

The University of South Alabama
Department of Obstetrics and Gynecology
Residency Program Handbook

Obstetrics and Gynecology Residency Program

Policies and Procedures

Residency Eligibility

- A. Applicants must meet one of the following qualifications to be eligible for appointment:
 - 1. Graduate of a medical school accredited by the Liaison Committee on Medical Education (LCME).
 - 2. Graduate of a medical school accredited by the American Osteopathic Association (AOA).
 - 3. Graduate of a medical school outside the US or Canada who has a valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) and be eligible for medical licensure in the state of Alabama.
- B. Applicants must have taken and passed USMLE Steps 1 and 2.

Resident Selection

Applicants are screened on the basis of academic credentials, personal statements, and letters of recommendation before being invited for an interview. Residents are selected from among those candidates deemed eligible on the basis of their abilities, aptitudes, academic credentials, personal characteristics, work ethic, and ability to communicate.

Post graduate year one (PGY 1) positions are listed through the National Residency Matching Program (NRMP).

Resident Evaluation

- A. Residents are required to comply with the University of South Alabama House Staff Policy and Procedures Manual, Drug Free Work Place Policy, Drug Testing Policy, General Policies, and the Hospitals' By-Laws, and Policies and Procedures. A copy of the Bulletin of the American Board of Obstetrics and Gynecology should be read carefully and that the current Bulletin is read each year.
- B. Residents are required to maintain an up to date file in the Ob-Gyn department's resident data bank compiling their clinical experience. These data form the backbone of the documentation of their clinical skills.
- C. Residents are formally evaluated each month by the faculty. Evaluations from each rotation are reviewed by the faculty and suggestions for improvement, if any, fed back to the resident immediately. Any exams forming part of this evaluation must be returned to the supervising faculty.
- D. Residents meet semiannually with the program director to review their academic and clinical performance and are presented with constructive criticisms and suggestions, as applicable.

- E. Residents are required to take the annual CREOG Examination. Their scores represent feedback on their progress compared nationally to Ob-Gyn residents at their same level of training.
- F. At the completion of the four year Ob-Gyn residency program, the residency program director provides a final evaluation and certification of completion. The certification and admission for certification by the American Board of Obstetrics and Gynecology will not be provided unless all requirements have been met (including completion of required examinations, medical records, etc.).

Promotion

Residents will be promoted based on satisfactory demonstration of the following requirements:

- A. **Responsibility and Conscientiousness.** Residents will exhibit responsibility and conscientiousness as evidenced by attendance and promptness for call, clinics, conferences, meetings, and rounds. They will complete, in a timely fashion, hospital and clinic charting, and other documentation tasks. Residents will exhibit efficient time management both in their clinical and educational duties. These duties include but are not limited to: returning phone calls and pages in a prompt and courteous manner; completing paperwork, including evaluations, in a timely fashion; helping to maintain hospital, department, and resident equipment; and preparing for meetings and conferences.
- B. **Professionalism.** Residents will exhibit professionalism in their interaction with hospital staff, students, peers, and patients. This extends to include sexist, racist, disrespectful, and violent comments and/or behavior directed towards staff, students, residents, faculty and patients. Residents are expected to exhibit moral and ethical behavior patterns consistent with the highest medical standards.
- C. **Academic Performance.** Residents will be required to complete all clinical rotations with satisfactory evaluations. They are required to pass USMLE Step 3 and obtain an Alabama Medical License according to the House Staff Handbook. Promotion requires a year at each level but time alone does not ensure promotion.

Disciplinary Action

- A. Residents will receive timely notice of impending action, disclosure of the evidence on which the action is based, and an opportunity to respond. The resident's file will be made available for review and the resident will have the right and opportunity to challenge the accuracy and validity of the evidence. The resident records are confidential and are available only to faculty and administration on a need to know basis, unless released by the resident.
- B. Residents will be offered the opportunity for remediation as outlined by the residency director in association with the faculty and chair of the Ob-Gyn Department.
- C. Residents will be provided the following process prior to dismissal:
 - 1. **Meeting and Letter of Counseling.** Deficiencies and/or behavior patterns leading to counseling will be reviewed with the resident and any external influences bearing on the situation considered. A letter of counseling is given to the resident outlining a regimen for remediation, including the time

frame in which remediation is to be completed. Remediation is assessed by the faculty each month and a letter placed in the resident's file indicating satisfactory completion.

2. Letter of Probation. In the event that deficiencies and/or behavior patterns on which the resident has been counseled are not adequately and appropriately remediated, a letter of probation will be given to the resident. This letter will summarize the offense(s) and state that adequate improvement has not occurred. It will state the time period of scrutiny with supervision, the expectations of the resident, the assistance in meeting the expectations that will be provided, the mechanism of evaluation that will be used, and the consequences if the expectations are not met. It is understood that if the resident at any time after meeting the criteria of probation reverts to the pattern of behavior or exhibits the deficiencies which provoked the probation, he will immediately be replaced on probation and will be at risk for dismissal.
3. Letter of Dismissal. If the resident refuses or fails to meet the criteria outlined in the Letter of Probation, a Letter of Dismissal so stating will be given to the resident. The resident has the right of appeal as outlined in the House Staff Manual.
4. The Ob-Gyn Residency Program reserves the right to immediate probation or dismissal of any resident who engages in violent, dangerous, or felonious activity. The resident has the right of appeal as outlined in the House Staff Manual.

Leave

A. Sick Leave

Each resident is granted twelve (12) days paid sick leave per twelve (12) month year. If a resident is ill and unable to perform their assigned duties, this resident should notify the administrative chief resident by 7:00 A.M. The chief resident will assign the necessary replacement. Each sick day/personal day will be recorded in the chairman's office.

B. Vacation

Residents are entitled to four (4) weeks, or twenty (20) days of paid vacation each year as provided by the House Staff Handbook. Vacations are not permitted in June or July, immediately before or after the Christmas holidays, or during Internal Medicine or Emergency Medicine rotations. Chiefs cannot take vacation during their OB rotation, and no resident can take more than one week of vacation per year while on the OB rotation. Two members of a service are not permitted vacation during the same week. You are encouraged to take vacation while on Endocrine, Oncology, or Research. Try to take no more than one week of vacation per year while on Gyn. Requests for conference attendance take precedence over vacation requests.

C. Maternity Leave

Residents are allowed up to six (6) weeks maternity leave per year. Any pregnant resident should notify the Chairman, Program Director, and administrative chief resident of the pregnancy and EDD so indicated changes in the schedule can be made. The maternity leave time will be made up in the

form of vacation or by completing time after the termination of the contracted residency. Any male interested in taking paternity leave should contact the Chairman, Program Director, and administrative chief resident and similar arrangements will be made.

Please note, the Ob-Gyn Residency Program will comply with the leave policy of the American Board of Obstetrics and Gynecology:

"Leaves of absence and vacation may be granted to residents at the discretion of the program director in accordance with local policy. If, within the four years of graduate medical education, the total of such leaves and vacation, for any reason (eg, vacation, sick leave, maternity or paternity leave, or personal leave) exceeds eight (8) weeks in any of the first three years of graduate training, or six (6) weeks during the fourth graduate year, or a total of twenty (20) weeks over the four years of residency, the required four years of graduate medical education must be extended for the duration of time the individual was absent in excess of either eight (8) weeks in years one-three (1-3) or six (6) weeks in the fourth year, or a total of twenty (20) weeks for the four years of graduate medical education.≡

Licensure

All residents are required to obtain a medical license to practice medicine in the State of Alabama within seven (7) months of completing their first year of residency.

Unless an exception is granted by the GMEC, failure to obtain a valid license by the required time will result in suspension without pay until this requirement is met, or may result in dismissal from the residency program. The Ob-Gyn department will pay for your license and for the annual renewal during your residency.

The ABOG is strict in this policy and you will not be certified to sit for the Boards if the required time is not met.

Book Allowance

Each resident is allowed \$1000 book allowance over four years. Required textbooks will be purchased initially. Remainder of the \$1000 can be used for any book or software related to medicine over the remaining four years.

Faculty Evaluation

At least once a year, each resident is expected to evaluate the faculty. The forms are available from the department's Residency Office as well as the GME Office in the

Mastin Building. After completion, the forms are to be returned anonymously to the GME Office for preparation of their report to the Department and to the individual faculty.

Resident Duties and Assignments

HOURS OF DUTY

The hours of duty for the obstetrical and gynecology teams begin at 6:00 am. The labor and delivery residents will start at 6:00 am. All residents are responsible for their services **until all patient care duties are completed for the day.**

CHECK OUT

Each team checking out will supply the new “call team” with the list of patients on their service, including high risk and routine OB, GYN, GYN oncology and endocrine. This list should include the patient’s full name, room number, diagnosis, medications, and all other pertinent information related to patient care (e.g., diet, wound care, laboratory data).

CALL

Night float call begins at 5:00 pm and ends at 7:00 am the following morning Sunday through Thursday. Night float residents are required to participate in Resident Education on Friday 9:00-12:00 but are free from noon Friday until 5:00 PM Sunday. Friday call is 5:00 PM until 7:30 AM on Saturday. Saturday call is 6:30 AM until 7:30 AM Sunday. Sunday call is 6:30 AM until 5:00 PM at which time the night float team returns. To maximize free weekends the schedule often involves a team taking Friday night call and Sunday day call with another team covering Saturday. The call team consists of a senior resident, a junior resident and an intern. Once the interns are cleared for coverage at night, the teams consist of a senior resident and two lower level residents in the hospital.

While on call, the team’s duties include the entire operation of the OB/GYN service under the supervision of the attending faculty. This includes the Evaluation Center (EC), consults, and calls to the Medical Center and Knollwood Park Hospital. Junior residents and interns work as a team to efficiently and effectively run L&D, EC, and floor duties. If patient load allows, the junior residents and interns may split the night. The timing of the split must be approved by the chief resident. However, if patient care or load is overwhelming, the sleeping resident is to be awakened to help.

All admissions are to be presented to the senior resident and a senior resident admit note must be added to the history and physical. All transports need to be admitted in a timely fashion and the senior resident notified of the admission. In addition, when the junior resident and interns switch out during their night split, an update on all patients must be given to the senior resident.

WEEKEND ROUNDS

The team departing on Saturday/Sunday morning is to round on postpartum and GYN services prior to leaving. The team must also check these services out to the appropriate team replacements. The resident on duty is not to leave the hospital until the replacement team arrives.

High risk rounds will be done by the oncoming Sat/Sun team, unless the High Risk resident is on Saturday call. When the High Risk resident is on call either Saturday or Sunday, then the High Risk resident rounds on the High Risk Service on both Saturday and Sunday. If the High Risk resident is on call Friday, then High Risk rounds are done by that resident on Saturday. Labor

and delivery notes are to be current prior to leaving, and patients in the EC must have appropriate dispositions. Priority should always go to the patients on labor and delivery.

If you are not on call, you do NOT round on weekends, with the exception of the GYN resident on major GYN cases.

Circumcisions are to be completed by noon and are to be performed by the intern on call that day.

SERVICES

1. Obstetrics

Chief resident (PGY 3/4) manages the entire OB service including High Risk, postpartum and labor and delivery under the direction and supervision of the attending faculty. The attending must supervise all vaginal deliveries and C-Sections. All patients with problems on the Postpartum Service are to be presented to the chief resident prior to attending rounds. Chief Resident notes must be written on all non-routine admissions to L&D.

All scheduled inductions and cesarean sections must be discussed with the chief resident before posting the patient with the ward clerk.

NST's on the high risk service must be interpreted by the chief resident if the high-risk resident is unavailable.

All patients with fevers must be discussed with and examined by the chief resident.

All high-risk patients admitted to Labor and Delivery must be examined by and a note charted by the chief resident.

Postpartum tubal ligations will be performed by the OB intern and OB chief resident.

The chief resident must notify the Chairman immediately in the event of maternal death.

High-Risk Ob Resident functions independently of the Labor and Delivery service, and will manage the antepartum service under the direct supervision of the attending faculty. However, this resident may be called on to help in L&D at the discretion of the OB chief resident. The high risk resident rounds on patients twice a day as well as rounding with the MFM staff. Any high risk patients that are admitted through the EC will be seen by the high risk resident. Prior to attending rounds, the high-risk resident will inform the chief resident of any problem patients. When a disposition of a transport patient is made or if a patient is discharged from the high-risk service, the high-risk resident must inform the referring physician **and** the high risk clinic.

The clinic schedule for the high risk resident is as follows:

Tuesday	AM & PM	High Risk Clinic at Center Street
Wednesday	PM	High Risk Clinic at MIC

Friday PM Continuity Clinic

Labor and Delivery Resident reports to Labor and Delivery at 6:00 a.m. and manages the operation of Labor and Delivery, including operative and vaginal deliveries, under the supervision of the attending faculty. This resident manages and supervises the work for screeners, laboring patients, recovering patients, special care unit patients, and must co-sign all screening sheets for the first half of the academic year. This resident supervises and directs the OB intern and Family Practice intern.

All high-risk patients presenting to Labor and Delivery must be admitted by the Labor and Delivery resident who will then inform the chief resident in a timely manner.

This resident is responsible for updating the transport book when these patients are admitted, delivered, or transferred to the High Risk service.

The Labor and Delivery resident attends Board rounds with MFM faculty each morning.

Chart notes are written every 2 hours on laboring patients and every 4 hours on recovering patients and special care unit patients by the Labor and Delivery resident.

Any problems on labor and delivery should be reported to the chief resident by the Labor and Delivery resident.

Postpartum Intern has primary duties on OB including the postpartum service, working under the supervision of the L&D resident on labor and delivery, and doing postpartum tubals with the chief resident. The postpartum intern will evaluate and dispose of screeners in conjunction with the L&D resident. The intern must take care of the evaluation and delivery of patients on L&D as well as patients in the recovery room/special care unit.

Postpartum rounds must be completed by 7:30 am. Charts of any complicated patients (fevers, severe anemia, 3rd and 4th degree repairs, etc.) should be brought to rounds and presented to the MFM staff.

Any patient problems such as fevers, anemia, etc. should be brought to the attention of the chief resident in a timely fashion.

Routine vaginal deliveries - The intern admits and delivers all routine laboring patients. The L&D resident should be present for all vaginal deliveries done by the interns until cleared by the chief resident and attending faculty. The OB attending must be called for all vaginal deliveries.

Evaluation of screeners - The intern and L&D resident work together as a team to evaluate screeners. The L&D resident must co-sign the screening sheet before the patient is discharged for the first half of the year.

Recovery room and special care unit patients - The intern and L&D resident see all complicated recovery room patients and write a chart note every 4 hours.

Labor and Delivery patients - All patients admitted to L&D are seen by the intern or L&D resident and have a chart note written every 2 hours.

Tubal ligations - The intern will identify all the patients on post partum rounds who desire tubal ligation. After making sure the sterilization consents are signed, past surgical history is documented, and the patient has a recent normal pap smear, the resident will council the patient, write a chart note and schedule the surgery with L&D. The intern and chief resident perform all tubal ligations on L&D during the week after attending rounds. Tubals and elective Cesarian section cannot be scheduled prior to 12:00 on Friday.

2. Gynecology

Chief resident on GYN manages all patients on the GYN service, all hospital consults, and all EC consults under the supervision of the attending faculty. The chief resident schedules all surgeries, including tubal ligations, and arranges assistance for private cases. The chief resident will make rounds at USACW every morning and will be present for education rounds Monday-Friday with the afternoon Gyn attending.

All patients being considered for surgery must be examined and approved by the chief resident and by the attending faculty with which the surgery is scheduled.

All patients seen in consultation in the Evaluation Center must be checked out to the chief resident.

Junior residents, while on the gynecology service, conduct rounds in the morning and afternoon, in coordination with the GYN chief resident. The junior resident's duties include all workups and H&P's on the OR cases, assisting the intern in the EC as needed, and operating. All consults at USAMC will also be seen by the junior resident. When not operating at USACWH, this resident should be operating with the Clinical Faculty at the MIMC.

Interns must attend and be prepared for rounds in the morning and afternoon. They not only participate with surgeries, but also do all workups and H&P's on the OR cases, evaluate patients in the EC, and present those patients to the chief resident. The intern will be in the hospital no later than 6:30 am to take EC call. They will attend the GYN Conference every Friday at 7:00 am. The intern's duties include cross coverage as needed in the clinics.

3. Reproductive Endocrinology

The **endocrinology resident (PGY 2)** spends three months on this rotation under the supervision of Dr. Rizk. This resident's duties include all interval tubal ligations performed on Fridays, including workups and scheduling. All tubals must be presented to the GYN chief resident for final approval. The RE resident attends all IVF's with Dr. Rizk and will perform all consults at Knollwood Park Hospital. The resident schedules lectures with Dr. Rizk on reproductive endocrinology topics with a recommendation from a reproductive endocrinology textbook. This resident's duties include cross coverage as needed in the clinics. The general schedule for this resident is as follows:

Monday	AM	Continuity Clinic
	PM	HSF with Dr. Rizk

Tuesday	AM	OR with Dr. Rizk
	PM	HRRC coverage as needed; otherwise, reading time
Wednesday	AM	HSF with Dr. Rizk
	PM	HSF with Dr. Rizk
Thursday	AM	Grand Rounds; Resident Education
Friday	AM	GYN Conference 7:00
		OR for Laparoscopic BTL's
	PM	First: Oncology Clinic

4. Oncology

This **PGY 3** resident works under the supervision of Dr. Brewington for three months, and attends and assists Dr. Brewington with all surgeries. Dr. Brewington's nurse, "BJ", supplies you with his OR schedule; her phone number is 343-3025. The oncology resident's duties include organizing and reviewing charts for Oncology Clinic every first Thursday of the month, and for organizing and presenting cases at Tumor Conference every first Thursday of the month at noon. This resident organizes and reviews charts for the weekly Colposcopy Clinics, performs the workups and rounds on all Gyn oncology patients at USAMC and USACWH, and performs all GYN Oncology consults at USAMC. The resident attends weekly Continuity Clinics and handles cross coverage of clinics as needed. In addition, rounds on pre/post op patients at community hospitals are performed (schedule of which is left to the discretion of Dr. Brewington and the Oncology resident).

The general Oncology schedule is as follows:

Monday	AM	OR
	PM	Colposcopy Clinic
Tuesday	AM	OR
	PM	Mostellar GYN Clinic
Wednesday	AM	OR
	PM	Continuity Clinic
Thursday	AM	Grand Rounds 7:30; Resident Education
Friday	AM	OR
	PM	OR or First: Oncology Clinic

5. Emergency Department

The **ED resident's** duties include the evaluation, management, and disposition of patients presenting to the ED at USA Medical Center under the direction and supervision of the ED faculty. The schedule for every month is available from the ED at USAMC. Residents on this rotation will not take any OB call.

6. Inpatient Medicine

The duties of this resident are to function as a member of the Medicine ward team under the supervision of the Department of Internal Medicine faculty. Call is taken with the Medicine team, and while on this service there are no OB duties.

7. Ultrasound

While on this service, this **PGY 1 resident** attends the Ultrasound Clinic as directed by the ultrasound technician under the supervision of the Ob-Gyn department attending faculty. This rotation encompasses the various techniques and technologies in abdominal and transvaginal ultrasonography. The clinic is from 8:00 to 5:00 Monday through Friday. In addition, this resident performs circumcisions in the morning prior to the US clinic and attends the medical student lectures each day in the Children's and Women's Education Building Conference Room. Call is taken with OB.

8. Night Float

Night float is from 4:30 p.m. to 6:00 a.m. Sunday through Thursday evening. The night float team is expected to attend Resident Education on Friday morning. The night float intern will perform circumcisions on weekday mornings.

OTHER

All second, third, and fourth year residents are responsible for giving a medical student lecture for each rotation. The assigned topics (year specific) will be given to you.

INTERN HELPFUL HINTS

If you don't know, ask someone.

The only stupid question is one unasked!

Be aggressive! Learn and do as much as possible!

Learn to prioritize your responsibilities. People will ask or tell you to do several things at once, so you must learn which are the most important.

Read as much as possible.

Know your patients and their complicating problems.

Watch others, learn, and establish your own style and demeanor.

Communicate (*everything*) with others on your team.

Don't get frustrated with teammates or the patients.

*****Don't overstretch yourself . . . ASK FOR HELP!*****

MOONLIGHTING POLICY

Moonlighting is discouraged and approval is required by the Program Director and/or the Chair. Details can be found in the University of South Alabama Hospitals Housestaff Manual.

One moonlighting opportunity is a return OB Clinic at MIC and runs Thursday evenings from 4:30-7:30 pm. Residents may apply for this position. This requires Alabama licensure and a Medicaid Provider number. This position also requires approval by the Program Director and/or the Chair.