Resident Manual

Policies and Procedures
University of Alabama at Birmingham
Department of Obstetrics and Gynecology

Revised June 2016
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UAB Dept. of Obstetrics and Gynecology - Chain of Command

Department Chair
Vice Chairs
Residency Program Director & Division Directors
Associate Residency Program Director
Attendings
Fellows
Administrative Chief Residents
Chief Residents
Senior Residents
Junior Residents

The chain of command applies to both clinical and administrative issues. Decisions regarding patient care should be reviewed with upper level residents. In general, residents should consult the team member directly above them. Final decisions regarding management should be discussed with the senior team member, who will discuss the plan with the attending. Consultation should be used freely within the chain of command, as this is optimal for learning, teaching, and patient care. Chief residents are expected to provide leadership throughout the residency.

If questions or problems arise with a particular assignment, resident, or schedule, then this matter should be addressed with one of the Administrative Chief Residents. If a satisfactory resolution cannot be achieved, then the issue can be referred to the Residency Program Director.

The Ob/Gyn Education Office Faculty and Staff

The Ob/Gyn Education Office is located on the 5th floor of the Women & Infants Center and is fully staffed with personnel dedicated to supporting the department’s educational programs in UME (medical students) and GME (residents). Support is also available as needed for the fellowship program directors and fellowship coordinators. The staff in the Education Office are listed below:

Office Service Specialist III: Candace Goudy, BA
Medical Student Clerkship Coordinator: Christy Willis
Residency Program Coordinator: Jason Whitehead, MPA

In addition to the staff listed above, the Ob/Gyn Education Office has two full-time faculty members who provide support in the areas described:

Associate Director of Education: Julie Covarrubias, MEd, EdD
Director of Ob/Gyn Simulation: John Woods, MD

The Associate Director (AD) of Education develops and implements instructional methods and evaluation strategies for the Department of Ob/Gyn’s educational curriculum for the resident and medical student programs. This position provides direct support, as needed, to the Director of Education / Residency Program Director and Clerkship Director. Specific responsibilities include analyzing outcomes of program evaluations and preparing documentation of findings for both internal and external committees/reviewers, grading of resident projects and select exams, developing educational websites and online modules, developing funding proposals and applications to support educational initiatives, and collaboration with faculty, fellows, residents, and medical students on a wide variety of educational initiatives (including medical education research for conferences and publications). This position serves
as the Administrative Director for all aspects of the annual post graduate course, Progress in Ob/Gyn. The AD is responsible for the direct supervision of all educational program staff, including the resident and medical student coordinators and any secretarial support personnel.

The Director of Ob/Gyn Simulation provides leadership for the integration of simulation into the educational curriculum and patient safety initiatives for the Department of Ob/Gyn and Women & Infants Services at UAB. The Director facilitates active collaboration with other disciplines, departments and simulation centers within the greater UAB community; especially collaboration with our colleagues in Nursing, Anesthesia, Neonatology and in the UAB Pediatric Simulation Center. He works closely with the Program Director, Administrative Chief Residents, MFM Division Director, Director of Quality and Safety for the Dept. of Ob/Gyn, and faculty serving as directors of surgical skills curricula. Areas of focus include: 1) Design, develop, prepare, conduct and debrief high-fidelity simulation scenarios for students, residents, fellows, and nurses in Ob/Gyn, including working with administrators in the different areas to schedule these activities on a regular basis within the curriculum and during staff training; 2) Facilitate ongoing low-fidelity simulation and basic surgical skills curricular programs for the residents and students; 3) Monitor ongoing clinical simulation exercises, adjust parameters and responses, and provide feedback and evaluation as needed; and 4) Facilitate educational research and application for research funding in Ob/Gyn simulation.

**Resident Evaluation**

**Examinations**

**CREOG in-service examination**
Every January all residents are given a standardized written examination developed by the Committee on Resident Education in Obstetrics and Gynecology (CREOG) and administered by ACOG. Any resident needing special accommodations must let the program coordinator know and apply through CREOG before October of the year prior to the exam. The exam scores are compared to performance of other residents at each level throughout the country. The CREOG exam is given in a designated computer lab on campus and residents are assigned a testing date. The mean score is 200 (50th percentile). While there is no minimum passing score, we expect each resident to score at least 210 (corresponding to the 70th percentile) or greater when compared to other residents across the country at the same PGY. If a resident scores below 200, that resident will be expected to develop a reading plan and work with a faculty mentor or the Administrative Chief for Education to improve their score.

**Koch Oral Competency Assessment**
The Koch Competency Assessment is given yearly to all residents in the PGY2-4 classes. The format is an oral examination with two faculty examiners per resident with questions based on cases from M&M, case conference, Core Cases, and Gyn case conference, Pearls of Exxcellence, as well as questions addressing the curricular programs. There is a faculty member in charge of the examination (currently Dr. Ellington) who will provide general guidelines regarding topics for review prior to the exam. These exams were traditionally scheduled in April. However, starting AY 2016-2017, they have been moved to September. Each resident will be given adequate notice prior to his/her examination date. Residents are expected to refrain from discussing the exam with other residents until all have completed the exam. The primary intent of the Koch Exam is to assess resident competency in clinical case management and clinical reasoning, including management of surgical complications, in an alternate format to the CREOG examination. In addition, the Koch Assessments may serve to give residents an experience in an oral examination format as all will eventually sit for the ABOG Oral Examination (taken after passing the written ABOG examination and being out of residency and in practice or fellowship for at least one year—see www.abog.org for current information regarding board certification).
ASCCP Examination
This is an online exam with images produced by the ASCCP regarding colposcopy evaluation and management. The department purchases access to the exam and administers it every other year in the spring to PGY1-4 residents. This is a component of resident performance evaluation and should be taken seriously. The exam is scheduled for 2016, 2018, 2020, etc.

MedHub and My TIP Report
Evaluations of residents and resident evaluation of the faculty and program are administered through MedHub, which is supported by the UAB GME Office, and My Tip Report, which is subscribed to by the department and supported by the Exxcellence Foundation.

MedHub can be accessed by logging onto uab.medhub.com. Residents are evaluated by faculty, fellows, fellow residents, and nurses at the end of each rotation. Nursing evaluations of residents are filled in by nurse managers/shift leaders in key areas who collect feedback from multiple nursing and other personnel and complete a composite evaluation. Medical students evaluate individual residents at the end of each block and these evaluations are provided to the residents in aggregate at the semi-annual review. Residents are asked to evaluate the faculty and each rotation at the end of each rotation as well. It is expected that comments will be constructive.

My Tip Report can be accessed at www.mytipreport.org. My Tip Report facilitates real-time venue-based evaluation and feedback of residents for specific skills and procedures. Evaluators are able to assess individual resident behaviors and skills that then correspond to milestone levels. Residents have immediate access to this information and are encouraged to seek out feedback and discuss with faculty real-time. See Resident Professional Responsibilities Summary and Appendix E for Resident Professional Responsibilities Policy for expectations regarding timely completion of MedHub evaluations and number and frequency of My TIP Report assessments. In the near future, My Tip Report assessments will be linked to MedHub for comprehensive review of milestones/evaluations by residents. Reports can currently be generated for the Clinical Competency Committee reviews (see below).

Paper-based surveys of resident performance are also filled in by patients in continuity clinic and OBCC. Resident self-assessment is performed through the mentor program when completing the annual Individualized Learning Plan (ILP) with short term learning goals. Residents also have the opportunity to receive and provide feedback about presentation skills (resident research, chief lectures, etc.).

Resident Progression, Promotion to next PGY level, and Graduation
The Resident Executive Education Committee (RExEC) is comprised of faculty representatives from each division, the Program Director, the Associate Program Director, the Associate Director of Education, the Program Coordinator, and the Administrative Chief Residents (ACs). The RExEC (minus the ACs) and the Director of Ob/Gyn Simulation meet semiannually (May and October) to review each resident’s performance as the Clinical Competency Committee (CCC). This semi-annual review allows for oversight of resident strengths and deficiencies. With each PGY level comes progressive authority and responsibility and supervisory roles; the CCC determines whether each resident is capable of this authority, responsibility and roles. The CCC determines whether there is evidence for appropriate progress toward promotion to the next PGY level with the final goal of graduation with the ability to practice general Ob/Gyn competently and independently. Recommendations are made to the Program Director regarding promotion, remediation, and graduation. The CCC also reviews milestone levels semi-annually prior to submission to the ACGME through WebADS.
The Residency Program Director and/or Associate Residency Program Director will discuss individual evaluations and the Clinical Competency Committee review with each resident at a minimum of twice per year (more often as needed). In addition, open dialogue is encouraged throughout the residency. Chief Residents will be responsible for evaluating the residents on their respective services. Chief residents are expected to meet with lower level residents at least twice each rotation; this should consist of both a discussion prior to the commencement of the rotation outlining goals, objectives, and expectations as well as feedback sessions to discuss strengths and weaknesses. Chief residents and other resident team members are expected to complete a formal evaluation of their individual resident team members at the end of the rotation through MedHub.

**Supervision of Residents: Policies and Program Structure**

**Levels of Supervision**

The ACGME has defined levels of supervision regarding patient care. 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 is readily available to residents, faculty members, and patients via key plate, notices on boards in central patient care areas, in patient rooms, the service schedule and call schedules (available through UAB paging at 205-934-3411, the UAB MIST operator at 1-800-UAB-MIST or 934-6478, posted in the residents’ lounge on the 5th floor of the WIC and in L&D, and in each division’s administrative 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.

Interns (PGY-1 residents) are supervised either directly or indirectly with direct supervision immediately available. There is no situation where an intern will be participating in clinical care where there is not this level of supervision available.

During daytime working hours (0730-1700 Monday-Friday) each service has faculty and fellows in the hospital and in each outpatient facility immediately available to provide direct supervision as needed. At night and on the weekends, there are two faculty and/or fellows in the hospital immediately available for direct supervision in L&D and MEU. The gynecology services have faculty and fellows on call that can provide indirect supervision by telephone and are available to come in to directly supervise when necessary. In urgent situations, the L&D and MEU attending or fellow are available for direct supervision until the gynecology attending arrives. At all times, at least 1 junior (PGY-2) and/or 2 senior residents (PGY-3 and PGY-4) are also available for direct supervision. See Appendix C for details of supervision by service.
**Attending Notification Policy**

**ESCALATION OF CARE:** Any urgent patient situation should be discussed immediately with the supervising attending or fellow. This includes:

- Death
- Deterioration of condition (including deterioration of fetal condition)
- Invasive operative procedures (all operating room procedures must be directly supervised by an attending or fellow)
- Any other clinical concern whereby the intern or the resident feels uncertain of the appropriate clinical plan
- Instances where patient’s code status is in question and faculty intervention is needed

**In addition,** patient transfer on any Ob/Gyn service to or from a more acute care setting (floor to ICU and vice versa, L&D to floor and vice versa, MEU to floor, etc.) should be discussed promptly with the supervising attending or fellow for approval.

Notification of the attending should not delay the provision of appropriate and urgent care to the patient. If the attending in house does not respond promptly, the resident should ask the charge nurse to assist in locating the attending. If the on call attending (for gynecology services) does not respond promptly, the resident should notify the attending or fellow in house covering L&D or the MEU for assistance. The Medical Emergency Team (MET) should be utilized freely in urgent situations. The resident should notify the program director, the medical director of the service, the division director or the chairman of the department as needed for urgent guidance if the other options are not available.

**Faculty Supervision of Residents: Program Structure**

The chain of command applies to both clinical and administrative issues. Decisions regarding patient care should be reviewed with upper level residents. In general, residents should consult the team member directly above them. Final decisions regarding management should be discussed with the senior team member, who will discuss the plan with the fellow and/or attending. Urgent patient care issues should be discussed immediately with the fellow and/or attending (see above). Consultation should be used freely within the chain of command, as this is optimal for learning, teaching, and patient care. Chief residents are expected to provide leadership throughout the residency.

If questions or problems arise with a particular assignment, resident, or schedule, then this matter should be addressed with one of the Administrative Chief Residents. If a satisfactory resolution cannot be achieved, then the issue can be referred to the Residency Program Director. The GME administrative office of University Hospital may serve to resolve administrative disputes, grievances, or problems that cannot be managed by the Department of Obstetrics and Gynecology Administrative and Educational System.

1. **General Considerations**
   a. The Ob/Gyn residents are supervised by attending physicians who make up the faculty of the residency program.
   b. Supervision takes place in all facets of training and during all rotations
   c. Supervision is provided by:
      i. In-house faculty 24-hours a day
      ii. Individual attending physicians
   d. Faculty supervising the residents receive guidance regarding the competency of the resident through updates from the RExEC and as promotion to the next PGY level
occurs. Each faculty is expected to also make his/her own determination of the degree of involvement in patient care for each resident based on the complexity of each patient and the abilities of the resident.

2. Faculty
   a. Physicians in the Department of Ob/Gyn are considered to be working faculty if they have full-time unrestricted Hospital privileges.
   b. The designation of faculty dictates these physicians are responsible for teaching, evaluating and supervising the residents; therefore, they have the privilege of having resident physicians assist them with patient care.
   c. Resident supervision of patient care by the faculty falls into four broad categories
      i. Private patients of the faculty physicians and medical transports
      ii. Patients of the resident’s continuity-of-care clinic
      iii. Patients admitted through Emergency Room otherwise “unassigned”
      iv. Patients on the Obstetric services who are the responsibility of the faculty on service, on call or in clinic.
   d. Faculty and fellow physicians are responsible for resident supervision during the care of patients.
   e. The Chairman of the Department makes the final determination as to which physicians are designated faculty and the extent of their supervisory roles.
   f. The Chairman seeks counsel and advice about resident supervision from i. Residency Program Director
      ii. Resident Executive Education Committee
      iii. Residents
      iv. Division Directors
      v. Nursing Staff
      vi. Hospital Administration
      vii. House Staff GME
      viii. Dean’s Counsel on Graduate Medical Education
      ix. Annual reports from the Education Office
      x. Anonymous reviews of faculty and curriculum by residents

3. Supervision of Private Patients
   a. These are the patients of the faculty physicians.
   b. These patients comprise the majority of the patients seen at UAB and participating hospitals.
   c. Each of these patients has a private attending physician before entering the hospital; if not, one is assigned.
   d. The patient’s attending physician is responsible for supervising the residents who care for their private patients.
   e. The upper level residents are consulted by lower level residents regarding patient care questions. If additional feedback is needed, the upper level resident will speak directly to the attending and discuss an alternative plan of care.
   f. The attending is the sole judge of the degree of responsibility the resident will have in caring for their private patient.
   g. Private patients are seen by the residents on these rotations and others:
      i. UAB Obstetrics
      ii. UAB Gynecology/Urogynecology Service
      iii. Reproductive Endocrinology and Infertility
      iv. Gynecologic Oncology
      v. Oncology Clinics
      vi. Night Float
      vii. Continuity Clinics
viii. GYN Ambulatory
ix. Brookwood Women’s Health

4. Supervision of the Continuity-of-Care Clinics
   a. This is the resident’s outpatient Continuity Clinic with the sole purpose of teaching ambulatory care.
   b. Residents are supervised by the faculty teaching team
      i. Dr. Margaret Boozer is the primary attending in the continuity clinic and Director. Her primary job is resident education in ambulatory care and supervision of the continuity clinic on a weekly basis throughout the academic year. Dr. Jacqueline Hancock is now serving alongside Dr. Boozer as co-director of the continuity clinic.
   c. When the clinic is open, there is always a teaching faculty team leader present to supervise the residents.
   d. The faculty is responsible for evaluating and determining the degree of involvement for each resident based on the complexity of each patient and the abilities of the resident.
   e. Faculty approves and supervises the scheduling of all clinic surgery after discussing the patient’s workup with the resident.

5. Supervision of “Unassigned” Patients
   a. Unassigned patients are those with no pre-assigned physician at the time of admission and become the patient of the faculty member taking call for the particular day or night (GYN attending of the week for days M-F, or GYN on-call attending at night and weekends).
   b. These patients receive care from the residents under the supervision of the faculty member who has been assigned to the patient.

6. Supervision of Patients on the Obstetric Services
   a. These patients are the responsibility of the faculty member on service (postpartum patients, antepartum or High Risk Obstetric patients) or the faculty member assigned to cover the MEU and/or L&D.
   b. The upper level residents are consulted by lower level residents regarding patient care questions. If additional feedback is needed, the upper level resident will speak directly to the attending and discuss an alternative plan of care. All patients admitted and discharged to the inpatient Obstetric service are discussed with the attending and seen and evaluated by the faculty. There are always at least 2 faculty or fellows in house to provide direct supervision of patient care.
   c. Patients seen in the OBCC are evaluated by the residents who are supervised by the faculty in clinic that day. The faculty member is available to directly supervise care as needed and reviews the medical record and plan for each patient before discharge from clinic.
   d. OBCC follow up: Patients seen by the NPs or residents in OBCC that need lab work followed up after they leave clinic should be added to the R3 OBCC follow up list. It is the responsibility of the R3 on OBCC to follow up during clinic hours (8-5) and then to checkout these labs to the overnight R3 to follow up after hours.
   e. The faculty is ultimately responsible for evaluating and determining the degree of involvement for each resident based on the complexity of each patient and the abilities of the resident.

7. Bedside Procedures
   a. Bedside Procedures and Level of Training: PGY 1 Resident—direct supervision by upper level resident, fellow, or faculty for all invasive procedures until proficiency
demonstrated; PGY 2 and Higher Resident—direct supervision by peer upper level resident, fellow, or faculty for all invasive procedures until proficiency demonstrated.

b. It is the policy of University Hospital that all GME PGY1 trainees performing a bedside procedure discuss the clinical appropriateness of the procedure with the senior resident, fellow or attending; PGY2 and higher GME trainees should discuss the clinical appropriateness of a bedside procedure with the senior resident, fellow or attending as needed.

c. The attending physician is responsible for determining the appropriate level of supervision required for performing a bedside procedure, the appropriate indication for the procedures, discussion of risk-benefit with residents and patients (as necessary), assessing the risk of the procedure, determining the qualification of the resident performing the procedure and providing adequate support to the trainee performing the procedure.

d. It is expected that a resident shall inform the faculty member or upper level resident when he/she does not feel capable of performing a bedside procedure.

e. The resident performing a procedure should make sure that there is adequate backup (such as senior resident, fellow, attending, interventional services, surgical services) before performing the procedure.

f. The resident should attempt the procedure no more than three times before stopping and re-evaluating the clinical situation. The resident should call the senior resident, fellow or the attending if he/she has attempted the procedure three times unsuccessfully before attempting the procedure again. In non-urgent situations, the resident should not hesitate in asking for a senior resident, fellow, attending, interventional service, or surgical service to take over the performance of the procedure. The procedure should be aborted and alternate plans discussed with the attending when the risk of the procedure including discomfort to the patient outweighs the benefit of repeated attempts beyond three.

g. In case of emergency, greater than three attempts can be made but should be justified with clear documentation of the need to do so in the procedure note.

8. Mentoring

a. All residents are encouraged to select a faculty member to serve as an individual mentor.

b. All residents are assigned to a vertical mentoring team comprised of a resident at each PGY level and a faculty member.

c. This faculty mentor serves as a role model and confidant, in addition to supervising the growth and development of the individual resident.

d. Residents should see the mentoring program handbook on the resident web site at http://www.uab.edu/medicine/obgynresidency/academic-curriculum/curriculum-program/18-academic-curriculum/academic-curriculum/79-formal-mentoring-program for the schedule of meetings and forms to be completed.

9. Transitions of Care Policy:

a. Hand-off communication entails direct communication between the off-going provider / team member currently caring for the patient and the upcoming provider / team taking over the care of the patient; face-to-face and phone-to-phone are two such methods of direct communication. We strongly encourage residents/fellows and faculty to identify a quiet area to give report that is conducive to transferring information with few interruptions.

b. Off-going provider will have at hand any required supporting documentation or tools used to convey information and immediate access to the patient’s record. In 2016-2017, the Postpartum and Gynecologic services will use the Powerchart Physician Handoff tool.
c. All communication and transfers of information will be provided in a manner consistent with protecting patient confidentiality and privacy.
d. Providers will afford each other the opportunity to ask or answer questions and read or repeat back information as needed.
e. The patient will be informed of any transfer of care or responsibility, when possible.
f. The effectiveness of the program’s hand-off process will be monitored through direct observation and multi-perspective surveys of resident/fellow performance. Second and fourth year residents should have an evaluation performed through My Tip Report following direct observation of Labor & Delivery checkout. Additionally, the program will review hand-off effectiveness annually during the annual program evaluation meeting.
g. More details regarding transitions of care/hand-offs, specifics by service, including current templates are available in Appendix D.

**Duty Hours**

Residents should pay attention to their duty hours on a regular basis and report problems with compliance to the Administrative Chief Residents or the Residency Program Director. Residents on all services are required to report duty hours in February each year through MedHub. Residents on the following at-risk services will be required to submit duty hours in MedHub on a quarterly basis each year: Oncology, Nights, Board, IUP, MEU, Postpartum Rounder. Residents will be reminded of the duty hour reporting periods each quarter. It is up to the individual resident to submit their hours in MedHub on a daily/weekly basis. MedHub locks out if the logs are not submitted within the specified week and our Education Office personnel must log for the resident. Submitting individual duty hour logs for these official logs is mandatory for all residents and the Education Office personnel should not have to log for a resident because he/she was delinquent in entering. It is imperative that each resident submit these logs in order for the entire residency to remain compliant. See Appendix E for Resident Professional Responsibilities Policy regarding compliance with duty hour logs.

Revised duty hours were approved by the ACGME and became effective July 1, 2011. Please visit the ACGME web site at www.acgme.org for full details. The basic requirements are as follows:

1. Maximum Hours of Work per Week - Duty hours must be limited to 80 hours per week, averaged over a 4 week period, inclusive of all in-house call activities and all moonlighting.
2. Moonlighting - Time spent by residents in Internal and External Moonlighting must be counted towards the 80-hour Maximum Weekly Hour Limit. PGY-1 residents are not permitted to moonlight. Per UAB GME, residents engaged in moonlighting activities will be required to log their moonlighting hours during each month they are moonlighting, regardless of whether the program is monitoring duty hours that month. Moonlighting is not allowed on at-risk rotations (see above).
3. Mandatory Time Free of Duty - Residents must be scheduled for a minimum of 1 day free of duty every week (when averaged over 4 weeks). At-home call cannot be assigned on these free days.
4. Maximum Duty Period Length - Duty periods of PGY-1 residents must not exceed 16 hours in duration.
5. Maximum Duty Period Length - Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional 4 hours. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
6. Minimum Time Off between Scheduled Duty Periods - PGY-1 residents should have 10 hours, and must have 8 hours, free of duty between scheduled duty periods.

7. Minimum Time Off between Scheduled Duty Periods - Intermediate-level residents (PGY-2) should have 10 hours free of duty, and must have 8 hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

8. Minimum Time Off between Scheduled Duty Periods - Residents in the final years of education (PGY-3 and PGY-4) must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. These residents should have 8 hours free of duty between scheduled duty periods. Circumstances of return-to-hospital activities with fewer than 8 hours away from the hospital by PGY-3 and PGY-4 residents must be monitored by the program director.

9. Maximum In-House On-Call Frequency - PGY-2 residents and above must be scheduled for in-house call no more frequently than every 3rd night (when averaged over a 4-week period).

The Ob/Gyn RRC defines circumstances of return-to-hospital activities with fewer than 8 hours away from the hospital by PGY-3 and PGY-4 residents as: required continuity of care for a severely ill or unstable patient, or a complex patient with whom the resident has been involved; events of exceptional educational value; or, humanistic attention to the needs of a patient or family. Residents during the their final years of training (PGY-3 and PGY-4) should notify the Administrative Chiefs whenever they have returned to duty with less than 8 hours between shifts and the circumstance; this will be monitored by the Program Director for frequency of occurrence.

Oversight and Monitoring of Duty Hours
1. Residents/fellows may report violations of the 80-hour rule through quarterly reporting, notifying the Administrative Chief Residents, and/or notifying the Program Director. If continued concerns, residents may call the Designated Institutional Official (DIO), UAB Hospital; Director, Graduate Medical Education Department; the Corporate Compliance Hotline at 934-4446, or the Residents/fellows’ Hotline at 934-5025. Such calls will be investigated and reported to the DIO and Dean's Council for Graduate Medical Education.

2. The Dean's Council for Graduate Medical Education will evaluate each program's compliance and request that the Program Director describe, develop, and implement a plan for corrective action for any rotations exceeding the 80 hour rule, or otherwise identified as problematic.

3. Time spent by residents in internal and external moonlighting must be counted towards the 80 hours maximum weekly hour limit. Moonlighting residents will be required to log moonlighting hours for the whole month, including all internal and external moonlighting hours, regardless of whether the program is monitoring duty hours that month.

Roles & Responsibilities in Resident Fatigue
Fatigue is a potential problem that has negative effects on residents and patients. Fatigue can impair a physician's attention, judgment, and reaction time in the patient care setting. To manage fatigue related situations effectively, it is important to learn to identify strategies to prevent fatigue and provide an early warning system for impairments. Even with the new ACGME duty hour standards, fatigue will never be totally eliminated. Therefore, residents must learn (and faculty must teach) how to manage fatigue as effectively as possible, recognize its serious effects, and take steps to reduce ANY potential for adverse outcomes. All residents, fellows and faculty must be able to recognize the signs of fatigue and sleep deprivation and manage appropriately. The resources below will be helpful to you in identifying and managing resident fatigue.

Resources:
- Contact the Ob/Gyn Residency Program Director and/or Coordinator
Visit the online module: Roles & Responsibilities in Resident Fatigue

Physician Resource Office (PRO) – The UAB Physician Resource Office (Dr. Sandra Frazier and staff) provides confidential comprehensive health and wellness services for UAB and non-UAB MDs, PhDs, Dentists, and their respective residents and students.

PRO Location/Contact Information: UAB - John N Whitaker Building, 500 22nd Street South, Suite 504A, Birmingham, AL 35233, Phone (205) 731-9799 Fax (205) 731-9798

Transportation Options for Residents Who May Be Too Fatigued to Safely Return Home: Any resident/fellow who is too fatigued to safely return home after duty should contact the Graduate Medical Education Department at 934-4793. A taxi service will be provided to take the resident/fellow home and return to the hospital if needed. The Graduate Medical Education Department is open Monday – Friday from 8am-5pm. If this service is needed during hours that GME is not open, pick up any hospital phone and call *55, identify yourself as a GME resident and request this service.

In addition, Ob/Gyn residents have access to 5 designated sleeping rooms for those who choose to rest in the hospital prior to returning home: 2 rooms in L&D (WIC 3rd Floor) and 3 rooms in the resident calls rooms behind the conference area (WIC 5th Floor).

UAB’s OB/GYN Moonlighting Policy

Residents may undertake moonlighting activities only in accordance with the policies and guidelines established by the Department of Ob/Gyn. The following policies apply to moonlighting for ALL Ob/Gyn Department residents.

1. Residents cannot be required to engage in moonlighting activities.
2. PGY-1 residents are not permitted to moonlight.
3. Residents participating in moonlighting activities must be fully licensed to practice medicine in the State of Alabama.
4. Residents must use their individual DEA numbers for moonlighting activities. The institutional number cannot be used for moonlighting activities.
5. Professional liability insurance coverage for moonlighting activities is not provided by the Hospital. It is the responsibility of the institution hiring the resident to moonlight to determine whether appropriate licensure is in place, whether adequate liability coverage is provided, and whether the resident has the appropriate training and skills to carry out assigned duties.
6. The Program Director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
7. Each resident must submit to the Program Director a prospective, written request for approval of all moonlighting activities, which must be signed by the Program Director and maintained as a part of the residents’ permanent record. Should a resident be approved by his/her program director for moonlighting, then an application to moonlight must be submitted to the Graduate Medical Education Office no less than 30 days prior to the intended start of the moonlighting activity. Applications will be referred to the DIO for review and approval.
8. All moonlighting activities (internal and external) must be counted toward the 80-hour weekly limit on duty hours. Internal moonlighting is defined as moonlighting within the residency program, the sponsoring institution, and/or the program’s primary clinical site. Moonlighting residents will be required to log moonlighting hours for the whole month, regardless of whether the program is monitoring duty hours that month.
9. Residents must avoid moonlighting on the busier services (Onc, OB, Night float).
10. The Program Director will monitor each resident’s performance for the effect of moonlighting activities. Should adverse effects be noted or the resident is exceeding duty hours due to moonlighting, the program director may withdraw approval for and/or restrict the resident’s moonlighting activities.
11. In view of the serious legal implications of residents engaging in unauthorized moonlighting activities, noncompliance with this policy may result in certain penalties or severe disciplinary action, including dismissal from the residency-training program. Specific penalties or disciplinary action will be determined by the program director or DIO.

**Ob/Gyn Resident Grievance Process**

Residents and Program Directors are encouraged by members of the Office of Graduate Medical Education to work within their Departments to address and resolve any issues of concern to the residents, including concerns related to the work environment, faculty, or the resident’s performance in the program.

The OB/Gyn Residency Program strives to give objective consideration to resident concerns and to ensure fair resolution of resident problems through a formal problem resolution procedure. All complaints will be resolved in a confidential and protected manner. This procedure specifically excludes:

- Any action taken relating to sexual harassment (see UAB Sexual Harassment Policy located in the UASOM Graduate Medical Education Policies and Procedures online at http://www.uab.edu/medicine/home/residents-fellows/current)
- Performance evaluations, which are at the sole discretion of the faculty completing the evaluations.

**Grievance Procedures:**

**Step 1:** If a resident has a grievance, the resident should first attempt to resolve the matter informally by consulting with the following people in the sequence as written: Chief Resident on Service, Administrative Chief Residents, Program Director or Associate Program Director, and/or Chairman. Due to the sensitivity of some issues, the residents may bypass certain members of the sequence and report directly to the person with whom he/she feels could more comfortably / suitably handle the issue.

**Step 2:** If the grievance cannot be solved at the Step 1 level and if the resident wishes to file a formal complaint, he/she should present his/her grievance in writing to the Program Director within 10 (ten) working days of the incident. The Program Director shall notify the resident in writing of his decision regarding the matter within 10 (ten) working days of receiving the written grievance, unless extended by the Program Director's and resident's mutual agreement.

**Step 3:** Should the resident not be satisfied with the Department's solution to the grievance, the resident may follow the procedures set forth in Section XI of the UASOM Graduate Medical Education Policies and Procedures online at http://www.uab.edu/medicine/home/residents-fellows/current
Conference Schedule

Friday Conferences
Department-wide resident conferences are held each Friday from 1230 to 1530 in the Hauth Conference Room. The first hour will be M&M, OB/GYN case conference, Grand Rounds, or Ethics conference. Other presentations will be scheduled on Friday from 1330 to 1430. The third hour will be used for surgical skills workshops and simulation activities or resident meetings. Attendance at all Friday lectures and other educational sessions is mandatory (with specific exceptions noted below), with coverage provided primarily by attendings & fellows. The L&D team is to attend with the exception of the PGY4, who will stay behind to cover MEU with assistance from the UAB Highlands/GCC PGY4 if necessary (the faculty/fellows scheduled in L&D/MEU will cover L&D 12:30-2:30pm). Residents on night float are not required to attend conference. Residents who must miss conference for any reason (except PGY4s covering MEU) must notify the residency program coordinator and the administrative chief residents by e-mail, text or page prior to conference for the absence to be excused.

Friday M&M Conference – A formal M&M conference will be held twice monthly on Friday afternoons from 1230 to 1330. Attendance is mandatory (see exceptions above). The objective of OB/GYN M&M is to identify and remedy systems-based issues that result in potentially negative outcomes. The 2nd and 4th Friday of every month are dedicated to M&M. Conference will begin promptly at 12:30, and attendance will be limited to faculty, fellows and residents. Two cases will be presented by PGY-3/4’s. The Board, Nights, and Oncology Chiefs will be exempt from presenting. The M&M Subcommittee (under Dr. Joseph Biggio, Vice Chair for Quality) will determine residents that are responsible for presenting. Cases will be presented by a resident that was not directly involved in the patient’s care, unless this is unavoidable. Eligible cases will be identified utilizing a new reporting system “M&M Reporting Web Site”, which can be accessed using the Faculty/Staff portals link on the departmental OB/GYN website (http://www.uab.edu/medicine/obgyn or http://obgynus.obgyn.uab.edu/portals or at the following link (https://obgynus.obgyn.uab.edu/MMReporting). The case reporting system requires selection of OB vs GYN, the trigger for case reporting, and a brief description of clinical history. Please see the Ob/Gyn Resident Web Site for the current list of OB and GYN triggers. Please note that the online reporting system will also be used to identify cases with educational value that will be presented during Friday Case Conferences. Such cases should be reported using the “other” trigger with a comment indicating that the case is unique/educational. Once assigned a case, residents are expected to create a PowerPoint presentation utilizing the template on the residency web site. Presentations should include a brief history and event timeline, followed by event analysis, identified issues, and proposed action items.

Presentations are intended to be as objective as possible. Residents should focus on collecting information from the medical record. Attending physicians whose cases are being presented will be notified by the M&M Subcommittee and advised to contact residents regarding salient points that should be presented. Any further clarification regarding the clinical course can be sought out as necessary by the presenting resident (i.e. from residents, nurses, pharmacists, etc.). The Ishikawa/Fishbone diagram found in the PowerPoint presentation is not a required aspect of the presentation but should be used to help guide the presenter’s root cause analysis when applicable. Following the presentation discussing quality improvement measures, residents are to provide a brief 1-2 slide educational topic summary.

A significant emphasis is placed on the sensitive nature of the cases being presented. For that reason, PowerPoint files with case information should be accessed on protected network computers and should only be sent electronically using your UABMC address. Following presentation, PowerPoint files should be deleted.
M&M Case Submissions should be provided by all providers including faculty, fellows and residents. However, submissions are to occur at minimum every second and fourth Friday of each month for the following services:

1. L&D Board (PGY-4) and IUP (PGY-3): 2 submissions
2. Night Float (PGY-4 and PGY-3): 2 submissions
3. ONC Green (PGY-4 or PGY-3): 2 submissions
4. ONC Gold (PGY-3 or PGY-4): 2 submissions
5. GYN (PGY-4 and PGY-3): 2 submissions
6. UROGYN (PGY-4): 1 submission
7. REI (PGY-3): 1 submission

The PGY-3 and/or PGY-4 on service will be responsible for ensuring the minimum number of cases are submitted. **Please see Appendix E for further details regarding resident professional responsibilities for M&M submission compliance.**

Cases used during M&M and Case conferences serve as the ‘case list’ from which the Koch exam questions are pulled each year.

All necessary materials and links for M&M case reporting and conference preparation/presentation can be found on the residency web site under “Academic Curriculum” and “M&M Conference” at:

http://www.uab.edu/medicine/obgynresidency/academic-curriculum/144-academic-curriculum/208-mmmaterial

Friday OB/ONC/GYN/REI/UROGYN Case Conference – Case conferences will be scheduled during the 1230-1330 hour. These conferences will be presented by a team consisting of a PGY-4 or PGY-3 and an attending from the respective service. The format will be case-based and is expected to be interactive with questions and discussion among faculty and residents. Topics will address CREOG objectives not covered by M&M.

Tuesday Gyn Conference – This is held every Tuesday at 0700 in the Hauth Conference Room in order to discuss interesting GYN topics. All residents on the Gyn, Urogyn, REI, Gyn Ambulatory, and Continuity Clinic rotations are expected to attend.

Wednesday MFM Conference – This is held every Wednesday from 0630 to 0700 in the Hauth Conference Room in order to discuss current UAB OBCC guidelines. All residents on the L & D (including OBCC) and Night Float teams are expected to attend.

Rotation Specific Conferences – Most rotations (i.e., REI, Urogyn, Onc, WRH, etc.) have specific conferences in addition to those listed above that residents attend while on these specific rotations. However, these may change from rotation to rotation. When beginning a new rotation it is the chief’s responsibility to check with the attendings to verify dates and times of all conferences and make their team aware of these.

Attendance – It is extremely important that all residents sign in for the various conferences attended. If a resident is unable to attend Friday conferences (in the OR, post call, other clinical conflicts, personal conflicts, off-site research or education conferences), he/she should notify the program coordinator and the Administrative Chief Residents with the reason for absence before conference begins. Vacations, night float, and PGY4s covering L&D (Board 4 and UABH 4) are automatically exempt from conference.
Attendance is otherwise mandatory and residents should document attendance by ID card swipe on the computer outside the conference doors. Friday conference attendance will be recorded and reviewed with the residency program director at least twice yearly. Failure to maintain adequate attendance, 80% each academic year, will be discussed and may result in the resident being required to do additional study or other academic activities at the discretion of the residency program director.

**Call**

Call Schedule – Call schedules will be made and distributed one month in advance. In order to complete the schedule in a timely manner, all requests must be submitted to the scheduling resident by the 15th of the month prior to schedule completion. (For example, if March 25th is requested off, the request would need to be made by January 15th.)

Several rotations will not have residents in the call pool secondary to risks for work hour violations. These include the following: UAB ONC PGY-1, 2, 3, and 4; Night float PGY-1, 2, 3, 4. The SICU PGY-2 will be in the call pool only during the ambulatory weeks of the rotation. In addition, the PGY-4 on Elective is in the call pool only during the two weeks they are required to be available. Every effort will be directed toward making the call schedule flexible enough to provide people with call nights, weekends, and vacations as requested. However, no requests are guaranteed; they are granted on a first-come, first-served basis. Residents should not make plane/hotel reservations until the request has been formally approved. Vacations are given priority over other schedule requests.

Questions regarding the call schedule should be directed to the schedule-maker for that class. Efforts are made to make all schedules as equitable as possible. Official University holidays are staffed as 24-hour calls; every effort will be made to distribute these evenly through the year. Do not submit requests for time off during Night Float or oncology; they will not be considered. Refer to the Vacations and Meetings section for more information regarding requests for other time off.

The UAB Night Float team PGY-2, 3, and 4 cover Sunday through Thursday 1700 to 0600. The Night Float PGY-1 will cover Sunday through Thursday 1700 to 0600 and Friday 2000 to 0700. On Friday from 1600 to 0700, Saturday from 0700 to 0700 and Sunday from 0700 to 1700, coverage consists of a PGY-2, PGY-3, and PGY-4 from the regular call pool. The PGY-1 coverage will be divided differently to comply with duty hours. On Friday from 1600 to 2000, the MEU PGY-1 will cover. If the MEU PGY-1 is on vacation, this will be covered by another PGY-1 in the call pool. The PGY-1 coverage for the remainder of the weekend will be divided into 3 shifts: Saturday 0700 to 1700 (plus PPR responsibilities), Saturday 1700 to 0700, and Sunday 0700 to 1700 (plus PPR responsibilities). Division of responsibilities is to be determined by the chief resident at the start of each call to ensure adequate & appropriate patient coverage.

**Short Call and Home Call:**

1. Monday through Thursday nights from 1700 to 1900 a fifth person will be on short call. From 1900 to 0600 that same person is on home call.
   - Home call consists of being available by beeper and located within 20 minutes of the hospital. The resident on home call should be prepared to perform all clinical and surgical duties, just as if he/she were working in the hospital.
   - Discretion should be used when assessing the need for calling the person on home call. They should also be sent home again as soon as possible after the need has been addressed. However, there should be no hesitation to call if the extra help is needed.
   - If the call is slow, the at home person may be sent home earlier per chief and/or MFM attending discretion.
2. Saturday and Sunday are a four-member team, PGY-1, 2, 3, and 4. There will be an extra person (PGY-2 or 3) on home call from Friday at 1600 until Monday at 0600. Weekend home call responsibilities:
   - This person must be at board checkout on Friday afternoon at 1600 to see if assistance is needed but should be released as soon as possible if not needed.
   - The home call resident is expected to be present in the hospital on Saturday and Sunday morning. However, just as on Monday-Thursday short/home call, once sent home this resident must consistently be available by beeper and located within 20 minutes of the hospital. The resident on home call should be prepared to perform all clinical and surgical duties, just as if he/she were working in the hospital.
   - Rounding responsibilities on Saturday and Sunday include assisting with the postpartum and antepartum services at the discretion of the board chief on Friday afternoon, call chief Saturday and Sunday. If the board chief thinks that home call is needed to help with rounding duties over the weekend, it should be assumed that help will be needed on both days.
   - Early in the year, home call should always expect to be present to help with rounding duties. However, in the latter half of the year, home call can expect to help with IUP rounding duties if there are > 20 IUP patients in house or if otherwise deemed necessary by the board chief resident.
   - Discretion should be used when assessing the need for the person on home call after rounding duties are completed.

3. Short call template:
   - Monday: Board PGY-2
   - Tuesday: GYN PGY-2
   - Wednesday: OBCC PGY-2
   - Thursday: UroGyn PGY-2
   - When the designated short call resident is on vacation, the role will be filled by the PGY3 on Research/Ultrasound.

4. Because the 5th person on the call team is “home call” after being sent home, there should not be anyone who is technically “post call” on the day after short call. However, if that person was required to be in house all night or late enough that he/she would violate the 8 hour rule, he/she should notify the chief resident on their day service to determine the plan for the next day. It is expected that he/she will be relieved of all clinical duties at 1000 the next morning (or 24 hours plus 4 hours for transition of care) or will come in later the next day so as to not violate the 8 hour rule.

5. To increase PGY1 experience in PPR and L&D/MEU, a PGY1 weekend ‘rounder’ may be assigned on Saturday and/or Sunday in addition to the regular call team and the ‘home call’ PGY2 or PGY3. The PGY1 rounder will come in to PPR and then help out in MEU/L&D. The PGY1 rounder will be sent home by noon (earlier release at the discretion of the chief on call).

Chaperone call – Each new intern will be chaperoned for one shift by an upper-level resident during their first call. This chaperone will be a PGY 3 or 4.
Weekend Rounding Responsibilities

Obstetrics: The PGY-1 and PGY-2 on call that day are responsible for postpartum rounds. All complicated postpartum patients should be discussed with the PGY3 on call. Rounds and orders must be completed by board checkout at 0700.

- The IUP resident is responsible for AM IUP rounds in conjunction with the chief resident on L&D (the chief on service in L&D must round on 50% of weekends for the IUP PGY3 in order to comply with the one day off in seven rule, this should be worked out at the beginning of each rotation).
- Rounds with the attending should take place after 0700. All IUPs and all postpartum patients on the MD list should be discussed with the attending. Whenever possible, the postpartum patient discussion should include the PGY1 rounder as well as the PGY2 or PGY3.
- All IUP patients will be seen by the attending with the IUP rounder.
- All complicated or sick PP patients will be seen by the attending; in many cases the attending will not need for the resident to see the PP patients with them on the weekends. However, the PPR resident should participate in attending rounds on complicated or sick PP patients if not busy in L&D or MEU (this should be discussed with chief on call and the attending rounding).
- If the L&D team is too busy for an on call resident to PP round on sick or complicated patients with the attending and the attending deems it necessary for a resident to accompany them, the IUP rounder will see the complicated or sick patients with the attending.
- If there are problems with coverage for attending rounds, this needs to be worked out between the chief on call, the IUP rounder and the attending(s).
- It should be noted that weekend rounds are primarily work rounds, not extensive teaching rounds. However, there can be important educational opportunities for residents regarding complicated or sick PP patients and residents should be involved when feasible.

Gynecology/Oncology/REI/Urogyn: Weekend rounding is primarily the responsibility of the senior residents on that service. This should be discussed and arranged by the members of that team prior to the weekend. In general, interns will not be expected to round on the GYN services. The Oncology rounds are to be divided evenly between the Onc-3/Onc-1 rounding team and the Onc-2/Onc-4 rounding team at the discretion of the 3rd and 4th year residents at the beginning of the rotation. All ICU patients should be seen by an upper level resident, regardless of which team the patient is on.

Of note, the GYN Ambulatory 3 should not be utilized for GYN/REI/Urogyn weekend rounding as they are not part of the inpatient service team. The chief resident on each service is ultimately responsible for weekend rounding responsibilities. The chief resident or most senior resident on each service is also responsible for distributing weekend rounds so that each team member is in compliance with the one day off in seven rule.

Ob/Gyn Consultations

PM/Weekend Consults: Consultations should be taken care of in a timely manner. The PGY-2 on call is first call for PM/Weekend GYN consults. Emergency Room consults are to be given high priority. If a patient cannot be seen within one hour of notification of the consult, then the PGY-3 or chief resident
should be notified. Floor consults to GYN should be triaged and discussed with the PGY-3 or chief resident. All consults should be seen by the team fielding the consult. All inpatient consults must be completed within 24 hours of the call. A consult is complete once the Impact consult order has been completed. All consults must be discussed with the appropriate attending on call prior to admission or discharge and will be seen by the attending at their discretion. The UAB Call Center (934-3411) has the most up-to-date call schedule. If there are any problems contacting the GYN attending on call, the L&D or MEU attending should be notified. There is a list of contacts (home and cell phones) for all faculty and fellows taking GYN call in the attending office in L&D.

Daytime Consults:

- University: The PGY-1 on the Gyn team is first call for all ER and inpatient consults. The PGY-1 usually sees the patient first in the ER and discusses the case with the team. If there is concern for an unstable or complex ER or inpatient consult, a more senior resident (PGY2-4) must see the patient with the PGY1 at initial consult and the GYN attending of the week covering consults should be notified promptly. Otherwise, all consults seen by the PGY-1 must also be seen by a more senior resident after initial evaluation by the PGY-1 to confirm findings and assist in the plan. Inpatient consults must be handled within 24 hours of the request, and a note should be written in IMPACT. Per hospital policy, consults may not be declined, however the consulting service may withdraw their consult before the patient is seen. If an adequate exam cannot be performed in the patient’s room, then the patient may be transported to the 7th floor Gyn exam room. (Of note, Pap smear, cervical culture kits, endometrial biopsy pipelles, and many other exam necessities are stocked in this room). All ER and inpatient GYN consults must be discussed with the GYN attending of the week covering consults. Most consults will also need to be seen and evaluated by the GYN attending but this is at the attending’s discretion. The schedule for GYN attending of the week is created and distributed monthly by Dr. Kim Hoover. Any problems with attending coverage for consults should be directed to the Division Director of the division covering consults that week, the Administrative Chief Residents and/or the Residency Program Director.

- ER Follow-Up: Appointments can be made by the Gyn Continuity Clinic staff from 0800 to 1700 at 934-9074. On nights/weekends, the resident should IMPACT message GYN-CC office scheduler, GYN-CC nurse, and GYN residents with the patient’s name, MRN, phone number, and brief description of the problem and need for follow-up. The timing of follow-up should be discussed with the upper level resident to ensure appropriate re-evaluation. It is not appropriate to defer a consult to come to clinic the next day in lieu of a seeing the patient that night in the ER. The resident performing the consult is medically and legally responsible for tracking results of any tests. Residents should obtain at least 2 contact phone numbers of any ER consults, including those needing follow-up of B-HCGs. This information is to be placed in the Quant book database in IMPACT.

All consults notes must be entered in IMPACT as soon as possible and reviewed by the upper level resident as appropriate. All PGY-1 consult notes must be reviewed and signed off by a more senior resident. All consult notes must be completed before the resident leaves their shift for the day and must be forwarded to the appropriate attending for review and signature.

Policy Regarding Resident Participation in Family Planning and Abortion

All residents have a choice regarding their participation in pregnancy terminations. Elective abortions are not performed at any UAB facility. However, patients do have the option to have a termination of
pregnancy for maternal or fetal indications after appropriate counseling and considering the laws of the state of Alabama. If a resident does not desire to participate in an indicated termination being performed in L&D, he/she should notify an upper level resident, the ACs or the Program Director, and arrangements will be made among the team to provide care to the patient. If need be, the faculty will be involved in the management. All residents are expected to handle the admission H&P, post-partum management and any complication from the procedure. All residents are also expected to manage complications of elective abortions referred from the community. And, finally, all residents are expected to have the ability to counsel patients in an unbiased manner regarding pregnancy options in the setting of an unplanned or complicated pregnancy including options for pregnancy termination (indicated or elective) and contraception including barrier methods, hormonal contraception, IUD, Implanon and permanent sterilization.

**GYN Continuity Clinic**

The **GYN Continuity Clinic has 4 main goals:**

- To provide high-quality health care to underfunded and unfunded women who would otherwise have limited or no access to care
- To improve patient satisfaction and care by assigning each patient a resident physician for continuity of health care.
- To enhance resident education by providing residents the opportunity to see the outcome of their medical and surgical interventions.
- To improve the competency of OB Gyn residents in all aspects of outpatient gynecology.

To achieve these goals, every effort is made to schedule patient follow-up visits and surgery with their resident physicians. This is not always possible due to patient emergencies and your clinical schedule. On occasion, you will have to see some of your “partner’s” patients. We encourage each resident to aid each other in seeing all patients in clinic during any given session.

**Gynecology Continuity Clinic (GCC)**

Per the Ob/Gyn RRC (ACGME), each OB/Gyn resident must provide ambulatory care for a minimum of 120 half-day sessions over the course of his/her residency. Ambulatory care experiences must include longitudinal care for a group of patients whose obstetric, gynecologic or primary care is the primary responsibility of the residents under faculty supervision. On certain rotations, residents will be relieved of their weekly clinic, but on other rotations, they may have two ½-day clinics. Patients are scheduled beginning at 8:00 AM for morning clinics and 12:45 PM for afternoon clinics. See the Resident Handbook for the GCC schedule.

A total of 8-10 patients will be scheduled per resident clinic session. As a courtesy to your patients, please be on time. It is not acceptable to begin a major surgical case 1 hour before your clinic is scheduled to start and expect to finish the surgical case and be on time to clinic. Do not plan to be the primary surgeon on the morning when your continuity clinic is scheduled. Please schedule surgical cases accordingly to minimize the "lost surgical cases due to continuity clinic” phenomenon.

Any request for clinic absence (vacation, conference, etc) must be submitted 4+ weeks in advance to Dr. Boozer and to the administrative chief resident. It is your responsibility to notify the clinic and to ensure that your schedule has been blocked and all appointments cancelled or re-scheduled. Each resident should double-check before the scheduled absence that his/her clinic has been appropriately cancelled.
Clinic Notes
Your goal in your office practice is to do what is medically right, to document what you do, to bill for what you document, and to collect for what you bill. Without appropriate documentation, we cannot bill for what you do, regardless of how much you do. Documentation must be accurate and complete. All clinic documentation must be completed in IMPACT within 24 hours of completion of that clinic.

Gyn Continuity Clinic has received the primary care exemption from Medicare. For Medicare patients, the attending physician can bill for medical services rendered by PGY 2-4 residents, up to an E/M level 3, without seeing the patients. But, the attending must document the pertinent history and exam findings as well as discuss the assessment and plan of care with the residents. Fellows serving as attending faculty cannot bill for Medicare patients. Attending physicians must review and sign the residents’ note. Insure that all lab test/imaging results are included in the note before you sign it.

Clinic Checkout
The Impact billing charges must be completed prior to the patient leaving clinic. Realize that only the first 2 diagnoses are used for billing purposes, so please number the first two ICD codes. Labs should be ordered using Impact. Write any studies, referrals, and / or follow-up appointments on the checkout sheet after entering the order in IMPACT – office staff will schedule these at the time your patient checks out.

Lab results and Follow-up
Each resident is responsible for maintaining a system of results follow-up for all labs, radiology studies and pathology ordered on any patient they see in GCC. He/she is responsible for reviewing the result, developing an appropriate management plan, notifying the patient and documenting the process. In order to standardize the documentation of result review / management, please addend your clinic note stating that the result has been reviewed, the patient notified and the specific management plan. The clinic RN may assist in this process for normal results but should not be relied on to communicate change of management with the patient. Please communicate a realistic notification time frame with the patient during the clinic visit, stating that they will be advised of the results within 1-2 weeks or earlier depending on the urgency of the situation.

Pre-op and Surgery
Continuity clinic surgery will be scheduled with the patient’s primary resident physician or with the Benign GYN team if the primary resident is unable to be available for the surgery. To ensure that this system runs legally, consistently, and fairly, the following rules must be followed:
1. The pre-op H&P must be performed within 30 days of the surgery date.
2. The surgery must be staffed with the attending physician staffing clinic the day the patient comes for pre-op OR with an attending appointed through the GYN pre-op conference. The attending physician reserves the right to defer to another faculty member in order to accommodate the resident’s schedule or the patient’s specific needs/expertise required.
3. The resident and attending should examine and counsel the patient. Exception to this rule: BTL pre-ops. It is acceptable for BTL patients to have been examined and counseled by another “partner” resident physician at GYN Clinic as long as the resident surgeon reviews the H&P and reviews the surgical plan with the patient on the day of surgery.
4. The resident surgeon must not schedule surgery on days in which he/she will not be available to care for the patient postoperatively… i.e. weekends, vacation, etc. unless he/she arranges post-operative coverage through the Benign GYN team.
5. All surgical cases must be posted with Eleanor or Irma at 1-8525 or by messaging them in Impact (Erma Major or Eleanor Cook). Pre-op booklets (“the Blue Book,” titled “A.M. Admissions”) are available in the attending office in clinic. Blue Books are delivered to PAT via GYN courier. If
delivered by the resident, the patient and surgery information must be entered in the logbook at the PAT clinic desk.
6. Once a surgery is posted, the Surgical Planning and Pre-Admission order sets in Impact must be completed by the resident.
7. Faculty must dictate all operative reports and include the attestation that they were present and scrubbed for the entire surgery.

**Continuity Clinic Case Scheduling**
1. Staff and schedule with the attending in clinic, OR
2. Fill out staffing request sheet in clinic to be presented at Friday pre-op conference. Complete Blue Book and provide H&P and blue book to Gyn Intern by Thursday PM.
3. Primary surgeon responsible for pre-op/post-op and rounding of patient while in-house unless discussed with GYN team specifically prior to the case date

### SERVICE GUIDELINES AND RESPONSIBILITIES

In this section, the resident responsibilities for patient care and available didactics on each service or rotation are described. This includes progressive responsibility by PGY level. Please keep in mind the chain of command, faculty/fellow availability and the policies regarding faculty supervision (see section on supervision of residents).

### UNIVERSITY OBSTETRICS

This service consists of a PGY-1 board, PGY-1 MEU, PGY-1 Antepartum (IUP), PGY-2 board runner, PGY-2 postpartum rounder (PPR), PGY-2 OBCC, PGY-3 Antepartum (IUP), PGY-3 OBCC, and Board Chief PGY-4. The team runs L&D from 0600 to 1700 Monday through Thursday and 0600 to 1600 Friday. Teaching rounds/case discussions are as dictated by attendings on service. Each Wednesday, MFM didactic conferences are held 0630-0700 in the Hauth Conference Room (see conference schedule for details). Please see the Resident Handbook for the OBCC schedule.

**PGY-1 (Board)**

He/she is responsible for postpartum rounds in the morning under the supervision of the PGY-2 PPR resident. The intern must be finished with work rounds and all orders by 0730 in order to present to the attendings at PP/IUP rounds. Once rounds are completed, the intern should be at the L&D board. At the attending physician's discretion, the intern may be asked to participate in walk rounds. The intern participates in labor management, operative and spontaneous deliveries, appropriate cesarean deliveries, and triage of floor calls (with the assistance of the PPR).

**PGY-1 (MEU)**

This intern covers the maternity evaluation unit (MEU) taking care of all pregnant patients, including abnormal early pregnancies such as ectopic, pregnancy of unknown location, and miscarriage. This intern is responsible for coverage from 0600 to 1700 Monday through Thursday and 0600 to 2000 Friday. The intern checks out all patients to the PGY-2, PGY-3, or Chief. In any urgent situation, the intern should notify an upper level resident immediately. The attending on MEU and/or L&D will also be expected to evaluate and sign-off on all patients being discharged. The patients being admitted to L&D will be under the care of the MFM attending covering L&D. Patients being admitted to HRO or PP will be under the care of the MFM attending on service; however, the MFM attending in L&D or MEU will see and evaluate the patient prior to admission and transfer to L&D, HRO, or other appropriate floor from MEU. Private patients of the WRH group are seen and evaluated by the residents in the MEU and the patient’s private physician should be notified that the patient is in the MEU. However, the WRH attending designated as “laborist” that day will evaluate and sign off on these patients unless the private physician
chooses to see the patient himself or herself. The L&D or MEU attending is available if the WRH attending is otherwise occupied. Residents are reminded to consult the OBCC Guidelines web site for MEU pathways as well as other inpatient and outpatient management guidelines at https://obgobar.obgyn.uab.edu/OBGYNGuidelines/

**PGY-1 (IUP)**
The first year resident is responsible for assisting the PGY-3 on IUP with rounding on the antepartum (high risk obstetrics or HRO) service each morning. He/she should also participate in board/triage activities after morning rounds and responsibilities are completed. He/she does not have any weekend rounding responsibilities but is a member of the PGY-1 call pool. The PGY-1 IUP attends OBCC on Tuesday and Thursday afternoons. Additionally, the IUP PGY-1 will attend OBCC didactics on Tuesdays at 12:30. **Ultrasound Curriculum:** Formal ultrasound skills training will be provided during the IUP rotation on Wednesday mornings from 10 AM – 12 PM in OBCC. The IUP-1 is expected to attend training on 3 Wednesday mornings during the s6-week rotation. The appropriate assessments will also be obtained during this time.

**PGY-2 (Postpartum Rounder)**
The second year is responsible for completing postpartum rounds with the intern and should see all complicated patients. Rounds must be completed in the morning prior to 0730 so that any problem patient can be discussed with the IUP resident prior to attending rounds (no later than 0715). The PPR is responsible for afternoon rounds, wound changes, etc. on his/her service. Interns are responsible for their duties at the board and are not expected to assist in these duties during the afternoon unless the PPR is in GYN-CC. The PGY-2 PPR is expected to be available to assist on L&D and oversee the MEU.

**PGY-2 (Board Runner)**
The second year board runner manages all patients in labor and delivery under the supervision of the L&D chief. He/she also participates in more complicated operative vaginal deliveries and cesarean deliveries. This resident should assist on postpartum tubal ligations, cerclages, and D&Cs. This resident is responsible for preoperative H&Ps for all scheduled procedures including BTLs, C/S, cerclage, D&Cs, etc. These should be reviewed with the Chief as promptly as possible to ensure efficiency in OR scheduling and timely procedure start.

**PGY-3 (IUP)**
The third year resident is responsible for the antepartum service and for overseeing the postpartum service. He/she should also participate in board activities after morning rounds and responsibilities are completed. He/she is responsible for rounding on all antepartum and postpartum ICU patients. The IUP PGY-3, in conjunction with the Board chief, should be aware of any situation where the complexity or volume of patient care exceeds the ability of the interns or PGY-2s. The attending or fellow should be notified if assistance is needed. The IUP PGY-3 should keep the board Chief informed regarding patients on the IUP and PP lists. This resident is not in the call pool, and is therefore expected to weekend round on the service four of the six weekends. The board Chief will round on the service during the remaining weekends.

**PGY-2 (OBCC)**
This second year resident is responsible for attending the OBCC every morning at 0800. He/she also covers OBCC Monday and Wednesday afternoon. When not in OBCC or GYN-CC, this resident may spend time working on his/her research project or other residency responsibilities. However, he/she should contact the IUP3 or board Chief to make sure he/she is not needed in L&D after clinic. The OBCC PGY-2 will attend OBCC didactics on Thursdays at 12:30. **Ultrasound Curriculum:** The PGY2 on the OBCC rotation will receive formal skills training in obstetrical anatomy from US technicians on Thursday afternoons in OBCC. The OBCC-2 is expected to attend training on three Thursday
afternoons during the six-week rotation. The appropriate assessments will also be obtained during this time.

**PGY-3 (OBCC)**

This third year resident is responsible for attending the OBCC every morning at 0800. He/she also covers OBCC afternoon on Mondays and Wednesday afternoons. He/she may also be needed for assistance in triage or on L&D when clinic is done and will be first call as back-up (the OBCC PGY-2 should be second call). The PGY-3 should contact the board PGY-4 to discuss whether they are needed in L&D after clinic. The OBCC PGY-3 will attend OBCC didactics on Thursdays at 12:30.

**PGY-4 (Board Chief)**

The Chief is responsible for management of all patients in the labor and delivery suite, the MEU and for overseeing patients on the antepartum (HRO) and postpartum services, with assistance and supervision by the L&D, MEU and on-service attendings and fellows. The chief resident is responsible, in consultation with the L&D attending, for assigning lower level residents to particular procedures and operative cases based on patient characteristics and resident experience and competency. The chief resident should communicate regularly with the L&D charge nurse throughout the day regarding patient care plans, updates, and problems. Regular communication with the surgery staff/anesthesia is also the responsibility of the chief resident and they should attend the 0730 Multidisciplinary Team Meetings Monday-Friday. The chief resident should help perform PP BTLs each morning and serve as teaching assistant for cesarean deliveries, cerclage, and other surgical procedures where appropriate. The Chief should work with the IUP-3 to assign weekend rounding responsibilities at the outset of the rotation.

*The chief and PGY-3 should remember that all admissions, discharges, and transfers to other floors or services should be discussed with and/or evaluated by the L&D or MEU attending or fellow prior to admission, discharge, or transfer. The IUP PGY-3, in conjunction with the board Chief, should be aware of any situation where the complexity or volume of patient care exceeds the ability of the interns or PGY-2s. The attending or fellow should be notified if assistance is needed. The attending or fellow should be notified immediately by Vocera or pager of any urgent patient issues (see supervision section).

Residents are reminded to consult the OBCC Guidelines web site for MEU pathways, inpatient and outpatient management guidelines at [https://obgobar.obgyn.uab.edu/OBGYNGuidelines/](https://obgobar.obgyn.uab.edu/OBGYNGuidelines/). These guidelines are evidenced-based management guidelines created in consensus by the UAB MFM Division faculty and fellows. In general, patient management should follow these recommendations. However, each patient should be considered individually. If an alternate plan is more appropriate, this should be discussed and agreed upon by the supervising faculty or fellow and the reason for choosing an alternative approach documented in the medical record.

Follow-up for patients in OBCC may be arranged by calling the OBCC at 4-7330 or 4-2354 during normal business hours. On nights and weekends the following people should all be messaged in Impact to schedule an appointment (Lindie Wynn, Riley East, Genta Camel, Kheri Dunkins, Blanca Ceron, Karah Adams). Please include everyone on the message in case somebody is out for the day. When you message the staff about scheduling please include the following information: indication, provider level (NP, R1, R2, R3, or nurse visit only), appointment type (new, return, 15 or 30 minute), need for US or BPP, time frame. If patients require a phone call or follow up, please also include the OBCC nurses on your message. For MFM follow-up, a message may be sent via IMPACT to Emily Pugh and Katrese Smith or on voice mail at 934-1319 (E. Pugh) or 934-2181 (K. Smith).
Nurse Practitioners

The OB/GYN Nurse Practitioners are a tremendous asset to the residency program and collaborate with physicians in providing ambulatory and inpatient care for our obstetric/MFM patient population. They assist in Complications Clinic (OBCC), MFM Clinic and rounding on routine postpartum patients. They also serve as primary providers (with physician back-up by phone) in the Health Department Maternity Clinics. If a nurse practitioner from the health department calls with a question, residents should help them in a cordial fashion. If assistance is needed the NP may be referred to the MEU or OBCC attending. Resources are limited in the health department clinics and the patients seen in their clinics are all under our care. If a patient needs evaluation, they should be sent to L&D, MEU, or OBCC as appropriate.

A nurse practitioner rounds at UAB seven days a week, except some major holidays. They can manage all routine vaginal delivery patients except for patients with an intrauterine fetal demise or a neonatal demise. This includes patients who had a third-degree extension of their episiotomy. Please see the Resident Handbook or the OBCC Guidelines at https://obgobar.obgyn.uab.edu/OBGYNGuidelines/ under ‘inpatient’ for a complete list of patients that can be followed by the NP service.

Assignment of patients to the nurse practitioner services is to be done only by the residents, not medical students. The patient should then be added to the NP list in IMPACT. This is the only mechanism to ensure that the nurse practitioners will know to see the patient. All NP patients are seen each day by the attending or fellow on service or the on call attending/fellow on the weekends. Any routine patients who develop complications will be transferred to the MD service. If a nurse practitioner feels that a patient is not suitable for the low-risk service, that patient is to be transferred to the MD service. Please note that all NP list patients are still the responsibility of the OB MD service. After rounds each morning, Monday-Thursday, the NPs have other departmental responsibilities, including OBCC and MFM clinic and cannot return to see patients or field calls from the floor nurses. They also leave the hospital after weekend rounds. Residents are expected to handle calls and see the NP patients after rounds whenever necessary. The on-service or L&D/MEU attendings are also always available for assistance as needed. Please remember that the NPs are our colleagues and an important part of the OB care team. They should be treated in a professional manner when a resident is called for questions or assistance.

Gynecology

This service consists of a PGY-1, 2, 3, and 4. The service is responsible for covering patients of the WRH attendings, all consults, and all unattached patients. Didactics will take place every Tuesday AM at 0700 in the Hauth conference room. Pre-op Conference for the GYN team is every Friday morning at 0800 following rounds. The PGY-1 is responsible for distributing a surgery schedule to the whole team by the Thursday afternoon prior to pre-op conference. The GYN team will also help cover other services when needed.

Consults

The PGY-1 and PGY-2 residents, with assistance from the GYN upper level residents, are responsible for all ER consults and all inpatient consults. All calls should be answered, triaged, and evaluated in a timely manner. Emergent in-house consults should be seen when requested. (See OB/GYN Consult section for details.) All consults must be seen and reviewed with an attending within 24 hours of the request. Attending consult coverage is dictated by a schedule that is distributed at the beginning of each month. If the PGY-1 is on vacation or unable to see a consult in a timely manner, it is the responsibility of the remaining GYN team.
Rounding
The PGY-1 and PGY-2 are responsible for rounding on all GYN patients in the morning. The PGY-3 and PGY-4 are expected to direct and oversee all management of the patients on the floor. The PGY1-4 are responsible for pre-ops of all GYN patients for daily surgery.

Quant Book
The intern is responsible for keeping the “quant book” database updated with the assistance of the PGY-2. The list and management plans should be reviewed with the GYN attending during Contraceptive Clinic each week.

Highlands
The WRH division operates at the UAB Highlands Hospital Campus; however, the PGY-4 assigned to the Highlands rotation will be primarily responsible for covering Monday and Thursday OR cases at Highlands. If alternate coverage is required, the GYN chief is responsible for coordinating.

UROGyneCOLOGY
The Urogyn team consists of a PGY 2 & 4. They are responsible for covering the patients of Drs. Richter, Varner, Ballard, Ellington, Meyer, and the Urogyn fellows. The Urogyn team is expected to be at the Monday morning 0630 meeting with Dr. Varner and GYN didactics every Tuesday at 0700 in Hauth. The Urogyn team is to cover all Urogyn surgical cases. The Chief is to notify the GYN Chief as early as possible if help is needed to cover cases, such as when someone is on vacation, interviews, etc.

Team Structure
The Urogyn PGY-2 is primarily responsible for rounding on the Urogyn patients, following up on voiding trials and checking out to the Chief. The Chief will then run the patients by the fellow. At least one member of the team should be available for PM rounding on post operative patients with the fellow/attending.

Surgical Cases
The Urogynology faculty and fellows have committed to residents serving as primary surgeon at a minimum for the following types and number of cases by the end of the 2 years on their service: TVT/TOT 30, Anterior repair 15, Posterior repair 20, Cystoscopy 40, TVH 20.

General Expectations
- Residents should familiarize themselves with the anatomy/physiology of the pelvic floor, the different types of pelvic floor disorders and be well-versed in the preoperative evaluation, non-surgical treatments, surgical treatments, postoperative care and complications of the treatment of pelvic floor disorders.
- Help with day of surgery updates and preoperative preparation of the patients.
- Attend cases with full knowledge of the patient and the steps of the planned procedure. Ensure that medical students have done the same.
- Actively participate in OR cases. Residents should be able to perform nearly all total vaginal hysterectomies, cystoscopies, and midurethral slings. Other procedures will be handed down based on resident ability, overall performance and expressed interest in pelvic floor surgery.
- Manage postoperative course with oversight from the fellows.
- Post-op check all patients after surgery.
- AM rounds daily with medical students. Prep the students for presentations on rounds.
Follow-up on labs, voiding trials and discharge planning, and keep the clinic nurses, fellows and attendings informed. Residents should create discharge summaries.

When in clinic, residents are expected to see and actively participate in the evaluation of patients, urodynamic testing and observe endoanal ultrasound and anal manometry.

**UAB Highlands Expectations**

Division of Urogynecology and Pelvic Reconstructive Surgery faculty operate at the UAB Highlands Hospital campus. Main OR day resident coverage is expected and will be Mondays with Dr. Ellington; other days may need coverage as well.

Most patients will be discharged by the weekend but will need to be rounded on each day by a resident prior to checkout to Urogyn fellow/attending. It will be the responsibility of the Urogyn PGY-4 to ensure that rounding responsibilities are in place each day. One resident of the Urogyn team should round at UAB Highlands Hospital and one at UAB Main Hospital when patients are in house at both places. If a member of the Urogyn team is on vacation then coverage for cases and help with rounding should be discussed with the PGY-4 on the Gyn service as well as the administrative chief residents prior to the vacation so a plan is in place. If there are patients in house over the weekend then it will be the responsibility of the resident rounding on Gyn for the weekend to round on the patients at UAB Highlands.

For night coverage, the PGY-2 on nights will be available to cover the patients at UAB Highlands including physically going to UAB Highlands Hospital as needed. The attending coverage at night will be provided by the Uro-Gyn faculty or fellow on call.

There may be a case at UAB Highlands when a patient acutely decompensates and needs immediate medical attention. MET codes can be called at UAB Highlands and at a minimum the ones responding are: the ICU midlevel, the hospitalist(s), pharmacy, CRNA, RT and an ICU nurse. There is also an ICU at UAB Highlands which is run by Anesthesia critical care and operates as a closed Medical ICU and a semi-closed Surgical ICU. Anesthesia is generally consulted on surgical ICU patients.

Parking is available via the 12th street parking deck which is non-gated and directly across the street from the emergency room entrance with easy access day and night. There is no charge for that deck.

**Reproductive Endocrinology & Infertility**

The REI service consists of a PGY 1 & 3. Coverage of rounds, clinics, and surgical cases are discussed among each team on a weekly basis with final decisions made by the PGY-3. The PGY-1 is responsible for making out the surgery/surgery follow-up schedule, as well as HSGs to be discussed at Wednesday noon conferences.

**HSG’s**

These studies are performed at the Kirklin Clinic in Radiology on Tuesday afternoons. The chief resident will determine coverage of these procedures, but they are generally covered by the PGY-1 on service. An REI attending or fellow will be present to supervise and assist.
Transvaginal ultrasound
The PGY1 and PGY3 on the REI rotation will perform endovaginal US most mornings while on the rotation. Skills assessment for the ultrasound curriculum will be performed by the REI fellows and attendings.

REI Resident Expectations
☐ Both residents present a talk on Monday at noon while on service (choice of REI topic – topics should be chosen from the current CREOG objectives and discussed with the REI fellow on service).
☐ Attend divisional conferences:
  • REI Noon Didactics
  • Tuesday AM Gyn Conference
  • Clinical meeting on Wednesdays
    o Present surgical cases
    o Present interesting patient
    o Review HSG’s
  • IVF meeting (optional)
☐ Attend surgery with assigned clinics as scheduled.
☐ Gain necessary experience and obtain required assessments in transvaginal ultrasound
☐ One resident should always be on service (only one on vacation).

Gynecologic Oncology
The service consists of two teams, UAB Gold and UAB Green, with resident division as follows: PGY1/PGY4 and PGY2/PGY3. The individual teams switch services at a predetermined time in the middle of the rotation so that adequate exposure to each service is achieved. There is also a PGY-1 clinic intern who covers the outpatient clinic. Residents on the oncology service are expected to attend Tumor Board on Mondays at 1630 and didactics at 0645 on Tuesdays.

UAB Gold: Drs. Huh, Bevis, Kim
UAB Green: Drs. Straughn, Leath, Arend

PGY-1/4 Team
PGY-1
The intern's primary responsibility is to manage the floor patients. He/she will perform appropriate major and minor cases in the OR if available. He/she is 1st call to see all oncology patients on the floor and admits. He/she is expected to frequently check in with the PGY 4 in the OR for floor duties. This intern attends colposcopy clinic on Friday morning.

PGY-4
This resident has ultimate responsibility for his/her inpatient service and should communicate with the fellow on a regular basis regarding patient care. He/she should see all ICU patients on his/her service. He/she will perform most of the major oncology cases.

PGY-2/3 Team
PGY-2
This resident’s primary responsibility is to manage the floor patients and be 1st call to see patients.
on the floor and admits. These duties will also be shared with the PGY-3 resident. He/she will also be expected to perform straightforward hysterectomies and other cases as deemed appropriate by the PGY-3 and/or fellow. This resident attends colposcopy clinic on Friday morning.

**PGY-3**

This resident has ultimate responsibility for his/her inpatient service and should communicate with the fellow on a regular basis regarding patient care. He/she should see all ICU patients on his/her service. He/she will perform most of the major oncology cases.

**PGY-1 Oncology Clinic**

This intern attends all oncology clinics Monday through Friday from 0800-1700 and will see patients under the supervision of faculty. The intern prepares and presents cases at Tumor Board each Monday at 1630 in the Hauth conference room. Tumor Board must be submitted to Dr. Conner/Novak by Friday at 1700. The PGY-1 in clinic is not responsible for H&Ps of established patients being admitted to UAB from clinic. This responsibility will fall to the inpatient Green or Gold team that assesses the patient upon admission. He/she should be available to assist with floor work if needed. This intern attends colposcopy clinic on Friday morning.

**GYN Oncology Expectations**

- The distribution of OR cases for each day will be determined by the PGY-4, PGY-3, and fellow together at sit-down rounds on the preceding day. The PGY-4 and PGY-3 are expected to attend sit-down rounds every evening.
- AIs will be present on the service from time to time and should be given an active role in floor management and assisting in the OR. They are able to attend clinics if available.
- Each service will have separate fellow sit-downs at 0630 and separate rounds with attendings, except for joined attending teaching rounds Friday mornings at 0645 before Colposcopy Clinic.
- Onc residents will be out of the call pool. One resident from each team will be expected to round on the weekends. The rounding responsibilities should be divided evenly between the two teams, with a PGY2 and PGY4 rounding half of the weekends, and a PGY1 and PGY3 rounding the other half. This ensures an upper level rounding each weekend. The rounding schedule should be made in advance of the rotation and be in compliance with the one day off in seven rule. Any alterations should be pre-approved by both the fellow and the attending rounding that weekend.

**NIGHT FLOAT**

**PGY-1**

1st call to OB triage (MEU), postpartum, IUP, and routine labor management. When possible, the PGY-1 will have OB Triage as their primary responsibility.

**PGY-2**

1st call to Gyn, Onc, OB transfers, and Emergency Department. The PGY-2 supervises the PGY-1. If two issues need solving at the same time, then help should be sought from the PGY-3.

**PGY-3**

Oversees the PGY-1 and PGY-2 and reports to the PGY-4.

**PGY-4**

Oversees L&D, IUP, PP service, Onc, REI and GYN services at night. The chief resident should communicate regularly with the L&D charge nurse throughout the night regarding patient care.
plans, updates, and problems. Regular communication with surgery staff/anesthesia is also the responsibility of the chief resident and they should attend the 1900 Team Meetings Sunday-Thursday.

*The Night Float PGY-3 and chief should remember that all admissions, discharges, and transfers to other floors or services should be discussed with and/or evaluated by the L&D or MEU attending or fellow on call prior to admission, discharge, or transfer. The PGY-3 and Chief should also be aware of any situation where the complexity or volume of patient care exceeds the ability of the interns or PGY-2s. The MFM attending or fellow and/or the GYN services on call fellow or attending should be notified if assistance is needed. The attending or fellow should be notified immediately by Vocera or pager of any urgent patient issues (see supervision section).

**All Night Float residents are freed from Continuity Clinic responsibilities as well as weekend call and rounding responsibilities during the rotation.

5th resident: See Short call/home call section for details.

**SICU**

The PGY-2 will be expected to complete a 4 week rotation in the SICU under the supervision and instruction of the Critical Care Faculty and Fellows (Department of Anesthesiology ACs create the schedule, faculty and fellows are from Anesthesia and Surgery Critical Care). The 4 week rotation will consist of a Monday-Friday 0500-1800 schedule. During the other 2 weeks of the rotation, the resident will be expected to attend various US clinics and an US curriculum. The resident will not be in the call pool during the SICU 4 weeks.

Learning objectives for the PGY-2 during the SICU rotation include:

- Understand the pathophysiology of septic shock and the Surviving Sepsis guidelines
- Recognize early warning signs of critical illness and indications for escalation of patient care
- Improve ability to diagnose and manage acute blood loss anemia and DIC using crystalloid, colloid and blood product resuscitation
- Understand the pathophysiology of ARDS and basic ventilator management
- Enhance exposure to family discussions regarding critical illness and end of life care
- Collaborate with Anesthesia and General Surgery colleagues

**RESEARCH/ULTRASOUND**

The Res/US PGY-3 is expected to manage his/her own time during this rotation to complete research endeavors and specific ultrasound curriculum requirements. This resident should not be absent from Birmingham during the work week unless specific prior approval has been obtained from the AC’s and the Program Director. Every effort will be made to protect this resident’s time; however, this resident may need to be pulled to cover other services.

Research Component
The Research/US resident will be expected to make significant progress in and ideally complete his/her resident research project during this rotation. There is an expectation that all projects will be presented in final form at the senior Resident Research Day at the end the PGY-3 year. Projects that are incomplete will require an interim progress presentation at Resident Research Day.
Ultrasound Component
The Research/US resident will be expected to complete the PGY-3 component of the Ultrasound Curriculum during this rotation. Specifically, residents will be expected to complete the Advanced Obstetric Ultrasound Skills and Advanced Gynecologic Ultrasound Skills curricula. Scheduled opportunities to perform ultrasounds have been arranged in various obstetric and gynecologic ultrasound clinics. The details of the curriculum are available on the resident website at the following address: http://www.uab.edu/medicine/obgynresidency/curriculum-program/18-academic-curriculum/academic-curriculum/88-ultrasound-course

Changes that have been implemented in the 2016-2017 year are as below:

- Tuesday PM x 2: First Trimester Clinic
- Tuesday PM x 4: OBCC
- Wednesday AM x 6: GYN Continuity Clinic
- Wednesday PM x 2: Prenatal Genetics Clinic
- Wednesday PM x 4: Fetal Diagnosis Clinic
- Thursday PM x 6: SIS Clinic

PGY-3 GYN Ambulatory
This resident is assigned to see private patients alongside WRH faculty. He/she will be expected to follow up on lab results, pathology results and learn to manage patients in a more private setting. He/she will be encouraged to participate in in-office procedures and will be able to schedule surgery from this clinic that will be staffed by WRH faculty. There are also scheduled opportunities for GYN ultrasound review and coding instruction.

PGY-4 Elective
Each chief resident will be responsible for scheduling his or her own 6-week elective. Only 4 weeks of the elective may be off-site with the other 2 weeks being at UAB, in the call pool and available for coverage if needed. If the Chief does not schedule a suitable elective, then he/she will serve on a clinical rotation at the discretion of the Program Director. The Residency Program Director must approve of electives in advance. Each Chief is expected to attend their Continuity Clinic. If a resident is planning to be out of the system during his/her rotation (4 weeks maximum), he/she must notify Continuity Clinic administration at least 4 weeks in advance to make alternate arrangements. Each chief resident must submit a formal proposal by e-mail or hard copy to the Program Director at least 4 weeks prior to the beginning of his/her rotation outlining a plan for the rotation. This proposal must be reviewed and approved prior to the beginning of the elective rotation. Also, a formal summary of the rotation at the rotation’s end will be required. The forms are located on the resident web site under ‘resources’ then ‘assessments, evaluations, & forms’.

PGY-4 UAB Highlands Rotation
Beginning in academic year 2015-2016, the PGY-4 residents will supplement their surgical and clinical exposure with a rotation aimed at addressing several curricular areas. Specifically, the PGY-4 on this rotation will be exposed to ambulatory surgery, breast health, the Lynne Cohen clinic, and ambulatory care.

A breakdown of daily activities is as follows:
Monday: Staff all UAB Highlands cases
Tuesday: Staff PM GYN CC
Wednesday: Attend Lynne Cohen clinic in AM weeks 1-3. Tentatively attend Breast Health Clinic in AM weeks 4-6.
Thursday: Staff all UAB Highlands cases.
Friday: Provide needed coverage for any UAB Main OR or Highlands cases. Staff L&D with the Board PGY-4 during noon conference.

**PGY-4 GYN Continuity Clinic**

The purpose of this rotation is to improve GYN Continuity Clinic workflow and the available leadership for junior residents that are staffing the clinic. PGY-4 residents on the GYN Continuity rotation will be responsible for staffing clinic Monday-Thursday mornings. Afternoons will be protected to facilitate the scheduling of OR cases. Additionally, Fridays will be reserved as administrative day to facilitate results follow up and surgical scheduling. The PGY-4 on this rotation is expected to attend Tuesday AM GYN didactics and Friday AM GYN conference.

**Medical Students**

There are third year medical students assigned to the various clinical services at all times. Residents should orient new students to their rotation, reviewing the daily schedule and their responsibilities. Of note, medical students are under work hour restrictions very similar to those of the residents, and the residents on service need to ensure that they, too, are in compliance. Students should play active roles in the management of patients and be treated with respect and dignity. If there is a problem with a student, it should be brought to the attention of the chief resident on service, one of the Administrative Chief Residents, the attending that serves as the Clerkship Director (Dr. Chere’ Stewart) or the clerkship coordinator (Christy Willis, 975-0721 or cjwillis@uabmc.edu) as soon as possible.

Students rotate on the OB service at UAB for 4 weeks (one week each of Nights, L&D, clinics, MEU) and on the gynecology services (UROGYN, REI, ONC, WRH) for two 2-week rotations. At the end of the block the students take a written mini-board exam and an oral exam. Halfway through each rotation, the students will be required to complete an interim evaluation with a resident. These are not included in the final grade but are meant to help them identify areas for improvement during the last part of the rotation. At the end of each block, residents will evaluate all students with whom they have had significant contact with on a service as part of their final grade. Timely return of these evaluations with honest but constructive comments is critical. The majority of students should receive a B, reserving As for the truly outstanding students.

In addition to 3rd year students, 4th year acting interns (AI) frequently rotate on the Oncology, IUP, and Urogyn services. These students should have additional responsibility and autonomy in patient care appropriate to their individual abilities. The chief resident on service is responsible for guiding the AI experience (exposure to faculty, surgery, clinics, etc). Beginning AY 16-17, there is a faculty member responsible for overseeing all 4th year AI experiences and for reviewing and approving all VSAS applications for visiting AIs (Dr. Luisa Wetta). Each service with AIs also has a faculty representative who serves as course director (Onc—Dr. Leath, Urogyn—Dr. Ellington, IUP/HRO—Dr. Wetta).
EDUCATIONAL BENEFITS

A book allowance of $2,200 is available to each resident during his/her four years of training; these funds may be used for books, journals, board examination fees, medical licensure fees, meetings or training courses (ATLS/ACLS). All residents must register and take the USMLE Step 3 exam prior to the end of the PGY-1 year. All residents must apply for and obtain an unrestricted Alabama license to practice medicine and an Alabama Controlled Substances Certificate (ACSC) and Drug Enforcement Administration (DEA) number no later than 18 months from the start of their postgraduate training (prior to January 1st of PGY-2). In addition, the licensure and ACSC/DEA must be valid and maintained throughout residency (see GME policies and procedures for more details). The Department will cover resident expenses for these requirements (AL license, ACSC, DEA) in addition to providing the book allowance. All requests for reimbursement must be accompanied by the original receipt and must be submitted within 6 weeks of the expenditure. Guidelines for reimbursement for meeting expenses supported by the Office of Education through the book fund as well as for teaching awards, posters or orals at education meetings, etc. are available in Appendix A. See Appendix F for Book Fund Reimbursement Guidelines.

If a resident is planning to attend a meeting, it must be approved by the Administrative Chiefs (ACs) and by the Residency Program Director. Every effort will be made to allow residents to attend research or educational conferences; priority will be given to residents presenting orals or posters as first author or attending conferences as the result of an award (i.e., Flowers Award, APGO Resident Scholars, etc.). The ACs must be given at least 60-days of notice of meeting attendance so that coverage for clinical services can be arranged. The resident is expected to arrange for coverage from within their PGY level whenever possible and the ACs notified of coverage plans. The ACs will assist with planning coverage if difficulties arise. In addition, the Continuity Clinic Director (Dr. Margaret Boozer) and clinic nurse must be notified of any missed continuity clinics at least 30 days prior. All interviews for fellowship or job applications must also be approved by the ACs prior to making any travel arrangements. Again, residents are expected to arrange for coverage in their absence and the ACs will assist if needed. Coverage plans must always be submitted to the ACs in advance for approval.

The department pays for initial membership fees for residents to become Junior Fellows in the American College of Obstetricians and Gynecologists (ACOG). This membership entitles residents to numerous benefits, including a subscription to the Green Journal. The ACOG Membership number can be used to access the ACOG website. Yearly membership dues are covered during residency by the program as well.

Residents should also view the UAB GME Policies and Procedures on the GME web site for information about additional benefits.

Vacations and Meetings

Each resident gets three one-week vacations (fall, Christmas/New Year’s, and spring). The fall and spring vacations are from Monday to Friday with either the weekend before or after the week guaranteed off. Attempts will always be made to allow the resident to be off for both weekends flanking their vacation week (making it a nine-day vacation); however, this is sometimes not possible. Travel reservations do not exempt a resident from call/rounding responsibilities on one of the weekends surrounding the vacation week. Do not make travel arrangements until your vacation has been formally approved and the call schedule has been posted for that month.
Residents are responsible for returning from vacation in a timely fashion to ensure that they do not miss any scheduled work after the scheduled vacation period ends. While travel complications (i.e. delayed, cancelled, or missed flights) do occur, residents should take these into account when scheduling travel, as these will not serve as an acceptable excuse for a late return to work. Any resident failing to return to work as scheduled will be required to make up their absence with an extra call shift.

The first week of vacation must be completed before the week of Christmas holiday, and the second week must be completed by May 31st. The two weeks of vacation may not be continuous without prior Administrative Chief Resident approval.

In addition, one additional week of vacation is granted to each resident during either the Christmas or New Year’s week for a total of three one-week vacations. A new schedule for coverage of the services during the holidays will be distributed in November.

Vacation requests forms will be distributed by the Administrative Chief Residents in June/July and again in November/December. Vacations are granted based on reason/need for the week off and seniority by resident year. A vacation schedule with assigned vacation weeks will be then be distributed for the fall and spring.

**Vacation Limitations** – No two residents from the same service can take vacation at the same time. Vacations may not be taken on the Night Float, Oncology, IUP-3 or Board chief rotations. If a PGY-1 takes vacation during the MEU rotation in the first half of the year, he/she may not take vacation during the MEU rotation during the second half of the year. Vacations may not be taken in June, July, or during Alabama ACOG week. Generally, no more than 3 residents are allowed on vacation at any one time, as this creates undue scheduling difficulty.

Two residents from the same class may request concurrent vacation weeks, but this may increase the chance that one or both of these residents will be on the call schedule the weekend before the vacation.

Meetings do not count as vacation time if the resident is presenting a paper/poster. The annual Alabama ACOG meeting for PGY-3 residents does not count as vacation. Board review courses must be taken during vacation time or on a free weekend. All other meetings must be addressed on an individual basis with the Administrative Chief Residents and the Residency Program Director. Residents should notify the ACs of any requests for planned absence from the normal work week as soon as possible. Last minute requests or failure to adequately plan for coverage may result in the resident’s request being denied.

**Meeting Specifics** – Awards providing funds for a specific meeting earned by a resident's efforts (Flowers Award for Teaching, APGO/CREOG meeting) take priority.

1st – Awards providing funds for a specific meeting earned by a resident's efforts
2nd – First author oral presentations from research project(s)
3rd – National committee appointments (AMA, ACOG, etc.)
4th – Poster presentations

*All ties go to the more senior resident*

*Attendance at any meeting or any other planned absence from the normal work week (including but not limited to: service opportunities such as annual trip with Dr. Gleason, fellowship interviews, job interviews, etc.) must be approved in advance by the Residency Program Director and the Administrative Chief Residents to ensure service coverage, comply with duty hours, and maintain fairness to all residents left behind to work.

**Meeting Funding** – Funds for meeting attendance are specific to and at the discretion of the division directors. Historically, the division directors have been willing to fund expenses for meeting attendance when the resident is making an oral presentation as first author at a major meeting. Funds for attendance
for poster presentation are not expected but may occur on an individual basis. Residents should check with the division director to see if funding is available for either oral or poster presentations. See Appendix A for travel reimbursement guidelines for Education Office supported programs. Another opportunity for travel funding is now available through the UAB Ob/Gyn Fund for Excellence in Education with deadlines for applications spaced throughout the year.

Service Coverage for Vacations

University OB

*Vacation is not allowed for the Board Chief or IUP 3* (if the Board Chief or IUP 3 needs to be away for a meeting, interviews, etc. the request needs to be approved ahead of time by the ACs and another chief or PGY-3 (respectively) should cover the service if at all possible, time away for the chief IUP3 should not exceed 5 weekdays during the rotation and should be avoided during vacation for another member of the OB service)

*If Board PGY-2 is on vacation:* Chief, OBCC-3, and Board intern continue as is IUP-3 and PPR-2 available to assist in L&D as needed OBCC-2 to L&D at 0600 daily; to OBCC no later than 0800

*If PPR is on vacation:* Chief, IUP, OBCC-3, and Board-2 continue as is Board Intern moves up to PPR and goes to Board after rounds OBCC-2 assists with PPR, oversees Board-1 to prepare for rounds, checks out to IUP-3, to OBCC no later than 0800 MEU Intern assists with PPR and goes to Board at 0600

*If Board Intern is on vacation:* Chief, IUP, OBCC-3, Board-2, and PPR-2 continue as is IUP PGY-3 covers rounds MEU Intern assists with PPR and goes to Board at 0600

*If IUP Intern is on vacation:* Chief, OBCC-3, Board-2, and Interns continue as is IUP-3 and PPR-2 available to assist in L&D as needed

*If MEU Intern is on vacation:* Chief, IUP-3, OBCC-3, PPR-2, and Board-2 continue as is MEU Intern will cover MEU after sit-down rounds IUP-3 and PPR-2 available to assist in L&D as needed

REI

*If PGY-3 is on vacation:* Gyn team helps with coverage as needed

*If PGY-1 is on vacation:* Gyn team helps with coverage as needed

UAB GYN/Urogyn

*If Gyn PGY-1 is on vacation:* PGY2 is 1st call to the floor/ER

*If Gyn PGY-2 is on vacation:* Urogyn team helps cover OR cases if needed

*If Gyn PGY-3 is on vacation:* Urogyn team helps cover OR cases if needed

*If Gyn PGY-4 is on vacation:* Urogyn team helps cover OR cases if needed

*If Urogyn PGY-2 is on vacation:* PGY-4 covers with assistance of the Gyn service

*If Urogyn PGY-4 is on vacation:* PGY-2 covers with assistance of the Gyn service

OBCC

*If PGY-3 is on vacation:* IUP-3 covers OBCC clinic

*If PGY-2 is on vacation:* PPR-2 covers OBCC clinic
Gyn Ambulatory PGY-3
The GYN Ambulatory PGY-3 must notify the AC’s, Dr. Jenkins and the WRH scheduling staff greater than 30 days in advance of all vacations on this service so clinics may be canceled that week.

SICU PGY-3
The SICU resident may only be on vacation during the pre-determined, non-ICU weeks. Verify with Administrative Chief Residents before requesting vacation.

Night Float
Vacation is not allowed

GYN Continuity Clinic / Highlands Rotation
The PGY-4 residents must notify the AC’s and the clinical staff, of vacation scheduled during the respective rotation. Additionally, the PGY-4 on the Highlands Rotation should notify the GYN PGY-4 of their absence to permit adequate coverage of Highlands GYN cases.

Oncology services
In general, vacation on the oncology services is discouraged but may be considered in individual circumstances. If the PGY-1 on Onc Clinics is on vacation, the NPs are available to assist in clinic, but the PGY-1 on service should touch base to ensure appropriate coverage has been arranged.

Policy Guidelines During Parenting Leave for Residents in the Department of Obstetrics and Gynecology

The purpose of this is to set forth guidelines that will be utilized in scheduling call duties and assigning vacation time for those residents taking parenting leave. The University of Alabama Hospital House Staff Policies and Procedures manual clearly defines the institutional policy toward maternity and paternity leave. This policy was updated in July 2016 and can be located at:
http://www.uab.edu/policies/content/Pages/UAB-HR-POL-0000776.aspx

1. In brief summary: “UAB/UAB Medicine will provide up to four work weeks (20 days/160 hours maximum) Paid Parental Leave to an Eligible Employee during the first six months following birth or adoption. Paid Parental Leave may be taken continuously or intermittently within the first six months following birth or adoption. Departments should be flexible in managing Paid Parental Leave requests to allow faculty and staff to handle career and family responsibilities effectively and efficiently. With the request of intermittent Paid Parental Leave, workload and scheduling must be reviewed and approved in advance by the appropriate supervisory authority. Eligible Employees may utilize Paid Parental Leave once during a rolling 12-month period based on the date of the birth or adoption.”

2. The American Board of Obstetrics and Gynecology states the following requirements in order to be eligible to enter the certification process: Leaves of absence and vacation may be granted to residents at the discretion of the program director in accordance with local policy. However, the total of such vacation and leaves for any reason—including, but not limited to, vacation, sick leave, maternity or paternity leave, job interviews or personal leave—may not exceed 8 weeks in any of the first three years of residency training, or 6 weeks during the fourth year of residency. If any of these maximum per year weeks of leave are exceeded, the residency must be extended for the duration of time the individual was absent in excess of either 8 weeks in years one, two or three, or 6 weeks in the fourth year. In addition to the yearly leave limits above, a resident must not take more than a total 20 weeks of leave over the four years of residency training. If this limit
is exceeded, the residency must be extended for the duration of time that the individual was absent in excess of 20 weeks.

3. Residents should notify the Administrative Chief Resident of their pregnancy or their spouse’s pregnancy by the end of the first trimester so that plans for call duties, leave time, and service coverage can be arranged as necessary.

4. Recognizing that each case is unique and will be handled on an individual basis, a maternity leave of 4 weeks duration will be suggested as a starting point. This will allow the resident to take 4 weeks paid parenting leave plus 2 weeks’ vacation as a PGY4 or 3 weeks’ vacation as PGY1-3 (to comply with ABOG requirements of 8 weeks maximum off during PGY1-3 and 6 weeks maximum off during PGY 4). Residents planning to utilize paid parenting leave must notify the residency program coordinator as soon as possible since extra paperwork must be completed with department and UAB Human Resources.

5. Leave greater than 4 weeks requires completion of Family Medical Leave Act (FMLA) forms (See links below). Prior to leave, the FMLA Request Form and the Certification of Employee Health Condition Form should be submitted. The Request Form should be submitted to Ob/Gyn administration via the residency program coordinator. The Certification of Employee Health Condition Form should be submitted directly to Employee Health via instructions on the form. Before returning to work, the resident must also submit the Request to Return Form to the residency program coordinator. Residents must return to work on the date listed on the form to ensure continuity of pay. Failure to submit the form prior to returning to work will result in negative action that could include loss of pay, delayed return or overpayment for returning to work after the date scheduled and could prolong or extend length of residency. Leave greater than 5 weeks limits the amount of remaining vacation/sick leave that an individual has for the year.

http://www.uab.edu/humanresources/home/images/M_images/Forms/Records_Administration/FMLA/UAB_Request_Employee.pdf

http://www.uab.edu/humanresources/home/images/M_images/Forms/Records_Administration/FMLA/UAB_Certification_Employee_Health_Condition.pdf

http://www.uab.edu/humanresources/home/images/M_images/Forms/Records_Administration/FMLA/Request_to_Return_Form.pdf

6. Paternity leave is recommended to be no longer than two weeks and will be covered by the paid parenting leave policy. Like maternity leave, the length of anticipated leave should be worked out early in pregnancy to minimize coverage difficulties. Residents planning to utilize paid parenting leave must notify the residency program coordinator as soon as possible since extra paperwork must be completed with department and UAB Human Resources.

7. In any given academic year, the amount of call taken by a resident should be similar to the amount of call taken by other residents at the same level, regardless of the amount of sick leave, parenting leave, and/or vacation taken by any resident. The call schedulers with oversight by the ACs will maintain appropriate record of call balances. However, compliance with duty hour requirements must be maintained at all times.

8. It is recognized that a resident may experience complications during pregnancy requiring them to miss more than 8 weeks out of a PGY1-3 or 6 weeks out of PGY4 resulting in non-compliance
with ABOG requirements. The Residency Program Director and Administrative Chief Residents will handle these cases on an individual basis.

Each pregnancy during residency should be handled in a unique, individualized, and positive manner. The above guidelines will hopefully reduce the stress and hardship that can naturally be associated with pregnancy during an OB/GYN residency. These guidelines provide a framework for scheduling call duties and vacation time. They are to be used as an adjunct to the well-established medical leave/maternity leave policy set forth by the University of Alabama House Staff.

**Summary of Resident Professional Responsibilities**

One component of professional behavior is compliance with and timely completion of administrative tasks and regulatory requirements. This is not unique to residency, and as a practicing physician, the consequences of non-compliance and delinquency can be serious. In this section, we list key tasks and requirements for the residency program. One of our goals in training is to foster your sense of professional responsibility in order to prepare our graduates for their future careers as physicians in independent practice (private, hospital-based, academic center-based). Consequences of non-compliance and delinquency in residency are outlined in Appendix E of this manual.

**Licensure**

USMLE Step 3 must be taken during PGY1. The exam should be scheduled as early as feasible, but no later than May 1st. The optimal rotations (in order of preference) for scheduling the exam include: REI, Onc Clinic, GYN, and IUP. You may use your book fund or your own personal funds to pay for registration.

Each resident must apply for and obtain an unrestricted AL medical license and Alabama Controlled Substance Certificate/DEA number no later than December 31st of PGY2. This is a lengthy process and cannot be accomplished at the last minute. Therefore, each resident must begin the application process no later than August 1st of PGY2 and submit all required documentation no later than October 1st. See GME Policies and Procedures, Section V: Resident/Fellow Responsibilities and Conditions of Appointment http://www.uab.edu/medicine/home/residents-fellows/current

Residents who do not obtain their unrestricted AL license and ACSC/DEA by December 31st of PGY2 will be placed on administrative probation by the UAB GME office. Continued non-compliance will result in academic probation and potential dismissal.

Annual renewals are required.

The department covers fees related to licensure and ACSC/DEA, including annual renewals. You must submit your receipts to the Education Office within 60 days of payment for reimbursement.

**Board Certification**

The ABOG written examination may be taken on the last Monday in June of PGY4 for any resident who completes their residency training before September 30th of that same year. Residents must apply to sit for the exam and there are strict deadlines. Please visit the ABOG web site for information about fees and deadlines (these begin in early fall of PGY4) and review the ABOG Bulletin for the Written Exam (under publications) www.abog.org

You may use your book fund or your own personal funds to pay for the written exam fees.

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Review the ABOG Bulletin for the Oral Exam during early PGY4. This will be reviewed during your semiannual reviews with the program director or associate program director but you should read on your own to understand the process and be prepared with cases from your chief year for your case list if needed. ABOG will allow residents to apply cases from the PGY-4 toward their final case list to be submitted for Board certification. Therefore, detailed entry of case logs in the ACGME database will be of benefit to the resident. Each graduating chief may obtain upon request an electronic copy of their final ACGME case file from the residency program coordinator prior to departure (the databases are not stored indefinitely and will not be available after graduation).

**Clinical Practice**

**Medical Records**

Discharge summaries must be completed via IMPACT templates ideally at discharge but no later than 30 days after discharge to be considered compliant. For those dictations not completed within 24 hours of discharge, a delinquent dictation database will be released every week (typically Fridays). The resident “Dictation Dictator” will notify the residents with delinquent discharge summaries as soon as possible after the weekly release. These summaries are to be completed as soon as possible. For any discharge summary ≥30 days past due and not completed within 48 hours, suspension of service privileges including but not limited to OR duties will be implemented at the discretion of the Residency Director.

We have now implemented the UAB Discharge Summary powernote template for all patients except for all Postpartum patients we use the OB Discharge summary template (shorter with specific delivery information to document). These templates are designed to replace the OBAR discharge triple sheet and OBAR discharge summary and dictated discharge summaries. Upon completion by the resident/NP, it should be forwarded to the attending for signature. Further specific instructions on how to implement this note template are provided at the start of intern year and are also addressed at the beginning of relevant rotations.

All procedures performed in the operating room require operative notes; all require an IMPACT note and many also require a dictated report. In general, the UAB attending will dictate the operative/procedure note. The IMPACT note may be completed by a resident but should be forwarded to the attending physician to review and sign. The IMPACT note and the dictation when required should be done as soon as the case is finished.

**Clinic Notes**

In Continuity Clinic (GCC) and GYN Ambulatory Clinic, all patient encounters must be recorded in the electronic medical record. It is important that notes be completed prior to leaving clinic or within 24 hours. In addition, each week, residents should review their files to addend charts with lab results. Residents are also responsible for tracking pending labs, pap smears, pathology, etc.

**IMPACT Message Center**

In your IMPACT Message Center, there are documents, results, orders, and messages pertaining to patient care. You should ideally check these and review/endorse, respond, sign, and/or approve on a daily basis Monday-Friday. However, this should be done on a weekly basis at minimum.

**BLS/ACLS/NALS Certification**

Residents are expected to maintain certification in ACLS and NALS (Neonatal Advanced Life Support or Neonatal Resuscitation Program) throughout residency. Certification is current for two years. Residents may access their individual documentation regarding certification status in MedHub. Re-certification may be scheduled via the UAB GME office at 934-4793 or go to [http://www.uab.edu/medicine/home/residents-fellows/contact-us](http://www.uab.edu/medicine/home/residents-fellows/contact-us) for GME office staff emails.
Contracts
Annual contracts will be signed through MedHub. Annual renewal contracts will be held until compliance with annual HealthStream requirements and TB skin testing is documented by UAB GME (see below).

Other random requirements
UAB GME posts additional requirements each year in the UAB Learning System (HealthStream) that must be completed. These include corporate compliance training and other regulatory matters. The required modules can be accessed via HealthStream at http://www.uab.edu/learningsystem.

Annual TB skin testing is required prior to June 30th each year. The Employee Health Office does not require an appointment for placing or reading the TB test. The location is on the 1st floor in the Spain-Wallace building behind the business office, Suite 123, phone 934-3675. They are open 7am - 5pm M-F. The only day they do not place the test is Thursday (since they cannot read it on Saturday).

Program Accreditation
Our residency program is accredited through the ACGME (www.acgme.org). It is in your best interest to assist us in maintaining continued accreditation since this impacts your future board certification, licensure and hospital privileges/credentialing. The ACGME has moved to annual accreditation and there are several components of our program that are reviewed each year by the ACGME Ob/Gyn Review Committee (RC) to determine compliance. Concerns about a program may result in citations, continued accreditation with warning, probation or program closure.

Annual Program Update in WebADS
This is largely handled by the Education Office staff and the program director and is due each October. **Your annual accurate and timely submission of scholarly activity when requested by the Education Office staff is essential.**

Annual ACGME Resident Survey
*This is distributed by email through the Education Office with access to the online survey each winter/spring.* This is a major component for review by the RC. Your honest and timely evaluation of the program is essential. Insufficient resident response is considered non-compliance by the ACGME. We expect 100% response annually.

Procedure Logs
Accurate and timely submission of your ACGME tracked procedures in the ACGME Resident Case Log System is essential for multiple reasons. Several examples: 1) Surgical experience is a critical component of a resident’s training and accurate and timely logs help the program director track available experience and look for other opportunities or advocate for resident experience on certain services when needed; 2) Resident complement (numbers of residents per PGY in a program) is largely determined by available surgical experience. Inadequate experience, as determined by each resident’s case logs at graduation, will result in the ACGME reducing our resident complement; 3) At graduation, you will need to obtain privileges at hospitals where you will practice or enter a fellowship. These hospitals often ask for your procedure numbers and the only count we have is your case log.

*Residents are expected to log their procedures daily but at a minimum, every 2 weeks.* Please see the professional responsibilities policy appendix in Ob/Gyn resident policy & procedure manual for consequences of non-compliance. A PGY3 leader is selected to monitor compliance with case log entry. The RExEC reviews the case logs for each class on a monthly basis. Monthly reports are posted for your review and comparison with colleagues in the resident lounge/work area on WIC 5th floor.
Primary surgeon numbers (>50% of case) are the major category tracked by the ACGME. For PGY4, the Teaching Assistant numbers are added to the primary surgeon numbers. Assistant numbers are also important for demonstrating breadth and depth of exposure and for program director tracking of resident experience on gynecology services. If two residents participate in a case, the role of each should be clearly established (i.e., primary vs. assistant vs. teaching assistant) and documented. The program coordinator will send monthly logs compiled from Surginet for each resident to assist you. There is also a program available in L&D with delivery log information for SVDs and operative vaginal deliveries that are not collected through Surginet.

Cases can be entered into the online database directly by logging onto www.acgme.org and using the assigned username and password under the “Resident Case Log System”. Directions for data entry are available in the Education Office. Resident statistics for the program by resident and PGY level will be posted in the resident’s office on the first of each month for review. In addition, individual resident statistics will be reviewed twice yearly or more often if needed with the residency program director to monitor progress and adequate experience. Resident statistics will be reviewed regularly at the monthly Resident Executive Education Committee (RExEC) meetings. See Appendix E for Resident Professional Responsibilities Policy regarding compliance with case log entry.

Resident assessment of the program
Resident evaluation of the program is required at least annually by the ACGME. This is in addition to the ACGME Resident Survey. In our program, this is accomplished in several ways: 1) anonymous evaluation of each rotation through MedHub; 2) resident business meeting/SWOT analysis at summer resident retreat; 3) resident input to ACs and participation in the annual program review each May (annual education retreat); anonymous comments through the resident web site http://www.uab.edu/medicine/obgynresidency/anonymous-comment

Duty Hours
See page 11 for details regarding duty hour requirements from the ACGME. Residents should pay attention to their duty hours on a regular basis and report problems with compliance to the Administrative Chief Residents or the Residency Program Director. Residents on all services are required to report duty hours in February each year through MedHub. Residents on the following at-risk services will be required to submit duty hours in MedHub on a quarterly basis each year: Oncology, Nights, Board, IUP, MEU, Postpartum Rounder. Residents will be reminded of the duty hour reporting periods each quarter. It is up to the individual resident to submit their hours in MedHub on a daily/weekly basis. MedHub locks out if the logs are not submitted within the specified week and our Education Office personnel must log for you. Submitting individual duty hour logs for these official logs is mandatory for all residents and the Education Office personnel should not have to log for you because you were delinquent in entering. It is imperative that each resident submit these logs in order for the entire residency to remain compliant.

Monitoring of other outcomes by the ACGME
Programs are expected to have at least 80% ABOG written board pass rates over 3 years. Programs are expected to assess other graduate outcomes. We survey graduates of our program regarding their perception of their training at one year and five years out. Your timely completion of these surveys sent through the Education Office is valuable to our ongoing program review. We also ask you to sign consent at graduation for us to survey your fellowship director or practice at 2 years out.

Residency Citizenship
MedHub Evaluations
Residents are asked to evaluate rotations, faculty, fellows, peers and students through MedHub. Timely completion of these evaluations is essential to receiving accurate assessment. All evaluations should be completed within <30 days for compliance. These evaluations are used to provide important feedback
to teachers and peers. In addition, rotation evaluations are reviewed semi-annually by each division and annually at the Education Retreat to inform necessary changes in the rotation and curriculum. The expectations for percent completion are below. These percentages are not currently easily tracked in MedHub but as soon as feasible, we will monitor percent completion as well. Evaluations deleted are considered incomplete for the calculations below.

**Resident evaluation of a rotation:** expect ≥80% completion  
**Resident evaluation of faculty/fellows:** expect ≥50% completion  
**Resident evaluation of peers:** expect ≥80% completion  
**Resident evaluation of medical students:** expect ≥50% completion

**MyTIP Report**
MedHub evaluations are useful for assisting the CCC (Clinical Competency Committee) in assigning semi-annual Milestone levels. However, the most consistent and informative assessment is through MyTIP Report milestone check-ins and surgical skills assessment. Resident requests for assessments (online push notifications to faculty/fellows) will have the greatest impact on number of assessments. In the coming years, a graduate’s final Milestones assessment will be made available electronically to fellowship directors at the start of fellowship. Therefore, accurate and comprehensive assessment will be in your best interest as an incoming fellow. MyTIP Report is available at https://mytipreport.org or through the mobile app. *Residents are expected to obtain at least 2 assessments* (1 or 2 milestone check-ins and 1 or 0 surgical skills assessments depending on the rotation) *via MyTIP Report every week*. These will be monitored every 4 weeks. *Non-compliance is defined as <8 assessments over a 4 week period.*

**M&M Case Submission**
Patient Safety and Quality Improvement are critical aspects of patient care and resident training. One vital component of our department’s QI process is the twice monthly Friday M&M Conference. The value of this conference is highly dependent on the volume and quality of the cases submitted. In addition to faculty and fellows, residents are expected to submit cases on a regular basis through the on-line reporting system. See pages 15 in for more details.

All necessary materials and links for M&M case reporting and conference preparation/presentation can be found on the residency web site under “Academic Curriculum” and “M&M Conference” at:

[http://www.uab.edu/medicine/obgynresidency/academic-curriculum/144-academic-curriculum/208-mmmaterial](http://www.uab.edu/medicine/obgynresidency/academic-curriculum/144-academic-curriculum/208-mmmaterial)

**Research participation**
Residents participate in research projects throughout the residency, as primary investigator for their own project(s) and/or as co-investigator with colleagues or in departmental research (SGO protocols, MFMU Network protocols, etc.). IRB initial training must be completed prior to start of intern year and must be maintained throughout residency. Your IRB Training history can be found via the following: [http://www.uab.edu/research/administration/offices/IRB/Training/Pages/TrainingRecordsIRB.aspx](http://www.uab.edu/research/administration/offices/IRB/Training/Pages/TrainingRecordsIRB.aspx)

Our department (CRWH) IRB regulatory administrator is Lisa Dimperio. If you have questions regarding IRB issues, she may be contacted at (205) 934-3276 or ldimperio@uabmc.edu
AY 2016-2017

Statement of Understanding

I certify that I have read the information contained within the Ob/Gyn Resident Policies and Procedures Manual, understand the content therein, and will follow rules, recommendations and processes described therein. I also understand that there are additional policies and procedures that are updated each year on the UAB GME website at http://www.uab.edu/medicine/home/residents-fellows/current and should be reviewed each year.

Signature:__________________________

Printed Name:_______________________

Date:______________________________
Appendix A

Travel Reimbursement Guidelines
Education Office, UAB Department of Ob/Gyn

Certain awards and programs will allow residents and faculty to enhance their teaching skills and knowledge in education—these activities will ultimately benefit the department. The Education Office will support these individuals in their professional development or scholarly activity. The approved programs/awards are listed below. Any additional programs where a resident or educator would like support for travel and meeting expenses must be approved by the program director/director of education prior to making plans to attend.

APGO Surgical Scholars Program (must be nominated by RExEC)
APGO Academic Scholars and Leaders Program (must be nominated by RExEC and application approved by Chairman, one nominee per year)
APGO Resident Scholars Award (must be nominated by RExEC)
Charles Flowers Award (CREOG-APGO meeting attendance)
CREOG Leadership Workshop (ACs & EC)
Primary author on poster or oral presentation at CREOG-APGO Annual meeting where topic is education and primary mentor is in Education Office (please confirm with the Program Director about coverage prior to registering for the meeting)

Covered items (receipts required for all items)
1. Airfare
2. Transportation to and from airport
3. Hotel room (if meeting begins in the morning, hotel will be covered the night before, extra nights for personal time will not be reimbursed)
4. Up to $75 per day for food on each day of the meeting
5. Internet access in hotel
6. Meeting registration fee
7. Program registration fee (e.g. Surgical Scholars and Academic Scholars and Leaders)

Not covered
1. meals for spouses, significant others and friends
2. alcohol
3. movies
4. personal phone calls
5. rental car
6. transportation other than between hotel and airport

Please submit a copy of the meeting program with your receipts to confirm dates of the meeting. If you receive a stipend or free registration (Resident Scholars) please let the Education office know and we will cover the appropriate expenses not covered by the stipend. Travel expenses may not be reimbursed prior to the meeting. Expenses must be submitted within 60 days of the meeting to be considered for reimbursement. The forms must be reviewed and signed by the director of education prior to reimbursement.
Appendix B:

The Administrative Chiefs (ACs) serve as resident administrative leaders, resident advocates and faculty-resident liaisons. The ACs are 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 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
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 MyTip Reports and MedHub Evaluation, 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 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.

15. 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.

16. Plan and participate in intern orientation, including preparation of any pre-orientation required reading or other activities.

17. Schedule all intern-chief lectures and intern surgical skills workshops.

18. 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.

19. 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.

20. Assist in planning CREOG reviews.

21. Review and revise/update reading lists by PGY level for each department service area.

22. Review medical student web site and orientation materials; work with resident chair of student education committee.

23. 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 are handling all programmatic and individual residency issues.
### Appendix C

#### UAB Ob/Gyn Residency Program Levels of Supervision by Service

Level 1 = Direct Supervision  
Level 2 = Indirect Supervision with Direct Immediately Available  
Level 3 = Indirect Supervision with Direct Available  
Level 4 = Oversight

<table>
<thead>
<tr>
<th>Service</th>
<th>PGY1</th>
<th>PGY2/PGY3/PGY4</th>
</tr>
</thead>
</table>
| OB Inpatient Services    | Level 1 & Level 2: PGY2/PGY3/PGY4 (in house 24/7)  
Level 1 & Level 2: Fellow and/or Attending | Level 1 & Level 2: PGY3/PGY4  
Level 1 & Level 2: Fellow and/or Attending (in house 24/7) |
| OBCC                     | Level 1 & Level 2: Fellow and Attending                               | Level 2: Fellow and/or Attending                                               |
| GYN Inpatient Services   | Level 1 & Level 2: PGY2/PGY3/PGY4  
Level 1 & Level 2: Fellow and/or Attending | Level 2:PGY3/PGY4  
Level 1 & Level 2: Fellow and/or Attending                                       |
| GCC & GYN Ambulatory     | Level 1 & Level 2: PGY2/PGY3/PGY4  
Level 1 & Level 2: Fellow and/or Attending | Level 2: Fellow and/or Attending                                               |
| Night Float/OB           | Level 1 & Level 2: PGY2/PGY3/PGY4 (in house 24/7)  
Level 1 & Level 2: OB Fellow and/or Attending (in house 24/7) | Level 1 & Level 2: PGY3/PGY4  
Level 1 & Level 2: Fellow and/or Attending (in house 24/7)                      |
| Night Float/GYN          | N/A                                                                 | Level 1 & Level 2: PGY3/PGY4  
Level 3: Faculty and Fellow  
Level 2: L&D & MEU Fellow and/or Attending (in house 24/7)                      |
| Weekend Call & Weekend Rounds | Level 1 & Level 2: PGY2/PGY3/PGY4 (in house 24/7)  
Level 1 & Level 2: OB Fellow and/or Attending (in house 24/7)  
Level 1 & Level 2 for rounds: GYN Services Fellow and/or Attending | Level 1 & Level 2: PGY3/PGY4 (in house 24/7)  
Level 1 & Level 2: OB Fellow and/or Attending (in house 24/7)  
Level 1 & Level 2 for rounds: GYN Services Fellow and/or Attending  
Level 3: GYN Services Fellow and/or Attending |
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Level 1 &amp; Level 2:</th>
<th>Level 2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gyn Oncology Inpatient</td>
<td>PGY2/PGY3/PGY4</td>
<td>PGY3/PGY4</td>
</tr>
<tr>
<td>Ambulatory</td>
<td>Fellow and Attending</td>
<td>Fellow and/or Attending</td>
</tr>
<tr>
<td>UroGyn Inpatient</td>
<td>N/A</td>
<td>Level 2:PGY4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Level 1 &amp; Level 2: Fellow and/or Attending</td>
</tr>
<tr>
<td>UroGyn Outpatient</td>
<td>N/A</td>
<td>Level 2: Fellow and/or Attending</td>
</tr>
<tr>
<td>REI Inpatient</td>
<td>N/A</td>
<td>Level 2:PGY3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Level 1 &amp; Level 2: Fellow and/or Attending</td>
</tr>
<tr>
<td>REI Outpatient</td>
<td>N/A</td>
<td>Level 2: Fellow and/or Attending</td>
</tr>
<tr>
<td>SICU (PGY2 only)</td>
<td>N/A</td>
<td>Level 1 &amp; Level 2: SICU Fellow and/or Attending</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(no overnight call for OB residents)</td>
</tr>
</tbody>
</table>
**Appendix D**

**Transitions of Care**

The transition of care process in the Department of Ob/Gyn at UAB is aimed at ensuring all members of the clinical team are knowledgeable on the current condition and plan of care of the patients. Patient lists are maintained to accurately reflect information on the patients including:

- Patient information including name, age, room number, medical ID number, past medical history, past surgical history, allergies, medications, resuscitation status, and family contacts
- Current condition of patient and plan of care including pertinent diagnoses, diet, activity, IVF, prior and planned operations, and significant events in hospital course
- Active issues including relevant laboratory values, imaging studies with results, changes in medications, consulting services and recommendations, and a to do list of any pending items that need to be followed up
- Contingency plans including statements clarifying what to do in specific situations. This includes if/then statements. For example, “If Hct returns <21, then transfuse 1 u packed RBCs.”
- Name and contact information for responsible residents, fellows, attending physicians, and also for those available for backup as needed

The transition of care takes place by direct communication, face to face or via telephone, and in a quiet area where there are few interruptions. The transition takes place with patient list available to both the off going and oncoming service providers as well as access to the medical record system to clarify any questions or obtain any further information needed. All transfer of information is done in a manner to ensure the protection of patient confidentiality and privacy. The synthesis of information is verified by reading back important patient information and follow up. After each patient is discussed, there is a period of time available as an opportunity to ask questions and review pertinent information. Throughout the hospital shifts the list of patients is reviewed and updated multiple times to ensure that tasks are completed and any patient care issues have been addressed. Events happening overnight are discussed each morning in person or via telephone to the primary daytime team. This policy will be reviewed periodically throughout the year as needed and each year at the Annual Education Program Review each May.

Transitions of care by department and service:

**Labor and Delivery Board**
The transition of care on labor and delivery between resident teams happens twice daily at 0600 and 1700 M-F and 0700/1700 on the weekends. Residents coming on and going off and MFM faculty and/or fellows are present for these formal hand-offs. Multi-disciplinary and inter-professional team meetings occur in L&D M-F 0715 and 1900 and on weekends at 0800/1900. Present for these are MFM attending physician, residents on board service including chief resident, OB anesthesia attending, senior anesthesia resident, L&D assistant nurse manager/charge nurse, and L&D OR nurse/nurse coordinator. RNICU nursing staff and physicians are also present to discuss pending deliveries and pending transfers that may require their care and consultation. Information about patients outlined above is discussed with period for questions on each patient. This is done in a quiet and protected area of L&D near main tracking board with patient information.

**Antepartum Service**
List maintained with information as above. Transition of care is performed in resident room on labor and delivery which is quiet and ensures minimal interruptions. Information on patients is transitioned.
between upper level residents. The list is also discussed with MFM attending or fellow twice daily. Once in AM rounds and again in the afternoon.

**Postpartum Obstetrics Service**
List is maintained with information above. Transition of care is performed in resident room on labor and delivery which is quiet and ensures minimal interruptions. Information is transitioned between residents with upper level resident present. Follow up items are read back to ensure synthesis of information. Attendings are always available for any questions and list is discussed with them each morning on rounds and again in the afternoons.

**Gyn Oncology Service**
List is maintained with information as above. Transition of care is performed in resident room on labor and delivery which is quiet and ensures minimal interruptions. The checkout is done with off going and oncoming services face to face or by telephone. The lists are also discussed face-to-face with attendings twice daily: once in the AM on formal rounds and again at sit-downs each day at 1700 in the 10th floor conference room with residents and all Gyn Oncology attendings and fellows present.

**Gynecology, Urogynecology, and REI Services**
List is maintained with information as above. Transition of care is performed in resident room on labor and delivery which is quiet and ensures minimal interruptions. The checkout is done with off going and oncoming services face to face or by telephone. The list of patients are discussed twice daily with attendings.

<table>
<thead>
<tr>
<th>Date xx/xx/xx</th>
<th>Service</th>
<th>Members of team with contact phone numbers and pager</th>
<th>Attending</th>
<th>Fellow</th>
<th>Residents</th>
<th>Med students</th>
<th>Room telephone number</th>
<th>Fax #</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recent vital signs:</strong></td>
<td></td>
<td>Room number, Patient name (Medical record number), attending physician</td>
<td></td>
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</tr>
<tr>
<td>Primary diagnoses</td>
<td>Hospital and post-surgical care</td>
<td>Summary of hospital course and pertinent diagnoses.</td>
<td>PMH: PSI:</td>
<td>Meds: Allergies:</td>
<td>Imaging:</td>
<td>Labs:</td>
<td></td>
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<tr>
<td><strong>Active issues</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td><strong>Resuscitation Status</strong></td>
<td></td>
</tr>
<tr>
<td>Current condition and care plan</td>
<td>Diet, activity, IVF, drains, previous therapy or treatment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[ ] contingency plans</td>
<td>[ ] to do items to follow up on</td>
</tr>
<tr>
<td><strong>Family contacts</strong></td>
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<td>Consults:</td>
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<tr>
<td>Follow up:</td>
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</tbody>
</table>
Appendix E

Resident Professional Responsibilities Policy

The purpose of this document is to establish a reference for expectations related to certain designated professional responsibilities for each resident. Each of the areas of focus is essential to maintaining, and/or modifying, our successful clinical training program. In addition, this will serve as an introduction to the expectations that the resident will encounter once employed after completion of training.

Due to poor compliance with professional responsibilities by some residents in past academic years, a points system will be utilized starting in 2016-2017 to further support the integrity of the program. This document aims to provide a guide to residents regarding professional expectations, and leans heavily towards early identification of bad habits, with interventions in place to avoid permanent notation of professionalism issues.

A spreadsheet with resident points will be reviewed quarterly with the RExEC to identify residents struggling with professional responsibilities. Each individual resident’s points will be reviewed with the PD or associate PD at each semi-annual review. The points reset each academic year.

Areas of Focus
- Discharge summaries
- ACGME Case Log Entry
- My Tip Report evaluations
- Med Hub evaluations
- M&M case submissions
- Duty Hours logs

Standards, Expectations, and Consequences

1. Discharge summaries: As outlined in the resident professional responsibilities section, page 40, starting in 2016-2017 the Impact discharge summary is to replace all previously required dictated discharge summaries. The discharge summary is expected to be completed at the time of discharge, but no later than 30 days after the date of discharge. **One point will be assigned for each dictation not completed within the required 30 days.** Each academic year there will be one PGY3 selected to monitor discharge summaries (“discharge summary dictator”) with oversight provided by one AC. For AY 2016-2017, the discharge summary dictator is Dr. Sara Jennings and the AC in charge of oversight is Dr. David Becker.

2. ACGME Case Log entry: Residents will be expected to keep accurate and timely records of ALL primary surgeon (PGY1-4) and teaching assistant (as PGY4) roles for each procedure. Recording of the assistant role is expected on all GYN related procedures (GYN, REI, UroGyn, Onc). Cases are expected to be logged every two weeks while on applicable services. **One point will be assigned for each two week period where a resident fails to meet his or her case log requirements.** Each academic year there will be one PGY3 selected to monitor discharge summaries (“case log captain”) with oversight provided by one AC. For AY 2016-2017, the case log captain is Dr. Alison Gilbert and the AC in charge of oversight is Dr. Sukhkamal Campbell.

3. My Tip Report assessments: My Tip Report is now an integral component of the feedback system utilized within the residency. In addition, milestone assignment for each resident in the ACGME
database by the Clinical Competency Committee (CCC) is greatly facilitated and more accurate with multiple My TIP assessments. Residents are expected to request or have completed by a faculty member, an average of two assessments per week over the course of each rotation (1-2 milestones assessments and 0-1 surgical skills cards). The SICU (PGY2), Research/US (PGY3), and Elective (PGY4) rotations are exempt from this requirement. **One point will be assigned for each rotation where a resident fails to meet his or her My Tip Report requirement of at least 8 assessments averaged over 4 weeks during each applicable rotation.** Each academic year there will be one PGY3 selected to monitor My Tip Report evaluations (“My Tip Master”) with oversight provided by one AC. For AY 2016-2017, the My Tip Master is Dr. Danny Mounir and the AC in charge of oversight is Dr. Sukhkamal Campbell.

4. MedHub evaluations: Evaluations of rotations, didactics, medical students, residents, fellows, and attending faculty are primarily completed using MedHub. Notification of new evaluation requests are sent via email. MedHub evaluations are to be completed within 2 weeks of the end of the rotation. Compliance is expected within 30 days of request. We expect ≥50% completion within 30 days for resident evaluation of faculty, fellows and medical students and ≥80% completion within 30 days for resident evaluation of peers and of rotations. **One point will be recorded for each rotation where a resident fails to complete evaluations within 30 days of completion.** Each academic year there will be one PGY3 selected to monitor MedHub evaluations (“MedHub Master”) with oversight provided by one AC. For AY 2016-2017, the MedHub Master is Dr. Sara Jennings and the AC in charge of oversight is Dr. Sukhkamal Campbell.

5. M&M case submissions: Requirements for M&M submissions are outlined on page 15. Cases are expected to be submitted every first and third Wednesday of each month by the PGY3 and/or PGY4 on the applicable services: Nights (2 cases), Board (2), IUP (2), ONC (2), GYN (2), Urogyn (1), REI (1). **One point will be assigned each week where the minimum number of case submissions is not met.** Each academic year there will be one PGY3 selected to monitor M&M submissions (“M&M Mediator”) with oversight provided by one AC. For AY 2016-2017, the M&M Mediator is Dr. Courtney Mitchell and the AC in charge of oversight is Dr. David Becker.

6. Duty hour logs: Duty hours are required to be submitted via MedHub by all residents on every service for 4 weeks in February each year. Duty hour logs via MedHub are required quarterly during specified 4 week request periods for residents on the Oncology, Nights, MEU, Board, IUP, and Postpartum Rounder rotations. **Submission should be completed before the specified deadline (before MedHub locks out). One point will be assigned for each request period where a resident fails to meet this requirement.**
Points System
1. 1-5 points: Residents failing to meet any of the above requirements will receive a warning for each point earned.

2. 6-8 points: Residents will be given a 24 hour grace period to complete any missing requirement for each point earned between 6 and 8 points. If the requirements are not completed within that period, the resident will be pulled from service until the requirement is complete.

3. 9-10 points: Residents will be required to meet with the administrative chiefs to review the Professional Responsibilities Policy once 9 points are earned.

4. 11 points: Residents earning 11 points will be required to meet with the administrative chiefs, program director, associate program director, and program coordinator at the weekly education meeting. During this time, the resident will be asked to provide an explanation for the deficiencies, and will be informed that further delinquencies will result in lower professionalism scores on the Final Evaluation of Resident Performance at the time of graduation. This evaluation is used to complete all residency graduates’ credentialing paperwork that comes through the Education Office for the program director to sign.

5. ≥12 points: Residents earning 12 or more points will have a notation placed in their file, and will be required to meet with the Resident Executive Education Committee. The possibility of academic warning leading to possible probation will be discussed with the resident and a formal plan of action put into place. Each notation in the file will result in a lower professionalism score on the Final Evaluation of Resident Performance.
Appendix F

Resident Book Fund: Guidelines for Reimbursement

The Resident Book Fund was created to help support educational expenses not covered by other funding sources. UAB stipulates that UAB must benefit from the expense so all support must be directly related to work performed for UAB medicine.

Each resident’s starting Book Fund amount is $2,200. There will be opportunities to acquire more money through awards and/or being selected Administrative Chief in your 4th year.

Book Fund Guidelines:

Reimbursable Expenses:
- Step 3 Application fee *(Taken your intern year)*
- ABOG Written Exam fee *(Taken your 4th year)*; this cost is approximately $1,500.
- Study materials including books and online test prep
- Conference expenses, including travel, not covered by awards and/or other divisions
- Technological items, but they must be turned in prior to graduation
- Scrubs

Non-Reimbursable Expenses:
- Non-educational items
- Out-of-state licenses
- Any expense submitted after 6 weeks of purchase
- Any travel expense submitted after 6 weeks of the return date

PGY4s must submit all requests for reimbursements by March 31st. Funds remaining after this date will be forfeited.

Suggestions:
- Do not wait until the last minute to spend all of your money. Try to spread it out throughout your residency.
- If you are unsure if something will be reimbursed, please ask prior to purchase.