, acute complications. Senior counselling, supervise EL LSCS, EM LSCS Antenatal and postnatal care, low and high risk pregnancies, Priming Suite, MTPT, discharge deliveries, Em + EL CS, acute complications. Senior Resident OSATS. • Comprehensive understanding of varying presentations of ordering TPN, Tumour Board, proficiency in major abdominal surgery. Senior Resident OSATS. • Comprehensive understanding of varying presentations of or OBGYN conditions. Supervises and + Recognizes atypical educates lower presentations of used creations of educates in process. • Participates in process. • Participates in process. MCOT (minors) + Jade GYN + NIT GYN + MBOT (majors) + BG/UG wards + Outpt hysteroscopy / UG + MIS Accreditation (To reach Level 2) + Robotics SR training Inpatient pre-/post-surgery care, proficiency in major operations, independence and safety in major operations, independence and safety in procedures. To complete Senior Resident OSATS. • Callaborates and provides consultation to the ergending OBGYN • Leads effectively their PD. The RS will continue with the subspecialty training mirroring the RS's assigned posting subspecialty training programme in the host institute, and this will be accredited towards their 6 month posting at their • Subspecialty training mirroring the consultation to the need to make up for them in other evalutions. The appropriate handover of supervision will • Arranges for multidisciplinary and collaborative care. • Nanages procince care. evalence-based					