



# Special Delivery

Issue 4

November 24, 2008

## Residency Program: Internal Curriculum Review

The ACGME requires that all residency programs document a formal, systematic evaluation of the curriculum at least annually. Although we have regularly documented the excellence of our curricula through the annual Resident Education Committee (REC), beginning in 2007 and under the direction of Alice R. Goepfert, MD, we have instituted a formal internal review process. This internal review is essentially a continuous quality improvement strategy. If needed, changes to the curricula can be made based on the internal review thus, enhancing the quality of the program.

The review procedure includes: **1)** 7-Point Self-Study completed by the course instructor, **2)** a review of the Self-Study by a 3-member team of 1 faculty and 2 residents resulting in a report identifying the strengths and relative weaknesses of the course, **3)** a review of the Self-Study and the Review Team's report at the REC, which works under the leadership of the Program Director, Larry Kilgore, MD.

Each course will be re-reviewed every 4 years.

**Completed Reviews:** Ultrasound Course, Ambulatory Course, and Evidence-Based Journal Club

**Upcoming Reviews:** Surgical Skills Course and Porcine Lab

To view the Program Review Protocol and Criteria, visit here:  
<http://www.obgyn.uab.edu/residency/Newsletter/ProgRev.doc>

## Med-Ed Literature: *Changing the Paradigm in Surgical Education*

Goff, BA. *Obstet. Gynecol.*, Aug 2008; 112: 328 - 332.

**Abstract:** In an era of rapid advances in surgical technology, resident work hour restrictions, increasingly complex patients, and concerns regarding quality of care, new methods of surgical education must be adopted to ensure competency of our obstetric and gynecology trainees. Recent research suggests that laboratory-based surgical training may offer advantages over our current apprenticeship model. Laboratory-based training allows trainees to learn in a low-stress environment where mistakes are permissible, procedures can be repeated multiple times to improve muscle memory, and formative feedback can more rapidly lead to skill competence. Multiple studies have been conducted in general surgery and obstetrics and gynecology residencies that show that laboratory-based training more rapidly leads to improvement in technical skills and that residents who participate in this laboratory-based training are more competent when performing procedures on patients. Identifying more effective methods to teach and assess surgical skills will benefit not only our trainees but also the patients for whom we care.

Read entire article in the Green Journal:

<http://www.greenjournal.org/cgi/reprint/112/2/328>

## Message from the Program Director . . .

Thanks to all for contributions to our annual book review - ***Better*** by Atul Gawande, MD, MPH. I would ask each member of the family to count your blessings, look for ways to help others and, to strive for improvement. Don't minimize medical practice or rest on your laurels. Today's skill set is essentially out of date.

We were encouraged by the author to be Diligent, Do Right and to find our Ingenuity. The author also urged us to become a Positive Deviant by:

1. asking unscripted questions
2. stop complaining
3. count something
4. write something and, finally,
5. to change.

I would add to "rehearse" procedures and spoken words in patient care. Also, read some good biographies and don't forget to find your "passion" and put it to good use.

— Coach

*"Education's purpose is to replace an empty mind with an open one."*

**Important Dates**

\*\*\*\*\*

**December 1**

Applicant Interviews

**December 5**

- Applicant Interviews
- Porcine Lab (PGY2's)

**December 8-10**

Oral Exams

**December 12**

NBME Written Exam

**December 15 – 29**

Students Out for Holiday

**December 19, 2008**

Applicant Interviews

**December 20-26**

Resident Christmas Holidays

**Dec 27 – Jan 2**

Resident New Year Holiday

**December 31**

USMLE Deadline (PGY 2's)

**January 5**

Block IV Medical Student Orientation

**Resident Rave**



**Jamie Nodler:** PGY1

Undergrad: University of Texas at Austin

Med School: Texas Tech

"Jamie is hard-working, diligent, and forever pleasant regardless of what is going on with his current service. He is a true Southern Gentleman and a delight to work with." — *LauraLee Joiner, MD*

"In regards to James Nodler, MD, I will say that it is refreshing to see a young man with the interest and enthusiasm in this specialty. On the GYN service, Dr. Nodler displayed an appetite for learning surgery and gynecology that was enormous. His demeanor with patients was smooth and professional. He is truly a great guy and we are glad to have him. What else can I say? — *Robert Holley, MD*

**Hope Mitchell-McLean:** PGY2

Undergrad: University of Central Florida

Med School: Florida State University



"Hope rotated with us on the REI rotation this summer. Since she spent some time with a reproductive endocrinologist before residency, I expected her to be good. She surpassed my expectations for a new second year resident. She was excellent with patients, often directing medical students in the office who were seeing other patients at the same time. Her surgical skills were superb. Regardless of Hope's ultimate career path, she will deliver great care to these types of patients in the future." — *Cynthia Sites, MD*

"Hope is an awesome resident! I was so impressed when she did a visiting AI on the High Risk OB service and was thrilled she matched with us. Always calm, considerate and well prepared on service and has a good sense of humor (useful with crazy L&D)---love having her here and part of our resident team!" — *Alice R. Geopfert, MD*

**Megan Grilliot:** PGY3

Undergrad: Rhodes College

Med School: UAB



"Megan functions at the level of a Chief Resident and she's not even half way through her third year. She works well with all members of the operative team and can run the show if she needs to do so. I never worry about the care of our patients under her watch." — *C. Bryce Bowling, MD*

"Megan is a very thorough and conscientious resident who is always an asset to the team." — *William W. Andrews, Ph.D., M.D*

*"A good teacher is a master of simplification and an enemy of simplism."*

— *Louis A. Berman*

**Three New Appointments to Endowed Chairs**

**J. Maxwell Austin, Jr., M.D.**, has been appointed to the Margaret Cameron Spain Endowed Chair in Obstetrics and Gynecology

**Larry C. Kilgore, M.D.**, has been appointed to the J. Max Austin, Jr., M.D., Endowed Chair in Gynecologic Oncology

**Holly E. Richter, Ph.D., M.D.**, has been appointed to the James Marion Sims Chair in Obstetrics and Gynecology



## Education Corner

### Teaching Tip: *How to be an Effective Role Model*

Source: <http://www.apgo.org/getinfo/teaching-tips.cfm>

Maybe you did not realize that learners are sifting through everything you say and do, inside and outside the patient care setting, "deciding" what parts of your behavior they will incorporate into their physician role. Observation learning, acquired from watching others and through experimentation, is the primary way trainees develop their clinical and interpersonal skills and habits.<sup>1</sup>

Have you personally observed and benefited from working with physicians who consistently demonstrated the best qualities of patient care, clinical judgment and professionalism? Chances are those physicians had some powerful role models and they have reflected carefully on the example they want others to see and emulate.

In clinical practice, what behaviors are you modeling for your trainees? Do you encourage self-learning or do you micro-manage the case? Do you model and teach work organization or do you reprimand for inadequacies? Do you demonstrate and talk through the steps in the procedure or remain quiet and, then, take over when the trainee flounders? Do you include patients in your discussions or assume that the physician has all the pertinent information and that the patient has nothing to contribute?

The first step in becoming a positive role model entails recognizing your behavioral habits. Is your habit to empty others' buckets or fill them up?<sup>2</sup> A moment of lost composure that translates into throwing an instrument (underhand or overhand, makes no difference!), snapping at a nurse or belittling a patient, reflects on you and may, ultimately, on the practices and habits of your trainees. Realize that your habits can be habit-forming for others. Set a good example, as "example is not the main thing in influencing others, it's the only thing."<sup>3</sup>

<sup>1</sup>This teaching tip is developed from J. Friedland's chapter "Social learning theory and development of clinical performances," in Edwards JC, Friedland JA, Bing-You R (eds), Residents teaching skills, New York, Springer 2002, p.32. This revised book is an excellent resource and belongs on the medical teacher's shelf.

<sup>2</sup>Rath T, Clifton, DO. How full is your bucket? Positive strategies for work and life. New York: Gallup Press. 2004.

<sup>3</sup>Attributed to Albert Schweitzer, from J. Friedland's chapter.



### Students Identify an Outstanding Resident Teacher

I would like to recognize the outstanding contributions to medical student education that Dr. Alicia Vogt has made this year. Alicia, completely on her own initiative, has started and continued a review course for the students each block prior to their written exam. This allows them to finalize their knowledge of our specialty and fill in any gaps in their understanding of Ob/Gyn.

Below are some comments from students who attended her review sessions:

- "I benefitted from the review and think that going through practice questions is definitely the best method 2 days before the exam."
- "Dr Vogt was one of the best residents that I worked with on your rotation, and her review was excellent. She made many good points that I thought were helpful, and she offered advice on how to prepare that I thought was fair and useful. She is a good teacher and was a good boss/team leader. I felt well prepared. Please let her know what a great job she did with us."
- "The review session was helpful in preparing us for Shelf exam type questions. Dr. Vogt did an excellent job moderating the discussion."

— *Brian Gleason, MD, Medical Student Clerkship Director*

### Learning is Active

1. Avoid long lectures
2. Encourage note taking
3. Use modeling instead of shadowing
4. Use brainstorming
5. Have learners reformulate material
6. Assign and discuss readings
7. Encourage learner to learner interaction

This newsletter is from the Department of Ob/Gyn's Education Directorate.

Contributors:

Julie Walsh-Covarrubias, MEd, EdD  
Brandy Patterson, MD

Editors:

Larry Kilgore, MD  
Todd Jenkins, MD  
Julie Walsh-Covarrubias, MEd, EdD