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Appendix A: Travel Reimbursement Guidelines, Education Office
Appendix B: Responsibilities of Administrative Chiefs and Education Chief
UAB Dept. of Obstetrics and Gynecology - Chain of Command

Department Chair
Residency Program Director & Division Directors
Associate Residency Program Director
Attendings
Fellows
Administrative and Education 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 I: Nicholas Foster, BS (shared position with Education and WRH Division)
Office Service Specialist III: Candace Goudy, BA
Medical Student Clerkship Coordinator: Christy Willis (also serves as administrative assistant to WRH Division faculty)
Residency Program Coordinator: Nancy Atkins, BA

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 ObGyn’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 ObGyn. 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, Education Chief, 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

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. The test scores are compared to performance of other residents at each level throughout the country. While there is no minimum passing grade, it is expected that all residents strive to perform to the best of their ability.

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 and Gyn case conference as well as questions addressing the curricular programs. These exams are typically scheduled in April, and each resident will be given adequate notice prior to his/her examination date. The primary intent is to assess competency in case management as well as depth and breadth of medical knowledge 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).

Evaluations of residents and resident evaluation of the faculty and program are administered through E*Value which is supported by the UAB GME and the UASOM. E*Value can be accessed by logging onto www.e-value.net. Residents are evaluated by faculty, fellows, fellow residents, medical students and nurses. On many rotations, the faculty and fellows in the division meet to discuss each resident’s performance, strengths and weaknesses and a composite evaluation is filled in by a representative faculty. In addition, nursing evaluations of residents are filled in by nurse managers in key areas who collect feedback from multiple nursing and other personnel and complete a composite evaluation. Residents are asked to evaluate the faculty and program each rotation as well. It is expected that comments will be constructive. 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. Resident have the opportunity to receive and provide feedback about presentation skills (resident research, chief lectures, etc.). Evaluation and/or feedback for specific skills and procedures by PGY level are also provided during surgical skills workshops and in the operating room (focused assessments).

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 and Education Chief Residents (ACs/EC). The RExEC (minus the ACs/EC) meet semiannually to review each resident’s performance as the Competency Review Committee. This semiannual review allows for oversight of resident strengths and deficiencies. With each PGY level comes progressive authority and responsibility and supervisory roles; the RExEC determines whether each resident is capable of this authority, responsibility and roles. The Committee 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.

The Residency Program Director and/or Associate Residency Program Director will discuss individual evaluations and the 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 E*Value.

**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) should be 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 day time working hours (0730-1700 Monday-Friday) each service has faculty and fellows 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.

**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.**

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 (University Hospital and Private Hospitals)
      v. Medicine: Inpatient and Outpatient
      vi. Oncology Clinics
      vii. Night Float
      viii. Continuity Clinics
      ix. Brookwood Women’s Health, PC and Eastern OBGYN, PC Gyn rotation

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. Laura Lee Joiner 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.

   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. 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. 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.obgyn.uab.edu/residency/edmentoring.htm for the schedule of meetings and forms to be completed.

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. Quarterly, residents will be required to officially log work hours. The UAB GME office requires formal submission of the Duty Hours in a specific format four times per year. Submitting individual duty hour logs for these official logs is mandatory for all residents and will be expected to be submitted by the due date provided. It is imperative that each resident submit these logs in order for the entire residency to remain compliant.

Newly revised duty hours have been approved by the ACGME and were 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.

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 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.

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 ObGyn 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, ObGyn 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.
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.
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.
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 https://www.uab.edu/medicine/home/education/residents-fellows-post-grad/gme)
- 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, 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 2012-13 (page 44) or online at https://www.uab.edu/medicine/home/education/residents-fellows-post-grad/gme

Conference Schedule

Friday Conference—Resident conferences are held each Friday from 1230 to 1530. The first hour will be M&M or Gyn case conference. Faculty lectures, Grand Rounds and other presentations will be scheduled following M&M or case conference 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 (or PGY3 if the PGY4 is presenting) who will stay behind to cover MEU (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 PGY3 or 4 covering MEU) must notify the residency program coordinator and the administrative chief residents by e-mail, text or page at least 24 hours 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.** Obstetrics and Gynecology consists largely of young, healthy women with relatively few co-morbidities, and mortality is rare. However, interesting and/or difficult cases abound, and there are multiple incidences in which a suboptimal outcome results either from a mistake of commission or omission; or perhaps just as important, a poor outcome is avoided due to timely intervention and
appropriate management. Presenting cases of this nature (and obviously those with a devastating outcome) in an open forum is an excellent way to identify errors to avoid in the future or highlight successful management techniques and problem-solving skills. The following are guidelines for M&M:

M&M Case Submissions are to occur every week for the following services:
1. L&D Board (PGY-4)
2. IUP (PGY-3)
3. OBCC (PGY-3)
4. Night Float (PGY-4)
5. UAB GYN ONC (PGY-3 and PGY-4)
6. Brookwood Onc (PGY-3)
7. GYN (PGY-4)
8. UROGYN (PGY-4)
9. REI (PGY-4)

- In the event that the above stated resident is off service, (i.e. vacation or conference), the next senior resident shall submit M&M Cases for that period of time.
- These cases are due to the M&M Coordinator (resident M&M ‘Sheriff’) and the Administrative Chiefs (ACs) via email no later than 4:00 pm on Friday each week. The M&M Coordinator will keep track of all delinquent submissions and report them to the Program Director and Faculty Conference Proctor(s). Any resident failing to submit M&M Conference cases will be among those most likely to be selected to present at the next conference. Recurrent delinquent submissions may result in a meeting with the Program Director and/or a lower score in Professionalism on the resident’s semiannual review competency assessment form.
- M&M Conference will be held in general every other week (alternating with Gyn, REI, Urogyn Case Conference). The theme for each M&M Conference will focus on either OB cases or Gyn cases and will alternate.
- A list of candidate cases will be reviewed and best cases selected by the M&M Coordinator and the ACs. These will be submitted via email to the Faculty Conference Proctor(s) for final selection and approval. Cases to be presented and the resident responsible will be emailed to the department no later than Monday on the week of M&M.
- The residents presenting will then complete the “long form” detailing the case(s) to be presented (see attached). This “long form” will be used to aid the resident during the presentation (see attached).
- Resident presentations will consist of succinct/informative details including pertinent history, PE, lab, and radiological data (make films available when possible). This will take approximately 5-7 minutes.
- The resident should be prepared to defend the management strategy or actions noted in the case, utilizing supportive data and evidence gleaned from the literature.
- Some cases will be presented that do not involve morbidity or mortality but are interesting or rare or involved important systems or patient safety issues. The resident is charged with educating the audience and providing relevant data from literature.
- Faculty involved in the case(s) presented will be available for comment/questions/or defense as needed.
- After the presentation, the resident will complete the “long form” and identify important points, faculty suggestions, management changes, and any action items identified to improve our current healthcare delivery system. This will be returned to the M&M Coordinator within one week of the presentation.
- All completed cases “long forms” will be kept in a database for future reference/study (available on resident web site, password protected). M&M cases and Gyn cases (and long forms) serve as the ‘case list’ from which the Koch exam questions are pulled each year.
- The following are reportable events for M & M conference:
  - Death < 30 days of surgery
  - Perinatal death
- Blood loss > 2000 cc
- Hospital stay > 15 days
- Unplanned transfer to the ICU
- Readmission < 30 days of discharge
- Bowel, urologic, vascular, or neurologic injuries
- Complicated antepartum patients
- Complicated peripartum events (PPH, shoulder dystocia, abruption, etc.)
- Complicated or interesting GYN or REI patients
- Interesting or rare pathology
- Ethical dilemmas
- Systems issues or other patient safety issues.

**M & M Long Form**

**Date of Presentation:**

**Service:**

**Diagnosis:**

**Hx:**

**PE:**

**Lab/Radiology:**

**Differential Diagnosis:**

**Clinical Course and Outcome:**

**Complications:**

**Assessment of Practice-Based Learning:**

**Assessment of System-Based Practice:**

**References:**

*This document contains confidential information prepared for quality assurance purposes by the University of Alabama at Birmingham Hospitals and Clinics. It is maintained as private and confidential pursuant to the Code of Alabama Sections 6-5-333, 22-21-8, 34-24-58.*

**Friday Gyn/REI/Urogyn Case Conference** – Alternating with M&M conference during the 1230-1330 hour, these case conferences will be presented by the chief or PGY3 on REI, Urogyn or Gyn services. The format will be case-based and is expected to be interactive with questions and discussion among faculty and residents. Topics will be chosen in consultation with the faculty and fellows on the service and will address CREOG
objectives not covered by M&M. The topics will be listed and the presentations will be available on the resident web site (password protected) for future study (Koch exam ‘case list’).

**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 team and Urogyn team are expected to attend.

**Wednesday MFM Conference** – This is held every Wednesday from 0630 to 0700 in order to discuss interesting OB topics and “classic” or current MFM articles in a Journal Club format. 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, vacation, night float), he/she should notify the program coordinator and the Administrative Chief Residents with the reason for absence before conference begins. **Attendance is otherwise mandatory.** Friday conference attendance will be recorded and reviewed with the residency program director at least twice yearly. Night float and the PGY4 on L&D are excused and are not calculated in the denominator. 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.

**Statistics/Op log**

Residents are responsible for keeping statistics on operative cases, procedures, and deliveries. Statistics should be updated frequently (recommended daily but at least every 2 weeks). If two residents participate in a case, the role of each should be clearly established (i.e., primary [50% or more of case] vs. assistant vs. teaching assistant) and documented. Statistics 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 resident’s 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 posted on the first of each month in the residents’ office for review and are reviewed regularly at the monthly Resident Executive Education Committee (RExEC) meetings.

Of note, ABOG will allow residents in the PGY-4 year to apply cases toward their final case list to be submitted for Board certification. Please review the Bulletin outlining requirements for certification and preparation for the written and oral ABOG examinations at www.abog.org. In addition, procedure logs may be used as one component of assessment of competency for future requests for hospital privileges for graduated residents. Therefore, a timely, detailed entry of these cases will be of benefit to both the program and the resident. Each graduating chief may obtain upon request an electronic copy of their final case file from the residency program coordinator prior to departure (the databases are not stored indefinitely and will not be available after graduation).
Medical Records

All dictations should be completed in a timely manner as a part of professional development and responsibility. Residents are encouraged to complete all dictations within 24 hours of service. For those dictations that are not completed on time, a delinquent dictation database will be released every Wednesday. The Dictation ‘Dictator’ (resident selected each year to serve this role) will notify the residents with delinquent dictations as soon as possible after the Wednesday release. These dictations are to be completed as soon as possible. For any dictation ≥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.

Not all obstetric patients require a discharge summary. If a discharge summary is required, then this will be the responsibility of the resident who discharges the patient. The chart should not be left to be dictated by the resident on service. If the patient was a MIST transfer, the resident dictating the chart should request that a copy of the dictation be sent to the referring physician.

The following charts require a discharge summary:
- All inpatients on a UAB gynecology service, whether or not they have surgery
- Patients that have outpatient gynecologic surgery performed at UAB
- Fetal death
- Therapeutic AB regardless of gestational age
- UAB obstetrical patients who stay ≥ 6 days (including their IUP stay)
- UAB obstetrical patients who are discharged undelivered from L&D or from the IUP service
- UAB obstetrical patients who have a procedure other than a BTL or C/S
- Any patient admitted to an ICU
- Any patient that expires
- Any patient readmitted postpartum

All procedures performed in the operating room require operative notes. In general, the UAB attending will dictate the operative/procedure note. On rare occasions, a resident will be asked to dictate an operative/procedure note. This should be done as soon as the case is finished.

In Continuity Clinic, all patient encounters must be recorded in the electronic medical record. It is important that notes be completed prior to leaving continuity 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.

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; IUP PGY-3; Medicine PGY-1. 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; 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/MFM attending discretion. The MFM attending must be aware and agree with the decision to send someone home.

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 should 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. From June to September, this person will help with PPR on Saturdays and Sundays under all circumstances (exception—see PGY1 rounder #5 below). From October to December, this person should come in if (1) the PGY1 on call has PP rounded <6 times; (2) the PP list has >15 patients; (3) the Board PGY4 has >12 IUP patients or needs additional assistance due to multiple complex/ICU patients. From January to June, this person comes in if the PP list has >20 patients or the IUP list has >12 patients and the Board PGY4 is rounding. Also, if no rounding help is needed, the home call person should check in with the PGY4 on call. See #5 below for additional responsibilities when on home call with a PGY1 rounder.

3. Short call template:
   - Monday: REI PGY-2
   - Tuesday: University GYN PGY-2
   - Wednesday: OBCC PGY-3
   - Thursday: UroGyn PGY-2

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 rounter will come in to PPR and then help out in MEU/L&D. The PGY1 rounter will be sent home by noon (earlier release at the discretion of the chief on call). The home call PGY2 or 3 should come in to help supervise rounds if 1) both PGY1s have PP rounded <4 times and the PP list is >15 patients, 2) one PGY1 has not PP rounded at all; 3) the PGY2 on call is not available to round and the PP list has >30 patients.

Chaperone call – Each new intern will be chaperoned for one night by an upper-level resident during their first night of call. In addition, the 5th person on the call team will also assist in orienting the new interns.

**Weekend Rounding Responsibilities**

**Obstetrics:** The PGY-1 and PGY-2 on call that day are responsible for postpartum rounds. Any 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 some 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).
- The PGY-2 on call may be needed to round on his/her GYN service; this should be discussed with the chief resident on call that day so that adequate coverage can be assured.
- Rounds with the attending should take place after 0700. All IUPs and all post partum patients on the MD list should be discussed with the attending. Whenever possible, the postpartum patient discussion should include the PGY1 rounter as well as the PGY2 or PGY3.
- All IUP patients will be seen by the attending with the IUP rounter.
- 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 rounter 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:** 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 PGY-1 can help with rounding responsibilities if needed. **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. If the consult is not an acute situation, then the consult may be passed on to the GYN day team. If the consult is called on the weekend, however, every effort should be made to at least provide some guidance to the consulting physician if the consult cannot be completed right away. All inpatient consults must be completed within 24 hours of the call. 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. Consults may only be deferred if this is acceptable to the requesting MD and the chart has been reviewed. 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 call or IMPACT message Tracy, 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 ER patients 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 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 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.

**Continuity Clinic**

Every PGY-2, PGY-3, and PGY-4 resident has a ½ day weekly continuity clinic held at the Gyn Continuity Clinic (GCC). If a resident is on vacation or will miss clinic for a legitimate reason, it must be approved by Dr. Laura Lee Joiner at least **four weeks** prior to the date of the clinic. All clinics will be cancelled during the time that each resident is on Night Float. Please see the Resident Handbook for the current GCC schedule.

**Clinic Notes and Dictations:** The goal in 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.” Documentation must be accurate and complete. All clinic charts should be completed on the day the medical service is rendered, ideally prior to leaving the clinic.

GCC has received the primary care exception 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 on the OB/Gyn Clinic Attending Note.

**Clinic Checkout:** At the completion of the office visit, the billing sheet must be completed and signed by the attending physician. All problems and diagnoses that have been addressed in the office visit must be circled. However, only the first 2 diagnoses are used for billing purposes, so the first two ICD codes should be numbered. All Labs are ordered in IMPACT and drawn in clinic. All labs that need to be done after hours (bHCGs on weekends) should be ordered in IMPACT as future orders and the patient should be given directions/instructions to the Outreach laboratory. Any studies, referrals, and/or follow-up appointments should also be filled out on the checkout sheet.

**Pre-op and Surgery:** Continuity clinic surgery should be scheduled with the patient’s primary resident physician. To insure 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 surgery date. (JCAHO requirement)
2. The surgery must be staffed with the attending physician who has been involved in the patient’s management. This is to prevent confusing the patient with changes in plan of care and to prevent “doctor shopping and surgery shopping”. The attending physician reserves the right to defer to another faculty member in order to accommodate the resident’s schedule or specific needs of the patient.
3. The resident surgeon must examine and counsel the patient. An exception to this rule is BTL pre-ops. It is acceptable for BTL patients to have been examined and counseled by another “partner” resident physician at GCC as long as the resident surgeon reviews the H&P and reviews the surgical plan with the patient on the day of surgery.

4. Post-operative rounding for Continuity Clinic patients is the responsibility of the patient’s continuity clinic doctor, not the GYN team. A resident should not schedule surgery on a Continuity Clinic patient if he/she plans to take vacation. If this is unavoidable, it should be cleared with the surgical faculty and arrangements should be made for another resident to see the patient. The chief of the appropriate service (Gyn, Onc, UroGyn, etc.) should be aware of the patient and any complications so that cross coverage is available in the event of an urgent patient situation.

5. Faculty will supervise all procedures and OR cases. Faculty are available for direct supervision during any inpatient stay and expect to be notified of any concerns or complications. Faculty must dictate all operative reports, and the resident is responsible for pre-op notes and speaking with the patient’s family after surgery.

All GCC patients that are admitted to the hospital, such as a post-operative readmission, will be the responsibility of the primary resident to see and manage. The gyn team will help cover these patients if for some reason the patient’s primary resident is unavailable (i.e., vacation).

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 Post-partum rounder/OBCC, PGY-3 Antepartum (IUP), PGY-3 OBCC, and 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 at 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. The intern participates in labor management, operative and spontaneous deliveries, appropriate cesarean deliveries, and triage of floor calls (with the assistance of the PPR). He/she attends OBCC on Monday afternoons at 1300.

PGY-1 (MEU)

This intern covers the maternal evaluation unit (MEU) taking care of all Obstetrical patients over 16 weeks EGA and any OB patient from within our prenatal care system at an EGA <16 weeks whose primary complaint is OB in nature. This intern is responsible for coverage from 0600 to 1700 Monday through Thursday and 0600 to 1600 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. 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 MEU/L&D attending will evaluate and sign off on these patients unless the private physician chooses to see the patient themselves. The PGY-1 MEU attends OBCC on Wednesday mornings at 0800. 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-2 (Postpartum Rounnder)**
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 (preferably no later than 0715). The PPR will attend OBCC on Monday, Tuesday, Thursday and Friday mornings and should arrive no later than 0830. Wednesday pm OBCC starts at 1300. Calls from the floor will be fielded while in OBCC and when necessary, refer the nurse to the PGY-1 Board or the PGY-3 IUP or PGY-4 as appropriate. The PPR is responsible for afternoon rounds, wound changes, etc. on his/her service when not scheduled for OBCC. 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 OBCC. The PGY-2 PPR is expected to be available to assist on L&D or triage when not in OBCC until 1700 Monday-Thursday and 1600 on Fridays.

**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 Wednesday mornings at 0800.

**PGY-2 (Board Runner)**
The second year board runner manages all patients in labor and delivery under the supervision of the Board 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.

**PGY3 (OBCC)**
This third year resident is responsible for attending the OBCC every morning at 0800, except
Wednesday when clinic begins at 1300. He/she also covers OBCC afternoon clinics on Mondays beginning at 1300. He/she may also be needed for assistance in triage or on L&D when clinic is done. The PGY-3 should contact the Board PGY-4 to discuss whether they are needed in L&D after clinic. The PGY-3 OBCC should come in to supervise postpartum rounds prior to OBCC when the IUP PGY-3 is on vacation and the PPR has moved up to cover IUP.

**PGY-4 (Board Chief)**

The chief resident 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 0700 and 1600 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 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 934-2170 during normal business hours. On nights and weekends, follow-up may be scheduled by notifying the OBCC appointment schedulers in IMPACT (Leslie Lawrence and Vanette Scantling) or leaving a message on the nurse voice mail at 934-6263. For MFM follow-up, a message may be sent via IMPACT to Veronica Smoke and Katrese Smith or on voice mail at 934-1319 (V. Smoke) or 934-2181 (K. Smith).

**Nurse Practitioners**

The OB/GYN Nurse Practitioners are a tremendous asset to the residency program. They assist in Complications Clinic (OBCC) and rounding on routine post-partum patients. 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/](https://obgobar.obgyn.uab.edu/OBGYNGuidelines/) under ‘inpatient’ for a complete list of patients that can be followed by the NP service. This link is also available on the resident web site under ‘resources’.

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**

- These services consist of a PGY-1, PGY-2 resident, PGY-3 residents, and PGY-4 residents. The Gyn service is responsible for covering patients of the WRH attendings, all consults, and all unattached patients.
- The PGY-1 and PGY-2 residents on Gyn, with assistance from the 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.
- 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.
- The intern is responsible for keeping the “quant book” database updated with the assistance of the PGY2. The list and management plans should be reviewed with the Gyn attending of the week at the beginning of each week.
- By Thursday afternoon, the PGY-1 is responsible for distributing a surgery schedule to the whole team prior to pre-op conference.
- If a resident misses a clinic for surgical/clinical responsibilities, it is the responsibility of that resident to notify the clinic attending in advance.
- Pre-Op Conference for the GYN team is every Friday morning at 0700 following rounds. There also will be didactics on select Wednesdays at noon.
- Didactics will take place every Tuesday AM at 0700 in the Hauth conference room.
- The GYN team will also help cover other services when needed, so that residents may attend surgery cases scheduled from GCC.
**Urogynecology**

The Urogyn team PGY 2&4 is responsible for covering patients of Drs. Richter, Varner, Holley, J.Greer, and the Urogyn fellows.

General expectations of residents:

a. 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.

b. Help with day of surgery updates and preoperative preparation of the patients.

c. Attend cases with full knowledge of the patient and the steps of the planned procedure. Ensure that medical students have done the same.

d. 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.

e. Manage postoperative course with oversight from the fellows.

f. Post-op check all patients after surgery.

g. AM rounds daily with medical students. Prep the students for presentations on rounds.

h. Follow-up on labs, voiding trials and discharge planning, and keep the clinic nurses, fellows and attendings informed. Residents should create discharge summaries.

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 fellow/attending.

The Urogyn team is expected to be at the Monday morning 0630am discussions with Dr. Varner and Gyn Didactics every Tuesday am at 0700 in Hauth Conference room.

The Urogyn team is to cover all Urogyn surgical cases. The chief is to notify the GYN chief the night before if help is needed to cover cases, such as when someone is on vacation, interviews, etc.

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

**Reproductive Endocrinology & Infertility**

The endocrine service consists of a PGY-2 and PGY-4. Coverage of rounds, clinics, and surgical cases are discussed among each team on a weekly basis, with final decisions made by the PGY-4.

The PGY-2 is responsible for making out the surgery/surgery follow-up schedule, as well as HSGs to be discussed at Wednesday noon conferences.

HSG's are done at the Kirklin Clinic in Radiology on Monday afternoons at 1400 with overflow on Tuesday afternoons. The chief resident will determine coverage of these procedures, but they are generally covered by the PGY-2 on service. An REI attending or fellow will be present to supervise and assist.

**REI Resident Responsibilities:**

1. Both residents present a talk on Monday at Noon while on service (choice of REI topic – ask attending
or fellow for ideas).

2. Attend divisional conferences:
   a. Didactics
   b. Clinical meeting on Wednesdays
      - present surgical cases
      - present interesting patient
      - review HSG’s
   c. IVF meeting (optional)

3. One resident should always be on service (only one on vacation).

4. Attend surgery with assigned clinics as scheduled.

**Gynecologic Oncology**

The service consists of UAB Gold (PGY-1 and PGY-4), UAB Green (PGY-2 and PGY-3), BW (PGY-3), and clinic, a PGY-1. The Oncology service works primarily at UAB and Brookwood. There are rarely cases at St. Vincent’s, in the instance of a case at St. Vincent’s the residents and fellows on the Gynecologic Oncology service will decide the day before which residents should attend these case.

**UAB Gold: Drs. Estes, Alverez, Landen, Bevis (PGY1&4):**

**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 the UAB Gold inpatient service and should communicate with the fellow on a regular basis regarding patient care. He/she should see all ICU patients on the Gold service. He/she will perform most of the major oncology cases.

**UAB Green: Drs. Straughn, Huh, Leath, Austin (PGY2&3):**

**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 the UAB Green’s inpatient service and should communicate with the fellow on a regular basis regarding patient care. He/she should see all ICU patients on the Green service. He/she will perform most of the major oncology cases.

**BW: All attendings (PGY3):**

**PGY-3**

This resident is responsible for all patients at Brookwood and covering the Brookwood OR cases. This resident may also help with oncology cases at outside hospitals. This resident will be responsible for rounding on the weekend but will split weekends with the One fellow in ensure adequate days off each month. This should be arranged at the start of the service. This resident will be in the call pool and will be expected to round at BW on the weekends they are scheduled to be on call.
Oncology Clinic: all attendings (PGY1):

**PGY-1**
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 also responsible for H&Ps of patients being admitted to outside hospitals and UAB. The clinic nurses will notify the resident when this is needed. All H&Ps will be reviewed by the appropriate upper level resident on the admitting team and the faculty. He/she should be available to assist with floor work if needed. This intern attends colposcopy clinic on Friday morning.

**General notes:**

- 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.

- The UAB residents will be out of the call pool. One resident from each team will be expected to round on the weekends. This should be determined at the beginning of the rotation and every effort should be made so that each resident is compliant with duty hours.

**Oncology Conference Schedule**

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
<td>0645</td>
<td>Didactic Conference</td>
</tr>
<tr>
<td>Mon</td>
<td>1630</td>
<td>Tumor Board</td>
</tr>
</tbody>
</table>

**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. Also, 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, Antepartum service, Postpartum service, Onc, REI and Gyn Services at night.
*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 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).

**All Night Float residents are freed from Continuity Clinic responsibilities during the rotation.

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

PGY-3 Research/US
This resident is expected to manage his/her own time during this rotation to complete specific ultrasound curriculum requirements, attend assigned ultrasound clinics, and make significant progress in and/or complete his/her resident research project with the expectation that all projects be presented (ideally in final form) at the senior Resident Research Day at the end the PGY-3. This resident should not be absent from Birmingham during the work week unless specific prior approval has been obtained from the Administrative Chief Residents and the Residency Program Director. Every effort will be made to protect this resident’s time. However, during certain times of the year (transitions at end and beginning of each AY, fellowship interviews, etc.) this resident may need to be pulled to cover other services. Residents must attend a weekly Fetal Diagnosis Clinic or Team Meeting (with MFM attending, pediatric specialty representatives, social workers, genetics counselors, nurses); this clinic is currently scheduled for Wednesday afternoons. The resident should complete the focused assessment documenting observation of selected fetal anatomical defects during this rotation as part of this experience. The resident must also spend time with the u/s technicians at OBCC to complete the focused assessment on ultrasound skills in identifying key fetal anatomy as well as complete the BPP credentialing if not already done (10 BPPs performed correctly under direct supervision). The resident should consult the US curriculum handbook on the resident web site for details of the requirements.

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 Residency 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 synopsis 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-1 Internal Medicine
Each intern will complete a month long rotation on Internal Medicine as a part of the primary care requirement.
The resident will spend 4 – 5 weeks on an inpatient month on the Tinsley Harrison service. Rotation dates will be approved and scheduled by the Internal Medicine Administrative Chief Residents. Assignment of patients, resident responsibilities and supervision by upper level residents and faculty are by Internal Medicine policy and will be reviewed at the beginning of the rotation by the Internal Medicine Administrative Chiefs. The remainder of the rotation will be spent in various clinics as outlined below. During u/s time at the OBCC, this resident should complete the basic OB u/s skills focused assessment if not already; the resident should perform the u/s under direct supervision by the u/s technicians to document proficiency in attaining biometric parameters and normal cardiac activity, placental location, AFI, and presentation. The clinic schedule while on the Medicine rotation is available in the Resident Handbook.

**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. This resident will be responsible for following up on lab results, pathology, consults on all patients seen in this clinic. There are also scheduled opportunities for gyn ultrasound review and coding instruction. Please see the Resident Handbook for the clinic schedule.

**PGY-4 Outside GYN Surgery Rotation**

This rotation is to enhance the surgical exposure and experience of the chief residents. This resident is scheduled to be in the OR at BW on Monday and Thursdays with the Brookwood Women’s Health, PC (Drs. Heidi Straughn, William Somerall, John Morgan, John Hurst, Jack Freeman), and on Tuesdays and Wednesdays at St. Vincent East with the Eastern Ob/Gyn PC (Drs. James Dollar, Christy Dey, Beth Blair, and Bryan Pruitt). He/she can also choose to shadow theses doctors in their clinics or help with office procedures and circumcisions.

**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. Brian Gleason) or the clerkship coordinator (Christy Willis) 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
faculties, surgery, clinics, etc). Each service with AIs also has a faculty representative who serves as course
director (Onc—Dr. Estes, Urogyn—Dr. Holley, IUP/HRO—Dr. Goepfert).

**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 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. 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 90 days 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.

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. Laura Lee Joiner) and clinic nurse (Jerome Powell) 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.

Through a grant provided by Wyeth, 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.

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 two one-week vacations. These 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 occasionally not
possible. Travel reservations do not exempt a resident from call/rounding responsibilities on one of the
weekends surrounding the vacation week.
The first week of vacation must be completed before the week of Christmas holiday, and the second week must be completed by May 31, 2012. 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, Tinsley Harrison Medicine 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 2 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 increases 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.
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 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.
Service Coverage for Vacations

University OB

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

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

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

If PPR is on vacation: Chief, IUP, OBCC-3 and Board runner continue as is; IUP also goes to OBCC
Board Intern moves up to PPR and goes to Board after rounds
MEU Intern assists with PPR and goes to Board at 0600

If Board Intern is on vacation: Chief, IUP, and PPR continue as is
IUP intern covers OBCC Monday PM
Triage Intern assists with PPR and goes to Board at 0630

If IUP Intern is on vacation: Chief, Board Runner, and Interns continue as is
IUP PGY-3 covers rounds
Board intern covers OBCC Wednesday AM

If MEU Intern is on vacation: Chief, IUP, PPR, and Board runner continue as is
IUP Intern will cover MEU after sit-down rounds
Board intern covers OBCC Wednesday AM

REI

If Chief is on vacation: Gyn team helps with coverage as needed
If PGY-2 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 covers OBCC clinic
If PGY-2 PPR is on vacation: IUP covers OBCC clinic

Gyn Ambulatory PGY-3

The Administrative Chiefs will notify the Dr. Jenkins and the WRH scheduling staff of all vacations on this service so clinics may be canceled that week.

Away GYN PGY-4

The resident and the Administrative Chiefs will notify the private practice group contacts of all vacations on this service. No coverage is needed in the absence of the resident.
Night Float
Vacation is not allowed

Medicine / Clinics
Vacation is only to be taken during the Clinic weeks of the rotation. Verify with Administrative Chief Residents before requesting vacation.

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 PGY-1 on Onc covers clinic.

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.

1. To summarize the house staff policies and procedures position on maternity leave: Section I paragraphs 14.4 and 14.6: “Vacation: the working year is defined in terms of 52 weeks of which 3 weeks are allowed for vacation purposes...Salary continuation by University Hospital during maternity leave is comprised of the allowable 3 weeks of illness leave plus allowable 3 weeks vacation. The available maximum 6 weeks paid maternity leave time is reduced by any amount of sick leave or vacation time already expended during the year. Residents requiring in excess of 6 weeks maternity leave should be placed on leave of absence without pay, and the appropriate personnel forms sent to the house staff office.”

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 3 weeks of sick leave and 1 week of vacation for their maternity leave. The resident will then be able to take one week of vacation at the Holidays and one other week of vacation for that year. Leave greater than 5 weeks is discouraged, as this limits the amount of remaining sick leave that an individual has for the year.

5. Paternity leave is recommended to be no longer than two weeks. The first week is sick leave; the resident may then opt to take a second week as vacation. Like maternity leave, the length of anticipated leave should be worked out early in pregnancy to minimize coverage difficulties.

6. Our department’s standard vacation guidelines may be modified as needed for individuals taking parenting leave. Although there is traditionally a vacation one week at either Christmas or New Year’s, a resident
anticipating parenting leave may work during both holidays and save that week for use at a later time. Should a resident choose to work through these holidays, s/he will be assigned a fair and equitable schedule, including either Christmas or New Year’s day off in observance of University holidays. Call will not be excessive, usually with the resident on call only during one of the two weeks.

7. Fellow residents will be compensated for the extra call they take while the resident is away on parenting leave. For example, individual planning for maternity leave will be asked to take approximately one extra call night each month as they work toward their due date. The pregnant resident or expectant father resident will be expected to take extra call that equals the call they would have taken during their anticipated leave. Furthermore, 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. 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 6 weeks out of a given year. 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.
AY 2012-2013

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 web site at https://www.uab.edu/medicine/home/education/residents-fellows-post-grad/gme 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

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.

(updated 7/2012)
Appendix B:

The Administrative Chiefs (AC) and Education Chief (EC) serve as resident administrative leaders, resident advocates and faculty-resident liaisons. The 2 ACs and the EC 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 and EC attend the monthly Resident Executive Education Committee (RexEC) meetings and weekly Education Office staff meetings. Responsibilities are outlined below.

Administrative Chief Job Description and Responsibilities

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

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

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

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

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