FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY (FPM/RS) FELLOWSHIP APPLICANT HANDOUT
University of Alabama at Birmingham Departments of Obstetrics & Gynecology Urology, & Geriatric Medicine
Division of Urogynecology and Pelvic Reconstructive Surgery

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I. Objectives, Goals and Strengths of the Fellowship Program

A. Educational objectives:
1) To broaden the Medical knowledge in this relatively new OB/GYN subspecialty in a multidisciplinary fashion by educating fellows in the basic science, anatomy, physiology and benign pathology of the pelvic floor including the lower urinary tract, pelvic support structures, and the distal GI tract.

2) To provide advanced training of fellows in the clinical care (both surgical and non-surgical) of patients with disorders of the pelvic floor. This will involve problem-based learning and improvement based on investigative evidence.

3) To instruct and mentor fellows in research techniques, the planning and performing of meaningful research in this subspecialty field.

4) The above objectives will be met through improvement in interpersonal communication skills by which collaborations will be established. To accomplish this, professionalism, team work, and adherence to ethical principles will be necessary.

B. Goals:
1) The primary goal of the fellowship at the University of Alabama at Birmingham (UAB) is to train OB/GYN and Urology physicians who have a broad knowledge base and broad expertise in female pelvic medicine and reconstructive pelvic surgery. This should also increase research efforts in this area which has been relatively neglected. The combination of increased knowledge, improved clinical care, and sound research should thus improve the healthcare of an increasing population of women with these conditions.

2) A secondary goal of the program is to improve the education of residents, students, nurses and other healthcare providers in obstetrics and gynecology, urology, and geriatric medicine at our institution.

C. Perceived strengths:
1) An unselfish collaboration of multiple specialties including gynecology, urology, geriatric medicine, behavioral psychology and radiology (as evidenced by the existing Genitourinary Disorders Center established in 1997 and Genitorectal Disorders Center established in 2002 through which multidisciplinary clinical care and research have been performed).
2) Large and diverse clinical case volume as noted in Section IV.

3) Excellent research opportunities.

4) Excellent facilities for patient care, teaching and research all located within a single, large academic medical center. The majority of the fellow’s time is spent at UAB Hospital and clinics which includes University Hospital, The Women and Infants Center, and The Kirklin Clinic and their research facilities. All are a part of a large referral institution where both clinical and academic functions are performed. The medical center complex also includes Veteran’s Administration Medical Center. The fellow will participate in clinical care and research at this institution as well.

5) Diverse faculty with expertise in teaching basic science, diagnostic techniques, conservative treatments, surgery and in mentoring research.

6) We have shown that the organization and collaboration between various faculty and fellows has worked well as evident by the productivity of our present fellows and graduating fellows and by their meeting the requirements of the Boards.

II. Education – Fellows are expected to Learn and Teach

A. Organization of In-patient and outpatient teaching (by institution):

The majority of both In-patient and outpatient teaching is performed at the primary institution (UAB Medical Center [UABMC] and The Kirklin Clinic [TKC]) which comprises the University of Alabama at Birmingham Hospitals and Clinics [UAHC]). Fellows are involved in both In-patient and outpatient teaching during each of their clinic rotations (see block diagrams page 4).

In-patient teaching is organized within each clinical service (gynecology, urology, and geriatrics.) Teaching includes: (1) rounds attended by the fellows, faculty members, residents, and students, (2) didactic presentations or interactive conferences held in addition to patient rounds, and (3) didactic sessions prior to, during, and/or after surgical procedures. Each surgical procedure is attended by a faculty member and the fellow progressively assumes more and more responsibility in the performance of surgical procedures.

Out-patient teaching is conducted at TKC and at the Women’s and Infants Center (WIC). While rotating on the individual services, fellows will attend clinic with FPM/RS faculty members in urogynecology, urology, and colorectal surgery and geriatrics approximately four half days weekly and becomes proficient in evaluation, treatment choices, patient consultation, and the performance of various out-patient treatments including Interstim therapy, collagen injections, excision of small lesions, various nerve blocks, and behavior and biofeedback therapies. In addition, the importance of accurate dictation, documentation, billing and correspondence with referring physicians, family members, etc. is emphasized and critiqued. The fellow’s direct responsibilities in the clinic progressively increase during the first year.

When the fellow is felt to be capable, he/she will see new or referral patients with incontinence, prolapse, and/or anorectal disorders once weekly in their own clinic; perform appropriate evaluations including urodynamics, cystoscopy, lower anorectal evaluation or other appropriate procedures; employ outpatient treatment measures; schedule surgery and counsel patients and family members concerning the procedures.
Postoperative and some other benign gynecology patients are also seen. These clinics are held adjacent to faculty clinics and each patient is discussed with the faculty member who becomes involved in the case and oversees the patient’s care.

Supervision in ambulatory unit and operating room:
Fellows are supervised by faculty members at all times. Faculty members are in attendance in the operating room during the critical portion of all procedures and, during the initial phase of the fellow’s training, throughout the procedures. The fellow’s responsibilities increase based on individual assessments of expertise and with experience, he/she may assist residents, with the faculty member serving as a second assistant. Direct supervision or Direct supervision immediate availability will be available during all regular work days and Direct supervision available on weekends, nights, and holidays (for definitions see ACGME Common Requirements page 14).

In the outpatient unit, the first-year fellow sees patients with different faculty members learning evaluation techniques, outpatient treatment procedures and observing various methods of history taking, counseling, etc. Fellows assume progressively more responsibility to the point that he/she sees and manages his/her own new and return patients with review and consultation with the faculty physician who is working in the same clinic area.

Fellows will communicate any complication or unusual circumstance arising in patient care in surgery, arising in patient care in surgery, clinic, or other patient care areas to the supervising physician. This would naturally include admissions to ICU or end of life decisions.

B. Medical Knowledge
A reading list has been developed and along with literature searches, is used to meet the required learning objectives listed in the ABOG Special Requirements Handbook. The fellows are instructed to prepare informal didactic sessions or group discussions on these topics which are presented during their rotations.

C. Established Conferences:
All FPM/RS fellows participate in all scheduled departmental conferences including: Morbidity/Mortality conference, Departmental Grand Rounds, Case Review Conferences and divisional didactic conferences. During his or her rotation on Urogynecology and Pelvic Reconstructive Surgery the fellow will be responsible for small group conferences on topics included on the reading list with the residents, students and a faculty member. The topics are initially presented by the faculty member then subsequently by the fellow with a faculty member present for comments. Fellows are expected to attend the Departmental Journal Club and be expected to comment on papers related to his or her subspecialty and other issues in pelvic surgery.

Every Tuesday morning, the fellows will alternate with each other and division faculty in leading a 30-45min lecture on a wide array of specialty specific topics as well as general gynecologic subjects. These lectures are attended by both the rotating Urogyn and GYN resident teams and their respective medical students on service. The intent of the lecture series is to promote teaching experience for the fellows as well as mastery of the presented material as well as covering CORE Curriculum Objectives as outlined by CREOG for the residents.

While on the Geriatric/Research rotations, the fellows attend the Geriatric Clinical Conference on Tuesdays at noon and the Center for Aging Scientific Seminar Series Fridays at noon during which
variable topics related to geriatrics are presented and the Continence Journal Club at 9:30 a.m. on Tuesdays. The Journal Club is a teleconference with all members of the Southeast Center of Excellence in Geriatric Medicine which focuses on published articles on incontinence.

While on urology rotation conferences are attended on Tuesday AM.

There will also be a monthly interactive seminar for all FPM/RS faculty, fellows, rotating residents and interested medical students. Planning for this seminar is the responsibility of the second- and third-year fellows in conjunction with the Program Director or another faculty member who requests a particular topic. Bi-monthly seminars will be on more cutting edge or controversial issues in the field such as new diagnostic or therapeutic techniques on breakthrough basic science research, or a review of the literature on an important subject. They are presented or facilitated by a faculty member, guest or a senior fellow.

D. New Conference Series

Surgical Procedure Conference
Each Monday thirty minutes prior to surgery the two fellows on urogynecology, residents and students on urogynecology, meet with Dr. Varner to discuss selected surgical procedures which include discussions of indications, alternatives, and choice as well as specific techniques, complications, and avoidance thereof. Reading on the procedures prior to each session is encouraged.

Scientific Paper Review Conference
Once monthly, Dr. Richter will select one or two journal papers for the fellows to review using the review format form of our major journals. During a small interactive session the fellows present their reviews, the papers are critiqued by the group, and there is appropriate discussion regarding how reviews may be improved.

Journal Club
A bi-monthly journal club on papers related to FPMRS has been reinstated at individual faculty homes.

Monthly Fellows, First Wednesday Conference
This conference which has been present since the initiation of the fellowship has been modified. Every other month there will be lectures by faculty members or guests and occasionally senior fellows on important topics in female urology and Urogynecology. Selected topics from the Board’s list of educational objectives will be included. The fellows’ conference on the other months will alternate between complex patient presentations including urodynamic evaluations and conferences devoted to research which will include thesis defense, practice of upcoming presentations, discussion of research ideas, and reports of progress by the fellows. All Urogynecology, Urology, Colorectal and Geriatric and Behavioral Psychology faculty, fellows, urology residents, and gynecology residents on the service attend these conferences.

E. Academic Initiatives

Academic Portfolios
Each fellow will maintain an academic portfolio which will include
1. A regularly updated CV and NIH biosketch
2. A file of all presentations with full bibliographies. This will include flash drives and CD’s of PowerPoint presentations as well as outlines of less formal presentations
3. A folder for each ABOG/ABU learning objective which will be a bibliography from journal
papers and textbooks documenting what they have read as well as a list of their presentations prepared on these topics. The portfolio will be presented to the fellowship director prior to the formal bi-annual evaluation. We will use this to better evaluate how the fellow is better meeting his/her academic objectives.

**Learning-Teaching-Learning Program**

It is felt was all learn better when we teach and that we all should learn to teach better. This program will be initiated in the second half of this year. Each fellow will undergo a web based instructional program designed to instruct the fellow on how to give better presentations, interactive discussions, etc. The program has been designed by Dr. Julie Walsh, a PhD in Education in our department. During each six month period the fellows will prepare and give a number of presentations on which he/she will be evaluated by a faculty observer and the audience, with standardized evaluation sheets. Each fellow will also evaluate him/herself. The fellow will review the written evaluations as well as further critique by the faculty member, usually Dr. Varner and, on occasions, Dr. Walsh. The presentations will include:

1. Small group fellow/resident/student interactive sessions
2. One large presentation which may be given at a national meeting, at a monthly fellowship conference or at a grand rounds each year.
3. One public service conference given to a non-medical group of lay women or sometimes a mixed group on some topic in female pelvic medicine and reconstructive surgery – at least once during the fellowship.

**Fellows Assessment**

Fellows will be evaluated after the various rotations or activities and in some cases semiannually with the following evaluation tools.

- Rotation Faculty Evaluations to assess medical knowledge, patient care and other competencies.
- Clinical Focused Assessments to assess performance in selected surgical procedures and clinical evaluations.
- Competency Evaluation Questionnaires by faculty, residents, students, staff, and patients.
- Presentation Evaluations by faculty, residents, and students.
- An Oral Exam by 3 faculty members given in the middle of the last year of fellowship.

All of these are reviewed with the fellowship director at a formal semiannual progress meeting. At that time the fellow will present a self assessment and determine goals for the following 6 months. The fellow’s Academic Portfolio which includes: case lists, duty hours and other ACGME requirements will be reviewed individually at that time as well.

Advancement and completion of the fellowship will be considered before and after the semiannual progress meeting by the competency committee chaired by the Fellowship Director.

**F. Scientific meetings:**

Fellows will attend at least one national or international scientific meeting per year (or more for research presentations). Submission of papers to specific meetings including American Urogynecologic Society (AUGS), Society of Gynecologic Surgeons (SGS), American Urological Association (AUA), International Continence Society ICS), American Geriatric Society (AGS), Society for Urodynamics and Female Urology (SUFU) and The American College of Obstetrics and Gynecology (ACOG) will be
encouraged. Fellows are also expected to attend conferences held in Birmingham by departments or divisions of obstetrics and gynecology, urology, and geriatrics and to attend departmental resident research days.

Clinical Experience and Responsibilities
A. Rotations each year of Fellowship – Block Diagrams

<table>
<thead>
<tr>
<th>1st Yr: Urology</th>
<th>1st Yr: Uro/Gyn</th>
<th>2nd Yr (Senior Urology and Urogyn Fellow)</th>
<th>3rd Yr (Senior Gyn - Urogyn Fellow)</th>
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<tbody>
<tr>
<td>5 UG</td>
<td>4UG</td>
<td>5 UG</td>
<td>5 UG</td>
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<tr>
<td>3 U</td>
<td>3U</td>
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<td>3 U</td>
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<tr>
<td>1 G/R</td>
<td>2GR</td>
<td>4 R</td>
<td>4 R or 3R and 1 colorectal or other elective</td>
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<td>4 R</td>
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Fellowship Research for Gynecologists:

R = protected research -10 months in three years. G/R rotations= 2/3 research and 1/3 Geriatrics clinic and conferences for two months in year 1. This is the equivalent of 1.333 month of research. UG (a) and UG (b) each have an equivalent of one day each week devoted to research. 12 months on UG (a) or UG (b) over 3 years yield 2.4 months research.

Total research months= 10+1.33+2.4=13.73 months. Since 12 months of research is required, this allows for 1 month of colorectal rotation or elective to replace a research month during the final year of training.

B. Typical weekly schedule on Urogynecology Service
<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tr>
<td>0630</td>
<td>AM Rounds</td>
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<td></td>
<td>And Preop Conference with Varner</td>
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<td>0700</td>
<td>OR – Varner or Holley</td>
<td>Resident Didactics</td>
<td>OR - Richter</td>
<td>OR with Greer (q o week)</td>
<td>OR – Richter (q o week)</td>
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<td>or</td>
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<td></td>
<td></td>
<td>Varner (q o week)</td>
<td>Holley (q o week)</td>
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<tr>
<td>0800</td>
<td>↓</td>
<td>Clinic with</td>
<td>↓</td>
<td>Clinic with Richter</td>
<td>Greer Clinic, OR,</td>
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<td></td>
<td></td>
<td>Varner or OR</td>
<td>↓</td>
<td>or Varner (alternates</td>
<td>or Fellows Clinic</td>
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<td></td>
<td></td>
<td>with Greer</td>
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<td>weekly)</td>
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<td>0900</td>
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<td>↓</td>
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<td>Office Procedures or OR</td>
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<td>with Varner/Greer</td>
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<td>1300</td>
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<td>Clinic with Varner or</td>
<td>↓</td>
<td>Fellows Clinic M&amp;M</td>
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<td></td>
<td></td>
<td>OR with Greer</td>
<td></td>
<td>Conference</td>
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<td></td>
<td></td>
<td>with Greer</td>
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<tr>
<td>1400</td>
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<td>↓</td>
<td>↓</td>
<td>Resident Didactics or Geriatric Lecture Series</td>
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<td>1500</td>
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<td>1600</td>
<td>PM Rounds</td>
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<tr>
<td>1700</td>
<td>↓</td>
<td>Fellows Conference</td>
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<td>(1st Wednesday of the Month)</td>
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C. Clinical Volume
The following numbers represent the number of patients managed and specific procedures performed by FPM/RS faculty and fellows from July 1st, 2011 through July 1st, 2012. Such evaluations and procedures performed by other physicians at our hospital are not included.

A. Outpatient NEW VISITS with diagnosis of:
- Pelvic Organ Prolapse 594
- Urinary incontinence 805
- Overactive bladder syndrome (Nocturia, urgency, frequency) 214
- Urinary retention 90
- Painful bladder syndrome (Interstitial cystitis, myofascitis, urethral syndrome, dysuria) 95
- Defecation disorders (fecal incontinence and constipation) 141

B. Diagnostic Procedures Performed
- Simple Urodynamics 100
- Complex Urodynamics 725
- Uroflow complex 725
- Cystourethroscopy 700
- Neurodiagnostic studies 385
- Anal ultrasound 132

C. Non-Surgical Therapies Performed
- Fitting pessary 91

D. Surgical Procedures 849

Surgical Procedures for Incontinence
- TOTAL number of patients operated on for UI 407
- Sling procedures 313
- Periurethral injections 22
- Retropubic procedures 5
- Sacral nerve stimulators 35
- Removal or modification of sling 30

Surgical Procedures for Prolapse
- TOTAL number of pts. operated on for POP 441

Abdominal procedures
- Colpopexy 5
- Uterine suspension 15
- Hysterectomy (total and supracervical) 12

Laparoscopy with/without robotic assistance
- Colpopexy 35
• Hysterectomy (total and supracervical) 10

Vaginal procedures
• Hysterectomy 103
• Colpocleisis 24
• Colpopexy - extraperitoneal approach 117
• Colpopexy - intraperitoneal approach 248
• Insertion of vaginal mesh 19
• Removal of vaginal or abdominal mesh 58

E. Surgical Procedures on Urinary System
• Vesicovaginal fistula repair 20
• Urethrovaginal fistula repair 2
• Urethral diverticulectomy 7
• Ureteroneocystostomy, ureteroureterostomy 5
• Ureteral stent placement 31
• Retrograde pyelograms 15
• Urethrolysis 8

G. Surgical Procedures on Bowel System
• Repair of chronic anal sphincter lacerations 22
• Rectovaginal fistula repair 15

* 13 Laparoscopic or Robotic
** 27 Colpocleisis

D. Benign gynecology:
The fellow assumes responsibility in general gynecology at University Hospital through patients admitted while they are on night call or through the clinic. Patients on the general gynecologic service at University Hospital include patients with benign gynecologic problems such as acute and chronic abnormal bleeding, pelvic pain, etc. The fellow will have the responsibility of oversight of those patients which he or she has had operative responsibilities, unattached patients, and those admitted while he/she is on call. He/she will have daily discussion regarding the care of these and other patients with the senior or chief resident, as well as with that patient’s faculty physician. The fellow will in effect, serve as an extended faculty physician on patients when he/she has participated in their surgery. Initially the fellow will not be responsible for the care of non-FPM/RS patients and should allow the resident physicians to continue their present role of rounding and making day to day decisions under faculty guidance on these non-FPM/RS patients. Later during the fellowship, he/she should assume the role of “faculty physician” for patients who are seen in his/her Continuity Clinic (both FPM/RS and benign gynecology patients) and the residents will answer to the fellow in caring for those patients.
The fellow will attend an occasional resident continuity clinic as a faculty member and rotate night call responsibility on the GYN service with backup support of an attending physician. The Resident Continuity Clinic duty involves no more than one clinic per month. All surgical procedures coming from that clinic are covered by the fellow as an acting attending. When on gynecology call, the fellow will staff cases such as laparoscopic management of ectopic pregnancies and other emergencies. He/she will also assume attending responsibility and the subsequent care of these patients.
E. Urology Service
The urology service is staffed by three residents (chief, senior and first year) who are responsible to seven faculty members. The FPM/RS fellows on this service are involved with patients of Dr. Lloyd and Wilson; attend their surgery, clinics and urodynamic evaluations. There is no change in responsibility level of the urology residents. The fellow will not perform cases which the urology residents would normally perform unless such residents are not present. The fellow’s responsibility on complicated surgical cases, such as conduits and bladder augmentations, varies depending on the particular fellow’s surgical aptitude and expertise. The fellow has the same responsibilities while rotating on the colorectal surgery and geriatric services.

F. Obstetrics:
Fellows will have no required obstetrical responsibilities but may choose to moonlight in the Obstetrical Triage Clinic once to twice monthly.

G. Off-service rotations:
As noted in the block diagrams, one month of the third-year fellowship may be used for arranged rotation or mini-sabbaticals. In addition certain fellows who have demonstrated a great deal of expertise in their core clinical rotations could elect to take extra months if the faculty approved. Such rotations may include a rotation in one of several African countries for experience in management of complex fistulae and other problems more prevalent in third world countries. The Department of Obstetrics and Gynecology at UAB has a research facility in Lusaka, Zambia as well as contacts with a hospital in Jos, Nigeria through Dr. Andy Norman, Vanderbilt University. Each fellow is accompanied Drs. Richter and Norman to Africa for such training. Fellows with a strong interest in GI disorders may benefit from extra rotations in: colorectal surgery or gastroenterology; those interested in neurogenic bladders-a rotation with Dr. Keith Lloyd in Urology; primarily performing clinical care and research at his Spinal Cord Injury Clinic; those with interest in geriatric research on behavioral and biofeedback therapy with Drs. Patricia Goode, Alayne Markland and Kathryn Burgio in their Center for Excellence; and those interested in anatomy/physiology can arrange for special sessions with Dr. Mark Lockhart, UAB radiologist, who is working with us on Pelvic Floor Disorders Network (PFDN) studies or other investigator initiated studies; and/or a neuromuscular physiologist at UAB. Such rotations can be arranged in the first year of fellowship or early in the second year if the fellow expresses a strong interest in research which might be strengthened by such exposure.

H. Progressive responsibility:
Fellows are expected to assume progressive responsibility during their fellowship with a goal to serve independently as a specialty consultant in the field of female pelvic medicine and pelvic reconstructive surgery at the end of their fellowship. Initial experience is closely monitored and supervised until clinical expertise has been demonstrated. Progressive responsibility follows both in the clinic and the operating room with the fellow-faculty relationship moving from observation by the fellow-to observation by the faculty-to consultation by the fellow to the faculty. In addition to clinical responsibility, it is expected that fellows will progress in their abilities to conduct research independently, teach residents and medical students, and assume administrative duties related to running a service. The Program Director and other faculty as appropriate, meet bi-monthly to discuss progress and obtain feedback from the fellow and quarterly for formal discussion of individual strengths and weaknesses as determined by faculty and resident assessments.

I. Grievances and Due Process:
Grievances from fellows or faculty will be presented orally and in writing to the Fellowship Director who
will then present such to the individual faculty person(s) involved, then if resolution requires such, to
the total fellowship faculty. A proposed resolution will then be presented to the fellow(s) who made the
grievance. If this cannot be agreed upon, the Division Director of Women’s Pelvic Medicine plus or
minus the Department chair would serve as arbitrator(s) If the grievance is such that it cannot be
discussed and resolved by the individual UAB GME will be consulted to determine an acceptable plan of
action.

J. Duty Hours: (see ACGME Common Program Requirements link pages 16-19):
Records of hours will be presented on a monthly basis to the Fellowship Administrator (Donna
Campbell) and reviewed by the Fellowship Director semi annually or anytime the administrator feels
that there might be non-compliance. Non-compliance will be corrected with all involved, immediately.

K. Promotion of Fellows:
Promotion of Fellows will be determined based on their meeting academic and clinical requirements. If a
Fellow is not meeting requirements, he or she will be notified immediately and a plan for correction will
be made and implemented immediately. If the Fellow does not carry out that plan, he or she will not be
promoted, and will be placed either on probation or his (her) position will be terminated. This decision
will be made by the Program Director(s) and Division Directors in Gynecology and Urology with
agreement by the Department Chair required.

L. Supervision of Fellows:
During year 1 of fellowship, faculty will be present throughout fellow clinics, patient rounds, and all
surgical procedures. Subsequently, faculty will attend both clinical and surgical procedures and will
participate in portions of each patient care activity which is felt appropriate (i.e.: any portion of that
activity that the fellow is felt not to have adequate instructions in, or experience with, at that point in
time and in all patient care activities of Medicare patients and private patients of the individual faculty
member). There will always be Direct Supervision Immediately Available (I) except for with on call
activities in which there will be Direct Supervision Available.

M. Duty hours Moonlighting Policy and further information on fellow supervision and evaluation see
link to ACGME Common Program Requirements (pages 16-19).

III. Research

We (and the “Boards”’) view research as a very important part of the fellowship and expect our fellows
to be qualified to enter academic medicine after their fellowship if they choose to do so. Dr. Holly
Richter is the Director of fellowship research. During the first week of the fellowship, following a
planned research meeting, the research process and requirements are explained to the new fellow by
Dr. Richter. An array of general research areas and the appropriate faculty mentor for each of the areas
are presented to the fellow. The fellow is expected to select one or more general topics for his or her
research during the first three months of fellowship and, with the help of Dr. Richter, will select mentors
for each project. The fellow will develop hypotheses and do background research during his or her third
month during the Geriatrics/Research Rotation and begin implementation of the project thereafter.
While on research rotations, work is monitored at monthly meetings with Dr. Richter and with other
mentors. Progress will also be reported at group research meetings attended by all fellowship faculty
and fellows every two months. The study will be presented at national meetings and published in a peer
reviewed journal, but may also be developed as the fellow’s Thesis requirement following Board
guidelines. During the fellowship, most fellows will participate in several ongoing trials, two or more of
which he or she will be the primary author.
The fellow will also be expected to learn the basics of research design including choice of study type, power analyses and varying statistical analyses. In addition to the required course work in Biostatistics the fellow is expected to read several textbooks on research design. He or she will apply for IRB approval and will understand how write grant applications. Dr. Kathy Burgio as well as Dr. Richter are excellent resources when learning “grantsmanship.” Dr. Richter is a Principal Investigator in the “Pelvic Floor Disorders Network” and the “Urinary Incontinence Treatment Network” which are both funded by divisions of the NIH and both perform a variety of clinical trials. Fellows participate in these trials and at times attend planning meetings and conference calls.

Women’s Reproductive Health Research (WRHR) Career Development Program

UAB’s Center for Women’s Reproductive Health (CWRH) was initially awarded the NICHD funded training program entitled “the Women’s Reproductive Health Research Career Development Program” in 1999 and successfully competed for a second 5 year cycle in 2005. This program is dedicated to providing excellent research training program for its scholar, who are OB/GYN physicians who have recently completed their postgraduate clinical training and are interested in academic medicine and research. Completion of the WRHR Career Development Program equips them with the research skills that can be applied to study of important health problems in women.

Our outstanding faculty mentors come from the Departments of OB/GYN, Pediatrics, Medicine, Microbiology, Periodontal Medicine, Cell Biology, and Epidemiology, among others, who have had extensive interaction through research collaboration and teaching. Each mentor is a well funded and established senior investigator with national credentials within the Schools of Medicine, Public Health, and Dentistry. The central theme of the WRHR Program is to train OB/GYN physicians to become independent researchers across the spectrum of research related to women’s health care. The Program Director, Associate Directors, and the Advisory Committee review, evaluate, and recommend appropriate scholars to the Principal Investigator. Since the program's initiation, we have attracted trainees of diverse backgrounds involved in basic biomedical, translational, and clinical research, covering the disciplines of gynecologic oncology, gynecologic urodynamics, reproductive endocrinology and infertility including contraception, genetics, and maternal-fetal medicine. Their career development and research projects are performed in collaboration and with mentorship provided by senior mentors in the Program.
The WRHR Scholarship Provisions and Expectations

The WRHR Career Development program provides the scholar with research and salary support at the assistant professor level for a minimum of two and up to five years. Scholars spend 75% of full time professional effort conducting research and participating in career development activities. They complete relevant coursework, participate in clinical, laboratory and statistical learning activities, and develop and foster a research focus during the initial two years. It is anticipated that an entry level scholar will have prepared scientific abstracts on their research focus and presented at a National OBGYN scientific meeting such as the Annual American College of Obstetricians and Gynecologists Meeting. Scholars are ultimately expected to prepare and submit NIH type grant applications for extramural funding.

Eligibility Requirements
* MD or MD/PhD with completed residency (completed fellowship optional).
* No previous independent NIH research awards or more than 3 years on a K award.
* United States citizen, non citizen national or permanent citizen with verification of legal admission. Availability of positions will be posted on the UAB WRHR website.

Program Application
Contact Dr Ronald Alvarez via email at ronald.alvarez@uab.edu, and send the following:
* Brief statement of research and career plans
* CV/Biosketch
A formal application will be requested after review of the brief statements if the candidate is under consideration. The full application includes:
* Research plan with hypotheses and specific aims
* NIH Biosketch
Three letters of recommendation, one from the candidate’s chair, two may be from residency or fellowship director, previous mentors or scientists familiar with the candidate’s work and qualifications. Selected Mentor’s name and research focus UAB WRHR Administration Contact information
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