

## MINIMUM SURGICAL COMPETENCIES PER YEAR LEVEL

*\*Residents must continue to log their cases even after completing the minimum requirements.*

### MINIMUM COMPETENCIES FOR OBSTETRIC PROCEDURES

YEAR LEVEL	I	II	III	IV	TOTAL	
Spontaneous Vaginal Delivery (SVD)	40	20	5	5	70	
Episiorrhaphy or repair of perineal lacerations <sup>a</sup>	15	20			35	
Assisted vaginal delivery (Forceps or vacuum)	10		5		15	
Cervical inspection <sup>b</sup>	10		5		15	
Evacuation/completion of abortion/miscarriage by D&C or MVA	5	5	5		15	
Evacuation of H-mole			1		1	
Manual extraction of placenta <sup>c</sup>			3		3	
Breech delivery <sup>d</sup>			5	5	10	
Cesarean section <sup>e</sup>			15	20	15	50
Peripartum hysterectomy			1		1	
Identification/ligation of hypogastric arteries <sup>f</sup> , Bilateral Uterine Artery Ligation (BUAL), compression suture <sup>g</sup>			3		3	

<sup>a</sup>. Routine or liberal use of episiotomy is not recommended (WHO, 2018).

<sup>b</sup>. Indicated for assisted vaginal delivery, vaginal breech delivery, prolonged second stage, postpartum hemorrhage.

<sup>c</sup>. One (1) out of three (3) required manual extractions of the placenta may be performed during an abdominal delivery. All cases must have appropriate indications.

<sup>d</sup>. Of the breech deliveries, at least one (1) should be a vaginal partial breech extraction of a live baby weighing at least 1.5 kg.

<sup>e</sup>. Of the cesarean sections, one should be a classical CS.

<sup>f</sup>. May be obstetric or gynecologic cases.

<sup>g</sup>. Ancillary conservative surgical procedures for intrapartum/postpartum hemorrhage. Any combination of these procedures, for the minimum 3 cases required for the third- and fourth-year levels, will be acceptable.

## MINIMUM COMPETENCIES FOR MAJOR GYNECOLOGIC PROCEDURES

Year Level	I	II	III	IV	TOTAL
Abdominal hysterectomy			5	10	15
Adnexal surgery <sup>a</sup>		5	5	5	15
Vaginal hysterectomy			1		1
Abdominal Myomectomy <sup>b</sup>			2		2

a. Adnexal procedures include any tubal and/or ovarian surgeries. Tubal surgery includes procedures for ectopic pregnancy.

b. May be done to facilitate a difficult hysterectomy provided the same resident-surgeon performs both procedures and only one case submission applies – either for hysterectomy or myomectomy.

## MINIMUM COMPETENCIES FOR MINOR GYNECOLOGIC PROCEDURES

### (IN- PATIENT OR OUT-PATIENT)

Year Level	I	II	III	IV	TOTAL
Dilatation and Curettage	3	3	3		9
Diagnostic Hysteroscopy <sup>a</sup>			1		1
Diagnostic Laparoscopy <sup>a</sup>			1		1
Endometrial biopsy (e.g., MVA, Novak's, Pipelle, Endosampler and other aspiration biopsy instruments)	3	3	3		9
Biopsy - Vulva, Vagina			1		1
Biopsy - Cervix			3		3
Pap smear (with or without HPV co-testing)	10	10	10		30
Visual Inspection with Acetic Acid (VIA)		10			10
Marsupialization or excision of Bartholin cyst		2			2
Colposcopy under supervision			3		3
Electrocautery, cryotherapy, chemical cautery or excision			5		5
Microscopy-wet mount or KOH			10		10

a. Expected for Level IV residents beginning 2024.

**OTHER REQUIREMENTS  
(IN- OR OUT-PATIENT)**

YEAR LEVEL	I	II	II	IV	TOTAL
Hysterosalpingography or Saline Infusion Sonohysterography			1		1
First trimester ultrasound	5				5
Second/third trimester ultrasound		5			5
Pelvic gynecologic ultrasound			5		5
Bioethics Case Discussion <sup>a</sup>	1				1
Interesting Case Report <sup>b</sup>	1				1
Research paper <sup>c</sup>				1	1

<sup>a.</sup> One case discussion with analysis of bioethical issue or dilemma using Jonsen's Four-Box approach shall be submitted to the RTC and filed in the residents' portfolio for checking during hospital visits. RTP shall submit two selected case discussions to CREED annually. Format for the case discussion is in Appendix F.

<sup>b./c.</sup> Evaluation form is in Appendix D