



Special Delivery

Issue 9

May 25, 2012

New ACGME Program Requirements: *Resident Supervision*

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The Accreditation Council for Graduate Medical Education (ACGME) approved new program requirements effective July 1, 2011. Faculty, fellows and residents need to be aware of the changes and be prepared to comply with the guidelines. In the July 2011 newsletter we reviewed the new duty hour guidelines. In this issue, we will address resident supervision. In subsequent newsletters we will address other core concepts including patient safety and professional behavior.

All are encouraged to review the new program requirements under “duty hours” on the ACGME web site at www.acgme.org.

In the introduction to the new program requirements, the ACGME states: “The specialty education of physicians to practice independently is experiential, and necessarily occurs within the context of the health care delivery system. Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident physician to assume personal responsibility for the care of individual patients. For the resident, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. This concept—graded and progressive responsibility—is one of the core tenets of American graduate medical education. Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident’s development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.”

Residents enter programs as novices and are expected to graduate as physicians capable of functioning competently and without supervision. This transition takes several years and as residents progress through the program, the program director and faculty are required to document that they acquire certain medical knowledge skill sets and procedural competency skill sets in order to move forward. In addition, residents in PGY2 and above will have selected supervisory authority over more junior residents. We are also tasked to document each resident’s ability to effectively teach and oversee the work of others before being granted this supervisory privilege and responsibility.

With input from the RRC, ABOG and APGO, CREOG is currently finalizing Ob/Gyn specific “Milestones” 1-5 (level 1 being skill sets expected of entering interns) that will be available for implementation in July 2014. These milestones are

Continued on page 2 . . .

objective curricular criteria to be mastered during any given year of residency. Until these milestones are available, we will continue to use several parameters including: 1) individual evaluations of residents by supervising residents, faculty / fellows, and nurses; 2) focused assessments; 3) procedure numbers logged; and 4) formal assessments such as the CREOG exam and Koch oral exam to determine whether residents are making appropriate progress through each PGY level in the six core competencies. Each resident's performance is reviewed semiannually with the Resident Executive Education Committee (RExec). The program director or associate program director meets semiannually with each individual resident to review clinical and surgical performance, areas in need of improvement, compliance with professional responsibilities, preparation for promotion to each subsequent PGY level, and preparation for graduation and subsequent independent practice.

In the remaining sections of this update, we will review specific RRC requirements regarding resident supervision. In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed/privileged attending physician who is ultimately responsible for that patient's care. This information should be readily available to residents, faculty members, and patients. In our institution and program, the service schedule and call schedules are available through UAB paging at 205-934-3411, posted in the residents' lounge on the 5th floor of the WIC and in L&D, in each division's administrative areas, as well in clinical care areas. Residents and faculty members should inform patients of their respective roles in each patient's care. The supervising physician may be the attending, fellow, or upper level resident, depending on the clinical scenario and the PGY of the resident. The designated ACGME classification for **levels of supervision** for residents is outlined below:

Direct Supervision: The supervising physician is physically present with the resident and patient.

Indirect Supervision:

1. **with direct supervision immediately available** – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
2. **with direct supervision available** – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Message from the Program Director



It is hard to believe another academic year is coming to an end as we prepare to graduate another exceptional class of residents June 16th at the Chiefs Party. Thank you to Drs. Lindsay Frederick and Rachel Curvin for their leadership and tremendous hard work as this past year's Administrative Chiefs! At the same time, newly elected Administrative Chiefs, Drs. Ali Parden and Michael Polin, and Dr. Jared Roberts, newly selected Education Chief, are busy preparing for another amazing class of incoming interns and for the new academic year.

This will be an exciting year for the residency as we prepare for our next ACGME Ob/Gyn Residency Review Committee Site Visit scheduled for August 7, 2012. This is an amazingly strong residency because of our outstanding teaching faculty and fellows, clinical volume, educational curriculum and our dedicated residents. We look forward to putting our application for re-accreditation together and celebrating our strengths while working to improve where needed.

We welcome Dr. Jacob Estes to the Education Office faculty as the new Associate Residency Program Director. Dr. Estes is an outstanding clinician and surgeon and a passionate educator. As always, a huge 'thank you' to our other Office of Education faculty and staff for their hard work and support of our residents, students, and the educational program in our department: Dr. Julie Covarrubias, Associate Professor and Associate Director of Education; Nancy Atkins, Residency Program Coordinator; Christy Willis, Clerkship Coordinator; Candace Goudy and Nicholas Foster, office assistants. We could not keep this wonderful program going strong without you!

... ACGME: Resident Supervision *(continued from page 2)*

Important Dates

May:

30: SEC Meeting

June

- 1:** Department Pictures
- 8:** Resident Research Day
- 9:** Pre-Chiefs (*Dr. Alvarez*)
- 15:** Intern Orientation
- 15:** 24 hour Chiefs Call begins
- 16:** Chiefs Party (B'ham Country Club)
- 18-20:** MS Oral Exams
- 21:** Student Reception (CAMS)
- 22:** Intern's celebrate w/ Residents
- 22:** MS NMBE Written Exam
- 24:** Intern's 1st day of work
- 25:** MS Orientation (BLK 1)

August 7, 2012
RRC Site Visit

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members (in our program this will be based on faculty and resident evaluations, focused assessments, formal assessments and reviewed by the RExEC). The program director and faculty must evaluate each resident's abilities based on specific criteria which should be guided by specific national standards-based criteria, when available (such as CREOG exams now and milestones in the future).

Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence. In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. In Ob/Gyn and specifically in our program, we have always have indirect supervision with direct supervision immediately available with two faculty/fellows in house 24/7 and a team of at least four residents typically PGY1-4. Depending on the clinical situation and need for additional supervision or availability of additional providers, there is also a 5th resident (PGY2-4) on 'short/home call' and designated on call attendings and fellows for each subspecialty service as well as for unassigned gynecology patients who are available for indirect supervision with direct supervision available.

With the appointment of an Education Chief in addition to the two Administrative Chiefs for this next academic year, interns will have a designated resident administrator to facilitate faculty and resident review of PGY1 progress to conditional independence in specific competency areas and toward a supervisory role once promoted to PGY2. These specific competency areas will be available for review in the resident manual on the UAB Ob/Gyn Residency web site.

Associate Resident Program Director

Congratulations, Dr. Jacob Estes!



As our residency program has grown in size and the curricular program requirements have increased, the Department of Ob/Gyn at UAB has made the decision to create a new position of Associate Residency Program Director. We are happy to announce that Dr. Jacob Estes, Assistant Professor of Gynecologic Oncology, has agreed to serve in this role. Dr. Estes is no stranger to this department as he was strongly recruited to the residency from Louisiana State University School of Medicine in New Orleans. He completed his residency in Ob/Gyn at UAB in 2005 and fellowship in Gynecologic Oncology at UAB in 2008. As a chief resident, Dr. Estes won the Chairman's Award for Excellence and the Best Teaching Chief Award. After fellowship, he was Assistant Professor at LSU Health Sciences Center in Baton Rouge until he was recruited back to the department in 2010.

Dr. Estes has a strong passion for clinical and surgical education and has served on the Resident Executive Education Committee since coming back to UAB. This past year, he took over as chief proctor for the resident Koch exams where his responsibilities included developing, revising and supervising this important component of resident competency assessment.

Dr. Estes was competitively selected as a member of the APGO Academic Scholars and Leaders Program for 2012-2013. This national program for rising stars in Ob/Gyn education is comprised of a rigorous 15 month curriculum with a focus on instructional format and theory, curriculum development, leadership and management skills, and educational research. His project as part of the program is focused on further development of our robotic surgery curriculum for the residents. We are fortunate that Dr. Estes has joined the Education Office and residency program leadership where he will continue to help advance this residency program to new heights!

The Upcoming Administrative Chiefs and the New Education Chief

Congratulations to this year's inaugural Education Chief, Dr. Jared Roberts, and to the new Administrative Chiefs, Dr. Ali Parden and Dr. Michael Polin! They will be an excellent team and we look forward to working with them this next year as our resident leaders!



Job Descriptions and Responsibilities

Due to our increase in resident number and expansion in administrative requirements for programs, the UAB Department of Obstetrics and Gynecology has added an Education Chief (EC) position to join the two Administrative Chiefs (AC) as leaders for the residency starting AY 2012-2013. These residents will serve as resident administrative leaders, resident advocates and faculty-resident liaisons. The 2 ACs and the EC will be funded by the department to attend the CREOG Resident Leadership Workshop in the spring prior to chief year and all three are provided additional funds to his/her book fund for the chief year in recognition of their hard work. The ACs and EC attend the monthly Resident Executive Education Committee (RExec) meetings and weekly Education Office staff meetings. Responsibilities are outlined below.

Administrative Chief Job Description and Responsibilities

The ACs will work closely with the Education Chief (EC) to facilitate incorporation of the educational goals and objectives, residents-as-teachers activities, and intern mentorship into the residency program.

Under the supervision of the Residency Program Director, Associate Residency Program Director, Associate Director of Education and RExEC, the ACs will:

1. Revise the resident rotation schedule and make assignments for all PGY1-4s.
2. Make call schedules for each month and send to the Program Coordinator to distribute; these schedules must be compliant with current ACGME duty hour guidelines.
3. Assign resident vacations in the fall, spring and over the Christmas/New Year's holidays.
4. Create the conference schedule for Friday conferences, Friday skills workshops, and department journal clubs.
5. Serve as liaison to nursing services; have regular meetings with nursing leadership to discuss resident-nurse interaction and collaboration.
6. Create continuity clinic schedule in consultation with continuity clinic director and nursing staff.
7. Assign residents to program committees and supervise the goals, activities and responsibilities of the resident committees.
8. Assign residents to their vertical mentor teams and encourage the residents and faculty mentors to fully participate in the mentor program.
9. Supervise duty hour compliance and notify residency program director of any significant violations with plans for correcting any schedule or rotation problems contributing to these violations.
10. Monitor resident compliance with professional responsibilities including completing medical records in a timely manner, entering ACGME op log stats, completing focused assessments, submitting M&M cases, completing surgical skills requirements (such as laparoscopy skills worksheets), continuity clinic chart reviews (primary and preventive care checklists), GME HealthStream Learning Center requirements, etc.
11. Create schedules that are compliant with ACGME duty hour guidelines for special circumstances including CREOG exams, AL ACOG, resident Koch exams, resident retreat, resident research day, June resident transition period, holiday schedules, etc.
12. Interact in official capacity as necessary with other residency program Chief residents, in particular about issues and schedules involving sharing of residents on Ob/Gyn services (such as interns on Medicine and EM residents in MEU).
13. Assist in individual resident issues and grievances as appropriate.
14. Keep the PD and Associate PD informed of any significant resident issues that may impact patient safety as well as the health and well being of individual residents or the program.

Education Chief Job Description and Responsibilities . . . continued on next page

Education Chief Job Description and Responsibilities . . . continued from previous page

The EC will be encouraged, with faculty mentorship, to submit abstracts for breakout sessions or educational research projects to the CREOG-APGO Annual Meeting and/or APGO Faculty Development Seminar; if accepted as first author or primary presenter, the meeting expenses and travel will be covered by the department through the Education Office.

Under the supervision of the Residency Program Director, Associate Residency Program Director, Associate Director of Education, and RExEC:

1. Serve as chair of the Education Committee.
2. Update and/or revise goals and objectives for each rotation. Remind residents and faculty to review goals and objectives prior to each rotation start and encourage residents to develop individual goals for each rotation.
3. Plan and participate in intern orientation, including preparation of any pre-orientation required reading or other activities.
4. Schedule all intern-chief lectures and intern surgical skills workshops.
5. Review intern progress and collect informal evaluations of each intern's performance in the first 2 months of residency for the August/September meeting with the Program Director/Associate Program Director.
6. Monitor each intern's progress in key areas of clinical practice and procedures using direct observation as well as evaluations from upper level residents, faculty and fellows; report to Program Director and RExEC for advancement of individual intern's responsibilities and level of supervision as appropriate.
7. Review conference schedules with administrative chiefs, focusing on coverage of appropriate topics to meet CREOG objectives.
8. Assist in planning CREOG reviews.
9. Review and revise/update reading lists by PGY level for each department service area.
10. Review medical student web site and orientation materials; work with resident chair of student education committee.
11. Incorporate residents-as-teachers lectures, activities and workshops into the curriculum.

As always, *strict confidentiality* in consultation with the Residency Program Director, Associate Residency Program Director, and Associate Director of Education is expected when the ACs and EC are handling all programmatic and individual residency issues.

Junior Fellow and ACOG

Many of you are aware of the vital role that ACOG plays in our lives, as OBGYN residents, fellows, and practicing physicians both as an unparalleled resource and advocate for the specialty of and subspecialties of OBGYN. We are lucky to have many people, right here, within our own Department, who are very involved in continuing to support and advocate for ACOG. Several of our Division Directors, including Dr. Richter and Dr. Todd Jenkins have served on review committees for ACOG for several years and continue to take an active role in synthesizing some of the most up-to-date data on important topics to our practices. Dr. Straughn is currently serving a 9-year commitment to the Alabama Section of ACOG, and will ultimately lead the Alabama Section of ACOG in the future, representing Fellows and Junior Fellows at both the State and District Levels.

We are a part of District VII, which includes Alabama, Arkansas, Kansas, Louisiana, Mexico, Mississippi, Missouri, Oklahoma, and Tennessee. We have always had a strong presence at both our Section and District Level. Dr. Walters has recently risen to serve as the Chairperson for the Alabama Section, and she will be serving in this role for the year 2012. She and I have already been participating in several, District-level service projects in 2011. We have had great success along with other Junior Fellow Sections, but we will want to continue with strong representation from Alabama. She will be working with the residency on creating a service project for the 2012 academic year. In addition, Dr. Porter is being nominated for the Alabama Section Junior Fellow Legislative Representative, and he will be responsible for staying up-to-date on State and National Level OBGYN Legislative News. Furthermore, Dr. Brown was selected and sponsored to attend the Congressional Leadership Conference in Washington, D.C. in February, 2012.

As always, we will continue to work as human highlighters on pertinent ACOG resources and news. If you have any questions or concerns, please contact Dr. David Ellington, ACOG District VII - Junior Fellow Chair (david.ellington@obgyn.uab.edu)

Update on Gyn SCIP Measures

Since October 2011, our OB/GYN departmental quality committee has made a concerted effort to improve our Gyn SCIP Quality Measures. Surgical Care Improvement Program (SCIP) is a quality parameter used by CMS and the Joint Commission (TJC) with the goal of reducing surgical site infections and morbidity and to improve the quality of care for surgical patients. SCIP measures focus on preventing surgical site infections, increasing venous thromboembolism (VTE) prophylaxis, and continuing beta blocker therapy postoperatively for cardiac patients currently receiving beta blocker therapy. Hospitals will be scored based on meeting SCIP measurements starting in 2013. If we meet the SCIP guidelines, our hospital will receive incentive payments from Medicare. SCIP measures primarily apply to 7 types of surgical patients:

- 1) CV surgery,
- 2) Hip replacement,
- 3) Knee replacement,
- 4) Colon surgery,
- 5) Hysterectomies,
- 6) Vascular surgery, and
- 7) Other major surgeries.

Our departmental educational efforts have included pocket cards, lectures, and email communications regarding appropriate antibiotic usage, new recommendations regarding weight base dosing and re-dosing of prophylactic antibiotics, and for documentation of perioperative / postoperative dosing of beta blockers for cardiac patients.

Please review our recent quality dashboard for GYNX listed below. This dashboard is collected by prospective review of our recent inpatient records. As you can see, we are doing quite well and our recent educational efforts have been successful. Congratulations for all your hard work! Our goal is to continue to be 100% correct on each of these measures 100% of the time.

GYNX DASHBOARD FY-2012

SCIP CORE MEASURES	FYTD 12 Actual	FY 12 Target	Oct 11	Nov 11	Dec 11	Jan 12	Feb - 12
Proph ABX given within 1hr of surgery (All)	98%	100%	100% n = 49	94% n = 52	100% n = 57	100% n = 57	96.6% n = 58
Proph ABX d/c within 24/48hrs	100%	100%	100% n = 48	100% n = 50	100% n = 52	100% n = 54	100% n = 57
Proph VTE Assessment/Order	100%	100%	100% n = 48	100% n = 54	100% n = 57	100% n = 54	100% n = 58
Proph VTE received	100%	100%	100% n = 48	100% n = 54	100% n = 57	100% n = 55	100% n = 56
Post Op Urinary Catheter Removal	100%	100%	100% n = 1	100% n = 5	100% n = 2	100% n = 8	100% n = 6
Beta Blocker received during perioperative period *	100%	100%	-	-	-	-	100% n = 10

Beta Blocker tracking began in Feb 2012

Submitted by Dr. Cynthia Brumfield, Director of Quality & Safety for the Department of Ob/Gyn.

ACGME's 5th Core Competency: *Professionalism*

Physicians must be able to:

- Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society; and a commitment to excellence
- Develop a commitment to ethical principles
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

Competency in professionalism is a physician's ability to carry out professional duties including continuity of care, responsiveness to changes in clinical situations, overall responsiveness and availability, and self-sacrifice, and their following of ethical principles in dealing with patients, their families, and other physicians and health care workers. Professionalism also includes sensitivity to different patient populations when caring for patients of different ethnic and economic backgrounds that are treated in the different hospitals within the health system.

Teaching Tip: *Orienting Learners*

A good orientation is the foundation for a successful rotation, it establishes your role as the team leader. It will ultimately save time and energy by clearly explaining how you want the clinical service to operate. Also, when the learners know what to expect, they will become a much more productive learner and worker.

It is important to remember that providing an orientation at the beginning of a rotation may not be enough. Don't hesitate to reinforce your expectations, as necessary, throughout the rotation.

Orientations serve multiple purposes:

- Provides opportunity to clearly set and define expectations
 - ◊ Gives the learner a sense of what you expect from him/her
 - ◊ Gives the learner a sense of what he/she can expect from you
- Provides opportunity to become acquainted and establish a relationship with learners
- Allows you to diagnose the learning needs
- Ultimately saves time and energy by clearly explaining how you want the clinical service to operate

A Well-organized Orientation Should Include the Following Topics:

1. ***Desired learner attitude and motivation:*** Reiterate that each rotation is integral part of curriculum, so show interest!!
2. ***Standards/Expectations:*** Review goals & objectives, explain clinical duties, clarify roles, what to do in downtime, etc.
3. ***Patient care activities:*** Discuss schedule, review case presentation format, introduce key personnel, tour facilities, etc.
4. ***Explain organization of rotation:*** Length, clinic location, where schedules are posted
5. ***Evaluation / Disciplinary Process:*** Clarify desired performance level, explain how learners will be evaluated and by whom
6. ***Needs / Goals of Interns & Students:*** Find out what skills / knowledge each learner wants to develop then target that
7. ***Establish a supportive environment:*** Treat as colleagues, be approachable!!
8. ***End with . . . Questions from learners***

To read more about Orienting Learners and other teaching topics, visit the [CERT Website](#).

Moving from *Novice* to *Expert*

(Friedland JA. *Assessment tools and techniques in outcomes-based education: What physicians need to know*. GME-Today, Module 2; 2005)

Physicians must look for teachable moments — for example, times when patients are ready to heed their advice on smoking cessation or weight reduction. When Dreyfus, made the provocative statement “to become competent you must feel bad,” he was referring to the need for physicians to empathize with their sick patients in order to provide optimal care. In feeling bad, more of the physician’s human faculties (e.g., intellect, emotions, intuition, and pattern recognition) become available. This path leads beyond competency to proficiency, expertise, and mastery. Physicians describe poignant moments when an elderly patient teaches them about the acceptance of dying, or a young person with a chronic illness teaches them about a will to live.

Commissioned by the US Air Force to describe the development of knowledge and skill for pilots, Stuart and Hubert Dreyfus conceptualized a model of skill acquisition that is also useful for medical education, moving from novice to expert.

In the **novice stage**, the freshman medical student begins to learn the process of taking a history and memorizes the elements—chief complaint, history of the present illness, review of systems, and family and social history.

The junior medical student is the **advanced beginner** and is beginning to see aspects of common situations, such as those facing hospitalized patients (admission, rounds, discharge) that cannot be defined objectively apart from concrete situations and can be learned only through experience.

In the **competent stage**, the resident physician learns to plan the approach to each patient’s situation.

In the **proficient stage**, the physician who is beginning in practice struggles with developing routines that can streamline the approach to each patient.

In the **expert phase**, the mid-career physician has learned to recognize patterns of discrete clues, using intuition to do much of the work.

Medical education programs must ensure that residents are fully competent as they complete programs and embark on the journey through the higher phases of learning.

The Stages of Learning

Novice

- Patient History
- Memorizes elements:
 - Chief complaint
 - History of present illness
 - System review
 - Family and social history

Advanced Beginner

- See aspects of common situations in hospitalized patients:
 - Admissions
 - Rounds
 - Discharge

Competent

- Learn to plan approach to patient’s situation

Proficient

- Develop routines to streamline approach to each patient

Expert

- Recognize patterns of discrete clues
- Use intuition to do the work

Dreyfus HL & S, 1986
Bataldan P, et al, 2002.

Dreyfus HL, Dreyfus S. *Mind Over Machine*. New York: New York Free Press, 1986.

Bataldan P, Leach D, Swing S, et al. General competencies and accreditation in graduate medical education. *Health Affairs*. 2002;21(5):103-111.

Praise & Recognition

Faculty & Resident Leadership

- **R. Edward Varner, MD:** President of the Society of Gynecologic Surgeons (2011-12)
- **Ronald D. Alvarez, MD:** President of the Society of Gynecologic Oncology (to read more, [view the article](#) in the UAB publication, *One*)
- **J. Michael Straughn, Jr., MD:** Vice-Chair of the Alabama Section of the American Congress of Obstetricians and Gynecologists (ACOG)
- **Alice Goepfert, MD:** Member of both the UAB Dean's Council for Graduate Medical Education (DCGME) and the DCGME Patient Safety Subcommittee
- **David R. Ellington, MD:** Jr Fellow Chair for District VII of ACOG
- **Christy Walters, MD:** Jr Fellow Chair for the Alabama Section of ACOG
- **Janeen Arbuckle, MD and Caroline Juneau, MD:** Resident Reporters for ACOG
- **Amanda Barner, MD and Nana-Ama Ankumah, MD:** Members on UAB's GME Subcommittee on Diversity and Multicultural Affairs
- **Amanda Barner, MD** (*rotating off as graduating chief*), **Jovana Martin, MD** and **Gretchen Zsebik, MD:** Members of the House Staff Council

Warner Huh, MD: Named by the American Cancer Society as the winner of the 2012 Lane Adams Quality of Life Award. This prestigious award recognizes exemplary cancer care and excellence among those who provide compassionate and exceptional care to individuals with cancer.

APGO Academic Scholars and Leaders Program

The APGO Academic Scholars and Leaders Program is an initiative of the Association of Professors of Gynecology and Obstetrics (APGO). Its purpose is to enhance education in obstetrics and gynecology by preparing ob-gyn physician faculty, through a rigorous 15-month curriculum, to possess the skills and knowledge necessary to be outstanding teachers and educational administrators. [[APGO Academic Scholars & Leaders Program](#)]

Class of 2012-13: Jacob Estes, MD

Ronald D. Alvarez, MD: Nominee for the prestigious UAB President's Award for Excellence in Teaching

Britt Erickson, MD: Selected as the APGO Resident Scholar to attend the CREOG-APGO Annual Meeting

"When no one is always right, no one needs to fear being wrong."

Jack Ende, MD, *University of Pennsylvania School of Medicine*

Create an environment where learners are comfortable admitting that they don't know or understand and use mistakes as teaching opportunities. Teaching by intimidation (i.e., unprofessional behavior) can undermine the learning process and professional ethics.

Welcome 2012 ObGyn Interns



Laura Becca Daily, MD
University of Tennessee
Health Science Center Col-
lege of Medicine



Angelica Glover, MD
University of Texas Medical
Branch School of Medicine



Emily Landers, MD
Medical College of Georgia
at Georgia Health Sciences
University



Danny Pasko, MD
Medical University of
South Carolina College of
Medicine



Megan Shine, MD
University of Alabama
School of Medicine



Haller Smith, MD
University of Alabama
School of Medicine



Johanna Von Hofe, MD
Medical University of South
Carolina College of Medicine



Erin Wait, MD
University of Texas Health
Science Center at San
Antonio School of Medi-
cine

A Word from the Administrative and Education Chiefs

As we begin to prepare for the 2012-2013 academic year, we would like to say goodbye to the graduating chief residents and thank you to everybody for the hard work over the past academic year. We are eager to welcome the incoming interns and watch the residency grow over the coming year. We are also excited about the addition of the Education Chief to the Administrative Chiefs. Major events in the coming academic year will include the RRC site visit, the search and selection for yet another exceptional class of residents, and the many residency and departmental social events. Again, thank you to everybody for the exceptional patient care that you provide and your continued hard work in doing it.



- Jared, Ali, and Michael



Farewell to the Chiefs

"This is not the end. This is not even the beginning of the end. It is, instead, the end of the beginning"

- Winston Churchill

Amanda Barner, MD - Rappahannock Women's Health Care, Fredericksburg, VA

Britt Erickson, MD - UAB Gynecologic Oncology Fellowship

Jamie Lin Erwin, MD - Texas Healthcare, Forth Worth, TX

Lindsay Frederick, MD - Women's Health Partners, Gadsden, AL

Rachel Garner, MD - OBGYN Associates, Tupelo, MS

Jamie Nodler, MD - Brigham and Women's Hospital Reproductive Endocrinology and Infertility Fellowship, Boston, MA

Akila Subramaniam, MD - UAB Maternal and Fetal Medicine / Genetics Fellowship

Graduating ACs: A Job Well-done

As the Academic Year draws to a close and the responsibilities of the Administrative Chiefs transfer to the newly elected ACs and EC, a huge thanks goes to Lindsay and Rachel for the administrative service that they have provided to residents, program director and coordinator, faculty, and entire residency program. Both served excellently as strong representatives of all residents in the administration of the residency program as well as advocates and leaders in all matters involving resident issues and the welfare of the program!!



Department of Ob/Gyn's Office of Education

Editors:

Alice R. Goepfert, MD

Julie Covarubias, EdD

Our Extended Family . . .



*Caroline
Frederick*



*The
Roberts*

Caroline

Conner

Josh



Zoe Nodler



Jack & Mom



Tre Brown



Georgia Erwin