Goals and Objectives
Reproductive Endocrinology and Infertility

I. Goals and Objectives of Training Program

A. General: To provide training in the subspecialty of Reproductive Endocrinology and Infertility for residents in Obstetrics and Gynecology at Sinai Hospital.

B. Clinical: To enable Sinai Hospital residents to observe and assist faculty and fellows in the Division of Reproductive Endocrinology and Infertility as they perform surgical procedures, evaluate patients with reproductive endocrine disorders e.g. hyperprolactinemia, polycystic ovarian syndrome (PCO), hyperthyroidism, Cushing’s syndrome, and primary and secondary amenorrhea in the office setting and perform assisted reproductive technology procedures i.e. follicle stimulation, transvaginal ovarian follicle monitoring, transvaginal oocyte retrieval, and intrauterine embryo transfer as part of in vitro fertilization, ovulation induction, and intrauterine insemination.

C. Research: To provide assignments for residents to read, review, and present findings from pertinent basic and clinical research publications and to encourage residents to develop potential future research projects.

D. Teaching: Training will be provided by allowing residents to observe and be clinically involved in the outpatient setting and assist in the operating room. Scheduled lectures in reproductive endocrinology will also be provided. Selection of lecture topics will be determined by the Residency Program Director at Sinai Hospital and by the Division Director of Reproductive Endocrinology at Hopkins.

II. Training Program

A. Sinai Residents: Residents in obstetrics and gynecology at Sinai have been matched to an approved ACGME training program. This program enrolls eight residents per year.

B. Program Description:

1. Faculty:

Faculty and fellows in the Division of Reproductive Endocrinology and Infertility within the Department of Gynecology and Obstetrics of The Johns Hopkins University School of Medicine will participate in this program. Dr. Howard Zacur is the Director of this program and is assisted administratively by Ms. Janelle Vogan. The entire program is subjective to administrative review by the Departmental Director, Dr. Harold Fox.
2. **Residents Involved:**

During their second and fourth years of training residents at Sinai Hospital will each spend 4 weeks completing a Reproductive Endocrinology rotation at The Johns Hopkins Medical Institutions. Scheduling of these rotations will be the responsibility of the residency coordinator at Sinai Hospital who will work with the Division Director of Reproductive Endocrinology at The Johns Hopkins Medical Institutions.

Final approval of the proposed program will be given by the Chairman of the Department of Obstetrics and Gynecology at Sinai Hospital and the Director of the Department of Gynecology and Obstetrics of The Johns Hopkins Medical Institutions. It will be understood that residents from Sinai Hospital rotating at Hopkins must be “credentialed” by the registrar’s Office at The Johns Hopkins Medical Institutions and that sufficient time will be provided for this task. It is also understood that rotating residents from Sinai Hospital will have medical malpractice coverage funded by Sinai Hospital, and their salary will be paid by Sinai Hospital.

3. **Location of Training:**

Residents rotating through the Reproductive Endocrinology service at The Johns Hopkins Medical Institutions will receive their training at The Johns Hopkins Hospital including its Greenspring Station facility and possibly appropriately authorized satellite sites such as Howard County General Hospital. At Greenspring Station or satellite facilities residents will receive exposure to and training in transvaginal ultrasound for purposes of monitoring ovarian follicular growth and uterine lining thickness. Identification of early intrauterine pregnancies will also be included. Ultrasound monitoring currently takes place on a daily basis lasting from 1 to 2 hours each morning from 7:30 to 9:00 a.m.

In The Johns Hopkins Outpatient Surgical Center residents will be exposed to and may assist in the performance of transvaginal oocyte retrievals and embryo transfers as part of assisted reproductive technology procedures. In addition residents may also be asked to assist during outpatient surgical procedures in reproductive endocrinology including operative laparoscopy and hysteroscopy. These procedures are performed in the outpatient operating rooms at The Johns Hopkins Outpatient Center.

Residents may also participate in inpatient surgical procedures such as tubal anastomosis, myomectomies and resections of endometriosis. Exposure to and performance of hysterosalpingograms to assess the uterine cavity and tubal patency will also be provided to residents in training.

At Greenspring Station, residents will work closely with Hopkins attending faculty as they evaluate reproductive endocrinology patients in their consultative offices. Common clinical problems include infertility, amenorrhea, hirsutism, and menopausal patients desirous of hormone replacement.
4. **Lectures**

All residents rotating through the Reproductive Endocrinology service will be expected to attend weekly division meetings and lectures. These include a 1:00 pm lecture each Thursday on selected topics in reproductive endocrinology. A 2:00 p.m. IVF meeting with journal club. A 3:00 p.m. reproductive endocrinology/pathology case review (monthly meeting), and a 4:00 p.m. Divisional meeting which includes interesting case discussions, journal club, and review of the previous week’s hysterosalpingograms.

5. **Education Topics**

Specific topics to be covered during this rotation are listed below:

- Primary and Secondary Amenorrhea
- Dysfunctional uterine bleeding
- Polycystic ovarian syndrome
- Metabolic effect of oral contraceptives
- Infertility evaluation
- Induction of ovulation with:
  - Clomiphene Citrate
  - Menotropins
  - GnRH
- Repeated pregnancy losses
- Menopause
- IVF/ART
- Hirsutism
- Pubertal Disorders

It will also be the intent of the Division to make sure that each resident rotating through the Division will be assigned at least one research article to review and discuss. When applicable, specific research projects may be assigned to each resident as he or she begins the rotation.

6. **Summary of Johns Hopkins Reproductive Endocrinology Rotation**

**Didactic Core**

a. Formal lectures in topics in reproductive endocrinology
b. Journal clubs
Clinical Core

a. Assignment to attending faculty consultation offices to participate in the clinical care of reproductive endocrinology patients

b. Observation of and performance of transvaginal follicle monitoring and hysterosalpingograms

Surgical Core

a. Observation of and assistance with assisted reproductive technology procedures

b. Observation of and assistance with reproductive surgical procedures

7. Program Impact

a. General: Residents at Sinai may rotate at other non-Hopkins related University or University affiliated programs to receive training in Reproductive Endocrinology, if so desired. We are pleased that Sinai Hospital has asked The Johns Hopkins Medical Institutions to provide this training.

b. Adverse impact: This training program should have no adverse impact on training of Johns Hopkins residents. At the present time, a fourth year resident is assigned to spend 6 weeks on a rotation in Reproductive Endocrinology and Infertility, but the actual rotation is only 4 weeks as 2 weeks are used as vacation. Beginning July 1, 1999 a second year resident will be available for a 2 week rotation. There are 7 second year residents. Consequently for 12 weeks each year a Johns Hopkins Hospital resident will not be on our service. The Division of Reproductive Endocrinology and Infertility has greatly expanded its clinical practice and will be expanding the size of its faculty while reducing the number of fellows. As a consequence there should be no adverse impact on training residents, and schedules will be planned to prevent overlap whenever possible.

c. Positive Impact: Residents from other hospitals have appreciated their Hopkins rotation. As a consequence of this positive response local awareness and appreciation of the Hopkins program is gained by attendings working with these residents at other hospitals. Such arrangements result in enhanced patient referrals and changes in mode of practice.

d. Malpractice, Credentialing and Insurance: All Sinai residents will be credentialed through the Johns Hopkins Hospital Credential’s Office. Sinai residents will be required to have medical and professional liability insurance at amounts equal to Hopkins residents.
e. **Corrective Action**: Hopkins will reserve the right to recall, prior to the expiration of a rotation, any Sinai Hospital resident whose performance has not been satisfactory.

**Evaluation**

Each Sinai Hospital resident who rotates through the Reproductive Endocrinology clerkship will be evaluated and the results of the evaluation forwarded to Sinai Hospital.
As operating room and IVF retrieval schedules vary, residents will each receive assignments for the following week during the Thursday afternoon Division meeting.