Dear Residents:

Welcome to our residency program. As the only OB/GYN residency in the Twin Cities—and one of only two programs in the state—our residents are in a unique position to take advantage of one of the best healthcare environments in the country. You will work with some of the finest physicians, surgeons and researchers in the area. With rotations at four hospitals, have access to thousands of births, major and minor surgeries, and specialty cases in gynecologic oncology, maternal-fetal medicine, reproductive endocrinology, mature women’s health and urogynecology. Because of our wide range of training opportunities, our residents are highly recruited by practices in and outside of Minnesota. Our graduates repeatedly tell us that this residency prepared them extremely well for life in their OB/GYN practice. We also have an excellent record of placing our residents in fellowships across the country.

We are also fortunate to have the Deborah E. Powell Center for Women’s Health, a Nationally Designated Center of Excellence, www.womenshealth.umn.edu on our campus. The University was chosen as a National Center of Excellence in Women’s Health site because of its breadth and depth in clinical care for women, research, education and community outreach. Because this is the only research-intensive medical school with a woman dean, the University is specially positioned to mentor women students and faculty.

This Program Policy and Procedure Manual contain guidelines and policies that apply to all Obstetrics, Gynecology and Women’s Health residents throughout the University of Minnesota, Academic Health Center. The Institution Policy Manual is specific to trainees of the University of Minnesota, Department of Obstetrics, Gynecology and Women’s Health. Policies are written in accordance with the American Board of Obstetrics and Gynecology and the Accreditation Council for Graduate Medical Education. Policies are subject to periodic review and change by the faculty, program director, and department chair.

Residents should familiarize themselves with the policies and guidelines contained in this handbook. Again, welcome! We think you’ll see that the Twin Cities Integrated Residency Program combines the best elements of many learning and clinical opportunities.

Sincerely,

Linda F. Carson, MD  Phillip N. Rauk, MD
Professor and Chair  Program Director
DEPARTMENT VISION STATEMENT

Define the standard of care for all women, today and tomorrow.

PROGRAM MISSION STATEMENT

The goal of the University of Minnesota Twin Cities Integrated Residency in Obstetrics, Gynecology and Women’s Health is to produce competent, sensitive, compassionate and respectful Obstetrician/Gynecologists who will enhance and further the knowledge of women’s health care.
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- GYN ONC
- Riverside General OB/GYN
- Regions Emergency Medicine
- Regions GYN
- Regions OB
- Regions NF
- HCMC OB/GYN
- Methodist OB/GYN

PGY 2 Rotation Goals and Objectives
- HCMC Gyn
- HCMC OB and OB Night Float
- HCMC OB/GYN
- Regions Abortion/Same Day Surgery
- High Risk, Ultra Sound, Genetics, Genetic Counseling
- Maternal Fetal Medicine
- REI
- GYN ONC

PGY 3 Rotation Goals and Objectives
- UMMC/Park Nicollet/Regions GYN ONC Surgery Float
- GYN ONC
- Maternal Fetal Medicine and Night Float
- Regions GYN
- Regions OB

PGY 4 Rotation Goals and Objectives
- GYN ONC
- Regions Gynecology Oncology
- HCMC GYN Surgery
- HCMC OB and OB Night Float
- HCMC OB Clinic
- Methodist UROGYN
- REI/Pediatric Adolescent GYN
- General OB/GYN

GYN ONC Fellowship Addendum – please refer to the GYN ONC Fellowship Program Policy Manual for additional information or contact the Fellowship Coordinator, Chris Crumm, at crumm001@umn.edu or 612-626-3503.

MFM Fellowship Addendum – please refer to the MFM Fellowship Program Policy Manual for additional information or contact the Fellowship Coordinator, Chris Crumm, at crumm001@umn.edu or 612-626-3503.

CAMPUS MAIL

Each resident has a designated mailbox in the Riverside faculty lounge. Residents are expected to pick up their mail weekly. The address for receiving mail at UMMC-University campus is:
Department of Obstetrics, Gynecology and Women’s Health
MMC 395
420 Delaware Street SE
Minneapolis, MN 55455

Regions and Hennepin County Medical Center also provide mailboxes in the resident coordinator’s office.

HOME ADDRESS

Please be sure to notify Tammy when your address changes. She will take care of updating the department databases. You will also need CHANGE your personal information on the web. The website is: http://hrss.umn.edu/

E-MAIL AND INTERNET ACCESS

The use of private email services for communication regarding residency business is highly discouraged. Because your University assigned accounts (x500.umn.edu) are listed in the University on-line directory, you are required to use your University email account as your only email account for residency business. We regularly send announcements about the program via email and we require that you log-on daily (during all rotations including night float) or you may miss some important or timely information.

To set up email account:
Go to the website https://www.umn.edu/initiate. Enter your University of Minnesota employee ID number, Social Security number, and Birthdate. You then need to set your Internet Account Password that needs to be at least eight characters long. Be sure to click on the SUBMIT button when you are finished.

To access your email account:
Any computer with Internet access can be used to access your email. The department has a limited number of laptop computers for resident use on an as-needed basis. In addition, computers are available for resident to use in Room 12-207 Moos Tower.

1. Go to http://www.mail.umn.edu/
2. Enter your x.500 ID, NOT YOUR FULL EMAIL ADDRESS (ex. smith333@umn.edu).
   Ex: If your email address is smith333@umn.edu, your X500 ID is smith333
   Enter your password.
3. Click on Gophermail 2.0
4. Re-enter your x.500 and password.

Forwarding email:
You are required to forward your University email address to your personal email address, please go to the website http://www.umn.edu/dirtools. You will be asked to enter your x.500 and password. After you are logged in, go to “Set email forwarding and auto reply.” Once you are there, go to “Set Email Forwarding,” and check “other.” Enter your personal email address and submit.
FAIRVIEW UNIVERSITY STAFF IDENTIFICATION

To obtain a UMMC badge residents will need to bring a picture ID. IDs will be ready for pick up within 48 hours from the parking customer service representative in the same location the picture was taken. Residents will be expected to wear your Fairview ID badge at all times during your Fairview rotations.

There are two locations:
1) UMMC—Room 2-112 Unit J Security Office (C-BAS) Room M 141, open Thursdays from noon to 5:00pm and Fridays 7 am to noon.
2) Riverside Hospital Campus M 141 East Building. This office is open 24 hours a day.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) TRAINING

Residents are required to complete the University Privacy Training and the Public Jobs: Private Data Security Training. The Academic Health Center has designed training programs which are located at www.nyu.umn.edu and are accessed via the resident’s University of Minnesota x.500 Internet password. Once authenticated (“signed in”), go to the “my WORK LIFE” tab to access the courses. The University provides 90 days to complete your required training. For more information, contact Mary Hartman, the department’s Privacy & Security Coordinator, at mhartman@umn.edu.

Compliance is mandatory. Failure to complete the required training could result in suspension of your participation at these sites. PLEASE REVIEW THE USE OF INFORMATION TECHNOLOGY RESOURCES STANDARDS BELOW. If you need to review the rest of the HIPAA requirements please visit the website at http://www.ahc.umn.edu/privacy/hipaa/home.html

Using Information Technology Resources Standards

Use of IDs and Passwords
- Do not share the password assigned to you.
- Select an obscure password and change it frequently.
- Understand that you are responsible for all activities on your username/account ID.
- Ensure that others cannot learn your password.
- If you have reason to believe that your username/account ID or password has been compromised, contact your System/Network Administrator immediately.

Use of Information/Data
- Access only accounts, files, and data that are your own, that are publicly available, or to which you have been given authorized access. Secure information that is in your possession.
- Maintain the confidentiality of information classified as private, confidential or data on decedents.
- Use University information for tasks related to job responsibilities and not for personal purposes.
- Never disclose information to which you have access, but for which you do not have ownership, authority, or permission to disclose. Keep your personal information/data current.
- Accurately update your own records through University self-service systems and other processes provided for you.

Use of Software and Hardware
- Use University e-mail, computers, and networks only for legal, authorized purposes. Unauthorized or illegal uses include but are not limited to:
  - Harassment;
  - Destruction of or damage to equipment, software, or data belonging to others;
  - Unauthorized copying of copyrighted materials; or
  - Conducting private business unrelated to University activities.
• Never engage in any activity that might be harmful to systems or to any information/data stored thereon, such as:
  o Creating or propagating viruses;
  o Disrupting services or damaging files; or
  o Making unauthorized or non-approved changes.

• When vacating computer workstations, sign-off or secure the system from unauthorized use.

• Use only legal versions of copyrighted software on University of Minnesota owned computer or network resources, in compliance with vendor license requirements.

• Be aware of any conditions attached to or affecting the provision of University technology services:
  o Consult with the system administrator for any questions about system workload or performance.
  o Refrain from monopolizing systems, overloading systems or networks with excessive data, or wasting computer time, connect time, disk space, printer paper, manuals, or other resources.

Consequences of Violations

Access privileges to the University's information technology resources will not be denied without cause. If in the course of an investigation, it appears necessary to protect the integrity, security, or continued operation of its computers and networks or to protect itself from liability, the University may temporarily deny access to those resources. Alleged policy violations will be referred to appropriate University investigative and disciplinary units. For example, alleged violations by students may be directed to the Student Judicial Affairs office. The University may also refer allegations of violations of law to appropriate law enforcement agencies. Depending on the nature and severity of the offense, policy violations may result in loss of access privileges, University disciplinary action, and/or criminal prosecution.

NOTARY SERVICE

• Tammy Pederson
  Phone: 612.626.6628
  Office: 12-102 Moos Tower (MT)

PAGERS

The Education Division staff provides University pagers to residents at no cost. Residents are provided pagers on the first day of orientation. Residents are required to replace lost beepers at their own expense. In addition, other sites may also provide additional “on-call” beepers to simplify notification for their site. Residents are required to have their beeper on with a live battery at all times, except when post-call, sleeping, or on Paid Time Off (PTO).
SECTION 2 - BENEFITS

CONFERENCE/CME TIME

Third- and/or fourth-year residents may be approved to attend off site conferences. Time away for conferences must be requested and approved in the same manner as Paid Time Off (PTO) time, although depending on the conference, residents may be granted additional PTO to attend conferences (See PTO Policy). Attendance at the Annual Autumn Seminar (2 days) and Resident Research Day (1 day) are a requirement and will not be charged against PTO.

Conference time away is considered a privilege, which is earned by the resident. All conference requests are reviewed and approved by the Residency Program Director. Attendance at regularly scheduled internal conferences as well as educational needs is taken into consideration when approving conference requests.

Residents may use their education funds (see below) for up to $1,000 for their conference attendance but this MUST be prior approved. This amount is allocated to residents at the beginning of their third year. Approved conferences include annual meetings of scientific organizations such as ACOG, SGO, SGI, CREOG, APGO, ASCCP, WAGO, AAGL, etc. Conferences held outside the continental United States will generally not be approved.

Residents presenting research as an oral or poster presentation may be approved to attend a second conference. Additional financial support may be negotiated with faculty sponsoring their project. Residents are also encouraged to budget funds as part of their Corrigan Research application to pay for travel to present at national meetings.

EDUCATIONAL FUNDS

The resident education fund is used to support the resident’s educational efforts. In the first and second year, residents are allocated $300 for each year. The combined total of $600 has a “use it or lose it” policy. If there is a remaining balance at the end of the second year, residents will NOT be able to access the funds in their final two years. Purchases must be made by 6/30 of their second year.

In the third and fourth year, each resident receives $1,000 (total for both years and also includes your conference reimbursement). This funding is intended to be used towards expenses related to the attendance of a professional conference. If there is a remaining balance, this money can be used for the purchase textbooks, journal subscriptions, Step Board Exams, and CD-ROMs and other educational materials.

Funding must come from the year in which the purchase was made regardless of when reimbursement was submitted.

For reimbursement of these items fill out an Employee Reimbursement Form. These forms can be found on the RMS homepage https://www.new-innov.com/Login/Home.aspx. Items that will not be approved include computers, laptops, PDAs, other hardware equipment or to pay for professional services related to research, i.e., salaries or stipends. If there is any question regarding a purchase not outlined above, contact your Tammy Pederson at 612-626-6628 for PRIOR to making the purchase.

Suggested texts include:

- Williams Obstetrics, 23rd Edition, Cunningham, Gilstrap, Leveno, Bloom, Hauth
- Clinical Gynecologic Oncology, 7th Edition, DiSaia, Creasman
- Operative Gynecology, 10th Edition, TeLinde
EXERCISE ROOM

The University of Minnesota Medical Center, Fairview (UMMC) Medical Executive Committee has graciously provided an exercise facility for use by University of Minnesota residents and fellows.

**Location:**
Room C-496 Mayo Memorial Building
(Locker rooms/showers are located directly across the hall)

**Hours:**
The facility is open 24 hours a day, 7 days a week

**Access Code to Exercise Room and Locker Rooms:**
9111 (Please do not share with anyone other than residents and fellows)

The space also includes a small kitchenette area with refrigerator, microwave, coffeemaker and hot/cold water dispenser. If you have any concerns about the facility, call 612-273-7482.

HEALTH BENEFITS

The University of Minnesota is pleased to offer a broad range of benefits to Medical School residents and fellows. The following benefits are administered by the Office of Student Health Benefits, 410 Church Street S.E., N323, Minneapolis, MN 55455. For more information, visit the Office of Student Health Benefits website at www.shb.umn.edu or email umshbo@umn.edu. (also see Policy on Effect of Leave for Satisfying Completion of Program, page _)

**Medical Coverage: HealthPartners Residents and Fellows Health Plan**
HealthPartners provides the health plan network and claims administration services for University of Minnesota Medical School residents and fellows. HealthPartners gives members access to 650,000 healthcare providers and 6,500 hospitals across the United States. You will have a choice of two plans, Basic or Basic Plus. All residents and fellows are required to enroll in one of the two plans for at least single coverage, or provide documentation of other comparable health benefit coverage. Medical School residents and fellows who enroll in the University-sponsored HealthPartners plan (and enrolled dependents) are automatically eligible for Continuation of coverage through COBRA at the end of their residency or fellowship.

**Dental Coverage: Delta Dental**
Delta Dental of MN provides dental network and claims administration services for University of Minnesota Medical School residents and fellows. Delta Dental members have access to both PPO and Premier providers. Medical School residents and fellows who enroll in the University-sponsored Delta Dental plan (and enrolled dependents) are automatically eligible for Continuation of care through COBRA at the end of their residency or fellowship.

**Life Insurance: Minnesota Life**
Medical School residents and fellows are automatically enrolled in a $50,000 standard life Minnesota Life insurance policy. Enrollment is no cost to Medical School residents and fellows (the cost is covered by your department). In addition to the standard plan, residents and fellows have the option to purchase voluntary life insurance for themselves or their dependents at low group rates through Minnesota Life. Medical School residents and fellows are automatically
eligible for Continuation of life insurance coverage through COBRA at the end of their residency or fellowship.

**Long and Short Term Disability Coverage: Guardian Life Insurance Company**

Medical School residents and fellows are automatically enrolled in a long and short term disability insurance policy. Enrollment is no cost to Medical School residents and fellows (the cost is covered by your department). Guardian offers Medical School residents and fellows up to $10,000 per month of individual coverage. In addition, Guardian offers a Student Loan Payoff benefit effective if you become disabled while you are a resident. Guardian also offers a unique Guaranteed Standard Issue Plan option. Residents and fellows have the options to purchase long term disability coverage that you can take with you upon completion of your residency/fellowship regardless of any pre-existing medical conditions—25-30 percent of residents and fellows would not otherwise qualify for this type of coverage due to pre-existing medical conditions.

**Flexible Spending Accounts**

Medical School residents and fellows are eligible to participate in two types of Flexible Spending Accounts (FSAs), the U of M Health Care Reimbursement Account and the Dependent Care Reimbursement Account. Both programs allow you to pay for related expenses using pre-tax dollars.

**LAUNDRY SERVICE**

Laundering of scrub suits is provided for residents at all sites. Scrubs should be used at the site they were obtained from. Wearing scrubs from different sites is discouraged at some sites and prohibited in others. See site coordinators for information.

**LEAVE POLICIES**

Residents must give notice, in writing, of intent to use parental leave and other leaves used in conjunction with parental leave (such as a medical leave) to their program director at least four (4) weeks in advance, except under unusual circumstance. Holidays that occur during a leave of absence that run concurrent with the leave and are not in addition to the leave. (also see Policy on Effect of Leave for Satisfying Completion of Program, page _)

**Bereavement Leave**

Residents shall be granted, upon the approval of the program director, up to 5 days off to attend the funeral of an immediate family member. Sick, vacation or PTO time must be used. Immediate family shall include spouse, cohabiters, registered same sex domestic partners, children, stepchildren, parents, parents of spouse, and the stepparents, grandparents, guardian, grandchildren, brothers, sisters, or wards of the trainee. Please see unscheduled PTO Policy.

**Family Medical Leave Act (FMLA)**

Medical Residents are eligible to be part of the Family Medical Leave Act (FMLA) if they have worked at the University for at least 12 months (not required to be consecutive) and worked at least 1,250 hours in the 12 months preceding the commencement of the leave.

Leave shall not exceed 12 weeks in any 12-month period. The 12-month period is based on an academic year (07/01-06/30). A resident may qualify for Short-Term and Long-Term Disability benefits. The Department will review Residents appointment record to verify eligible FMLA when there has been a request for a Leave of Absence. If eligibility has been met, Leaves will be entered into resident record as FMLA.
Holidays
The educational requirements and the 24 hour operational needs of the hospital are taken into consideration when scheduling holiday time off, therefore residents cannot ask for time off between Christmas and New Years. The Chief Residents will work with each of the residents in determining whether residents will receive four days off at either Christmas or New Years.

Jury/Witness Duty
Witness Duty: Upon request to the program director, leave is provided to residents who are subpoenaed to testify before a court or legislative committee concerning the University or the federal or state government.

Jury Duty: Upon request to the program director, leave is provided to residents who are called to serve on a jury. Residents do not lose pay when serving on a jury or testifying as described above. The training program and the resident may write a letter to the court asking that the appointment for jury duty be deferred based on hardship to the resident and the program. The decision for deferment is made by the court.

Medical Leave
A resident shall be granted, upon request to the program director, a leave of absence for their serious illness/injury that requires an absence of greater than 14 days. The resident may qualify for Short-Term and Long-Term Disability benefits. The resident must give notice, in writing, of intent to use medical leave to their program director at least four weeks in advance, except under unusual circumstances. Residents are expected to make every effort to find coverage for their call/night float/shift during their absence and must notify their sites of their absence.

Military Leave
A resident must notify the program as soon as they are called to active military duty. It is incumbent upon the Program Director to notify both the individual RRC and the Board of this change in status.

Residents on military leave for up to five years generally are eligible for reinstatement to their training programs once active duty is completed. Residents may resume their training at the PGY level they were in when called to duty, or may be required to repeat earlier training experiences. The appropriate level of training upon return will be determined based on several factors: length of leave; medical duties, if any, performed by the resident while in military service; and curricular changes in the training program during the resident’s absence.

Parental Leave
Adoption:
An adoptive parent shall be granted, upon request to the program director, up to two weeks paid parental leave for the adoption of a child. Residents who are registered same sex domestic partners of someone adopting a child shall be granted two weeks paid leave. The leave may begin at the time requested by the trainee, but no later than six weeks after the adoption and no sooner than two weeks before the adoption. The leave must be consecutive and without interruption. This paid parental leave shall not be charged against the resident’s PTO allocation.

Birth father:
A birth father shall be granted, upon request to the program director, up to two weeks paid parental leave for the birth of a child. The leave may begin at the time requested by the resident, but no later than six weeks after the birth and no sooner than two weeks before the birth. The leave must be consecutive and without interruption. This paid parental leave shall not be charged against the resident’s PTO allocation.
Birth mother:
A birth mother shall be granted, upon request to the program director, up to six weeks parental (maternity) leave for the birth of a child. The maternity leave may begin at the time requested by the trainee, but no later than six weeks after the birth and no sooner than two weeks before the birth. The leave must be consecutive and without interruption.

Trainees on maternity leave will receive the first two weeks of their leave as paid parental leave. This paid parental leave shall not be charged against the trainees’ vacation, sick or PTO allocation.

Note: The first two weeks of this paid parental leave covers the required fourteen day wait period before they may be eligible to receive the short-term disability benefit, see Office of Student Health Benefits website. http://www.shb.umn.edu/twincities/residents-fellows-interns/m-residents-fellows-health-plan.htm

Registered same sex domestic partner:
Registered same sex domestic partner of someone giving birth shall be granted, upon request to the program director, up to two weeks paid parental leave. The leave may begin at the time requested by the resident, but no later than six weeks after the birth and no sooner than two weeks before the birth. The leave must be consecutive and without interruption. This paid parental leave shall not be charged against the resident PTO allocation.

Personal Leave of Absence
Only under unusual circumstances such as a personal or family emergency, will a personal leave of absence be considered. Residents must give notice, in writing, of intent to use personal leave to the Program Director at least four weeks in advance, except under unusual circumstances. Residents are expected to make every effort to find coverage for their call/night float/shift and must notify their sites of their absence. If a resident takes a leave, this will be considered when approving future vacation requests (especially when the request is for the same time period as a resident who has not taken a leave). A resident requesting a non-medical personal leave must use all remaining PTO days, if the resident does not have any PTO time left, the resident will be required to use unpaid time.

Professional Leave
Third- and/or fourth-year residents may be approved to attend off site conferences. Time away for conferences must be requested and approved in the same manner as PTO time, although depending on the conference, residents may be granted additional PTO to attend conferences. Attendance at any required conference not be charged against PTO.

Conference time away is considered a privilege, which is earned by the resident. All conference requests are reviewed and approved by the Residency Program Director. Attendance at regularly scheduled internal conferences as well as educational needs is taken into consideration when approving conference requests.

Residents may be reimbursed for up to $1,000 for their conference attendance and the resources will come out of the resident’s Education Funds, so it is not an additional reimbursement. Approved conferences include annual meetings of scientific organizations such as ACOG, SGO, SGI, CREOG, APGO, ASCCP, WAGO, AAGL, etc. Conferences held outside the continental United States will generally not be approved.

Residents presenting research as an oral or poster presentation may be approved to attend a second conference. Additional financial support may be negotiated with faculty sponsoring their project. Residents are also encouraged to budget funds as part of their Corrigan Research application to pay for travel to present at national meetings.
Vacation/Sick Leave

The Department of Obstetrics, Gynecology and Women's Health provides Residents Paid Time Off (PTO) for vacations, illnesses and personal business. Compared to traditional vacations and sick time programs, the PTO program provides Residents more choice in when and how to use time off. However, the program requires Residents to self-manage their time-off balance. Each Resident is responsible for ensuring that their accrued PTO does not reach the maximum accrual level, that they have enough time off available when they need it and that they partner with their Chiefs and fellow Residents to ensure effective coverage for their rotation.

PTO Accrual

The amount of PTO you earn depends on the year of your residency. PGY1 and PGY2 Residents will earn 20 days per academic year. PGY3 and PGY4 Residents will earn 25 days per academic year. Residents will be credited for their PTO on the first day of the academic year.

In order to provide Residents flexibility in managing their accrued PTO, a maximum of up to 5 days can be “borrowed” from the next year’s allocation, except for PGY4 Residents who do not have a future year to borrow from. Therefore, if a Resident uses all of their PTO before the end of the academic year, and then has an unexpected illness or injury, they can borrow up to 5 days from the PTO they would have been granted in the next year to provide compensation for their time off.

PTO is a benefit to be used while in the Residency, therefore, when a Resident leaves the Obstetrics, Gynecology and Women’s Health Residency, any unused PTO will NOT be paid out. Similarly, any unused days from the previous academic year cannot be applied to the next academic year.

Using your PTO

Your current PTO balance is available from the Education Office. PTO can be used in \( \frac{1}{2} \) day increments. If you end up NOT using a requested PTO day off, you need to let the Tammy Pederson know ahead of time and not after the fact or you will be charged that PTO day.

Scheduled PTO

For all scheduled time off (e.g., vacations, personal business, interviews, conferences, etc) it is the Resident’s responsibility to fill out the PTO Request Form and fax the request to the appropriate site director for the rotation you will miss. Please ask the site director or their assistant to fax their signed request back to the Tammy Pederson. Residents are responsible for making sure the site director received your PTO request. Do not make arrangements until you get the final official approval. Your PTO is NOT officially approved until you get notified by Tammy Pederson. A communication from the site director is not sufficient to approve PTO requests. Procedures must also be current at the time of the Paid Time Off. Scheduled PTO will be approved on a first come basis, unless two requests are received by Tammy on the same day. The allotment will then be determined by lottery if no compromise can be reached. No PTO requests will be accepted until the official release of the Master Schedule for the following academic year. All requests MUST to be submitted at least 3 months in advance.
The following criteria apply to Scheduled PTO (No Exceptions)

- No more than one week of PTO (i.e. 5 days) can be requested from any single rotation.
- No PTO can be taken between Christmas and New Years. Chief Residents will work with residents in determining whether residents will receive four days off at either Christmas or New Years. This is in addition to your accrued PTO.
- PTO weeks will include 1 weekend days per 5 days PTO time.
- No PTO will be granted on the first week of the academic year (orientation week).
- No PTO will be granted on graduation day. PGY 4 residents will be able to leave their sites at noon on the day of graduation and will not be charged PTO time.
- No PTO will be granted on Night Float rotations, Resident Research Day, and the days of the CREOG examination and Retreat Day.
- Residents covering the service must be notified of intended PTO time when PTO requests are submitted.
- Residents are responsible for notifying their Continuity Clinic of the days they will miss for PTO.
- At HCMC: only one PGY2 or PGY4 resident may be gone at any given time.
- At UMMC Gyn Onc: Only one resident or FELLOW may be gone at any given time.
- At UMMC: the Women’s Health Specialists OB/GYN (PGY1) or Riverside Gyn (PGY4) resident may not be gone at the same time.
- MFM (PGY 2), MFM (PGY3), MFM U/S genetics (PGY 2) resident may not be gone at the same time.
- At UMMC: the REI (PGY3) and REI (PGY4) may not be gone at the same time.
- At Regions: there can only be one resident (PGY 1, PGY3 or SDS/GSS PGY2) gone at any given time. This does include GSS/SDS to assure coverage. This does not include the Regions GYN ONC resident.
- Scheduled PTO should not be taken disproportionately from one training site.
- If scheduled PTO leaves a site uncovered (most often due to continuity clinic), the resident taking PTO is responsible for arranging coverage for the site during their absence. This should be done as far in advance as possible.

**Unscheduled PTO**

**Unscheduled PTO**

In the case of unexpected illness, injury or other emergency, Residents may use unscheduled PTO to provide compensation for their absence. Unscheduled PTO should be a rare occurrence and must only be used to cover an unexpected illness, injury or other emergency. If the Resident’s unscheduled absence will extend longer than one day, a note from their physician documenting the illness or injury must be provided upon return. If a Resident has more than two unscheduled PTO absences in one academic year, a physician’s note will be required for any future unscheduled PTO absence, even if it is just one day. Extended periods of time requested off due to Resident illness, injury or to care for a dependent child, spouse/significant other or first degree relative are covered under Personal Leave Policy.

Residents requesting unscheduled PTO must notify the chief resident on service in the early morning before surgery, ward rounds, or clinics begin by talking directly to the chief resident (leaving a message is not acceptable). The resident must also notify the site coordinator or Continuity Clinic by telephone as well as the Residency Coordinator, Tammy Pederson at 612-626-6628 or peder004@umn.edu

It is a stress on everyone when a Resident is unexpectedly absent, thus use this benefit only as appropriate. Abuses of Unscheduled PTO, as judged by the Program Director in consultation with the Chief Resident(s) may result in one or more of the following actions: (a) loss of paid PTO to the extent of the inappropriately used Unscheduled PTO; (b) reversion of paid days of PTO to unpaid days of leave; (c) requirement to make up lost days or extension of the training period required for board certification; (d) Pay back of call or coverage to resident who provided this service.
Time Off Policies for Continuity Clinics at each site

St. Paul Clinic

POLICY: Resident physician time-off requests are to be submitted a “rolling” 90 days in advance of the month requested

- Requests sent via e-mail should be sent to the attention of both Jo-Ellyn Pilarski joellyn.l.pilarski@healthpartners.com and Katie Markgraf katie.a.markgraf@healthpartners.com
- Requests will be evaluated based upon:
  » Clinic coverage
  » Patient service needs
  » Timeliness of request
  » Personal/religious considerations
- If not approved, the resident is encouraged to resubmit a request if he/she is able to individually arrange alternative coverage. This resubmitted request is expected to follow the same process.
- Emergent time off (less than 90 days notice), includes illness, bereavement, family emergencies, job interviews for fourth-year residents, or unexpected occurrences, etc.
- In the event of emergent time-off, the resident is expected to notify the clinic, Katie, and Diane as soon as possible.

St. Paul Clinic – Kathy Green – 651-293-8110
Katie Markgraf – pager 612-613-9816 or phone 651-402-0987
Jo-Ellyn Pilarski – 651-254-3725

HCMC Clinic

Policy: Resident Request for Time Off (PGY1, PGY2, PGY4)

Effective Date: March 1, 2010

As of the effective date above, all resident requests for time off (PTO), must meet the following criteria:

1. Religious holidays are considered PTO.
2. Only one G2 or G4 resident may have PTO at a time.
3. Vacation weeks will include two weekend days per five (5) days of PTO. Resident may request approval for both weekends off with fellow residents covering the service.
4. Resident requesting PTO must notify fellow residents covering the service of approved PTO dates.
5. All PTO must be approved a minimum of six (6) weeks prior to requested time off.
6. If continuity clinic is effected by PTO this office must be contacted at least six (6) weeks prior to time off by e-mailing the following group of individuals:
   Leslie.booker@hcmed.org
   Sylvia.lotz@hcmed.org
   Cheryl.parks@hcmed.org

E-mail must state: Dates of PTO requested, rotating site(s) and date(s) of continuity clinic(s) effected.
Women’s Health Specialists

Women's Health Specialists’ Continuity Clinic Cancellation Policy

Purpose:
- To ensure decisions to cancel clinics have been done so with the best interest of the patient in mind.
- Minimize patient inconvenience due to rescheduled appointments.
- To provide clinic Medical Directors and Department Leadership reliable information related to the impact of clinic cancellations on clinic operations and patient satisfaction.

Guidelines:

Cancellations of clinic appointments are to follow these guidelines:
- **4 weeks or longer:** Personal reasons, conferences, etc.
- **2-4 weeks:** Critical unforeseen commitments
- **Less than two weeks:** Illness or family emergency

**Clinic Cancellation Process**

Notification of a canceled clinic will be submitted to the Clinic Patient Information Manager (or the Clinic Site Manager for those clinics not having a Patient Information manager) using the Faculty Leave/Clinic Cancellation form, which has been initiated through the Department and signed by the Department Chair. The provider should be specific about the reason for the clinic absence and sign the form. A request to cancel a clinic received from a provider for whatever reason, will initiate the following procedure, to be completed by the Clinic Manager or Supervisor (Primarily this involves the Patient Information Manager/Supervisor):

Upon written notification of the Clinic cancellation the Patient Information Manager/Supervisor will print that provider’s/resident schedule and highlight any patients that have been previously bumped within the last 90 days. The provider will review this schedule to identify any patients that are critical and need to be seen or any patients that cannot be delayed until the provider’s next available appointment. Provider/resident will make a recommendation on who will see the patient in their absence and discuss the patient with that provider as needed. (As part of the patient notification process, the clinic staff will inform the patient to let them know that their provider will be away and they will be seeing another provider).

It is the responsibility of the physician/resident to identify alternative coverage for the canceled clinic. After review of the provider schedule, if the provider/resident still wishes to cancel the clinic, the schedule is removed for the appropriate day(s) in Flowcast, the patients are bumped, and a bump list is generated and printed.

Patient Information Manager/Supervisor will send a confirmation email to the physician/resident and cc the Clinic Medical Director, indicating that the request was completed, the days that have been canceled, and of the number of patients that were bumped, actions completed to schedule with another provider, and noting any patients that have been bumped previously in the past 90 days.

**EXAMPLE:**
Your request for the following Clinic cancellation day(s) has been completed. January 10 & 11
These days have been deleted from your schedule
There were 15 patients affected by this clinic cancellation
Two of these patients were rescheduled with the clinic’s Nurse Practitioner rather than being bumped
Three of these patients have been bumped from your or another provider’s schedule during the previous 90 days
Per your direction, Dr. X has been designated to see any of your patients who may still arrive at the clinic on this date.

Physician/provider requesting the "bump"
  a. The number of patients affected listed by provider
  b. The number of days between when the requested was received and the date of the bumped schedule
  c. A quick summary/comments about any actions taken to ensure high-risk patients are seen by another provider or have had care re-arranged etc.
  d. Comment outlining the number of patients that had already been bumped anywhere else throughout the clinics over the past 90 days.

MEAL TICKETS/FOOD SERVICE
Residents on duty have access to adequate and appropriate food services 24 hours a day at all institutions.
Residents are to contact the individuals listed below if food service is not available.

University of Minnesota Medical Center, Fairview Meal Card Policy and Procedure
For questions, please contact Tammy Pederson at 612-626-6628

Purpose
To provide food service for resident and fellows who have been assigned to provide on-call services in the hospital on either campus, Riverside or University, for a specific period of time other than a normal work day.

Policy
A. On-call meals (dinner & breakfast) will be provided for residents and fellows who work 24 consecutive hours on site, are pre-scheduled 5 or more 12 hour night shifts (night float), or are called from home to return to the hospital while on home call. No meal will be provided if they are on call from home or stay at home.

B. ID Badge Requirement - Residents and fellows are required to have a Fairview ID badge visible and present in order to obtain on-call meals.

C. Bulk Purchase Limitation – Bulk purchases (i.e.,extra sodas/waters, bags of candy) are not allowed. Limit of 3 bottles and one half pound of candy or snacks may be purchased at one time.

D. Sharing Restriction – This privilege is for the resident and/or fellow use in the hospital and may not be shared with medical students, families, or other hospital staff.

Procedure
A. Each resident and/or fellow involved in clinical duties and meets the above criteria will receive a meal card at the start of the academic year. The dollar amount on each card will be determined by the number of on-call months the department designates to the resident and/or fellow.

B. Changes to a resident and/or fellow schedule throughout the academic year that increases the amount of time spent on-call will be eligible for an increase in their meal card allotment. The
department will contact the GME office at UMMC-F with the resident name and increase request for approval.

C. Non-compliance with this policy may result in short-term suspension of meal card privileges or termination of privileges. The Vice President of Medical Affairs at UMMC-F reserves the right to suspend or terminate meal card privileges at any time, without notice.

D. Each resident and/or fellow eligible for meal card privileges must sign the statement of understanding (attachment A), in order to receive their meal card for the academic year.

E. Questions and/or issues regarding meal cards at UMMC-F may be directed to the UMMC-F GME office at 612-273-7482.

Hennepin County Medical Center Meal Card Policy and Procedure
For questions, please Leslie Booker at 612-873-2750

All PGY 1 residents receive $200, PGY 2 and PGY4 residents receive $720 of meal money at the beginning of each academic year. The money is loaded onto the residents ID badges. If a resident runs out of money before the end of the year, they are welcome to bring a check to the Office of Medical Director, attention Judi Shurson, and she will put that money onto the residents meal money account.

Regions Hospital Meal Card Policy and Procedure
For questions, please Jo-Ellyn Pilarski at 651-254-3725

Residencies are provided budget allotments for the meal swipe cards based on the number of in-house call days for residents per month. Food may be purchased by resident physicians at the hospital cafeteria or the Overlook Café using meal swipe cards. Residents will receive a 15% discount between the hours of 7PM and 9PM at the Overlook Café, in recognition of the higher cost of food at this location. After 9PM residents have food available using the vending machines outside the cafeteria. The vending machines have sandwiches, yogurt, cookies, cereal, milk, soups, fruit and other foods. Both the cafeteria and the Overlook café are a short walking distance from the call rooms and delivery suite.

PARKING SERVICES

Parking is provided at UMMC, Regions Hospital, Hennepin County Medical Center, Methodist, and Abbott Northwestern Hospital at no cost to the resident. See site coordinators for parking arrangements at Regions, Hennepin, Methodist and Abbott.

U of MN Parking
Parking for U of MN official business or other education activities is allowed; parking for other non-educational purposes is not. It is permitted to park at the Washington Ave Ramp, East River Road Garage, Fourth Street Ramp, University Avenue Ramp, Church Street Garage, Weisman Art Museum Garage, or the Oak Street Parking Ramp. Resident will need to pull a ticket and will need to bring it to the OB/GYN Education Office for a validation card. Residents may be asked to provide proof of official business or educational activities. Questions regarding the parking ramps on the University Campus or the Riverside Campus, contact Parking Services at 612-273-PARK (7275). Questions regarding UMMC department parking cards, contact Tammy Pederson at 612-626-6628 or peder004@umn.edu.
**UMMC Parking Cards:**
- The Department of Obstetrics, Gynecology and Women’s Health provides parking cards for residents while on their 6-week Gynecologic/Oncology (Gyn/Onc) Rotation at the University of Minnesota Medical Center.
- While on the Gyn/Onc day shift rotation, parking is provided in the Oak Street Ramp.
- Residents working weekends or on night float parking is provided in the Washington Avenue Parking Ramp or the Patient Parking Ramp (located on Delaware Street). (Please note that you cannot enter Patient Parking ramp until 4:30 p.m and must be out of the ramp by 8:00 a.m).

Procedure for the Disbursement of UMMC Parking Cards:
- The Administrative Office of the Department will keep track of which resident has a parking card(s) and for which ramp(s).
- At the beginning of each new rotation, Residents will pass their card(s) on to the next resident at their same level (eg. PGY4 to a PGY4).

**Riverside campus parking:**
- The Riverside Campus Parking Office is located at 2450 Riverside Avenue S., East Building, Room MB218 (Lobby Level) and is open 8 a.m. to 4:30 p.m.
- During their rotations on Riverside, residents are able to park in the Yellow ramp 24/7. Upon arrival at the parking office they should identify themselves as a resident. Resident maybe asked to provide a state ID or passport to verify their status in reports received from Med Staff/GME.
- The only out-of-pocket expense to the Resident/Fellow is the refundable $25 deposit. Contracts would need to be cancelled in person to receive the petty cash form used to get their deposit back. For any amount over $50, residents will receive a refund check in approximately 6-8 weeks. Parking services currently accept only cash or credit card, **NO checks**.
- Residents are not allowed to park in the marked Physician Staff space. They are not eligible for 'Doctor stickers' for parking, and are not allowed in doctor spaces or lots. It is a privilege reserved for only staff physicians.

**HCMC Parking**
A $50.00 deposit is required to obtain a parking card. Your deposit will remain on file until card is returned.

Remember to return your parking card to the Parking/Security Office when you complete your Ob/Gyn rotation year 2. You will need to leave another $50 deposit when you return for your Ob/Gyn rotation in year 4. However, if your continuity clinics are scheduled at HCMC, you may keep the card through graduation.

**Regions Parking**
Parking Office, 2nd Floor, Central Building
651-254-3967
Terry Gustafson, Office Manager
7:00 am to 5:00 pm, Monday through Friday

All Residents must park in the East Ramp for all shifts. This ramp is accessed using your ID badge.

The control card you are issued is valid ONLY in the East Ramp. It will NOT be accepted in any other lot or ramp at any time.
If you have trouble with your parking card at any time, please drive into the West Ramp, pull a ticket and bring your ticket to the Parking Office with your ID badge. We do not want you to receive a warning or violation from Security nor do we want you to pay the full daily rate for parking. If you forget your parking card, you must come to the Parking Office for assistance.

The Security Department issues warnings to vehicles improperly parked. There is no fee charged for a warning. They also have the authority to issue a City of St. Paul Parking Violation. The fees charged on these violations range from $25 and up. If you receive a City of St. Paul Parking Violation and would like to dispute it, please contact the security office within 5 business days. Disputes after 5 days must be made with the Violations Bureau and are far more unlikely to be dismissed. Their address and phone number is on the ticket. If you have questions about a warning or a violation that you receive, you must discuss it with Security at 651-254-3979.

If you parked in the West Ramp, the booth attendants must have a validation from the Parking Office or you will be charged the regular published rate. Remember to stop by the Parking Office during office hours. Resident may NEVER park in the South Ramp which is a patient-only parking facility.

The Security Department issues warnings to vehicles improperly parked. There is no fee charged for a warning. They also have the authority to issue a City of St. Paul Parking Violation. The fees charged on these violations range from $25 and up. If you receive a City of St. Paul Parking Violation and would like to dispute it, please contact the security office within 5 business days. Disputes after 5 days must be made with the Violations Bureau and are far more unlikely to be dismissed. Their address and phone number is on the ticket. If you have questions about a warning or a violation that you receive, you must discuss it with Security at 651-254-3979.

**POLICY ON EFFECT OF LEAVE FOR SATISFYING COMPLETION OF PROGRAM**

The American Board of Obstetrics and Gynecology (ABOG) have set the following requirements for the amount of time a resident can be away from a residency training program.

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 (40 days) in any of the first three years of residency training, or 6 weeks (30 days) 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.

Example: A resident takes 3 weeks of leave in each of years 1, 2, and 3, but takes a total of 10 weeks of leave in year 4 (total 19 weeks). The residency program must be extended by 4 weeks because the year 4 limit was exceeded. 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. Example: A resident takes 8 weeks of leave in years 1, 2, and 3, and 6 weeks of leave in year 4 (total 30 weeks). The residency program must be extended by 10 weeks. The number of days that equals a “week” is a local issue that is determined by the hospital and Program Director, not ABOG. Vacation and sick leave time may not be used to reduce the actual time spent completing the required forty-eight months of training. Residents who have their residency extended to complete the required 48 months, may sit for the basic written examination in June if they will have completed all 48 months by September 30 of the same year. The results of their examination will not be released until and unless the Program Director notifies the ABOG that they have successfully completed their residency prior to September 30.
RESEARCH FUNDS

The Fritz and Mary Corrigan Resident Research Fund has been established for the purpose of providing funds for research by residents in Obstetrics, Gynecology and Women’s Health at the University of Minnesota. There is a $3,000 limit per project. Residents needing funding for their research projects are invited to submit proposals for funding to the Selection Committee by contacting the residency coordinator, Tammy Pederson at peder004@umn.edu.

SHUTTLE SERVICE, INTERCAMPUS

A shuttle service is available between the Riverside and University campuses from 5:20 a.m. to 8:30 p.m. See the shuttle schedule near the boarding locations on each campus. The shuttle picks up and drops off at the front entrance at Harvard Street SE and Masonic Building on the University campus and in the West circle entrance outside Subway restaurant on the Riverside campus.

STIPENDS

Resident base stipends for Academic Year 2013-2014 are as follows:

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<tr>
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WORKERS’ COMPENSATION

The University is committed to providing trainees with comprehensive medical care for on-the-job injuries. Under Minnesota statute, Medical trainees are considered employees of the University of Minnesota for Workers’ Compensation insurance purposes. When a trainee is injured during training, they must take immediate steps to report injury to the University. The University cannot pay bills for trainees treatment unless an injury report is on file.

The Medical Resident must complete the following steps in case of a work related injury:

1. Report any work related injury to your Supervisor on the day or shift that it occurs. You must complete an Injury Report form at the rotation site where the injury occurred and follow the sites protocol for the specific injury (e.g. needle sticks, surgical injuries, etc.).

2. You MUST also complete and sign a University of Minnesota “Employee Incident Report” as soon as possible following the injury. To obtain the Employee Incident Report form contact Tammy Pederson, at 612-626-6628 or by email at peder004@umn.edu. Complete the form and return to Tammy for forwarding to Workers’ Compensation. Also forward any medical bills that you have received regarding the injury to Tammy. The University of Minnesota Workers’ Compensation Department will review for payment.
NEEDLE STICK PROCEDURE

If you are exposed to blood borne or other infectious pathogens, by a needle-stick or other exposure, it is necessary to seek medical attention within 1-2 hours so that treatment is instituted within a timeframe that increases effectiveness.

Types of Hazardous Exposures

Hazardous exposures include:

- Percutaneous inoculation/puncture with blood or body fluid by a sharp instrument or sharp needle
- Contact with blood or body fluid through fresh (less than 24 hours) cut or mucous membrane contact (e.g. splash to the eye or mouth, or mouth-to-mouth resuscitation) or
- Skin exposure involving large amounts of blood or prolonged contact with blood, especially when the exposed skin is chapped, abraded or afflicted with dermatitis.

Emergency Procedure

- Administer first aid if necessary.
- Call 911 or seek medical attention.
  - For urgent care employees may go to HealthPartners Occupational and Environmental Medicine (M/F day time or Urgent care after hours), or UMMC-Fairview Hospital (24 hrs). You may seek medical attention at the closest available medical facility or your own healthcare provider.
  - Follow-up must be done by HealthPartners Occupational and Environmental Medicine.
- Report the incident to your supervisor as soon as possible, fill out the appropriate documentation.
  - Employee First Report of Injury
  - Supervisor Incident Investigation Report
- Send Incident Report Form to the IBC if exposure has occurred during work on an IBC protocol.
- Report all biohazard exposures to the Office of Occupational Health and Safety (626-5008) or uohs@umn.edu.

Note: It is important to fill out all of the appropriate documents to be eligible to collect workers compensation should any complications from the hazardous exposure arise in the future.

There is no cost to the employee for medical services provided in these incidents

HealthPartners Occupational and Environmental Medicine Clinics and Urgent Care, and the Emergency Room at Fairview University Medical Center (if the exposure occurs after hours) stock the drugs currently recommended for treatment within 1-2 hours of accidental exposures to HIV.
SECTION 3 – INSITUTION RESPONSIBILITIES


SECTION 4 – DISCIPLINARY AND GRIEVANCE PROCEDURES

DISCIPLINARY PROCEDURES

After reviewing resident performance at the Resident Continuation Meeting the faculty may recommend that the resident continue in program, continue in program with promotion to next level of training, graduate from program, continue in program on remediation (with special mentoring and monitoring), continue in program with probation, or be dismissed from the program. See the section on the Resident Continuation Meeting for more information on this semi-annual evaluation process.

Remediation and probation may also be used at any time during the year when a resident is having difficulty. Please see the descriptions below.

Remediation is the first step in correcting resident problems. It is meant to be instituted in the early stages of the problem to help the resident improve his/her performance before the problem advances further. A resident may be placed on remediation for help with issues of professionalism, procedure totals, experience in diagnostic and therapeutic procedures, surgical or clinical skills, medical student feedback on participation and ability as a teacher, attendance at required conferences, involvement in research, participation in evaluating faculty, humanistic qualities, and resident portfolio.

The decision to place a resident on remediation is made by the Program Directors, resident advisor, and when appropriate, the administrative chief residents; when discussed at the Continuation Meeting, all faculty in attendance will be part of the discussion. The Program Director will meet with the resident and present a written plan of remediation, which will include specific issues to correct, steps to correct them, and a timeline. At the end of the remediation period, the Program Director and resident will meet to discuss the resident’s progress. Outcomes of this meeting can be removal of remediation status and continuation in program, continue in program with additional remediation, or continue in program on probation.

Probation is the next step in correcting resident problems and is reserved for issues that are more serious and require immediate correction. Probation may be used as the first step for corrective action if the problem is deemed too critical for the remediation process. Residents can also be placed on probation for ongoing problems that were not corrected by the remediation process. A resident may be placed on probation because of critical issues with professionalism, procedure totals, experience in diagnostic and therapeutic procedures, surgical or clinical skills, medical student feedback on participation and ability as a teacher, attendance at required conferences, involvement in research, participation in evaluating faculty, humanistic qualities, a resident portfolio.

The decision to place a resident on probation is made by the Program Director, resident advisor, with faculty input. When discussed at the Continuation Meeting, all faculty in attendance will be part of the discussion. The Program Directors will meet with the resident and present a written plan for the probationary period, which will include specific issues to correct, steps to correct them, and a timeline. At the end of the probationary
period, the Program Directors and resident will meet to discuss the resident’s progress. Outcomes of this meeting can be removal of probationary status and continuation in program, continue in program with additional probation, or dismissal from the program.

**GRIEVANCE PROCEDURES**

The following describes the general process for resolving grievances within the residency program at the departmental level. It is understood that if the grievance cannot be resolved at the department level, the parties will pursue the Medical School process.

Possible areas of grievance to be resolved can include evaluation of resident performance, resident duties, resident assignments/schedules, resident conflicts with peers or administrative chief residents or faculty. It is understood that many potential areas of conflict can be avoided via discussions with resident mentors and/or faculty advisors. The monthly resident meetings, the monthly resident class meetings and Administrative Resident meetings with Residency Program Director also provide opportunities for problem resolution, as do discussions at Curriculum Committee meetings. If these usual and customary means of resolving issues do not suffice, the head of the department may assemble a grievance committee from appropriate membership. Membership can include the parties to the complaint, representatives from the resident class, administrative chief residents, faculty from services or sites concerned, mentors, and the Residency Program Director. If an outcome acceptable to principals in the complaint is achieved, no further action is necessary. If parties fail to achieve an acceptable resolution, the matter is carried forward to the Medical School grievance procedure.
ADMINISTRATIVE CHIEF RESIDENTS

Each year two administrative chief residents are voted in by their classmates to act as a liaison between resident program membership and resident program directorship. Administrative chief residents will bring forth innovative ways to further program goals and objectives. They also facilitate resolution of issues, concerns and conflicts that may arise. The following are an outline of administrative chief resident responsibilities

Meetings:
- Meet on a regular basis with the residency program directorship.
- Conduct monthly resident meetings. Prepare agendas in concert with residency program directorship.
- Attend monthly Curriculum Committee to represent program residents and meetings as issues develop. Keep residents notified of current developments within the department.
- Attend the PGY1, PYG2, and PGY3 portion of the semi-annual Resident Continuation Meetings to provide peer perspective.

Mentorship:
- Create, maintain and promote resident participation in senior-junior mentoring system.
- Serve as a positive role model for resident teaching.
- Be aware of any concerns with other residents; bring it to their attention and to appropriate administration to facilitate early intervention.

Scheduling:
- Work with the residency program directorship to develop, implement and adjust master rotation and related schedules as necessary to accommodate changes in resident complement and/or accrediting organization requirements.
- Develop proposal for resident time off over New Years and Christmas Holidays and CREOG exam and submit to resident program directorship for approval.

 Resident Selection:
- Coordinate resident activities for resident recruiting.
- Participate in interviews and ranking exercise.

ACLS/BLS/PALS Certification Requirements
Residents receive Basic Cardiac Life Support training during UMMC Orientation. The department does not require or pay for the cost of ACLS training

ACGME CORE COMPETENCIES

All University of Minnesota Medical School Residency training programs define the specific knowledge, skills, attitudes, and educational experiences required by the Resident Review Committee (RRC) to ensure its residents demonstrate the following:

- **Patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- **Medical knowledge** about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
- **Practice-based learning and improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
• **Interpersonal and communication skills** that result in effective information exchange and teaming with patients, their families, and other health professionals.
• **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
• **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

**APPLICATIONS USED BY RESIDENTS**

Passwords and access will be provided during orientation at each of your sites. Initial login and password information for FCIS, Allscripts, and EPIC used at the University of Minnesota Medical Center can be obtained by contacting the residency coordinator Tammy Pederson at 612-626-6628.

<table>
<thead>
<tr>
<th>Application Name</th>
<th>What it does</th>
<th>Location(s) in use</th>
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</table>
| AllScripts       | UMP outpatient electronic medical record. Supported by the UMP help desk. | UMP clinics  
Contact UMP help desk for support 612-884-0884 or HelpDesk@UMPhysicians.umn.edu |
| CVIS             | Report and billing for procedures | UMMC: Echo Lab, Cardiac Cath Lab, and Stress/ECG Lab  
Contact the Technology Service Center for support at 612-672-6805 |
| Dictaphone       | Dictate reports, H&P's, discharge summaries, etc | UMMC  
Contact the Technology Service Center for support at 612-672-6805 |
| EPIC             | FV clinic based electronic medical record: enter orders, review results, physician and nursing documentation. | All Fairview owned clinics  
Contact the Technology Service Center for support at 612-672-6805. Also available at HCMC and Regions |
| FCIS             | Inpatient electronic medical record: enter orders and review results and dictated documents | All metro Fairview hospitals  
Contact the Technology Service Center for support at 612-672-6805 |
| FV Intranet      | Provides links to MD resources for training, Allscripts, library resources, etc | Any pc that can connect to FV network  
Contact the Technology Service Center for support at 612-672-6805 |
| PACS             | View radiology images | All metro Fairview hospitals  
Contact the Technology Service Center for support at 612-672-6805 |
| Powerscribe      | Use to dictate/edit/sign radiology reports | UMMC  
Contact the Technology Service Center for support at 612-672-6805 |
| VPN              | provides access to Fairview clinical applications from computers on the University network. | UMMC  
Contact the AHC help desk for support at 612-626-5100 |
AWARDS A RESIDENT CAN EARN

**Raymond J. Albrecht Award:** Presented to the graduating senior resident whose activities in clinical care and teaching approach the highest values of the practice. The award, which was initiated in 1973, is given in memory of the late Dr. Raymond J. Albrecht who had a well deserved and unsurpassed reputation as a teacher and clinician in Obstetrics and Gynecology. Dr. Albrecht was the Director of Medical Education in Obstetrics and Gynecology at St. Joseph’s Hospital in St. Paul. The recipient is selected by vote of all residents.

**Alex Barno Award:** Presented to a third-year resident in recognition of outstanding ability in the clinical practice of Obstetrics and Gynecology. Alex Barno was a founder of the Park Nicollet Medical Center, Clinical Professor at the University of Minnesota, Chairman of the Minnesota Mortality Study, Head of the OB/GYN Department of at Park Nicollet, and a well loved, respected physician to his patients. The Barno Award embodies the essence of Alex’s great interest in resident education and preserves the spirit of inquiry. The recipient is selected by vote of the attending physicians who have worked with the residents.

**Robert H. Kaplan Resident Award:** Presented to a third-year resident who exhibits outstanding diagnostic and technical skills in Obstetrics and Gynecology combined with excellent interpersonal and patient care skills. This is selected by a vote of the Park Nicollet Medical Center physicians who have worked with the residents.

**Leon L. Adcock Award:** Presented to a resident in each class for excellence in teaching Obstetrics and Gynecology to Medical Students. The recipient is selected by a tally of medical student evaluations of residents.

**Hardin Olson Award:** Presented for the best fourth-year resident research presentation. The recipient selected by Resident Research Day Judge.

**Third-Year Research Poster Award:** Presented for the best third-year resident research poster. The recipient is selected by the Resident Research Day Judge.

### CLASS REPRESENTATIVES

During the first year of residency, the PGY 1 residents vote for a class representative to act as a liaison between the residents’ class and the residency program for the first 3 years. If there are questions, concerns, or suggestions about the program, this class representative would bring the issues to the administrative chief residents or the department administrators then reports back to their class of any decisions made. Expectation is that class representatives attend Curriculum Committee meetings once a month.

### CONFERENCE ATTENDANCE

**Monday Conference**

Attendance at Monday Conference is mandatory, except for residents who are on PTO. Attendance will continue to be monitored and residents are required to stay to the end of each conference. Unexcused absences or leaving early will be reported to the Program Director and advisors. If a resident wants to miss conference because of a good case, the resident must notify the Chief Residents and Tammy Pederson at peder004@umn.edu, via email immediately.

*The surgical exceptions are:*
- TAH/TVH/TLH
- C-Hyst
- OB/GYN emergency requiring ongoing care
Grand Round Conference
Attendance at Grand Round Conferences is mandatory, except for residents who are on PTO or on a Night Float rotation. Attendance will continue to be monitored and residents are required to stay to the end of each conference. Unexcused absences or leaving early will be reported to the Program Director and advisors. If a resident wants to miss conference because of a good case, the resident must notify the Chief Residents and Tammy Pederson at peder004@umn.edu, via email immediately.

The surgical exceptions are:
TAH/TVS/TLH
C-Hyst
OB/GYN emergency requiring ongoing care

All absences will be tracked and reported to the Curriculum Committee. Residents who accumulate unexcused absences will be contacted by their advisor and the absences will be recorded in their portfolio. Unexcused absences may result in the resident being placed on probation.

DUTY HOURS

Duty hours are defined by ACGME as all clinical and academic activities related to the training program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours DO NOT include reading and preparation time spent away from the duty site.

- Duty hours must be limited to 80 hours averaged over a 4-week period (inclusive of all in-house call activities and moonlighting)
- Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Moonlighting must count towards the 80-hour maximum weekly hour limit.
- PGY 1 residents are not permitted to moonlight.
- 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 and DOES NOT INCLUDE PTO TIME
- Duty hour periods of PGY 1 residents must not exceed 16 hours in duration
- Duty hours of PGY 2, PGY 3 and PGY 4 residents may be scheduled a maximum of 24 hours on 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 time period must be no longer than an additional 4 hours.
  - In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justification for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. [Under these circumstances the resident must document the reasons for remaining to care for the patient in question]
- PGY 1 residents should have 10 hours, and must have 8 hours, free of duty between scheduled duty periods.
- PGY 2, PGY 3, PGY 4 residents 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.
- Residents must not be scheduled for more than 6 consecutive nights of night float
• PGY 2, PGY 3, and PGY 4 residents must be scheduled in-house call no more frequently than every third night (when averaged over a four-week period).

**University of Minnesota Medical School (UMMC) Institution Policy:**
All programs are required to adhere to the ACGME requirements for duty hours. Programs are required to monitor trainees’ compliance with their duty hours and trainees are required to enter their duty hours into RMS (Residency Management Suite).

1. Program must be committed to and be responsible for promoting safety and resident well-being and to providing a supportive educational environment.
2. The learning objectives of the program must not be compromised by excessive reliance on residents to fulfill service obligations.
3. Didactic and clinical education must have priority in the allotment of residents’ time and energy.
4. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

**Program Responsibility**
Each program must have written policies and procedures consistent with the ACGME Institutional and Program Requirements for trainee duty hours and the working environment. These policies must be distributed annually and discussed with the trainees and the faculty on a regular basis. Monitoring of duty hours by the program is required with frequency sufficient to ensure an appropriate balance between education and service. Back-up support systems must be provided with patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care. Those circumstances where a resident may not be able to fulfill his or her normally scheduled responsibilities are due to fatigue, sickness, family emergency, and maternity/paternity leave, academic leave, personal leave, etc. The program call banking system and the back-up call system have been established to provide a plan for back-up support when patient care responsibilities are especially difficult or prolonged.

**Resident Management Suite (RMS)** is used to track duty hours, complete evaluations and view results, view a conference calendar, and review/confirm curriculum or goals and objectives for rotations. The system is Internet based. You will need a UserID and Password to access the system, which is distributed during department orientation. If you need to have your password reset, or have difficulty with access, you may contact either the RMS Coordinator or the Residency Coordinator.

The hours and activities entered by Residents into RMS are used to document compliance with the ACGME duty hour requirements and reconcile Medicare payments with the institutions where the Residents rotate. Per the University of Minnesota Medical School policy Residents are required to login to RMS daily to enter their duty hours, excluding PTO which is managed by the Residency Program Coordinator. Maintaining your duty hours is not only a GME requirement; it is also a requirement for the completion of your degree.

Hours must be fully entered, and approved if necessary, by the end of every month. The RMS Coordinator and Residency Program Coordinator work together to ensure hours are entered each month by reviewing duty hour entry reports.

**Note: Failure to accurately log your duty hours is considered an act of Medicare fraud.**

You will find the necessary steps below to: 1) Login into RMS, 2) Enter Duty Hours, 3) Complete Evaluations and Review Results, 4) View the Conference Calendar, and 5) View and Confirm Curriculum (Goals and Objectives for Rotations).
Logging into RMS:
- Use your browser to go to www.new-innov.com/login. Note: Internet Explorer is the preferred browser.
- Enter MMGME for the Institution ID.
- Enter your User Name and Password in the appropriate boxes.

EVALUATION
The Department of Obstetrics, Gynecology and Women's Health is committed to comprehensive, regular and timely evaluation of the educational and professional performance of all OB/GYN residents. Evaluation will be provided by supervising teaching faculty, nursing staff, medical students, and peer review. Residents are expected to achieve high standards of performance. Further, we expect residents to monitor their own progress and consciously work to acquire the habits in mind, the professional attitudes and demeanor, as well as the knowledge and skills of an OB/GYN.

Resident Continuation Meetings
The faculty meets twice a year to review resident progress. Advisors, faculty who teach residents clinical skills and the administrative chief residents attend the Resident Continuation Meeting. The administrative chief residents withdraw from the meeting when the PGY4 residents are being discussed.

Resident advisors review resident portfolio’s which include performance as evaluated by supervising faculty, nursing staff, patients, medical students and peer review. In addition to reviewing the evaluations, advisors review procedure totals, experience in diagnostic and therapeutic procedures, medical student feedback on participation and ability as a teacher, attendance at required conferences, progress in research project, humanistic qualities, written personal reflection, and performance on the Council on Resident Education in Obstetrics and Gynecology (CREOG) examination.

Possible Outcomes of the Resident Continuation Meeting
After reviewing resident performance, the faculty may recommend that the resident continue in program, continue in program with promotion to next level of training, graduate from program, continue in program with remediation, continue in program with probation, dismissal from program. detailed description of remediation and probation.

FACULTY ADVISORS
The following guidelines have been established to provide better continuity for assessing the status of a resident’s skills, knowledge and progress through their residency.
1. The Residency Program Director assigns a faculty advisor to each incoming first-year resident with the intention that the resident will continue with that advisor for four years, in most cases.
2. Any advisor or resident may request a change of advisor/advisee at any given time. An advisor may need to assume other responsibilities which would not give the advisor enough time to spend with their advisee. The advisor may have a professional area of interest that is different than the resident’s area of interest. Either may find that there is not a good working relationship.
3. A resident may wish to have an advisor who is his/her research advisor, who is in his/her area of future specialty training, or may wish to have an advisor with whom they have developed a special working relationship.
4. Changes in advisor/advisee teams need to be approved by the Residency Program Director.
5. Advisors will not be assigned more than one resident from any resident year and no more than three residents at any time.
Advisors Job Description

To be an advisor to a resident is a privilege and a responsibility. An advisor serves as an advocate, mentor, resource person and liaison between resident and faculty. Specific expectations are:

- Meet in person with resident prior to continuation meetings the second week of November and March each year.
- Attend continuation meeting. If one is unavoidably out of town it is expected the advisor will find another faculty to present in their absence.
- Any RMS evaluation score of 2 or less must prompt a meeting with the advisee.
- Advocate for resident and participate in development of remediation or probation plan should the need arise.
- Advisees will be limited to three per faculty to ensure adequate time is available for each resident.

GRADED RESPONSIBILITY

The curriculum and supervision of residents is structured in a manner that permits the residents to assume progressively increasing responsibility according to their level of education, ability and experience, thereby providing direct experience in progressive responsibility for patient management.

IN-TRAINING EXAMINATION

Each year, the Council of the American College of Obstetricians and Gynecologists (CREOG) in-training examination provides a quantitative assessment of individual residents' cognitive knowledge in obstetrics and gynecology. Through detailed feedback and score reporting, performance of both individual residents and the program as a whole can be assessed. Annual statistical analyses demonstrate the residents' continuing validity as an educational evaluation instrument. A CREOG score of less than 180 when compared to peers for PGY1 and PGY2 or when compared to all residents for PGY 3 and PGY4 will prompt creation of a formal study plan to be monitored by the residents’ advisor or other faculty.

The CREOG examination is administered over two consecutive days in January, (Thursday/Friday) and each resident must complete the examination in one day. The Administrative chief residents will determine which day each resident is to take the exam.

LABORATORY, PATHOLOGY AND RADIOLOGY SERVICES

Laboratory, pathology, and radiology services are readily available and adequately staffed at each site.

MEDICAL RECORDS

Medical records systems that document the course of patients' illnesses and which are adequate to support quality patient care, the education of residents, quality assurance activities, and provide a resource for scholarly activity are available at all times at all institutions.

University of Minnesota Physicians (UMP) Policy for Timely Documentation

The following policy was endorsed by UMP Clinical Practice Committee (2/13/06) and applies to all residents at all sites at all times.

1. Results of imaging, lab and other diagnostic testing should be interpreted in final form (i.e., by a staff physician) and available to the ordering physician within (2) working days.
First step:
- All diagnostic testing that requires physician interpretation (i.e. including but not limited to pathology, radiology, EMG, EKG, EEG, echocardiography) will be dictated or otherwise entered into an electronic system within 2 working days of completion of the study
- Accurate and regular reporting of timeliness of dictations; address systems issues that limit timely reporting

Essential elements:
- Accurate entry of the ordering physician in electronic systems
- Functioning powerscribe, IDX-rad, EMR-IDX interfaces

2. Discharge summaries will be dictated w/in (24 hours) of discharge. If the discharge summary is the principal means of supplying written communication with the referring physician the d/c summary should be signed and sent within 4 days to meet the stated needs of referring physicians.

First step:
- Dictation of d/c summaries w/in 24 hours

Essential elements:
- Appropriate resident education
- Accurate and regular reporting of timeliness of dictations
- Accurate collection of referring physician information (UMP work with UMMC)
- More rapid turn-around time for d/c summaries (UMP work with UMMC)

3. Preliminary clinic notes should be dictated within 24 hours of the visit. Notes can be amended when additional results/information are received. Communication should be received by the referring physician w/in 4 to 5 days of the visit to meet the stated needs of our referring physicians. If additional information is necessary, then the timeline can be extended as appropriate.

First step:
- Timely completion of clinic notes

Essential elements:
- Reliable referring physician information
- Functioning "referring physician" EMR upgrade

4. Inpatient consultation notes reflecting the opinion of the designated consult physician (not resident) should be legible and available w/in 24 hours of the consult request.

Essential elements:
- Electronic consult requests – necessary for tracking as well as documenting order
- Rapid turn-around time for dictated consult notes
- May require short hand-written note summarizing the recommendations in addition to more detailed formal consult note

5. Op notes should be dictated w/in 24 hours of the surgery.

Requirements:
• Improve underlying systems including electronic corrections and signatures for hospital dictations
• Provide staff person who would be accountable for reporting, tracking, and trouble shooting. Consider bypassing or augmenting current UMMC systems, particularly for hospital discharges
• Provide monthly or quarterly report to department chairs and center administrators to monitor CSU performance

Endorsed by UMP Clinical Practice Committee 2/13/06

MEDICAL STUDENT TEACHING GOALS AND OBJECTIVES

Resident physician teachers play a crucial role in medical student education. It is critical that any resident who supervises or teaches medical students be familiar with the educational objectives of the course or clerkship and be prepared for their roles in teaching and evaluation. As a resident at an academic institution, you have the important responsibility to serve as a teacher and role model for medical students. Most of the students in the obstetrics & gynecology clerkship are unfamiliar with the field (and they may also be unfamiliar with the hospital/clinic setting), so they will depend on residents for guidance.

In general, the obstetrics and gynecology residents receive very good feedback from the students. Residents should do their best to continue that tradition by following these guidelines:

• Medical students are part of the team. Include students in all aspects of patient care!
• Set clear guidelines for patient management (what you expect on rounds and in L&D, how you expect the notes to be written, etc).
• Orient the students to the environment they’ll be working in.
• Teach. Five minutes of teaching several times a day goes a long way.
• Know the educational objectives of the Obstetrics and Gynecology Clerkship (8th Edition, APGO Educational Objectives). These will be distributed to residents annually, and they are available on the web at http://www.apgo.org/binary/8th%20edition%20Objectives.pdf.
• Students should be present at all C/S, all vaginal deliveries and all other surgeries.
• Take students to bedside for monitor strip rounds, to assess ROM, etc.
• Provide specific, sensitive, private constructive feedback to students throughout the rotation.

Medical Student Course OBST 7500 Goals

This course will introduce the student to the practice of obstetrics and gynecology and care of the female patient. Graded responsibility will be assigned so that by the end of the externship the student will be familiar with:

• The management and delivery of normal pregnancies;
• The complete gynecologic examination and work-up; and
• Common obstetric and gynecologic problems.

Medical Student Course OBST 7500 Objectives

Graduates of the University of Minnesota Medical School should be able to:

<table>
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<tr>
<th>OBJECTIVE</th>
<th>OUTCOME MEASURES</th>
<th>ACGME ESSENTIAL COMPETENCY</th>
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</table>
| 1. Demonstrate mastery of key concepts and principles in the basic sciences and | • USMLE Steps 1 and 2  
• Year 1 and 2 course | Medical Knowledge |
| Clinical disciplines that are the basis of current and future medical practice. | performance, based on standardized examinations  
- Clinical rotation performance  
- Feedback from residency directors | Medical Knowledge |
|---|---|---|
| 2. Demonstrate mastery of key concepts and principles of other sciences and humanities that apply to current and future medical practice, including epidemiology, biostatistics, healthcare delivery and finance, ethics, human behavior, nutrition, preventive medicine, and the cultural contexts of medical care. | - USMLE Steps 1 and 2  
- Course performance (esp. in Physician and Society, Nutrition, and Human Behavior at TC campus; Medical Sociology, Medical Epidemiology and biometrics, Family Medicine I, Medical Ethics, Human Behavioral Development and Problems, and Psycho-Social-Spiritual Aspects of Life-Threatening Illness at DU campus)  
- Clinical rotation performance  
- Feedback from residency directors | Medical Knowledge |
| 3. Competently gather and present in oral and written form relevant patient information through the performance of a complete history and physical examination. | - Yr 2 OSCE  
- Physician and Patient (PAP) course performance at TC campus, assessed by tutors using global rating forms and observed practical exams  
- Course performance at DU campus in Applied Anatomy, Clinical Rounds & Clerkship (CR & C), Clinical Pathology Conference, and Integrated Clinical Medicine  
- Clinical rotation performance | Patient Care; Interpersonal and Communication Skills |
| 4. Competently establish a doctor-patient relationship that facilitates patients’ abilities to effectively contribute to the decision making and management of their own health maintenance and disease treatment. | - Yr 2 OSCE and Primary Care Clerkship (PCC) OSCE  
- PAP course performance at TC campus, assessed by tutors using global rating forms and observed practical exams  
- Preceptorship and CR & C course performance at DU campus  
- Clinical rotation performance | Patient Care; Interpersonal and Communication Skills |
| 5. Competently diagnose and manage common medical problems in patients. | - PCC OSCE  
- Clinical rotation | Medical Knowledge; Patient Care |
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| **6.** Assist in the diagnosis and management of uncommon medical problems; and, through knowing the limits of her/his own knowledge, adequately determine the need for referral. | - Clinical rotation performance  
- Documented achievement of procedural skills in the Competencies Required for Graduation | Medical Knowledge; Patient Care; Practice-Based Learning and Improvement |
| **7.** Begin to individualize care through integration of knowledge from the basic sciences, clinical disciplines, evidence-based medicine, and population-based medicine with specific information about the patient and patient's life situation. | - Clinical rotation performance  
- Feedback from residency directors | Patient Care; Medical Knowledge; Interpersonal and Communication Skills; Professionalism |
| **8.** Demonstrate competence practicing in ambulatory and hospital settings, effectively working with other health professionals in a team approach toward integrative care. | - Yr 2 and PCC OSCE  
- PAP course performance at TC campus, assessed by tutors using global rating forms and observed practical exams  
- Physician and Society (PAS) course performance at TC campus  
- Preceptorship, CR & C, and Introduction to Rural Primary Care Medicine course performance at DU campus  
- Clinical rotation performance | Practice-Based Learning and Improvement; Systems-Based Practice |
| **9.** Demonstrate basic understanding of health systems and how physicians can work effectively in health care organizations, including:  
- Use of electronic communication and database management for patient care.  
- Quality assessment and improvement.  
- Cost-effectiveness of health interventions.  
- Assessment of patient satisfaction.  
- Identification and alleviation of medical errors. | - PAS course performance at TC campus  
- Medical Sociology and CR & C course performance at DU campus  
- Clinical rotation performance, especially the PCC  
- Feedback from residency directors  
- Feedback from local health plans | Practice-Based Learning and Improvement; Systems-Based Practice |
| **10.** Competently evaluate and manage medical information. | - Critical reading exercises in PAS and other courses at TC campus  
- Clinical Pathology Conference performance and exercises in Problem Based Learning Cases at DU campus | Patient Care; Medical Knowledge; Practice-Based Learning and Improvement; Systems-Based Practice |
| 11. Uphold and demonstrate in action/practice basic precepts of the medical profession: altruism, respect, compassion, honesty, integrity and confidentiality. | Year 2 Health disparities project  
PCC EBM project | Professionalism |
|---|---|---|
| 12. Exhibit the beginning of a pattern of continuous learning and self-care through self-directed learning and systematic reflection on their experiences. | PAS course performance at TC campus  
Preceptorship and Cr & C course performance at DU campus  
Clinical rotation performance  
Participation in honor code and student peer assessment program  
Participation in anatomy memorial  
Participation in volunteer service activities | Professionalism |
| 13. Demonstrate a basic understanding of the healthcare needs of society and a commitment to contribute to society both in the medical field and in the broader contexts of society needs. | Course performance in all years  
Introduction to Rural Primary Care Medicine course project at DU campus  
Involvement of students in international study  
Enrollment in RPAP, RCAM, and UCAM  
Yr 2 Health disparities project  
Feedback from residency directors  
Participation in volunteer service activities | Patient Care; Medical Knowledge; Practice-Based Learning and Improvement; Professionalism; Systems-Based Practice |

These objectives are written to reflect the qualities and competencies expected of our graduates. Each objective specifies the expected competency level to be attained by our students, the outcome measures used to evaluate attainment of the objective, and the essential qualities and competencies of a physician (as defined by the six ACGME Essential Competencies) addressed by the objective. The Accreditation Council for Graduate Medical Education (ACGME) has formulated essential competencies felt to be necessary for physicians practicing in the current health care climate. They are:

- **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
• **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care

• **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals

• **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population

• **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide optimal patient care

The objectives for the undergraduate curriculum can be grouped as follows:

Objectives 1-3: Knowledge and skills addressed principally in the first two (preclinical) curricular years;
Objectives 4-9: Knowledge and skills addressed principally in the second two (clinical) curricular years;
Objectives 10-13: Knowledge, attitudes, and skills addressed throughout the curriculum.

The objectives, which relate to the ACGME essential competencies, are designed to be modified for use also by the graduate (GME) programs at the University of Minnesota Medical School. Residency programs can modify the competency level stated in the objectives and the outcome measures to reflect their own programs, while maintaining the overall integration of basic learning objectives across undergraduate and graduate medical education.

One of the primary outcome measures for the objectives is **clinical rotation performance**. To expand on this; clinical rotation performance is assessed by attending physicians and residents using a Web-based global rating form, evaluating the following knowledge, competencies, skills, and attitudes:

- Medical knowledge and the ability to apply knowledge in clinical situations
- Competency in patient care including communication and relationships with patients/families
- Skills in data gathering from the history, physical examination, clinical and academic sources, and diagnostic tests
- Assessment and prioritization of problems
- Management of problems, including knowledge of patient data and progress
- Appropriate decision making
- Communication in written and oral reports
- Professionalism, including: patient care and management in teams (work habits), independent learning, personal characteristics, and commitment to medicine
- Specific procedural skills (see report outlining Competencies Required for Graduation)

*Ratified by Education Council 2/18/03*
MEDICAL STUDENT / TEACHING PHYSICIAN DOCUMENTATION

Introduction
Medical Students are learners. In no state are they given a license to practice medicine and therefore, Medicare does not pay for services provided by a medical student. Contrary to services performed by residents, documentation by the medical student and teaching physician cannot be combined to determine the level of an Evaluation and Management service. Documentation of a “tie in” statement is insufficient when billing for E/M services partially performed by Medical Students.

The Medical Student’s Role in the Patient Encounter
The Medical Student may perform multiple roles within the context of the patient medical encounter. The role of the Medical Student will determine the actions of the Teaching Physician, and will also determine chart documentation requirements by both providers. The medical student and the teaching physician should both document in the first person using “I” statements. The use of “we” statements in either person’s note should be avoided. Because the clinical work of the Medical Student is not a billable service, it is imperative to segregate and clearly identify the work of the Teaching Physician.

Documentation requirements for different clinical scenarios involving Medical Students follows:

1. The Medical Student independently performs all aspects of the patient encounter: history/exam/assessment/plan.
   At UMMC-Fairview, medical students may document evaluation and management (E&M) services in EPIC. The medical student must access EPIC under their personal identity. Clinical services personally provided by the medical student must be clearly attributed to the medical student in the documentation. The chart note must contain the medical student’s name and credentials.

   The Teaching Physician must document a separate note or addendum to the student’s note. The Teaching Physician may only refer to the student’s documentation of review of systems (ROS) and/or past medical, family, and social history (PFSH).

   The teaching physician:
   • must independently verify and re-document the history of present illness; and
   • must personally perform and re-document the physical examination; and
   • must re-document personal medical decision making.

2. The Medical Student performs a portion of the encounter; the Teaching Physician personally performs and documents the remainder of the visit.
   Both the medical student and teaching physician follow the same procedure as above in #1. The Teaching Physician must document a separate note or addendum to the student’s note. The Teaching Physician may only refer to the student’s documentation of review of systems (ROS) and/or past medical, family, and social history (PFSH). Similar to when an RN or CMA takes the ROS & PFSH, the services provided by each person must be clearly attributed to each person.

3. The Medical Student performs the initial portion of the patient encounter, changes roles, and subsequently scribes the words and actions of the Teaching Physician, as they perform the remainder of the visit.
   The medical student must access EPIC under their personal identity. Clinical services personally provided by the medical student must be clearly attributed to the medical student in the documentation. The point at which the medical student changes roles and begins to scribe, the original note opened by the medical student must contain this phrase:
   “At this point in the patient encounter, I am now acting as scribe for Dr.___ as s/he performs the remainder of this visit.”
At the end of the note, the medical student must document “Written by John Doe, MS3 for Dr. yyyy.” Then, Dr. yyyy should co-sign or final sign, indicating that the note accurately reflects work and decisions made by him/her.

4. The Medical Student Scribes the entire encounter while the Teaching Physician independently performs the entire service: history/exam/assessment/plan.

Medical students can act as a scribe for the physician, documenting the entire visit. The note should reflect the personal services that were performed by the teaching physician in the presence of the medical student. The medical student does not perform any portion of the patient-physician encounter.

The note may be opened by either the Medical Student or the Physician. The medical student must document this phrase at the beginning or end of the note, "Written by John Doe, MS3, acting as scribe for Dr. yyyy." Dr. yyyy must co-sign (final sign), indicating that the note accurately reflects work and decisions made by him/her.

***Unacceptable Teaching Physician Documentation***

- The teaching physician may not simply “accept” (i.e., by copying/pasting) the medical student's documentation; as though the teaching physician personally performed the services in the note.
- The teaching physician may not simply add a tie-in statement or attestation statement (similar to that used with residents) to the medical student’s note. Unlike residents/fellows, clinical work performed by a medical student is not a billable service – even when supervised!

In addition to these documentation requirements, all medical students must continue to have a unique User ID and sign-on to the EMR independent of the physician. The medical student's documentation must be attributable to the medical student (i.e., e-signature or statement that the medical student recorded the note).

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Sources: CMS Guidelines for Teaching Physicians, Interns, and Residents

This document is based on the indicated references on the above effective date. Please be advised that regulations and guidelines are often subject to change, therefore, UMPhysicians would like to encourage the reader to follow any changes to the state and federal regulations that may affect this opinion.

MOONLIGHTING

PGY 1 residents are not allowed to moonlight. PGY 2, 3, or 4 Residents who wish to moonlight are required to obtain prospective permission from the Program Director. Failure to provide this information is grounds for discipline under Section VI of the Residency/Fellowship Agreement. Residents must report all external moonlighting hours to the Program Director on a regular basis. Only Internal Moonlighting is permitted in the Department of Obstetrics, Gynecology and Women’s Health. Residents (including residents on J-1 visas) are not permitted to moonlight at a hospital which is outside the residency/fellowship program. Moonlighting activities must not conflict with the scheduled and unscheduled time demands of the educational program and its faculty.
The Program Director determines the moonlighting policy for all trainees within the residency program. The Program Director may withdraw permission to moonlight for any given resident or group of residents if activities have been shown to interfere with their performance or violate duty hours. Moonlighting activities and any activities that are not part of the formal education program are not covered under the University of Minnesota professional liability policy. Residents engaged in moonlighting activities must be properly licensed and credentialed as determined by the organization where they moonlight.

Moonlighting that occurs within the residency program must be counted toward the ACGME weekly limit on duty hours. If a trainee is moonlighting on inpatient services, at a hospital which is part of the residency program, neither the hospital nor a clinical group can bill for the resident's services. If a trainee is moonlighting in the ER or outpatient clinic at a hospital where they have rotations, the hospital may be able to bill for their services if the trainee:

1. Is licensed and credentialed to practice in that hospital;
2. Has their own malpractice insurance coverage; and
3. Has a separate contract which identifies how the moonlighting duties are separate from regular resident duties and not part of the program.

**MONITORING OF RESIDENT WELL-BEING**

The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug-related or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.

Faculty and residents are educated to recognize the signs of fatigue. The residency program director meets with residents individually and as a class on a regular and routine basis. Circumstances that demand excessive service or that produce undesirable resident stress are discussed at these meetings. In addition, the residency program director monitors the rotation evaluations of residents for indications of circumstances which produce stress counterproductive to education. These circumstances are evaluated at the Curriculum Committee meetings and resolution is pursued.

Residents needing assistance with personal issues are encouraged to take advantage of the Residency Assistance Program (RAP) at 651-430-3383 or 800-632-7643. Residents who feel they are fatigued or stressed to the point that they are unable to provide safe patient care are encouraged to contact their supervising faculty or the residency program director. Cab fare home after call is available through several hospitals. Residents will be reimbursed by the residency program.

**ON-CALL SCHEDULES**

Call rosters are developed in conjunction with the Master Rotation Schedule and detail which residents will cover call at which institution. The nature of the service determines whether residents take call in-house or from home. Call rosters are designed with the RRC guidelines for resident call. Each individual call pool is made by a resident (usually a member of the most senior class that is a part of the pool).

With the exception of PGY1 call rosters at HCMC, residents develop their own call schedules with approval of the Chief Administrative Residents.

Participation in call is tracked and monitored to ensure equitable distribution of the number of calls taken and residents’ time away from service.

Residents cover call in house at three institutions: University of Minnesota Medical Center-Riverside Campus.
(UMMC-Riverside), Regions Hospital and Hennepin County Medical Center via a system of night float rotations and call pools for the weekends. Residents take call from home for UMMC Gynecologic Oncology.

**HCMC Call is covered as follows:**
- At all times there is a PGY 1, a PGY2 and a PGY4 on service at HCMC.
- Intern call is covered via a rotating system of PGY1 residents (including an Ob/Gyn PGY1, FP PGY1, ED PGY1, multiple transitional year PGY1’s) of 14 hour shifts.
- Junior call on weeknights is covered by a PGY2 resident on night float (Sunday-Thursday). Junior call on weekends is covered by a PGY2 resident.
- Senior call on weeknights is covered by a PGY4 resident on night float (Sunday-Thursday). Senior call on weekends is covered by a PGY4 resident.

**Regions call is covered as follows:**
- At all times there is on junior resident (PGY 1) and one senior resident (PGY3 or PGY4) on call at Regions.
- Junior call on weeknights is covered by a PGY1 resident on night float (Sunday-Thursday). Junior call on weekends is the PGY1 resident.
- Senior call on weeknights is covered by a PGY3 resident on night float (Sunday-Thursday). Senior call on weekends is shared between the PGY 3 and PGY 4 residents.

**UMMC-Riverside Call is covered as follows:**
- Weeknight call is covered by a PGY3 resident on night float (Sunday-Thursday). Weekend call is covered by PGY3 resident.

**UMMC-Oncology call is covered as follows:**
- Oncology call is considered “home-call” because you are allowed to go home if are not needed for patient care responsibilities in house. Sometimes residents are able to go home for at least part of the day on weekends. Usually residents stay in the hospital all night during the week.
- On weeknights there is a single resident on call. This is covered by either the PGY2 or PGY3 or PGY4 resident who is on service who is scheduled for night float that week (Sunday-Thursday).
- On weekends, there is a PGY 2, PGY 3 or PGY 4 resident.

**Methodist Intern call is covered as follows:**
- Weeknight call is covered by a PGY 1 resident on night float (Sunday-Thursday). The weekends are covered on a rotating schedule between the day OB/GYN PGY 1 and rotating family medicine residents.

**ON-CALL ROOMS**

Call rooms are provided at each institution where residents take call (Regions, Hennepin and UMMC-Riverside and University and Methodist for PGY 1 residents).

- Regions Hospital provides call rooms on Labor and Delivery for each resident taking call. No reservations are necessary. The OB/Gyn residents have dedicated call rooms in a secure area within Labor and Delivery. This location also includes all OB/Gyn staff call rooms and the locker rooms. There is a call room designated for junior residents and another call room for senior residents. Additionally, each call room has a television, VCR, and a small refrigerator, as well as a computer and a printer.
- At HCMC, PGY1 and PGY2 residents have a call room on Labor and Delivery--04. Access is not limited to residents; do not leave valuables in the call room. One key is provided at the desk and must be returned immediately. PGY4 residents and staff have a call room on G7 but will be moving to G8 by August/September. No reservations necessary.
- Methodist Call room is located on 3W/Family Birth Center. It has a bed, desk and bath with shower. This room is used only for the residents on the Obstetrics rotation (U of MN and Family Medicine residents).
• FUMC-Riverside has a call room for the PGY3 residents who take call. The call room is located on the fifth floor, immediately above Labor and Delivery. The call room is dedicated to the residents taking call and no reservations are necessary.

• UMMC-University call room is located in Mayo C484 door code 1534.

Check out a room instructions are below if a call room is not available. Check-in can only occur during the designated check-in hours of 2:30 p.m. until 7:00 a.m. To check in:

1. Go to the check-in desk located in the Resident Lounge (Mayo C-496). The check-in desk is staffed by a security monitor during set hours 7 days/week and will require you to present your hospital ID badge.

2. The security monitor will assign you a room, the access code, and the locker room and lounge access codes. All individuals must be out of their rooms by 8:00 a.m. Housekeeping will come to begin cleaning by 7:00 a.m. If you wish to sleep until 8:00 a.m., make sure your DO NOT DISTURB sign is indicated on your door. No room is checked out to the same service two days in a row. Belongings left in room past noon will be removed and kept in a security locker. Belongings can be picked up anytime after 2:30 p.m. from the security monitor.

If you have any questions regarding your call room at UMMC, call 612-273-7497.

PAYING BACK CALL

Residents need to try and keep call even for the year within classes. When covering for vacation/leave, try to keep the coverage within the same class. Only after this pool is exhausted should other classes be asked to help.

Residents taking maternity leave must figure out any schedule changes and call/night float payback as soon as possible. They may pay back call prior to or after the maternity leave.

After taking a leave, the resident must make every effort to pay back call and night float. The resident will be first in line to take any unexpected uncovered calls until their own calls are paid back. If residents are unable to agree on how to pay back call/night float, the administrative chief residents and/or administration may become involved.

Residents who must make up time at the end of residency will not have to take call during that time if they have paid back all of their call.

PROFESSIONAL DRESS GUIDELINES

Incoming residents are provided with three lab coats. It is important that residents wear their lab coat at all times. It is the resident’s responsibility to launder lab coats. Residents are expected to be neat, clean and orderly at all times during the performance of training program activities. A resident may be asked to remove if the lab coats condition is unacceptable. Jewelry, clothes, hairstyle and fragrances should be appropriate for the performance of duties in the hospital or clinic. The various sites also provide scrubs to residents. Scrubs are appropriate for designated areas, e.g., operating room, labor and delivery. In all other areas, a white coat must be worn over the scrubs.
PROFESSIONAL INTRODUCTION GUIDELINES

When introducing yourself to a patient/family be sure to be clear about your role on the medical team. Residents should include the statement that you are a resident or fellow in Obstetrics and Gynecology and that you are working with an attending physician.

PROGRAM CURRICULUM

The Residency program curriculum in Obstetrics, Gynecology and Women's Health consists of didactics and clinical rotations in Primary Care, Obstetrics, General Gynecology, Gynecologic Oncology, Reproductive Endocrinology, Maternal Fetal Medicine, and Urogynecology. The sequence of rotations is based on the concept of residents earning progressive responsibility in clinics and in the operating room as their knowledge base and technical ability increases over the four years of residency training.

PROCEDURE TRACKING AND REPORTING

The Residency Review Committee (RRC) for Obstetrics and Gynecology considers accurate and complete documentation of each resident’s experience for each year of the program to be mandatory, hence resident participation in tracking and reporting procedures is also a requirement for participation in the residency program.

The RRC has developed a procedure tracking system based on CPT codes. Residents are required to use the Resident Case Log System developed by the RRC for procedure tracking. Residents may log onto the system directly from the ACGME website at www.acgme.org to enter their procedures. The Residency Director will review all resident cases at the end of each rotation and semi-annually at the Resident Continuation meetings. All residents are required to enter their cases weekly. If the resident is on a rotation where procedures are done and cases didn’t get entered for the week, the resident will receive an unexcused attendance at conference so to complete this process. This could result in remediation.

Residents are expected track procedures daily and enter procedures via the ACGME website weekly. PTO requests will not be granted unless the residents entered procedures are no less than one month out. The ACGME website provides manuals for entering procedures as well as a listing of the available CPT codes by area and type.

PROGRAM GOALS AND OBJECTIVES

The goals for residents in the four-year training program in Obstetrics, Gynecology and Women’s Health are as follows:

- Acquire the knowledge and skills to provide health maintenance and disease prevention for women.
- Develop the necessary cognitive and technical skills in the outpatient services, emergency room, inpatient unit, operating rooms and delivery room for the management of obstetric problems and gynecologic diseases.
- Gain an understanding of the basic science foundations of clinical obstetrics and gynecology which will form the basis of an evidence-based clinical practice and for lifelong continuing medical education.
- Develop the interpersonal skills necessary to deal most effectively with patients, other health professionals, and colleagues, and to act not only as students but also as teachers.
- Gain an understanding of healthcare systems and administration so as to advocate for and deliver high quality patient care.
All University of Minnesota Obstetrics and Gynecology Residents are required to complete and present a research project. The resident will identify a research faculty preceptor in their first year that agrees to mentor the resident through the research process. All scholarly activity projects require a Resident Scholarly Activity Application or Resident Research Application to be submitted (even if your project is being conducted at HCMC, Regions, Methodist or Abbott). Residents are not allowed to start their scholarly activity until you have been instructed to do so. Residents need to allow 4 MONTHS TO PROCESS BEFORE BEGINNING YOUR PROJECT.

**Research Preceptor Role:** This faculty preceptor, by agreeing to precept the resident, agrees to:

1. Meet with the resident regularly throughout the year to discuss and plan for progress on the research project. More meetings may be necessary, depending on the specific research project.
2. Act as a mentor to the resident, supplying information and expertise on how to formulate a research concept, perform a literature search, obtain IRB approval, collect data, perform statistics (or direct resident where to obtain this help), write an abstract/manuscript and present the research to a forum of other medical professionals.
3. Attend bi-annual continuation meetings to report on the resident's progress with the research project or give that information to the resident's advisor to present at the continuation meeting.

Based on the timeline listed below, residents are required to complete one of the following research activities.

**Traditional research:** This would involve hypothesis, specific aims, involves submitting for funds, epidemiology consultation, statistical analysis of results and conclusion. This would probably be one project a resident would be interested in pursuing if they were leaning toward a fellowship and one that would lean more toward publication in a peer-review scientific journal.

**Community based educational experience.** This may also require IRB approval of analysis of the data. This would involve identifying a community. A community could be with the same ethnicity, could be a community that is under-served, could be a community of the same ethical and moral values, could be a community of the same age group, or could be a community of people with the same experiences. The project is to define the community you plan to do a project for. The process involves a literature review and establishing what you are planning to do for the community is noteworthy and of importance for whatever outcomes you are looking at. To address the concerns of the community and a community presentation with both pre and post assessment of how they accepted the community intervention and faculty members will participate as observers and mentors in this process.

**Robust scientific literature review**
This could be a project where you do a very extensive literature review with examination of all the articles, a judgment as to their authenticity, how well to address the subject, and then a two hour presentation to your colleagues with faculty supervising and grading your performance. This involves a lot of scientific review of articles, not leading toward your own study but leading toward a synthesis of the data in a 4-6 page paper which could become a review article.

**Quality Assurance**
The resident would participate in a quality assurance committee or with a physician at one of the hospitals who is on quality assurance committee and is doing a quality assurance project. This would be designing a quality assurance project or designing an assessment of ongoing quality assurance project or input to a current quality assurance project which requires a review of medical records or other documents to backup what a quality committee is currently embarking on or is looking for a pre and post intervention change for example. As an example, a quality assurance committee is looking at a new method of doing something. A report would then go back to the quality assurance committee.
Resident Research Timeline:
The following timeline has been established to help residents keep on track with their research. This will be reviewed at each Resident Continuation meeting to make sure the resident is on track with the expectations listed below.

RESIDENT RESEARCH TIMELINE

PGY 1
1. June-November: Identify a research mentor
2. December-April: Submit rough abstract of proposed research

Once a project has been identified; all residents are required to fill out a research grant application. Every application is submitted to someone on the Research Council for approval based on the applications criteria. **Once approval is given, residents can start working on their projects.**

Those types of projects the residents can choose from are:

1. **Scientific Research Project:** A scientific research project may either be research mentor initiated or resident initiated. Projects types may include any number of study designs including:
   - Randomized-controlled trial
   - Case-based or historical control study
   - Observational study
   - Basic science project (laboratory research)

All of these projects require scientific review by the Research Council or Cancer Center prior to submission to the appropriate IRB. The resident may be a participant in an ongoing project of the research mentor or may initiate a new study with the research mentor serving as the Principal Investigator. The resident MAY NOT be the Principal Investigator on any of these studies even if it is resident conceived and initiated.

2. **Systematic Literature Review** [http://www.oup.com/uk/orc/bin/9780199202959/bryman3e_ch04.pdf](http://www.oup.com/uk/orc/bin/9780199202959/bryman3e_ch04.pdf) (please read this entire article)
   - Critical evaluation of the body of literature surrounding a single issue
   - Oral and written presentation
   - Evaluated by a panel of faculty members
   - Evaluate and critically discuss experimental design, research methodology, statistical analysis as well as summarizing the findings
   - Publication as review article or clinical opinion is required

3. **Community Teaching Program** (choosing a community w/same ethnicity, underserved community, same age group, same experience)
   - Develop and participate in a community teaching or outreach program that includes both oral and written materials
   - Development must include learning outcomes
   - Evaluated by one or more faculty members and by follow-up survey of the audience
   - Must include collection of data evaluating the effectiveness of the program focusing on the learning outcomes
   - Complete a written review of the success of the program including data analysis

4. **Quality Assurance/Best Practices Research**
   - Research that focuses on quality assurance or best practices may be used to fulfill the scholarly activity requirement if the study includes rigorous methodology and analysis
   - Must be presented along with the mentor to the hospital quality assurance committee
PGY 2

1. June – November: Research application submitted and IRB submitted if applicable
2. December – April: Project initiated and data collection begins

PGY 3

1. June – November: Research project in final phase of data collection and have abstract in progress
2. December – April: Data collection and analysis in progress or completed and have poster prepared for deadline for Research Day

PGY 4

1. June – November: All data collection should be completed. Begin data analysis
2. December – April: All statistical analysis is completed; oral presentation is prepared by deadline for Research day and manuscript in preparation, if applicable

ROTATION SCHEDULING

The Residency Program Director, in conjunction with the Curriculum Committee, is responsible for establishing rotations to fulfill RRC requirements and is responsible for reviewing and approving the Master Rotation Schedule. The Administrative Chief Residents work in conjunction with residents and the residency coordinator to prepare the Master Rotation Schedule. Incoming first-year residents are scheduled by the Administrative Chief Residents. Second-, third-, and fourth-year resident classes meet and prepare a recommended sequence of rotations which is submitted to the Administrative Chief Residents. Once approved, changes in the sequence of rotations are not permitted except for those that might be necessitated by an unanticipated extended absence of a resident.

Appendix A-1 contains the objectives for each resident rotation.

Primary Care: Growth in knowledge and experience in the primary and preventive care role is accomplished via participation in ambulatory care throughout the residency, by participation in the Emergency Medicine rotation and continuity care clinics in all years.

General Obstetrics and General Gynecology: Residents have rotations in general obstetrics and gynecology each year of their residency. Each year the residents’ level of responsibility for patient care and education of medical students and junior residents increases.

Gynecologic Oncology: Residents have one rotation each year on Gynecologic Oncology.

Maternal-Fetal Medicine: Second- and third-year residents have rotations in Maternal-Fetal Medicine at UMMC.

Reproductive Endocrinology and Infertility: Residents have rotations on Reproductive Endocrinology and Infertility in the second and fourth years of their residency. PGY 2 and 4 residents also attend a High Risk Clinic at HCMC.

Urogynecology: Residents have a rotation in Urogynecology in the fourth year.

Advanced Gynecologic Surgery: Residents have advanced Gynecologic Surgery rotations in the fourth year.

Family Planning & Abortion: Residents spend one rotation in family planning and abortion in the second year.

High Risk Ultrasound, Genetic Counseling: Residents have a rotation in high risk, ultrasound, genetics, and counseling rotation in the second year.
**Adolescent Pediatric Gynecology:** Resident rotates 1½ days at Minneapolis Children’s Hospital with Dr. Miller.

**Continuity Clinics:** Beginning in the last six months of the first year, residents hold Continuity Clinic one half day per week for the duration of their residency. Continuity Clinic sites are assigned by the Residency Program Director. Locations are: Regions Hospital, Hennepin County Medical Center, and the Women’s Health Specialists Clinic.

**SAFETY AND SECURITY**

The Security Monitor Program (SMP) is a branch of the University of Minnesota Police Department. SMP offers a walking/biking escort service to and from campus locations and nearby adjacent neighborhoods. This service is available completely free to students, staff, faculty, and visitors to the University of Minnesota – Twin Cities campus. To request an escort from a trained student security monitor, please call 624-WALK shortly before your desired departure time and walk safe.

Fairview University Medical Center also employs security officers who are on duty 24 hours a day to respond to emergencies and to escort persons to and from the parking facilities. Call 612-273-4544 if you wish to have an escort, and a security officer will meet you at your location.

**STEP III**

All trainees must pass the USMLE Step 3 or an equivalent licensing examination (i.e. COMLEX) by January 1 of their PGY-2 year to be eligible for a resident contract at the PGY-3 level or beyond. Trainees are encouraged to take the appropriate licensing examination early in their training to permit adequate time to re-take the exam if more than one attempt is needed.

**Trainee Responsibility**

Trainees should register for the USMLE Step 3 or equivalent licensing examination no later than September 1st of the PGY 2 year to allow for scheduling, grading and notification of exam results by the January 1 deadline. Trainees who do not notify their program of a passing score by January 1 of their PGY-2 year forfeit their continuing position in the training program and are subject to contract non-renewal.

Trainees who transfer into a University program (PGY 3 and beyond) will be required to report their examination results upon application to the program.

**SUPPORT SERVICES**

All institutions at which residents rotate provide support services such as intravenous services, phlebotomy services, and laboratory services, as well as messenger and transporter services, are provided in a manner appropriate to and consistent with educational objectives and patient care.

**SURGICAL COMPETENCY**

When a resident feels he/she is ready to be evaluated on a particular procedure he/she will notify the attending physician prior to the case and then ask them to sign off on a Certification of Surgical Competence form at the completion of the case.

It is mandatory that all residents obtain documentation of competency in the following procedures prior to advancing to the next year.

- End of PGY1 year: vaginal delivery
End of PGY2 year: cesarean delivery, vacuum delivery, transvaginal ultrasound, diagnostic laparoscopy, diagnostic hysteroscopy, suction curettage
End of PGY3 year: vaginal hysterectomy, abdominal hysterectomy, operative hysteroscopy, operative laparoscopy, amniocentesis

SUPERVISION

All patient care is supervised by qualified teaching staff. Residents are provided with rapid and reliable systems for communication with supervising faculty. On-call schedules for teaching staff are structured to ensure that supervision is readily available to residents on duty. The teaching staff must determine the level of responsibility given to each resident. Faculty and residents are educated to recognize the signs of fatigue and will adopt and apply policies to prevent and counteract the potential negative effects.

SUPERVISORY LINES OF RESPONSIBILITY FOR PATIENT CARE

HCMC OB/GYN: Medical students and first-year residents are expected to do the initial evaluation of all stable triage and labor patients. Medical students and first-year residents report directly to the PGY2 about all patients they are following. PGY2 residents report directly to the PGY4 about all patients. Complications or concern with triage, laboring or ED patients are brought to the staff physician by the PGY4. All surgeries are attended by at least the staff physician and senior resident. Most often, there is also a PGY2 and intern or medical student present for births and surgeries. Staff physicians are always in-house.

General Gynecology and Urogynecology at UMMC, and HCMC: PGY 2 and PGY 4 residents are supervised by the urogynecologist and general gynecologists. Surgical procedures are supervised by an attending at all times.

UMMC Gynecologic Oncology: All residents in clinic, surgery and on rounds are under the direct supervision of attending staff and gynecologic oncology fellows. Initial patient evaluations are performed by junior residents. The junior residents report to either their senior residents or fellows. Fellows report to staff physicians in complicated situations. Gynecologic oncology staff are readily available to the resident and fellow by telephone and pager.

UMMC General OB/GYN (Women’s Health Specialists): PGY 1 resident is supervised by PGY 4 GYN for gynecology cases and PGY 2/PGY 3 MFM resident for OB cases. All are supervised by staff physician in OR cases.

Maternal Fetal Medicine (MFM): PGY 2 and PGY 3 residents are directly supervised in clinic and labor and delivery by maternal-fetal specialists or staff physicians. Senior residents supervise the activities of junior residents on labor and delivery when available (the PGY 2 is otherwise supervised by the OB staff physicians). All patients are seen and discussed with an attending. All procedures are performed with staff physicians.

Team Riverside coverage for General OB/GYN, MFM (PGY 2 and PGY 3) and GYN (PGY 4):

PGY1 Day
Sign-out: 630 a.m. - antepartum
Postpartum rounds: 6:45 a.m. – 7:30 a.m. (Sit down handoff starts at 7:00 a.m.)
Gyn cases: 7:30 a.m. – 6:00 p.m.
- GYN minor procedures
- ED or inpatient GYN consults w/assistance of PGY 4
- Clinic with Women’s Health Specialists and primary care
- Will see ED patients and consults on Riverside campus when available. If not available, these patients will be seen by the Gynecology PGY4.

PGY2
Sign-out: 6:30 a.m. - antepartum
Postpartum/MFM rounds: 6:45 a.m. – 7:30 a.m. (Sit down handoff starts at 7:00 a.m.)
Scheduled C/S, MFM duties: 7:30 a.m. – 6:00 p.m.
  • Priority is C/S by MFM, Women’s Health Specialists, FRWC MDs, including admission and postpartum care
  • Will perform vaginal deliveries for Women’s Health Specialists
  • Will cover MFM service when PGY3 is on PTO and at continuity clinic

**PGY3 Day**
Sign-out: 6:30 a.m.- antepartum
MFM rounds: 6:45 a.m. – 7:30 a.m.
MFM coverage: 7:30 a.m. – 6:00 p.m.
  • Priority is MFM service including admission, antepartum management, labor management vaginal deliveries and C/S and postpartum care
  • Will perform WHS and FRWC C/S when G2 is on PTO or at continuity clinic (if primary C/S PGY1 may perform)

**PGY3 Night Float**
Sign-out: 6:00 p.m.
MFM / Women’s Health Specialists / FRWC c/s, unassigned, continuity patients: 6:15 p.m. – 6:30 a.m.
Postpartum rounds: 6:45 a.m. – 8:00 a.m. (Sit down handoff starts at 7:00 a.m.)
  • Priority is management of MFM patients
  • Will see ED consults
  • Will perform all C/S for MFM, Women’s Health Specialists, FRWC patients
  • Will perform vaginal deliveries for Women’s Health Specialists and unassigned patients

**PGY4**
Sign-out: 6:30 a.m.
Postop rounds: 6:45 a.m. – 7:30 a.m. (Sit down handoff starts at 7:00 a.m.)
OR cases/Gynecology coverage: 7:30 a.m. – 6:00 p.m.
  • Priority is management of Gynecology service including OR cases, Gyn admissions, postoperative care of gynecology patients
  • Will perform gynecology consults on University campus
  • Will assist G1 with gynecology ED consults on Riverside campus, perform consults when PGY1 not available

***All residents (PGY 1 – PGY4) on the Riverside team are responsible for coordinating and participating in morning teaching rounds and should expect to present a relevant topic or article at least twice during the block, as well as guide medical students in selecting appropriate topics to present.***

**Reproductive Endocrinology and Infertility:** Reproductive endocrinologists and infertility staff directly supervise PGY2 and PGY 4 residents. All surgical cases are supervised by attending physicians.

**Regions:** Staff physicians are made aware of all consults, triage patients, Labor and Delivery admits, etc. immediately. Usually, the staff physician will direct the residents to conduct the initial evaluation of all patients who present to Labor and Delivery and any problems that arise on the inpatient services. Upper level residents are required to closely supervise the care delivered by the lower level residents, including direct contact with the patients, review of physical and laboratory findings, and documentation on the chart. The staff physician covering Labor and Delivery during the day and the on-call in-house staff physician at night is responsible for overall supervision of the care delivered by the residents. In-house and Emergency Department consultations are seen by the senior resident under the direct supervision of the on-call staff physician.

**Regions Emergency Medicine:** PGY1 residents are directly supervised by the emergency room physicians.
**Gyn Surgery at Methodist:** PGY3 residents pre-round on patients with resident involvement and should communicate any findings or concerns to the appropriate staff physician. Residents are responsible for discharge planning for any General GYN patient with whom the resident was involved. All procedures and surgeries are supervised by an attending. The individual staff physicians round separately.

**TRAINING AND GRADUATION REQUIREMENTS**

The program requirements for graduation are those specified by the American Board of Obstetrics and Gynecology (ABOG) ([www.abog.org](http://www.abog.org)). ABOG requires residents to spend 48 months in an Accreditation Council on Graduate Medical Education (ACGME) accredited OB/GYN residency. Effective July 1, 2005, however, ABOG will grant up to six months credit for a resident who has previously completed one year or more of an ACGME accredited training program. This is not retroactive; residents in an ACGME accredited program prior to July 1, 2005 will not be eligible. Approval from ABOG must be obtained by the program director before the resident joins the program. A letter from the donating program director must attest to the satisfactory service and competent completion of the resident in the donating program.

Requirements for OB/GYN residents to take the ABOG examination include the resident having:

- Satisfactorily followed the program course of instruction
- Completed and submitted a satisfactory list of operative obstetrical and gynecological procedures performed during all years of training
- Achieved the appropriate knowledge, ability, and judgment in order to provide competent clinical care in obstetrics and gynecology as documented by ongoing evaluation during the entire program
- Demonstrated the necessary technical skills to competently perform:
  1. Major abdominal and vaginal procedures upon the female pelvis and related structures
  2. Major surgical procedures for female urinary and fecal incontinence and other forms of pelvic dysfunction (reconstructive pelvic surgery)
  3. Spontaneous and operative obstetric deliveries
  4. Surgical exploration of the abdomen
  5. Pelvic and abdominal endoscopic procedures
  6. Diagnostic evaluations including electronic fetal monitoring, ultrasound, colposcopy, amniocentesis and urodynamic testing
  7. Diagnosis and treatment of complications of the above
- Demonstrated good moral and ethical character

In addition to the above, program requirements include participation in a research project, maintaining a complete and accurate listing of procedures performed and attendance and participation at required conferences.
SECTION 6 - ADMINISTRATION

DEPARTMENT HEAD
Linda F. Carson, M.D. (612) 626-2613

VICE CHAIR
Daniel Landers, MD (612) 626-2613

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FELLOWSHIP PROGRAM DIRECTORS
TBD, M.D., GYN ONC Program Director (612) 626-2439
Kirk Ramin, M.D., MFM Program Director (612) 627-4181

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Carrie Terrell, M.D., Division of OB/GYN

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Mark Damario, M.D.  University of Minnesota Medical Center Reproductive Endocrinology
Carrie Terrell, M.D.  University of Minnesota Medical Center General Gynecology
Tracy Prosen, M.D.  University of Minnesota Medical Center Maternal-Fetal Medicine
Tracy Prosen, M.D.  University of Minnesota Medical Center High Risk, U/S, Genetics, Counseling
Carrie Terrell, M.D.  Riverside Women’s Health Specialists
Virginia Lupo, M.D.  Hennepin County Medical Center Obstetrics & Gynecology
Jeffrey Warshaw, M.D.  Hennepin County Medical Center Urogynecology
Jeanette Thomas, M.D.  Methodist Hospital Gynecologic Obstetrics
Kimberly Gerten, MD  Methodist Hospital Urogynecologic Surgery
Kelly Barringer, M.D.  Regions Hospital Emergency Medicine
Kamalini Das, M.D.  Regions Hospital Obstetrics/Gynecology
Carol Ball, M.D.  Regions Hospital GYN Special Services
# 2013-2014 Residency Events

*(Subject to Change)*

## 2013

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 13</td>
<td>Resident and Fellow Research Day <em>(All faculty and residents attend the entire day)</em></td>
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<tr>
<td>June 3</td>
<td>Resident Retreat Day <em>(Full day)</em> <em>(Residents attend only)</em></td>
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<tr>
<td>June 7</td>
<td>PGY 4 and Fellow Graduation <em>(All faculty and residents attend)</em> 6:00 PM</td>
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<tr>
<td>June 10-14</td>
<td>PGY 1 (2017 graduates) OB/GYN Orientation <em>(New incoming residents only—there will not be any PGY 1 residents on service this week)</em></td>
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<tr>
<td>June 17</td>
<td>PGY 1 (2017 graduates) Rotation Start Date <em>(Welcome new residents)</em></td>
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<tr>
<td>September 24</td>
<td>Women’s Research Conference <em>(Resident coverage may be less than normal)</em></td>
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<tr>
<td>September 27</td>
<td>Autumn Seminar, Duluth Minnesota <em>(Resident coverage may be less than normal)</em></td>
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<tr>
<td>November 11</td>
<td>Resident Applicant Interview Day <em>(Resident coverage may be less than normal)</em></td>
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<tr>
<td>November 18</td>
<td>Resident Applicant Interview Day <em>(Resident coverage may be less than normal)</em></td>
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<tr>
<td>November 4-8</td>
<td>Residents meet with their advisors sometime this week for Resident Continuation <em>(Residents should have contacted their advisor to set up a meeting prior to this week)</em></td>
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<tr>
<td>November 12</td>
<td>Resident Continuation Meeting <em>(Resident advisors and chief residents attend only)</em></td>
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<tr>
<td>December 2</td>
<td>Resident Applicant Interview Day <em>(Resident coverage may be less than normal)</em></td>
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<tr>
<td>December 9</td>
<td>Resident Applicant Interview Day <em>(Resident coverage may be less than normal)</em></td>
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<tr>
<td>December 16</td>
<td>Resident Applicant Interview Day <em>(Resident coverage may be less than normal)</em></td>
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## 2014
January 23 and 24  CREOG Exam for all residents (Residents will be assigned to take the exam on one of these dates and this will be determined by the Chief Residents) No continuity clinic.

February 24-28  Residents meet with their advisors sometime this week for Resident Continuation (Residents should have contacted their advisor to set up a meeting prior to this week)

March 4  Resident Continuation Meeting (Resident advisors and chief residents attend only)

May 12  Resident and Fellow Research Day (All faculty and residents attend the entire day)

June 2  Resident Retreat Day (Full day) (Residents only)

June 6  PGY 4 and Fellow Graduation (All faculty and residents attend) 6:00 PM
ROTATION GOALS AND OBJECTIVES
Goals and objectives of the rotation:

By the end of the first year, resident should be able to:

<table>
<thead>
<tr>
<th>Goal, Objective</th>
<th>COMPETENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Manage routine postoperative care</td>
<td>PC</td>
</tr>
<tr>
<td>2. Recognize medical and surgical complications in postoperative gynecologic oncology patients</td>
<td>PC</td>
</tr>
<tr>
<td>3. Correctly assess and interpret laboratory values and routine radiographic studies</td>
<td>PC</td>
</tr>
<tr>
<td>4. Know principles of enteral and parenteral nutritional supplementation</td>
<td>MK</td>
</tr>
<tr>
<td>5. Know the basic principles of chemotherapy agents used for gyn and breast malignancies</td>
<td>PC</td>
</tr>
<tr>
<td>6. Know basic principles of treatment of gynecologic malignancies with surgery, chemotherapy and radiotherapy</td>
<td>MK</td>
</tr>
<tr>
<td>7. Know FIGO staging criteria for gynecologic malignancies</td>
<td>MK</td>
</tr>
<tr>
<td>8. Know basic pelvic anatomy</td>
<td>MK</td>
</tr>
<tr>
<td>9. Communicate effectively with colleagues, patients, and staff</td>
<td>IC, P, SBP</td>
</tr>
<tr>
<td>10. Coordinate patient care with multidisciplinary care team</td>
<td>SBP</td>
</tr>
<tr>
<td>11. Demonstrate professional behavior</td>
<td>P</td>
</tr>
<tr>
<td>12. Identify areas for personal improvement in gyn oncology knowledge and implement strategies to accomplish this</td>
<td>PBLI</td>
</tr>
</tbody>
</table>

In order to meet the above objectives, the resident will (each activity is associated with the corresponding numbered goal/objective above):

1. Attend and participate in morning rounds with the fellow; write daily SOAP notes on patients
2. Obtain the results of daily lab values, document these and discuss them with the fellow when abnormal or to clarify appropriate management of laboratory results
3. Actively participate in the ordering of TPN; working with the fellow and 7C nutritionist to understand the important concepts associated with TPN including indications and common complications
4. Actively participate in caring for patients receiving chemotherapy; working with the fellow/staff, the 7C charge nurse and pharmacist to understand the important concepts associated with chemotherapy including knowledge of which items are commonly used for gynecologic malignancies, how they are administered, mechanism of action and common side effects
5. Routinely participate in attending rounds and asking questions to clarify concepts that the resident does not understand. Reviewing the pre-admission (or most recent outpatient) H&P on patients to understand the decision making process involved with each patient's admission
6. Independently determine the stage of every oncology patient admitted to the service
7. Conduct all activities in a professional manner
8. Consistently identify concepts that are not clear or that the resident does not understand and use available resources (Fellow/Staff; consult services; text books; web-based resources; additional members of the multi-disciplinary team to get answers to questions)
Schedule of time (where the resident is expected to be each day):

The first year resident will spend the majority of their time with daily patient care activities at UMMC, unit 7C. The resident will occasionally assist in surgery, outpatient clinic (Clinic 1-C, PWB)

**First year will NOT attend their continuity clinic during this rotation.**

**Resident Evaluations will include the following:**
1. Standard RMS evaluations will be sent to gynecologic oncology staff physicians.

**Site locations:**

University of Minnesota Medical Center, Fairview
500 Harvard Street
Minneapolis, MN 55455
(612) 273-3000

Phillips Wangensteen Building
Clinic 1-C
516 Delaware St SE
Minneapolis MN, 55544

**Key to ACGME General Competencies met by each objective:**

<table>
<thead>
<tr>
<th>PC = Patient Care</th>
<th>MK = Medical Knowledge</th>
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<tbody>
<tr>
<td>PBLI = Practice-Based Learning &amp; Improvement</td>
<td>IC = Interpersonal &amp; Communication Skills</td>
</tr>
<tr>
<td>P = Professionalism</td>
<td>SBP = System-Based Practice</td>
</tr>
</tbody>
</table>

**Tips (some of this may be different as the first year rotation is changing for 2013-2014 PGY1 class):**

You will round any time between 5:15 and 7:00, depending on the # of patients and when cases start. You will get a page with the AM rounding time the night before. If you don't, call 612 273-1444 and ask.

The 2nd, 3rd, and 4th years will be sharing responsibilities in the clinic, operating room, and night float. You will always be on the floor during the day. You may have the opportunity to go to the OR with the senior and the goals will be for you to cover minor procedures if patients on the floor are stable (you can wear scrubs or clinic clothes, whatever you prefer, but keep a pair of scrubs with you).

Code to the work room is 3-3073 (also the 7C main desk phone #). There is a fridge in the room, and coffee/water across the hall.

Your basic job is to run the inpatient service during the day. In the AM pick up your clipboard and a list. During rounds, try to get a sense for the patient's long and short term plans. WRITE DOWN everything that needs to get done (check-y boxes help). Keep a pair of gloves in your pocket, and be ready to help with dressing changes.

If you can't articulate a patient's plan to the oncoming night person, then you need to talk to the fellow before sign out. You are responsible for keeping the list up to date.

**MORNING**

After rounds, you will have a list of consults/services to contact. Most consults require an EPIC order AND a phone call. First thing, call the operator and ask for all the pager numbers you need. Some of the commonly called numbers are on a list on the wall. You can always page multiple people at once to different phones if you have a ton of services to talk to. Most consult services, including interventional radiology, are not around until 8:00 AM. However, there are always night people on call if it's urgent.
Morning priorities include:
1. Calling consults/ IR
2. Getting discharges ready to go
3. Advancing post-op patients

When advancing post-op patients, think about:
1. Advance diet
2. DC IV fluids
3. DC foley
4. DC PCA -> start PO pain meds
Obviously, these things can be different for different patients.

Good things to delegate to med students/Sub Interns:
1. Labs, following up on cultures
2. Vitals
3. Calling consults

****Try to check vitals and intake/output at least every 4 hours. Check more often if a patient is more sick.*

A VERY helpful thing on EPIC is under the patient summary tab, called 7-Day Micro. It's helps you keep track of all the cultures a patient has "cooking."

SOCIAL WORK ROUNDS
Sometime between 8-9 am, you will have social work rounds. Katie is usually the charge nurse and is very kind/helpful and conscientious. She will call when they are ready for you. During rounds, present the patient's one-liner, their disease, and any pertinent ongoing issues. This is the time to discuss TCU placement, TPN, home care, etc. Everyone is very nice and will help you out! Please don't stress about these rounds.

ATTENDING ROUNDS
You are also responsible for rounding with the attending physician each day if they do not round with the morning group. Sometimes the fellow will join you. Be concise but thorough when you present the patients. Know the daily plan and have any pertinent vitals and labs ready. If you are unsure about the plan, confirm with the senior resident or fellow before you round with the attending.

PAIN MANAGEMENT:
There are two services that help us manage our patient's pain. Palliative care is super helpful for managing chronic pain and nausea in cancer patients and for talking with families about comfort cares/hospice. The Acute Pain team is helpful for patients who, for example, are on methadone or have chronic pain unrelated to cancer and are now undergoing surgery. Sometimes the team that you choose depends on which group they have been seeing as an outpatient.

DISCHARGES:
When discharging patients, they will need a post-op or follow-up appointment. You can task this to the WHC clinic front desk team. Use EPIC to send a message to "P WHC FR". DC summaries must be cosigned by the fellow. Hopefully your night counterpart will prepare discharge orders/fix summaries overnight the majority of the time.

If you have time during the day, try to update patient's' discharge summaries every 1-2 days! The worst thing for the weekend call person is to try to piece together what has happened over the last 10 days for a complicated patient they have never met. For each person you admit, you should start a discharge summary. Please remember, the discharge summary should include relevant details. Do not copy and paste the HPI from the H&P—you should give a brief HPI of the disease process and why the patient was admitted and then the important details of the hospitalization by system or problem.
POST-OP PATIENTS

Every post-operative patient needs a post-op check within 1/2 hour (or so) of getting to the floor. Ask about nausea, vomiting, chest pain, SOB and do a basic exam.

ADMISSIONS

You will get some chemo/clinic/ER admits in addition to the post-operative patients. When you have a chemo admission, their chemotherapy orders and labs are in paper orders in their chart, and you are not responsible for those. However, you are responsible for all other admission orders such as diet and non-chemo meds. You can use the Oncology Admission Orders ADULT smartset. Other important smartsets are listed on the wall.

In oncology clinic notes, we keep a running list of the patient's cancer course, that generally gets cut/pasted in to the H&P with any updates. Use this as a template.

SIGN OUT

You will sign out to the night person around 6 PM. Sometimes you will have to stay later in order to finish your duties.

OTHER REVIEW:

There generally isn't a lot of pimping, but it's a good idea to review staging and other basics about endometrial/ovarian/cervical/vulvar cancer.

Fever:

If the patient spikes a fever within 24 hours post-op, we generally do not do a work up. Consider the work-up if the fever is very high. Main work-up: CXR, blood cultures X2, UA/UC, sputum culture. If after 48 hours of antibiotics, the patient has a repeat fever: look into other infectious sources, follow up on cultures/speciation/sensitivities. If the patient keeps spiking, consider CT abd/pelvis. With fever think of clots!

Stroke:

Frequent presenting symptoms: dysphagia, aphasia. Pulse irregular? Think atrial fibrillation. Evaluating a patient: full neuro exam, cardiac exam. Positive neuro signs -> call a stroke code (code white). The stroke team will come and evaluate the patient. They will ask about the patient's history, stroke risk factors, their symptoms, and how long the symptoms have been going on, whether they are on anticoagulation (get this info ready in your mind). Work up: stat EKG, CBC, CMP, lactate, CT head (non-contrast). The stroke team will likely order these things or anything else they want. Just communicate with them.

Respiratory compromise:

Get an ABG, Call RT, Worsening -> call RRT (rapid response team, a step down from the code team). Worsening to the point of possibly needing intubation -> call SICU resident

PE:

Consider with mild fever, persistent tachycardia, and/or shortness of breath, oxygen desaturations. Most common presenting symptom is actually *hypoxia*. EKG: sinus tach, S1Q3T3 pattern. Real concern, order CT/PE (consider creatinine, renal function).

SBO:

Evaluate with abdominal XR, or abdominal CT. NPO, IVF, NG tube to suction. K, Mag affect bowel function, daily BMP/electrolytes. Order electrolyte replacement protocol (EPIC smartset) if needed.
Goals of the rotation:

To begin to develop the skills in the area of inpatient post operative care/complications, emergency room and inpatient consultations and minor outpatient gynecologic surgeries. To gain exposure to general OBGYN clinic and Internal Medicine clinic.

Objectives of the rotation:

1. Describe pre-operative indications, intra/post-operative complications and perform with moderate assistance from the chief resident or attending, LEEP, diagnostic hysteroscopy, diagnostic laparoscopy, simple laparoscopic surgery and open and close abdominal incisions. (1,2)
2. Demonstrate knowledge of pelvic anatomy (2)
3. Demonstrate the ability to know your limits of knowledge and ability, access and be receptive to instruction and feedback (3,5)
4. Demonstrate preliminary mastery of hospital computer system to access labs, identify patient location, access email, web-based paging, on-line medical resources, and enter surgical cases (1,2,3,6)
5. Perform office procedures; IUD insertion, Endometrial biopsy, LEEP, colposcopy, Essure (1,2)
6. Demonstrate ability to present obstetric or gynecologic topics from ACOG practice bulletins. (1,2,3,4,5,6)
7. Demonstrate knowledge of common medical conditions affecting women, diagnosis and treatment (1,2,3,6)

In order to meet the above objectives, the resident will:

1. Residents will be prepared for OR cases, will know indications for procedure and basic anatomy, procedure details
2. Residents will round on post-operative patients and assist in discharge of patients per senior resident
3. Residents will see patients in clinic and present to attending
4. Residents will write clinic notes for all patients seen
5. Residents may help with ED consults, see in patient consults per senior resident
6. Residents will participate in clinic as scheduled and when no surgical cases are scheduled

Schedule of time (where the resident is expected to be each day):

6:30 am Mon-Fri: Sign out from the night resident on Antepartum. See all Gynecology inpatients, see post partums if there is time before OR or clinic.

Clinic starts at 8am

Monday am: (7:30a) GYN case presentation- Gathering room on antepartum- 4th floor
Women’s Health Specialists (WHS) clinic (Hoffman)
Monday pm: Conference

Tuesday am: OR
Tuesday pm: WHS clinic (Hoffman, Pukite or French)

Wednesday am: OR/ WHS clinic (Mahoney or Terrell)
Wednesday pm: WHS clinic- Dr. Melnik (Internal medicine)

Thursday am: WHS clinic (Mahoney, Pukite or French)
Thursday pm: WHS clinic (Mahoney, Pukite, French or Terrell)

Friday am: OR
Friday pm: WHS clinic (Darnell, Pukite or Terrell)
Residents will miss one afternoon a week from this schedule (Tues, Wed, Thurs, or Fri) to attend their Continuity Clinic.

**Educational materials include:**

ACOG Compendium  
Standard Ob-Gyn Texts

Clinic:  
3rd floor professional building  
Nurse Triage number – 273-7110

WHS Faculty:  
Dr. Suzanne Darnell – 899-5253  
Dr. Rebecca French – 899-7269  
Dr. Samantha Hoffman – 899-5311  
Dr. Mary Mahoney – 899-5042  
Dr. Mary Pukite – 899-2151  
Dr. Carrie Terrell – 899-5043  
Dr. Tanya Melnik – 899-7566

**Resident Evaluations will include the following:**

Global evaluation through RMS and quiz on procedures performed.

**Key to ACGME General Competencies met by each objective:**
1 = Patient Care  
2 = Medical Knowledge  
3 = Practice-based Learning and Improvement  
4 = Interpersonal and Communication Skills  
5 = Professionalism  
6 = Systems-Based Practice

**Tips:**

Call rooms: There are a couple of OB call rooms on the fifth floor with fridges and computers were you can park your things. (Senior room code: 6628. Junior code is written on the door frame: 9290. This is an awesome spot to use a computer to do notes without distraction). In general, everything you need will be in the East part of the building (L&D, antepartum, main OR, call room), except of course the ED where you will be called for consults. And the gyn team covers both sides of the river so on occasion you will get a consult from the hospital across the river. There are shuttles that go back and forth all day; your fourth year resident will go with you, or if they are at continuity clinic, then often the attending will go over at the same time as you to save time.

As the G1 your main goals are to see gyn patients in the morning before sign out, help out rounding with postpartum patients when there aren't gyn patients in house (the G2 can be overwhelmed with postpartum sometimes), go to all GYN cases, cover GYN consults, help out with L&D when we are short residents and go to staff clinic if there is nothing else going on. The G1 before me says: “Some of my fellow classmates found the OR to be slow and ended up in clinic a lot. I have YET to make it to clinic after 5 weeks because we have had a steady flow of OR cases and consults. So it just depends.” I also never made it to clinic even once.

First day activities:

- Make sure you Epic login works
- Build a surgery and gyn epic lists to work from. Almost all of the gyn patients go to the 10th floor, so if you just create a list of Unit 10A patients, you’re good to go. If you check the “Gyn” system list, you’ll see a list of
patients other services have ordered consults on (I check it once in a while just to see if I’ll be expecting a call later that day).

- call security office (dial 0, ask for security) to make sure your badge will get you into L&D/ postpartum/ antepartum, OR, surgeon lounge, and ED. I had to do this as my badge was worthless the first day and I was getting locked in corridors and had to have the med student chaperone me around. Also, if the security guy on the phone tells you that you have to have someone from L&D or whatever call to allow you access, just call back later- most of the security people will just give you access, no hassle.

- Day begins at 6:30 with signout on the fourth floor, antepartum - overnight resident will tell you about events for your pts and any new gyn admissions. Then round on all gyn patients before 7AM (if you can’t finish all your notes by then, you usually have a few minutes later in the morning in between surgeries).

- At 7am we have sit down round with staff which includes a staff member from Women's Health Specialists (general OB/GYN staff) and MFM. During round at 7AM we have been rotating reading and discussing an article daily. We usually decide topics on Monday and residents or students will present T-F. On monday the gyn team goes through all the surgical patients for the week (brief history, their pertinent labs, imaging, and biopsies, and the surgery). Often I didn’t get a chance to go to the 7am teaching on any day except Monday because the gyn service usually had 7:30am surgery starts. But I went whenever I could, as the topics were pretty handy.

- Not only are there two hospitals, there are 2 OB/GYN physician groups. The 2 groups are Women's Health Specialists (WHS, also sometimes called USpec) and Fairview Riverside Women's Clinic (FRWC). I could never keep them straight, but basically they both have clinic in the same Riverside Professional building and admit patients to the Fairview Hospital, but are financially and call-wise completely independent. So each group will have their own staff member on call for the day. If you need to talk to an attending about a patient, check your signout list to see which group the patient belongs to, and then if you can’t remember who is the attending on call for that group on that day, just call L&D and ask- they have the list right there. Your senior will help you get to know which attending belongs to which group, and it is written right on the bottom of the signout list. You will have to sign out different patients to different staff depending on which clinic pts go to. If a patient comes in through the ED and hasn’t been seeing a particular group, it goes to WHS. FRWC does not come to 7am rounds so you have to page them after rounds to update them about their patients.

- If you get a page with a four digit number, it is usually a pager number. To page it, go to www.MyAirMail.com and type in 612-899-XXXX. Every pager in the hospital except the FRWC staff pagers start with that same prefix. If you get paged with a phone number, just dial 3XXXX and that dials internally anywhere in the hospital. If you get a consult, make sure to ask what side of the river the patient is on- Riverside or University Side.

- This is one of the only rotations first year where you carry the ED and consult pager (the other is Onc). You will also occasionally get messages from the answering service to call patients back at home. You are responsible (with the help of your senior) to see Gyn consults on both sides of the river (unless you are very busy, you could possibly ask the Gyn Onc team to see a pt on their side). If you get a pt phone number to call back, try to read up on the patient first before calling them back, and always write a note (“Telephone Encounter”) when finished.
REGIONS MEDICAL CENTER
EMERGENCY MEDICINE ROTATION
PGY 1 RESIDENT ROTATION

Goals of the rotation:

Residents on Emergency Medicine Rotation learn to manage acute medical and surgical conditions specifically with the intent of arranging triage to inpatient management or treatment and discharge.

The Emergency Medicine Department at Regions Hospital Emergency Center is a Level 1 Trauma Center as certified by the American College of Surgeons. An average of over 209 patients per day are evaluated on an emergent/urgent basis covering a wide spectrum of medical, pediatric and traumatic illnesses. The department is staffed 24 hours per day by senior staff physicians who have faculty appointments in Emergency Medicine at the University of Minnesota Medical School. The staff directly supervises each resident physician in the care of each patient.

The resident physician will have the opportunity to see all of the types of patients who present to the Emergency Department. These include: pediatric, psychiatric crisis, acute and urgent traumatic patients. The spectrum of patients includes those with orthopedic, eye, ENT, neurological, urologic and gynecological problems.

The resident physician will have the opportunity to perform necessary procedures on their patients including wound repair, stabilization of fractures, and lumbar puncture.

Resident physicians will be supervised by the regular staff physicians in conjunction with the senior emergency medicine residents. They will present the details of the initial evaluation, and discuss diagnostic and treatment modalities. Procedures will also be directly supervised by the staff physicians.

Consultation from specialty services is available and is obtained when appropriate, and provides immediate feedback on patient problems. Follow-up of admitted patients is at the discretion of each resident physician and provides valuable information on clinical course and outcomes. An extensive quality improvement program is in place and, when appropriate, the resident physician is included in this process.

Objectives of the rotation:

1. Develop an ability to assess acute medical and/or surgical problems in an efficient manner. (1,2,5)
2. Develop an ability to stabilize acute medical or surgical problems in a logical manner when appropriate. (1,2)
3. Develop an ability to perform a focused history and physical examination based on presenting acute complaints and physical signs. (1,2,5)
4. Develop an ability to outline appropriate interventions, differential diagnosis and treatment plans on an individual patient basis. (1,2,3,6)
5. Determine the appropriate services necessary for discharge to home following acute treatment. (3,4,5,6)
6. Communicate with patient’s family and other care givers a plan for care after discharge to home. (3,4,5,6)

In order to meet the above objectives, the resident will:

1. All resident physicians will see patients primarily, under direct supervision of emergency medicine staff physicians in conjunction with senior emergency medicine residents.
2. The resident will have the responsibility to implement stabilizing treatments or procedures, and order and evaluate initial laboratory and radiological studies.
3. The resident will have the responsibility to develop a rationale for the admission/discharge decision for each patient.
4. The resident will have the responsibility to develop treatment and follow-up plans for discharged patients.
5. The resident will have the responsibility to complete patient documentation in a timely manner. All charts must be complete within one week of completion of the rotation.
**Schedule of time (where the resident is expected to be each day):**

The rotation consists of 16 10-hour shifts per 4 week block month depending on clinic and OB call assignments. An attempt is made to equalize the number of days, evenings and night shifts. (All residents will have, on average, one day off in 7 and time off for clinic obligations.)

**The resident will miss one afternoon a week from this schedule (Tues, Wed, Thurs or Fri) to attend their Continuity Clinic.**

**Educational materials include:**

General Medicine and Surgical Texts available in the Emergency Department

**Conference Schedule:**

Two sets of conferences on a weekly basis are mandatory for successful completion of the rotation. On Wednesday morning, a 1.5-hour workshop is held consisting of ophthalmologic evaluation and procedures, orthopedic injuries/splinting, or Toxicology. Thursday morning consists of a 2.5-hour block, with a weekly critical case conference and an alternating hour of trauma conference or didactic lecture topic in emergency medicine. A fourth workshop on medical and trauma resuscitation is conducted at the Simulation Center for Patient Safety. Reading material pertinent to these topics is available online for viewing.

**Resident Evaluations will include the following:**

Resident physicians are informally evaluated during their clinical shifts. A written evaluation is completed at the conclusion of the rotation by several staff members. An evaluation of the rotation by the resident is encouraged.

**Key to ACGME General Competencies met by each objective:**

1 = Patient Care
2 = Medical Knowledge
3 = Practice-based Learning and Improvement
4 = Interpersonal and Communication Skills
5 = Professionalism
6 = Systems-Based Practice
Tips:
- This is a rotation that is lighter in terms of duty hours, so together with the fact that you see a little bit of everything in the ED, it is a good time to study for the USMLE Step 3. Residents are encouraged to take the USMLE during their first year.
- We wear dark blue scrubs in the ED, and this is the only place in the hospital that uses these scrubs. We launder them ourselves. Typically they are passed from resident to resident, so be in touch with the PGY1 who is on the ED rotation right before you.
- If you receive your schedule and you see any duty hour violations, let the scheduler (Pat Anderson and the ED Chief) know right away. They will either take you off the shift or change it to a different day.
- Don’t forget that you are still required to attend your continuity clinic, Monday afternoon conference, Tuesday morning Grand Rounds (when scheduled), and all Regions OB night call shifts and that your ED duties should be scheduled not to conflict with these events.
- Contact person: Pat Anderson patricia.k.anderson@healthpartners.com Phone: 651-254-5091
- On day 1 orientation is in Pat’s office, not the ED

LOCATION
2nd Floor, Central Section, Room C2587 DEPT PHONE 651-254-4788
Regions Hospital

CONTACTS
Pat Anderson, Residency Coordinator 651-254-5091
Lori Barrett, EM Residency Manager 651-254-3666
Michael Bond, MD Chief Resident 651-629-0579
Jenna LeRoy, MD Chief Resident 651-629-0084
Jason Van Valkenburg, MD Chief Resident 651-629-1143
Matt Morgan, MD, Rotation Director 651-254-5298

HOURS 24 Hours Per Day, 7 Days Per Week

FACULTY
Kurt Isenberger, MD, Dept. Head
Felix Ankel, MD, Residency Director
Kelly Barringer, MD
Emily Binstadt, MD
Aaron Burnett, MD
Mary Carr, MD
Won Chung, MD
Eric Dahl, MD
Rachel Dahms, MD
R.J. Frascone, MD
Bradley Gordon, MD
Paul Haller, MD
Carson Harris, MD
Cullen Hegarty, MD
Keith Henry, MD
Bradley Hernandez, MD
Joel Holger, MD
Koren Kaye, MD
Kevin Kilgore, MD
Peter Kumasaka, MD
Robert LeFevere, MD
Eric Ling, MD
Matthew Morgan, MD
Levon O’hAodha, MD

Brian Peterson, DO
Jessie Nelson, MD
Karen Quaday, MD
Martin Richards, Jr., MD
Stephen Stanfield, MD
Samuel Stellpflug, MD
Stephanie Taft, MD
Bjorn Westgard, MD
Casey Woster, MD
Wendy Woster, MD
Andrew Zinkel, MD
Michael Zwank, MD
REGIONS HOSPITAL
GYN
PGY 1 RESIDENT ROTATION

Goals of the rotation:
1. To gain exposure to and performance skills in gynecologic procedures that are performed in the inpatient and outpatient surgery setting
2. To gain exposure to and performance skills in gynecologic ultrasonography
3. To understand postoperative complications and management.

Objectives of the rotation for Operative Gynecology Component:
1. The resident will perform, under direct supervision, common diagnostic and operative hysteroscopy procedures (diagnostic hysteroscopy, endometrial ablation procedures of several types, polypectomy, myomectomy, Essure tubal sterilization) (1)
2. The resident will perform, under direct supervision, common diagnostic and operative laparoscopic procedures (diagnostic laparoscopy, tubal ligation procedures of several types, removal of cysts/masses/adnexal structures, tubal dye study)
3. The resident will assist on major gynecologic surgeries
4. The resident will round on postoperative gynecologic patients and inpatient gynecologic consults.

Objective of the rotation for VA Component:
1. To become familiar with ultrasound equipment and the basics of ultrasound technique
2. The resident will become familiar with gynecological ultrasound and be able to identify major gynecologic landmarks (uterus, endometrial stripe, bilateral ovaries, ovarian cysts if present) with transvaginal ultrasonography (1)
3. The resident will participate in patient education, as led by Ob/Gyn staff physicians, including the explanation of both normal and abnormal results, and the education of patients with diverse medical concerns and diverse ethnic and socioeconomic backgrounds (4,5)
4. The resident will perform, under direct supervision, colposcopy and become familiar with colposcopic abnormalities, including both actual patient findings in clinic and independent study of texts, journals and online sources (1,3)
5. The resident will perform cervical biopsies and endocervical curettage (1)
6. The resident will perform LEEP procedures in the office (1)
7. The resident will become familiar with strategies to attain hemostasis after cervical procedures in the office (including electrocautery, silver nitrate application, use of Monsel’s solution, suturing) (1)
8. The resident will become familiar with the diagnosis and management of cervical dysplasia of all types, including patient education and making management decisions based on cytology and/or histology results. Particular emphasis should be paid to considering the timeliness and cost-effectiveness of different treatment strategies, both on an individual patient basis and on a population basis.
9. The resident will perform history and physical exams on all patients and present to attending physician.
10. The resident will perform endometrial biopsies and place IUDs.

In order to meet the above objectives, the resident will:
1. Attend gynecologic operations scheduled at Westgate Same-day Surgery Center with Health Partners ob/gyn staff physicians and participate in these surgeries under the supervision and guidance of those staff physicians. The level of involvement in each operation will be determined by the staff physician and will be dependent on the resident’s skill level.
2. Attend gynecology clinic at the Minneapolis VA Health Care System (MVAHCS)
3. Perform gynecologic ultrasound examinations under the guidance and teaching of the staff physician at the Minneapolis VA Health Care System (MVAHCS).
4. Perform colposcopy, cervical biopsies, ECC, LEEP procedures under the supervision of the ob/gyn staff physician.
5. Participate in all surgeries at Regions Hospital as determined by the senior resident.
6. Participate in postpartum/postoperative rounds at Regions Hospital

**Schedule of time (where the resident is expected to be each day):**

Daily morning rounds with L&D team at 6:30am. Friday morning after staff sign out at 7:30AM is Pre-Op conference where the scheduled GYN cases to be held in the Regions OR are discussed.

Mon AM: Regions Hospital 6:30am
Mon PM: Resident didactics/conference
Tues: SDS /Regions OR
Wed: SDS /Regions OR
Thurs: OB/GYN Clinic at the Minneapolis VA Health Care System (MVAHCS) with Dr. Das [SEE ATTACHED SPECIAL INSTRUCTIONS FROM MVAHCS THAT NEEDS TO BE TAKEN CARE OF 4 WEEKS BEFORE YOU START THIS ROTATION]
Fri: SDS /Regions OR

** Residents will miss one afternoon a week from this schedule (Tues, Wed, Thurs or Fri) to attend their continuity clinic.

**Educational materials include:**

2. Colposcopy: Principles and Practice. Apgar BS, Spitzer MS and Brotzman GC. W. B. Saunders Co. 2002
4. Ultrasonography in Obstetrics and Gynecology (4th ed.). Callen PW. W. B. Saunders Co. 2000 (provided by Regions Department of Ob/Gyn for use during the rotation)
5. Additional U/S texts are available for use in the ultrasound clinic.

**Resident Evaluations will include the following:**

1. Standard RMS evaluations will be sent to staff physicians who work with the resident.
2. For the Outpatient Surgery portion of the rotation: The resident will obtain sign-off of their surgical skills competency forms for skills mastered during this rotation, such as diagnostic and operative hysteroscopy, diagnostic and operative laparoscopy and/or suction curettage.

**Key to ACGME General Competencies met by each objective:**

1 = Patient Care
2 = Medical Knowledge
3 = Practice-based Learning and Improvement
4 = Interpersonal and Communication Skills
5 = Professionalism
6 = Systems-Based Practice
Date: April 20, 2011

From: ACOS/Education, MVAHCS

Subject: VA In-processing Requirements

TO: Affiliate Training Partners

Welcome to the Minneapolis VA Health Care System (MVAHCS). The MVAHCS Mission is to honor America's veterans by providing exceptional health care that improves their health and well-being. The MVAHCS Vision is to be a patient centered, integrated health care organization for veterans providing excellent health care, research and education; an organization where people choose to work; a community partner and a back up for national emergencies.

The MVAHCS takes great pride in welcoming you to the VA Health Care team. Although you are trainee at the University of Minnesota you are considered a VA employee during your training experience at the MVAHCS and as such there are application/administrative requirements that need to be completed before your training experience can begin.

All in-processing paperwork and requirements are listed on our Trainee Website http://www.minneapolis.va.gov/education/resident/resi_registration.asp. VA Program Coordinators are also listed and can answer any specific questions you might have about the required paperwork, fingerprints, or background checks that might be necessary. To assure that you can begin your rotation on time, we ask that you complete the necessary requirements (including fingerprints) at least 4 weeks before your VA rotation begins. If this is not possible please work with your VA Program Coordinator listed on the website. This will enable our Human Resources department to verify all application materials were submitted and your fingerprint results are adjudicated or cleared and you are able to start your VA rotation.

Again, welcome to the MVAHCS and we look forward to providing you with an outstanding experience.

KENT CROSSLEY, M.D.
ACOS/Education
Tips:
- See Regions OB tip sheet for door code information.
- Shift is from 6:30 am-6:00 pm
- In the morning you will help out with postpartum rounds especially if there are few gyn patients on the list.
- Primary responsibilities include keeping the gyn patients updated on the list, meeting the patients prior to going to the OR, assisting with getting the patient prepped in the OR and assisting with the operation as your skill level allows.
- You will help out with pre-op and post-op orders as well as brief op notes. If you do at least half of the surgery you are expected to do the full operative note.
- You also help out with ER consults.
- All patients who will be staying in the hospital will need a post-op check sometime in the afternoon after their surgery.
- For same day patients, you will need to make sure their prescriptions are signed in the PACU before they go home.
- For patients leaving from the floor, their prescriptions will need to be signed up there prior to discharge.
- If there is downtime, you should prep d/c summaries and orders for patients who are going home. You can also help the OB team with these things as well.
- If the OB junior is gone (PTO, continuity clinic, etc) you become the OB junior.
- It is your responsibility to help choose the Friday noon lecture topics with Dr. Das at the beginning of the block. She already has articles that she will have the administrative assistant send to everyone on the rotation.
- It is your responsibility to present each case occurring at Regions (not all the cases at SDS) on the Monday of the week.
REGIONS HOSPITAL
OB AND NIGHT FLOAT
PGY 1 RESIDENT ROTATION

Goals of the rotation:
By the end of the first year, resident should be able to:
1. Comfortably conduct normal vaginal delivery and management of third stage complications (1,2)
2. Obtain basic skills in surgical technique and perform primary cesarean sections (1,2)
3. Evaluate, diagnose, and treat medical conditions occurring in pregnancy and post partum (1,2)
4. Work a managed care setting (3,6)
5. Gain expertise in providing care to pregnant patients using a multidisciplinary approach involving other specialists in medicine and health care delivery system (1,3,5,6)
6. Learn to take responsibility and be a team player (3,4,5)

Objectives of the rotation for Obstetrics Intern:
1. Obtain history, including genetic history and assess risks for future or current pregnancy (1,2)
2. Counsel patients regarding influences of lifestyle on pregnancy outcome (1,2,4)
3. Perform physical exams on new obstetrics patients (1,2)
4. Obtain history of inherited disorders, teratogen exposure, race and ethnic specific risks (1,2)
5. Order and interpret routine lab tests done at the first OB visit (1,2)
6. Describe warning signs of adverse pregnancy outcome (1,2)
7. Know proper screening tests for each prenatal visit (1,2)
8. Appropriately document hospital visits (1,2)

In order to meet the above objectives, the resident will:
1. Attend morning rounds and sign-out rounds daily with attending staff, other residents, and student
2. Perform all uncomplicated vaginal deliveries and assist in complicated vaginal deliveries
3. Do all simple perineal lacerations after delivery and post partum tubals
4. Evaluate and admit appropriate patients presenting to L&D
5. Perform, under guidance, primary cesarean section by the end of the first year rotation
6. Round on post partum patients and pregnant post operative patients
7. Effectively communicate/interact with patients, colleagues, staff, and consultants
8. Conduct himself/herself in a professional and ethical manner at all times.

Schedule of where DAY residents should be:
Mon AM: L&D (6:30 a.m. – 12:00 p.m.)
Mon PM: Didactic conference (2:00 p.m. – 5:00 p.m.)
Tues - Fri: L&D:  6:30 a.m. – 6:00 p.m. (sign out with night team begins at 6pm)
** Residents will miss one afternoon a week from this schedule (Tues, Wed, Thurs or Fri) to attend their continuity clinic.

Morning Rounds:  Begins with sign out between night and day residents at 6:30AM in L&D workroom (code 1-9-5-1).  All patients (intrapartum, antepartum, postpartum and GYN) are discussed, split up between residents and medical students and rounded on prior to sign out with staff at 7:30AM.  During staff rounds patients are presented and scheduled inductions and cesarean sections are discussed.

Day Activities:  L&D work including triage patients, laboring patients, scheduled c-sections, postpartum issues and discharges, updating sign out list.
Schedule of where NIGHT residents should be:

Sunday night - Friday morning: night shift begins with sign out at 6:00pm in L&D workroom (code 1-9-5-1).

Night activities: L&D work including triage patients, laboring patients, postpartum issues, preparing discharge orders and discharge summaries for all patients going home the following day, GYN and ED consults and GYN issues.

Morning Rounds: night team will stay until after sign out with staff and will help with morning rounds. Night team should leave by 8AM if they are coming back for the night shift to ensure 10 hours between shifts.

Educational materials include:


Resident Evaluations will include the following:

Standard RMS evaluations will be sent to staff physicians who work with the resident.

Site locations:

Regions Hospital
640 Jackson Street
St. Paul, MN 55101
phone: (651) 254-3456

Key to ACGME General Competencies met by each objective:

1 = Patient Care
2 = Medical Knowledge
3 = Practice-based Learning and Improvement
4 = Interpersonal and Communication Skills
5 = Professionalism
6 = Systems-Based Practice

Tips:

- Locker room code is 215, work room is 1951, coffee room (also the nearest bathroom) is 431, nutrition room code where the water is 134, Jr Call Room is 531
- Day shift is 6:30am-6:30pm
- Night shift is 6pm-8am
- If the scrub machine is empty, there are extras (usually) in the locker room located in the call room hallway (2nd floor, to the left of the south elevators, through an unmarked door and then 2nd door that requires badge for entry.... confusing, I know).
- It is the PGY1’s job to keep the list updated - Make sure the comments are accurate and labs are entered if available. POD does not automatically update Gyn patients on the list - you have to manually do this.
- It is the PGY1’s job to get all consents (tubals, C/S, etc.). Have the HUC print off the consent and get pt’s signature and initials by blood transfusion. Make sure for tubals to document if they
signed the federal form and the date it was signed (it they are are medical assistance, this must be done within 180 of procedure).

- Make sure all notes start and finish with “Ms. _____ is a G_P_ @ _w_d by LMP and confirmed by _w_d U/S who presents with ___.” Should also present patients like this.
- When rounding in AM on post partum pts make sure to stop at front desk and sign any prescriptions.
- Common meds:
  1. To “sleep” a patient (when they come in with ctxs but are not in active labor)- 10mg IM Morphine and 100mg PO vistaril
  2. Pain meds for discharge home: NSVD- 600mg PO Ibuprofen q4-6, Disp 100 with 0 refills; CS-Same Ibuprofen + 5-325mg Percocet q6, Disp 40 with 0 refills. If giving Percocet, also prescribe Senna-S, Disp 50
  3. If Hgb < 10 on discharge, prescribe Iron. 325mg BID, Disp 120
  4. PCA after C/S: If pt was given duramorph with spinal and received Toradol- no PCA; If pt was given durapmorph with spinal and NO Toradol- PCA bumps but no basal rate. For pt without duramorph- Basal rate + bumps. 0.1 basal rate with 0.1-0.2 bumps every 10min for total of 1.3.
- 2 things to do prior to all C/S - 1. make sure consent is signed, 2. put in C/S orders
- 5 things to do following all C/S- 1. Brief op note, 2. Update Ob Hx in epic, 3. Post Op Orders (make sure to add separately PCA and/or Toradol), 4. Update sign out list, 5. Dictate (or type a Procedure Note) full Op Note.
  - PGY1s usually have reign over all primary cesarean sections and vaginal deliveries, depending on your level of experience and comfort. PGY3 residents typically do the STAT cesarean sections, repeat cesarean sections, vacuum deliveries.
  - The job of the PGY1 is to own L&D and PP. The senior carries the ED pager and will do consultations with the midwives, as well as supervise and help out on L&D.
  - It is the job of the night person to prep all of the discharge summaries and orders for the people potentially discharging the next day (i.e. day 2 after NSVD or day 3-4 after CS). It is the job of the day person to make sure all of the discharge summaries of each person that leaves that day is signed.
HENNEPIN COUNTY MEDICAL CENTER
OB GYN
PGY 1 RESIDENT ROTATION

Goals of the rotation:
By the end of the first year, resident should be able to:
1. Comfortably conduct normal vaginal delivery and management of third stage complications (1,2)
2. Evaluate, diagnose, and treat medical conditions occurring in pregnancy and post partum (1,2)
3. Gain expertise in providing care to pregnant patients using a multidisciplinary approach involving other specialists in medicine and health care delivery system (1.3.5.6)
4. Learn to take responsibility and be a team player (3.4.5)

Objectives of the rotation for Obstetrics Intern:
1. Obtain history, including genetic history and assess risks for future or current pregnancy (1,2)
2. Counsel patients regarding influences of lifestyle on pregnancy outcome (1,2,4)
3. Perform physical exams on new obstetrics patients (1,2)
4. Obtain history of inherited disorders, teratogen exposure, race and ethnic specific risks (1,2)
5. Order and interpret routine lab tests done at the first OB visit (1,2)
6. Describe warning signs of adverse pregnancy outcome (1,2)
7. Know proper screening tests for each prenatal visit (1,2)
8. Schedule subsequent prenatal visits with appropriately documentation (1,2)

In order to meet the above objectives, the resident will:
1. Attend morning rounds and sign-out rounds daily with attending staff, other residents, and student
2. Under guidance of OB Service Resident and staff, resident will:
3. Perform all uncomplicated vaginal deliveries and assist in complicated vaginal deliveries
4. Do all simple perineal lacerations after delivery
5. Evaluate and admit appropriate patients presenting to L&D
6. Round on postpartum patients
7. Effectively communicate/interact with patients, colleagues, staff, and consultants
8. Conduct himself/herself in a professional and ethical manner at all times.
9. Attend general OBGYN clinic as scheduled and participate patient care as assigned.

Educational materials include:

 Resident Evaluations will include the following:
Standard RMS evaluations will be sent to staff physicians who work with the resident.

Key to ACGME General Competencies met by each objective:
1 = Patient Care
2 = Medical Knowledge
3 = Practice-based Learning and Improvement
4 = Interpersonal and Communication Skills
5 = Professionalism
6 = Systems-Based Practice
Schedule of time (where the resident is expected to be each day):

**Labor and Delivery Service: Day Call**
6:30 a.m. Labor and Delivery rounds - resident workroom on L&D (Orange 4 - code 2+4, 3), you may be helping with postpartum if L&D is slow or PP is busy
7:30 a.m. Morning Conference - location varies with staff; conference room on L&D or conference room in clinic (Purple 5)
8:30 a.m. Labor and Delivery work until the evening sign out at 6:00PM

**Labor and Delivery Service: Night Call**
6:00 p.m. Labor and Delivery sign out with day team
6:30 p.m. Labor and Delivery work until sign out with day team again at 6:30a.m.
7:30 a.m. Morning Conference - location varies with staff; conference room on L&D or conference room in clinic (Purple 5). Usually leave at end of conference unless you are working the night shift and then you will leave at 8 a.m. so that you have 10 hours off between shifts.

**Labor and Delivery Service: Clinic Day**
6:30 a.m. Postpartum rounds: there is a sign out list on the nurses station on G4 where you can sign up for patients. Medical students also sign up and see the patients first, present to you and write a note. You can addend their note with your own full note on the bottom. There is usually a Spanish interpreter that is scheduled to be on postpartum at 6:30 a.m., other languages require you to call for an interpreter.
7:30 a.m. Morning Conference - varies with staff; conference room on L&D or conference room in clinic
8:30 a.m. General ObGyn Clinic - there is a schedule on the board that assigns residents to staff. When you are done with clinic you are free to leave. Clinic is busy however so most days you are working until 5-6pm.

**Weekend L&D Call:** Day call still starts at 6:30 a.m. The seniors however start later at 8 a.m. so you go to postpartum rounds and then have team sign out at 8 a.m. Night weekend call is from 6 p.m. sign out until the end of morning sign out. Amion has not always been right about the start times for weekend shifts so go by this document.

**Residents will miss one afternoon a week from this schedule (Tues, Wed, Thurs or Fri) to attend their continuity clinic.**
Tips:

- Tuesday Morning conference rotates between M&M, pathology conference and regular conference
- Triage: typically you rotate seeing triage patients with the medical students so some days have more down time. Help the G2 by orienting the medical students, helping them with their presentations and their notes.
- The G2’s can get very busy. You can also help by making sure laboring patients have a labor progress note every 2 hours. Even if you don’t check their cervix (which generally you won’t do on your own without a senior present) you can still check in on how they are feeling and review their strip.
- Call room has relocated recently during construction. Ask when you arrive on the unit where the G1 call room is and where the key can be found.
- Scrubs can be found in a supply room found in the midwife unit (code is 4-5-3-0)
- High Risk OB clinic - Every Thursday morning with Dr. Lupo and Dr. Coultrip. Patients on the scheduled for that day are plans for them are discussed at morning conference at 7:30AM (sharp!) in the conference room by clinic. Take notes on the patients so you can know what to do if you see them. You see patients on your own, sometimes with a medical student, print out the AVS (after visit summary) and then present to Dr. Lupo or Dr. Coultrip. Don’t take the patient sign out packet into the room when you see a patient for privacy reasons.
- There is money on your ID badge ($70ish for the rotation?)
- L&D night call is 6p-8a (except Mondays - night shift starts at 5pm, and if working Sunday night you leave at 7am)
- Clinic schedule is 6:30a-5p (or whenever you finish your notes). You round on postpartum patients at 6:30 (people on L&D round on laboring pts) and then go to conference/rounds at 7:30am
- The AMION password for our schedules are:OB/Gyn Attendings – henn(space)OBGatt
  - OB/Gyn Residents – henn(space)OBGres
  - HCMC scrub room door code is 5312
  - L&D number is 612-873-4104
  - IT Epic Help (to get your username and password on the first day) is 3-7485
  - You must do a new note on every patient, because we can not bill for med student notes (even if you copy it, revise, and sign). You may use only two parts of the med student note, ROS and PMH, Fam Hx, Soc Hx. You can write in your note, “please see med student ROS & PFSH” or you can copy
  - You are grouped with transition year residents, so introduce yourself as the new OB PGY1
  - Your username and password for TraceVue are different than other people’s (not first initial + last name): look over section 1 of the orientation handbook to find your password
  - Intern is responsible for updating “Issues/To Do” section of signout, rounding on vag del pts, and preparing discharge notes and orders every day
  - For every PP patient, ask breast/bottle feeding, birth control, and if they want a circ. If circumcision wanted, do a circ consent. This is the only hospital we do circs at, so if you like them, try to do them every day. Each of the above items goes under Rounding--> PP plan. There are little buttons to highlight.
  - When doing circs, there is an order set “Peds Cire” and nurses like it if you put it in before you start the procedure.
  - Dr. Lupo will grill you in AM conference. It’s ok, you’ll survive. Make sure you know “one gram for the chlam” = chlamydia get treated with 1g azithromycin.
Goals and Objectives
During this rotation the resident will develop skills in the assessment and management of low risk obstetrical patients. Skills will be attained through demonstration, participation, and self-directed learning. There may also be an opportunity for participation in the care of high-risk obstetrical patients. The resident is expected to be reading about and learning about the following areas of obstetrical care:

A. Antepartum care
1. Fetal assessment
2. Non-stress test
3. Biophysical profile
4. Contraction stress test
5. Amniotic fluid index
6. Diagnosis of fetal malpresentation
7. Pregnancy dating
8. Obstetrical triage
9. Complicated pregnancies (i.e. Preterm labor, multiple gestation, medical complications)

B. Intrapartum care
1. Conduct of normal labor and delivery
2. Induction of labor
3. Augmentation of labor
4. Fetal monitoring
5. Fetal scalp stimulation and scalp pH
6. Management of labor dystocia
7. Management of shoulder dystocia
8. Management of postpartum hemorrhage
9. Management of vaginal birth after cesarean section
10. Management of intrapartum fever
11. Group B streptococcus protocols and management
12. Management of fetal heart rate deceleration or nonreassuring fetal heart tracings
13. Amnioinfusion
14. Fetal meconium
15. Management of third stage of labor
16. Intrapartum analgesia, including epidural management

C. Postpartum care
1. Evaluation and management of postpartum fever/infection
2. Lactation
3. Family planning
4. Routine postpartum care

D. Procedures
1. Normal spontaneous vaginal delivery
2. Repair of episiotomy or laceration
3. Episiotomy
4. Assistant at cesarean section
5. Vacuum assisted vaginal delivery
6. Placement of internal fetal monitors
7. Amniotomy
8. Assessment of cervical dilation, effacement, fetal station and position

E. Medical documentation in obstetrics
1. History and physical exam
2. Labor progress notes
3. Procedure notes
4. Triage (PETU) notes
5. Postpartum notes
6. Dictation

Staff/Preceptors
There are two Park Nicollet Clinic Obstetricians on call daily that will directly supervise the resident. There are 24 Obstetricians in our call group, so you will work with many different staff during the rotation.

Duties
1. 12-13-hour labor & delivery call shift that will occur every third or fourth day depending on the number of residents on your rotation. This will include weekend day shifts. You are expected to arrive promptly at 0730 on your call day to receive a sign out from the resident and faculty who are going off call.
2. Night float, Sunday night through Thursday night, 8 pm to 8 am (including signout time). On the Monday afternoons when there is an OB resident on L&D during the day (and therefore gone during the afternoon,) the night float resident should come to Methodist at 6 pm. Night float residents are off from Friday morning until Sunday evening.
3. University of MN Ob Resident will assist at scheduled cesarean sections and do tubal ligations on the days that they are not on call. Family Practice Residents have clinical duties at their primary residency sites on these days.
4. Management of laboring patients, including frequent documentation of labor progress.
5. Admission History and Physical for all patients admitted to labor & delivery.
6. Evaluation of patients in PETU (Perinatal evaluation and treatment unit).
7. Presentations to staff about admits, PETU patients, and laboring patients
8. Delivery and admission paperwork, including medication reconciliation.
9. Postpartum rounds on three patients that you delivered during your call day the preceding day.
10. Answer nurses’ pages/question about postpartum patients and evaluate the patient, if appropriate.
11. Present all laboring patients at board sign outs to the team coming on call.
Expectations
1. All patients admitted to the service should have a complete admission history and physical examination performed by the resident, including the obstetrics history tab.
2. The H&P and all additional progress notes, PETU notes, and delivery notes will be completed in Epic.
3. Postpartum notes are in Epic.
4. Progress notes should be written on actively laboring patients every two to three hours. Documentation of the objective findings of the fetal heart-tracing strip should be included in the note.
5. A progress note should be written anytime that a procedure is performed, such as amniotomy or placement of internal fetal heart rate monitors.
6. For patients undergoing labor induction, progress notes can be written less frequently, but there should be documentation that the patient was seen during the day.
7. Any complicated patient or high-risk patient should be discussed with the staff prior to making an admission or labor plan.
8. Delivery notes should be completed in Epic immediately after the delivery. The resident needs to complete ALL sections of the delivery note, including stating “none” if it does not apply. The resident needs to notify the staff that the delivery note is completed, so that the staff can review and sign the note in the computer.
9. All patients should have a pelvic exam after the delivery and repair is completed to assess the integrity of the rectum and to confirm that no items such as sponges were left in the vagina.
10. Sponge and lap counts need to be completed with the nurses and documented in the note.
11. Operative vaginal deliveries should be dictated by either the resident or staff.
12. The following is a list of paperwork that should be completed by the resident at delivery:
   a. Epic Delivery note
   b. Postpartum orders and medication reconciliation
13. We expect the residents to evaluate all patients in the triage area (PETU), formulate a plan and discuss each patient with the staff. Staff needs to see most PETU patients prior to their discharge. Documentation in PETU is similar to documentation in the clinic. A soap note format is used and this should be written in the progress notes section of Epic.

Conferences
- ObGyn M&M meets the first Wednesday of each month (except July and August) from 630-730. This will typically be in the HVC conference room.
- OB residents are expected to participate and prepare for this conference. Each month, a faculty moderator for M&M will be assigned. The resident should work with this moderator to select cases according to the criteria, review the relevant data, prepare a brief powerpoint presentation of the case and topic presented. The resident should be prepared to answer relevant questions to the case and topic presented.
- Your participation and attendance at this conference is expected and required. The cases you present are likely not going to be ones in which you were involved.
- These duties will be shared by the OB residents on rotation, including the G1 and G3 residents.

Rotation Evaluations by Staff
- Electronic evaluations will be sent to all the preceptors.
Attire
- Park Nicollet has a dress code. Scrubs from Methodist should be worn on labor & delivery. T-shirts are not acceptable. Any comfortable footwear is acceptable provided that the toes are covered and you are wearing socks. You should have your name badge on at all times. A mask, gown and gloves are required for all deliveries.

Pager
- During your call day, you are expected to be available by personal pager in the hospital. Each resident should provide the L&D staff with their pager number on the first day of the rotation. Please respond to pages promptly. Additionally, there is an L&D pager that is passed off for each shift.

Meals
- Your badge will have a red tag, which entitles you to free food in the cafeteria. There are usually small snacks available in the physician workroom on L&D. Snacks / sandwiches / breakfast are also available in the main floor physician lounge.

Call Room
- The call room is located across from the nursery entrance, near the OR doors. The call room is not secure, nor is the physician lounge. Use a locker for valuables.

Postpartum care
- The residents will be taking postpartum phone calls during this rotation. Many of these calls are questions about medications and can be answered without seeing the patient. Other times the patient will need to be evaluated. In these instances, you should see and evaluate the patient and then page the 5206 pager to present the patient to the attending. Also, the following day, we expect that the resident will make the morning postpartum rounds on three patients that they delivered before midnight on their call day (i.e. patients that are considered postpartum day #1). (University residents should also be seeing all of their C-section patients.) You do not have to do these rounds with the attending. The attending will see the patient when they do morning rounds, but, if you have questions, you can page the on-call physician. At the start of your rotation, you should shadow one of the on-call physicians doing postpartum rounds on call, so that you learn how to do postpartum rounds and discharge instructions.

Core Skills
- Prior to starting your rotation at Methodist, there are some core skills that you should have knowledge of. Some of the skills may need extra practice or additional education during the rotation, but the following is a list of basic skills that each resident should have before arriving at Methodist:
  a. Know common obstetrical terms and abbreviations
  b. Basic suturing skills
  c. How to handle surgical instruments
  d. How to tie knots (instrument, one hand, two hand)
  e. Safe surgical techniques
  f. Universal blood and body substance precautions (i.e. mask, gown and gloves at all deliveries)
  g. How to complete a history and physical exam and write progress notes
- For skills like knot tying, we have a knot tying board and practice suture in the lounge on labor and delivery. If you are not proficient at this skill, we expect that you will practice it during down time on your call days and ask for help if it is needed.
Resources

- During your rotation on obstetrics, we expect that each resident will be actively reading and reviewing current literature as time allows. The core reading should include basic obstetrics from a textbook. The physician lounge on labor and delivery will have reading materials available and these will be updated to reflect current practices. A particularly useful resource for reading will be the American College of Obstetricians/Gynecologists (ACOG) Compendium. This book has a variety of publications that come from the ACOG national committees. They are concise, up to date, and generally an excellent source of information. A copy of the compendium is in the lounge. Up to Date is also available on our intranet page, Facets, to all clinicians. Please do not remove the reading materials from the lounge as the faculty use these resources as well.

Dictations

- Operative reports need to be dictated within 24 hours. Always clearly identify the attending that you are dictating for so that the dictation is sent to them for review.
- Routine vaginal delivery patients do not need a dictated delivery note or discharge summary
- Cesarean section patients need a discharge summary done on the day of discharge. Clearly state the attending that you are dictating for.

Staff/Contacts

- Cherie Kammerer
  Park Nicollet Methodist Hospital
  Medical Staff Office
  6500 Excelsior Blvd
  St Louis Park, MN 55426
  Phone: 952-993-5135
  Fax # 952-993-6415
  cherie.kammerer@parknicollet.com
  Medical Staff Office, first floor in physician staff lounge.

- Jeanette (Jeanie) Thomas, jeanette.thomas@parknicollet.com
  Pager 952.231.6275; office 952.993.2413
  If Dr. Thomas is not available, you may also contact:
  Dr. Bridget (Bri) Keller bridget.keller@parknicollet.com pager 952-231-4939, office 952-993-0654

Methodist Hospital important numbers

<table>
<thead>
<tr>
<th>Labor and Delivery</th>
<th>952-993-5208</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postpartum desk</td>
<td>952-993-5202</td>
</tr>
<tr>
<td>PETU</td>
<td>952-993-5250</td>
</tr>
<tr>
<td>Nan Mastain</td>
<td>952-993-6373</td>
</tr>
<tr>
<td>Staff pager Ob L&amp;D/PETU</td>
<td>116 – 5208 (in house pager)</td>
</tr>
<tr>
<td>Staff pager Gyn/Postpartum</td>
<td>116 – 5206 (in house pager)</td>
</tr>
</tbody>
</table>

- Female locker room code 432
- Male locker room code 234
- FP Locker in female locker room 241/2, 26-32-12
- X
Tips:

- For orders, orders sets: IP Obstetrics Intrapartum is the main one you will use, also induction and post-partum. After you hit “sign,” a box will pop up. Make sure to UNCLICK the Filter box with the check. Then enter your name in the top name box (under standard) and then the attending in the other name boxes.
- The nurses here are used to doing cervical checks and placing cytotec, cervidil, etc. If you want to do any of this, just let the nurse know (also, the nurses appreciate it if you check in with them before going in to check or talk with a pt so they can be there to hear the plan).
- You are supposed to do rounds on 3 post-partum or post-op patients that you delivered/did their c/s when you are on days. Some attendings will tell you not to since they have to round and put in a separate note anyway.
- When you are on L&D you are responsible for triage, the laboring patients (notes every 2-3 hours while in labor), and post-partum pages from nursing (usually not too many issues other than an occasional Benadryl order). If someone needs to go back for a c/s, the attending may or may not have you come back as well (if there are a lot of people in triage or about to deliver they often have you stay out on the floor instead).
- On nights your duties are the same as during days
- When you’re not on L&D during the week days, you go for any scheduled c/s (look up schedule by going to the facets home page, departments, surgical services, and click on surgery scheduler. Log on with you epic username and pw, the next screen you can just leave blank and hit the “submit button,” be sure to put in the correct day(s) that you want to search for! C/S are usually scheduled at 7:40, 9:40, 11:40, and 1:40 (usually not all time slots are filled). If any c/s come up during the day from the L&D floor, you can also go for those. If you have finished all scheduled c/s, page the upper level on gyn to see if there are any benign gyn cases that aren’t being covered that you can go to (not all attendings here will work with residents, so don’t just show up to any cases). If there is nothing going on, stay until early-mid afternoon and check in with the L&D attending - they will usually dismiss you if there aren’t any c/s about to happen.
- During days...a schedule can be found on the board in the workroom that shows when you will work L&D. When it says “U,” that is you - it will either be q3 or q4, which includes weekend days. Aside from that, you do all of the scheduled C/S’s Mon-Fri.
- Locker Room: The locker room for the MDs and Nurses is together by the elevators. The code is 1-3-8-3. OB/Gyn locker code: 43-3-37
- Call room - we can use the FP resident call room located right outside of the ORs on the L&D floor
- Days: 7:30A-8 or 9P (morning sign out is at 7:30 with the attendings who are doing the 24 hour call and evening sign out is just between you and the oncoming nightfloat resident (only Sun-Thurs nights though), and starts at 8pm).
- Nights: Hours are 8pm-8am (Sunday - Thursday night).
- Often it is desirable to team up with your days/nights person so that the day person can get food from the cafeteria for the night person (the cafeteria is closed by the time the night person arrives for his/her shift). However, having some back up food is always a good idea (for the night person) in case the day person forgets.
- The attending schedule is such that there are two people on for each 24 hour period. During the day, one is OB and one is GYN. At 10pm they meet in the workroom and sign out to one another; try to be there for this signout so you know who is taking which shift. One will sleep from 10pm – 2 or 3am-ish and then they switch. Usually the person that sleeps first and works second goes to the morning signout.
Goals and objectives of the rotation:
By the end of the second year, resident should be able to:

<table>
<thead>
<tr>
<th>Goal, Objective</th>
<th>COMPETENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Manage routine medical and surgical complications in postoperative gynecologic oncology patients</td>
<td>PC</td>
</tr>
<tr>
<td>2. Manage complicated postoperative patients on a regular nursing floor</td>
<td>PC</td>
</tr>
<tr>
<td>3. Know side effects and toxicities of chemotherapy</td>
<td>MK</td>
</tr>
<tr>
<td>4. Know the principles of chemotherapy</td>
<td>MK</td>
</tr>
<tr>
<td>5. Know how to diagnose preinvasive and malignant lesion of the vulva, vagina, cervix, fallopian tube, uterus, ovary and trophoblast</td>
<td>MK</td>
</tr>
<tr>
<td>6. Know the initial management of preinvasive and malignant lesion of the vulva, vagina, cervix, fallopian tube, uterus, ovary and trophoblast</td>
<td>MK</td>
</tr>
<tr>
<td>7. Familiar with basic pathology of gynecologic malignancies</td>
<td>MK</td>
</tr>
<tr>
<td>8. Know pelvic anatomy and anatomical relationships</td>
<td>MK</td>
</tr>
<tr>
<td>9. Use the medical literature to help guide patient care planning</td>
<td>PBLI</td>
</tr>
<tr>
<td>10. Present findings from the medical literature effectively to colleagues at Tumor Board</td>
<td>IC, P, PBLI</td>
</tr>
<tr>
<td>11. Understand management of ethical issues related to end of life care</td>
<td>P</td>
</tr>
<tr>
<td>12. Identify areas for personal improvement in surgical skill and implement strategies to accomplish this</td>
<td>PBLI</td>
</tr>
<tr>
<td>13. Identify areas for personal improvement in gyn oncology knowledge and implement strategies to accomplish this</td>
<td>PBLI</td>
</tr>
<tr>
<td>14. Demonstrate professional behavior</td>
<td>P</td>
</tr>
</tbody>
</table>

In order to meet the above objectives, the resident will (each activity is associated with the corresponding numbered goal/objective above):

1. Attend and participate in morning rounds with the fellow; write daily SOAP notes on patients
2. Actively participate in chemotherapy visits in the UMMC Women’s Health Center (WHC); working with the fellow/staff, the chemotherapy nursing coordinators to learn the concepts associated with chemotherapy including knowledge of which items are commonly used for gynecologic malignancies, how they are administered, mechanism of action and common side effects. Reviewing the corresponding chapters in the recommended text; specifically reviewing the text on each chemotherapeutic agent that was prescribed to patient’s with whom the resident has had contact.
3. The resident will see chemotherapy, surveillance, colposcopy and new patients in the UMMC WHC.
4. Routinely participate in morning rounds and asking questions to clarify concepts that the resident does not understand. Reviewing the pre-admission (or most recent outpatient) H&P on patients to understand the decision making process involved with each patients admission. The resident will see chemotherapy, surveillance, colposcopy and new patients in the UMMC WHC. The resident will assist on surgical
cases with the fellow/staff and attend Wednesday morning patient care conference.
5. Attending the Thursday morning patient care conference and present pathology and/or preoperative patients
6. The resident will assist on surgical cases with the fellow/staff patient care conference. The patient will review the necessary texts and use necessary resources to gain appropriate understanding of pelvic anatomy
7. Utilize the online resources to read review articles and original research on topics related to the patients with whom the resident has contact
8. The resident will see patients with end of life issues in the UMMC WHC and will also review the reports from the Transitional Life Services Consult team when requested on inpatients.
9. Consistently identify gynecologic oncology fundamentals that are not clear or that the resident does not understand and use available resources (Fellow/Staff; consult services; text books; web-based resources; additional members of the multi-disciplinary team) to get answers to questions
10. Conduct all activities in a professional manner
11. Update SGO database and review pathology and staging of malignancies

Schedule of time (where the resident is expected to be each day):
The second, third and fourth year resident will alternate between night float, outpatient clinic and surgery. Most, if not all of the surgical experience will occur at UMMC. The resident will assist the first year resident with management of daily issues on in patients. The resident will see patients in the UMMC Emergency Department and will participate in the care of gynecologic oncology patients admitted to the surgical or medical ICU.

** The resident will miss one afternoon a week from this schedule (Tues, Wed, Thurs or Fri) to attend their continuity clinic.

Note: During your clinic weeks, you present the pathology at morning conference. The staff can expect you to know your stuff, so bring your red book with up to date staging criteria in it. When you do SGO, you are responsible for reading the pathology reports and deciding on the patient’s staging. You stage them, and then run it by staff in conference.

Resident Evaluations will include the following:
1. Standard RMS evaluations will be sent to gynecologic oncology staff physicians.

Site locations
University of Minnesota Medical Center, Fairview
500 Harvard Street
Minneapolis, MN 55455
(612) 273-3000
Phillips Wangensteen Building
Clinic 1-C
516 Delaware St SE
Minneapolis MN, 55544

Key to ACGME General Competencies met by each objective:
PC = Patient Care
MK = Medical Knowledge
PBLI = Practice-Based Learning & Improvement
IC = Interpersonal & Communication Skills
P = Professionalism
SBP = System-Based Practice
HENNEPIN COUNTY MEDICAL CENTER
GYNECOLOGY SURGERY
PGY 2 RESIDENT ROTATION

Goals of the Rotation:

To gain the knowledge needed to perform major gynecological surgical procedures and counsel patients on the surgical and non-surgical options for the care of common gynecological problems.

Objectives of the rotation for Gynecology Chief:

1. Evaluate, discuss, and treat gynecologic patients presenting with common and emergency gynecological problems (1, 2, 3, 4, 5)
2. Develop an understanding of the decision-making process for determining surgical versus non-surgical treatment options (2, 3, 4, 5)
3. Develop the ability to comfortably discuss risks and benefits of surgical procedure options and obtain informed consent from patients prior to surgical procedures (1, 2, 3, 4, 5, 6)
4. Perform under direct supervision of senior resident and staff major and minor gynecological surgeries, abdominal and vaginal hysterectomies, diagnostic and operative laparoscopy and hysteroscopy, repairs for prolapse, both abdominal and vaginal, and incontinence procedures. (1, 2, 3, 4, 5)
5. Obtain experience in patient care in a managed care setting (1, 2, 3, 4, 5, 6)
6. Know surgical indications for surgical treatment of pelvic relaxation and incontinence (1, 2, 3, 4, 5)
7. Communicate effectively with patients, staff, colleagues, and consultants (1, 2, 3, 4, 5)
8. Demonstrate ethical and professional behavior (1, 2, 3, 4, 5)
9. Use evidence-based medicine

In order to meet the above objectives, the resident will:

1. Do all gynecologic surgery procedures
2. Assist/do complicated pelvic reconstructive surgery
3. Perform all ED consults with the assistance of senior resident
4. Perform all inpatient GYN consults with the assistance of senior resident
5. Attend clinic when no GYN cases are occurring
6. Prepare GYN pre-ops for your classmate on GYN the next week
7. Present pre-op at Monday HCMC’s GYN conference.

Schedule of time (where the resident is expected to be each day):

| Mon 6:30 a.m. | Postoperative rounds |
| Mon 7:30 a.m. | Staff sign out |
| Mon 8:00 a.m. | GYN weekly case presentation |
| Mon 8:30 a.m. | General OBGYN clinic |
| Mon PM: | Resident conference |
| Tues AM: | Operating Room |
| Tues PM: | Operating Room |
| Wed AM: | Operating Room |
| Wed PM: | Operating Room |
| Thurs AM: | High risk OB clinic |
| Thurs PM: | General OBGYN clinic |
| Fri AM: | Operating Room |
| Fri PM: | Operating Room |

** Residents will miss one afternoon a week from this schedule (Tues, Wed, Thurs or Fri) to attend their continuity clinic.
Educational materials include:

Resident Evaluations will include the following:
1. Standard RMS evaluations will be sent to staff physicians who work with the resident.

Site locations:
Hennepin County Medical Center

Key to ACGME General Competencies met by each objective:
1 = Patient Care
2 = Medical Knowledge
3 = Practice-based Learning and Improvement
4 = Interpersonal and Communication Skills
5 = Professionalism
6 = Systems-Based Practice
HENNEPIN COUNTY MEDICAL CENTER
OB AND NIGHT FLOAT
PGY 2 RESIDENT ROTATIONS

Goals of the rotation:
By the end of the second year, resident should be able to:
1. Comfortably conduct complicated vaginal delivery and management of third stage complications (1,2)
2. Expand knowledge in surgical technique and perform repeat cesarean sections (1,2)
3. Evaluate, diagnose, and treat medical conditions occurring in pregnancy and post partum (1,2)
4. Work a managed care setting (3.6)
5. Gain expertise in providing care to pregnant patients using a multidisciplinary approach involving other specialists in medicine and health care delivery system (1.3.5.6)
6. Learn to take responsibility and be a team player (3.4.5)

Objectives of the rotation for Obstetrics PGY 2:
1. Obtain history, including genetic history and assess risks for future or current pregnancy (1,2)
2. Counsel patients regarding influences of lifestyle on pregnancy outcome (1,2,4)
3. Describe warning signs of adverse pregnancy outcome (1,2)
4. Perform physical exams on triage, laboring and postpartum patients (1,2)

In order to meet the above objectives, the resident will:
1. Attend morning rounds and sign-out rounds daily with attending staff, other residents, and student
2. Perform all complicated vaginal deliveries
3. Do all complicated perineal lacerations after delivery and post partum tubals
4. Evaluate and admit appropriate patients presenting to L&D including high risk patients
5. Perform, under guidance repeat cesarean section
6. Round on post partum patients and pregnant post operative patients
7. Effectively communicate/interact with patients, colleagues, staff, and consultants
8. Conduct himself/herself in a professional and ethical manner at all times
9. Work with the PGY 1 residents as a consultant in the management of normal labor and delivery
10. Perform ED consults on gynecologic patients when on night float with assistance of senior resident
11. Do family medicine consults (PGY 4 does midwife consults)
12. Go to ED for STATs including precipitous deliveries, MVA’s and placental extractions
13. Manage all issues on post partum unit.

Schedule of time (where the resident is expected to be each day):

Weekday schedule of time (where the resident is expected to be each day)

Labor and Delivery Service:
6:30 a.m. Labor and Delivery rounds (you do not go to PP to round, you stay on L&D and sign out)
7:30 a.m. Morning Conference
8:00 a.m. -6:00 p.m. Labor and Delivery coverage Labor and Delivery rounds (you do not go to PP to round, you stay on L&D and sign out)

**Residents will miss one afternoon a week from this schedule (Tues, Wed, Thurs or Fri) to attend their continuity clinic.**

Night Float Service:
6:00 p.m.-6:30 a.m. Labor and Delivery rounds (you do not go to PP to round, you stay on L&D and sign out)
6:30 a.m.-8:00 a.m. Morning rounds and conference
**Educational materials include:**
3. ACOG Compendium

**Resident Evaluations will include the following:**
1. Standard RMS evaluations will be sent to staff physicians who work with the resident.

**Site locations:**

HCMC

**Key to ACGME General Competencies met by each objective:**
1 = Patient Care  
2 = Medical Knowledge  
3 = Practice-based Learning and Improvement  
4 = Interpersonal and Communication Skills  
5 = Professionalism  
6 = Systems-Based Practice
HENNEPIN COUNTY MEDICAL CENTER
OBGYN CLINIC
PGY 2 RESIDENT ROTATION

Goals of the rotation:
To develop the skills in the area of comprehensive outpatient care of patients with gynecologic problems and pregnant patient receiving initial and ongoing prenatal care.

Objectives of the rotation:
1. Perform a focused history and physical exam, order/interpret tests and initial treatment plan and present to attending in a cohesive manner for common gynecologic problems, routine gynecologic care and prenatal care. (1,2,4)
2. Obtain history/physical exam and order/interpret tests that assess risk factors for lung, breast, endometrial, ovarian, colon and skin cancer in women. (1)
3. Obtain history, including genetic history and assess risks for future or current pregnancy (1,2)
4. Counsel patients regarding influences of lifestyle on pregnancy outcome (1,2,4)
5. Order and interpret routine lab tests done at the first OB visit (1,2)
6. Demonstrated the ability to know your limits of knowledge and ability, access and be receptive to instruction and feedback (3,5)
7. Demonstrated mastery of hospital computer system to access labs, identify patient location, access email, web-based paging, on-line medical resources, and enter surgical cases (1,2,3,6)

In order to meet the above objectives, the resident will:
1. Attend morning rounds and sign-out rounds with attending staff daily
2. See all assigned patients in the HCMC General Obstetrics and Gynecology Clinic.
3. Obtain a medical history, perform a gynecological exam.
4. Record history, findings, interpretations and recommendations in the electronic medical record.
5. Communicate effectively with referring providers.
6. Call consulting services when needed to manage patients’ medical problems
7. Order laboratories and studies appropriate for the management of common medical problems.
8. Perform follow up of results.
9. Perform all colposcopies and LEEP procedures done in the clinic
10. Answer result notes (senior will help you set this up in EPIC)

Schedule of time (where the resident is expected to be each day):
6:30 a.m. Postpartum rounds
7:30 a.m. Teaching rounds in clinic conference room
8:30 a.m.-5:30 p.m. OBGYN Clinic

Exception of Monday afternoon when the resident attends the didactic teaching at UMMC-Riverside and half day of continuity clinic.

Educational materials include:
ACOG Compendium
Standard Ob-Gyn Texts

Resident Evaluations will include the following:
Global evaluation too through RMS and quiz on procedures performed.

Key to ACGME General Competencies met by each objective:
1 = Patient Care  4 = Interpersonal and Communication Skills
2 = Medical Knowledge  5 = Professionalism
3 = Practice-based Learning and Improvement  6 = Systems-Based Practice
Goals of the Rotation:
The overall goals of the rotation are:
1. To obtain the knowledge needed to counsel for and perform a termination of pregnancy and to know the complications associated with the procedure and how to manage complications.
2. To be able to effectively counsel on all methods of temporary and permanent birth control.
3. To obtain the skills needed to perform outpatient minor gynecologic surgeries in outpatient surgery center setting.
4. To utilize any downtime for:
   - Research and to work with advisor on resident’s research project
   - Coverage of Labor and Delivery and Gyn surgery at Regions as needed
   - Coordinate coverage of surgical cases both at HealthPartners Same Day Surgery Center and Regions Hospital with G1 and G3 Gyn residents with a goal that all surgical cases are covered by residents

Objectives of the rotation for the Operative Gynecology Component:
1. The resident will perform, under direct supervision, common diagnostic and operative hysteroscopy procedures (diagnostic hysteroscopy, endometrial ablation procedures of several types, polypectomy, myomectomy, Essure tubal sterilization) \(^{(1)}\)
2. The resident will perform, under direct supervision, common diagnostic and operative laparoscopic procedures (diagnostic laparoscopy, tubal ligation procedures of several types, removal of cysts/masses/adnexal structures, tubal dye study) \(^{(1)}\)
3. To become familiar and perform outpatient hysteroscopic sterilization procedures, i.e., Essure, under local anesthesia. \(^{(1,2)}\)
4. Attend all gynecologic operations scheduled at the HealthPartners Specialty Center with Health Partners Ob/Gyn staff physicians and participate in these surgeries under the supervision and guidance of those staff physicians. The level of involvement in each operation will be determined by the staff physician and will be dependent on the resident’s skill level.

Objectives of the rotation for the Pregnancy Termination Component:
1. To become familiar with pregnancy termination process in order to be able to counsel patients who choose pregnancy termination regarding the procedure itself and risks, benefits and alternatives. \(^{(1,2,4)}\)
2. To become competent in performing the suction curettage procedure whether for elective pregnancy termination or failed pregnancy. \(^{(1,2)}\)
3. To become familiar with protocols for medical pregnancy termination. \(^{(1,2)}\)
4. To become familiar with the various ways of dating pregnancies and particularly the use of ultrasound for pregnancy dating, pregnancy termination procedures, and evaluation of potential pregnancy termination complications \(^{(1,2)}\)
5. To become familiar with the possible complications of pregnancy termination, their evaluation and treatment. \(^{(1,2)}\)
6. To become familiar with counseling patients on different birth control options available and to become comfortable with intrauterine contraceptive (IUC) and contraceptive implant placements in clinic. \(^{(1,2)}\)
7. To become familiar with ultrasound equipment and the basics of ultrasound technique
8. The resident will become familiar with dating early pregnancy with the use of ultrasound for crown-rump (CRL) length, gestational sac and be able to identify the viability and location of the pregnancy with transvaginal ultrasonography \(^{(1)}\)
In order to meet the above objectives, the resident will:
1. Participate in the counseling of patients who present for elective termination of pregnancy. (1,2,4,5)
2. Participate in the initial medical evaluation of these patients, including evaluation of gestational age and possible complicating medical issues. (1,2)
3. Residents will participate in the counseling for subsequent birth control and perform intrauterine contraceptive (IUC) and contraceptive implant insertions, and birth control prescribing for these patients. (1,2)
4. Participate in suction curettage procedures for failed pregnancy and, at the resident’s discretion, or elective pregnancy termination. (1,2)
5. Resident will also participate in evaluation of patients who present for 2nd trimester pregnancy termination elective and indicated, including the use of osmotic cervical dilators and other agents for cervical ripening and dilation. (1,2)
6. Resident will evaluate patients who present for follow-up visits after undergoing suction curettage and 2nd trimester pregnancy terminations. (1,2)
7. Resident will perform ultrasound evaluation for gestational age determination and for other indications. (1,2)
8. Perform outpatient hysteroscopic sterilization procedure (Essure) under local anesthesia. (1,2)
9. Perform outpatient hysteroscopic and laparoscopic procedures at Same Day Surgery Center. (1,2)
10. Spend non-clinical time participating in resident research project. (2,5,6)

**Schedule of time (where the resident is expected to be each day):**

Mon: Same Day Surgery Center
Mon PM: Resident conference

Tues AM: Planned Parenthood (see instructions below)
Tues PM: Planned Parenthood

Wed AM: Planned Parenthood
Wed PM: Planned Parenthood

Thurs AM: Same Day Surgery Center
Thurs PM: Same Day Surgery Center

Fri AM: Same Day Surgery Center
Fri PM: Same Day Surgery Center

Sat AM: as needed
Sat PM: as needed

Planned Parenthood is located at 671 Vandalia Street, St. Paul. The clinic is one block north of University at Vandalia. The residents should drive into the driveway at the building where there will be valet parking for them. There is no cost for this service. They should arrive at the clinic at 0800 so they can observe the intake process, consent, lab work and ultrasound. Dr. Ball will arrive in clinic after 10:00 and the resident will work with her for the rest of the day.

● The residents should NOT wear scrubs, we will provide them with scrubs upon their arrival. This is for the resident’s safety and we are quite insistent about not wearing scrubs into the clinic.
● There are always protesters. The protesters may not come onto our property, or impede access to our building. The protesters may not touch or block anyone accessing our clinic.
● Residents will be asked to provide proof of malpractice insurance and to sign a confidentiality agreement with us.
● If someone is ill or not able to come in on their scheduled day, it would be helpful if they e mailed or called me to let me know.
● If you have any other questions, please email or give me a call. I look forward to working with you.
Planned Parenthood Weekday/Weekend Hours of Operation

<table>
<thead>
<tr>
<th>Day</th>
<th>Hours of Operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Closed</td>
</tr>
<tr>
<td>Tuesday</td>
<td>8:00 a.m. - 5:00 p.m.</td>
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<tr>
<td>Wednesday</td>
<td>8:00 a.m. - 5:00 p.m.</td>
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<tr>
<td>Thursday</td>
<td>3:00 p.m. - 8:00 p.m.</td>
</tr>
<tr>
<td>Friday</td>
<td>8:00 a.m. - 5:00 p.m.</td>
</tr>
<tr>
<td>Saturday</td>
<td>8:00 a.m. - 3:00 p.m.</td>
</tr>
</tbody>
</table>

Second trimester procedures are usually done by Dr. Ball on Tuesday (prep and dilator day) and Wednesday (suction day). Some weeks she works Friday and Saturday to do second trimester D&E’s. Other days of the week she helps train other MD’s who spend some time at Planned Parenthood. Most other staff there are happy to have you work with them.

*Residents will miss one afternoon a week from this schedule (Tues, Wed, Thurs or Fri) to attend their continuity clinic. Residents are responsible for notifying the appropriate clinic of the day of their continuity clinic so the clinic will know to expect their absence that day.

**Educational materials include:**

2. Suggested Reading: Section II Pre-procedure Care, Chapters 5, 6, 7, and 8, Section III, Chapters 9 and 11, Section IV, Chapters 14, 15, 16.
3. Online training at [www.prochoice.org](http://www.prochoice.org). Choose Professional Education from the top menu bar, then click on Early Options medical abortion training. This program is sponsored by the National Abortion Federation.
5. Ultrasound in Abortion Care CD-ROM available to view in the clinic.

**Resident Evaluations will include the following:**

1. Standard RMS evaluations will be sent to staff physicians who work with the resident.
2. Mid-rotation feedback will be provided to the resident if requested.

**Site locations:**

**Regions Hospital**

640 Jackson Street
St. Paul, MN 55101
651-254-3475

**Planned Parenthood**
HealthPartners Specialty Center
Same Day Surgery Center
435 Phalen Boulevard, 4th Floor
St. Paul, MN 55130
Phone: (651) 254-8080

Key to ACGME General Competencies met by each objective:
1 = Patient Care
2 = Medical Knowledge
3 = Practice-based Learning and Improvement
4 = Interpersonal and Communication Skills
5 = Professionalism
6 = Systems-Based Practice
Goals of the rotation:

Residents on the Ultrasound, Genetics, and Genetic Counseling rotation will learn to perform a comprehensive ultrasound, to counsel patients for common genetic problems including AMA, understand the principles of genetics as they apply to obstetrics, and perform lung maturity amniocentesis.

Ultrasound Objectives:

1. Know the landmarks for basic biometrics including: gestational sac, CRL, BPD, HC, AC, FL (1,2)
2. Be able to obtain images for basic anatomy survey including: 4-chamber view, kidneys, stomach, bladder, cord insertion, 3-vessel cord. (1,2)
3. Be able to recognize and obtain ultrasound markers for aneuploidy including: echogenic intracardiac focus, ventriculomegaly, pyelectasis, nuchal fold, mid 5th phalanx, sandal gap, echogenic bowel (1,2)
4. Know the accuracy of ultrasound for pregnancy dating at various points in pregnancy (1st, 2nd, and 3rd trimesters) (1,2)
5. Know the significance of thick 1st trimester nuchal translucency (1,2)
6. Be able to perform ultrasound guided amniocentesis (1)

Genetics Objectives:

1. Understand the principles of non-directive counseling (1,2,3,4,5)
2. Be able to describe options for screening and diagnostic tests in a non-directive manner (1,2,3,4,5)
3. Understand the impact of maternal age on the risk for aneuploidy in pregnancy (1,2)
4. Understand the accuracy of and differences between screening tests for aneuploidy in pregnancy including: 1st trimester screen, mid trimester multiple marker screen, ultrasound (1,2)
5. Know the typical pattern of biochemical markers in the 1st and 2nd trimester in pregnancies affected by Down Syndrome (1,2)
6. Know the typical pattern of biochemical markers in the 1st and 2nd trimester in pregnancies affected by Trisomy 18 (1,2)
7. Know the appropriate evaluation of an abnormal MSAFP (1,2)
8. Know the appropriate evaluation of an abnormal multiple marker screen (1,2)
9. Know the appropriate evaluation of an abnormal 1st trimester screen (1,2)
10. Know what “other things” an abnormal multiple marker screen may indicate (1,2)
11. Know the risks of diagnostic tests in pregnancy including: CVS, amniocentesis (1,2)
12. Understand various types of offer for genetic conditions in various ethnic groups (1,2)
13. Understand the limitation of screening for carriers of recessive genetic conditions (1,2)
14. Know what ultrasound findings increase the risks for aneuploidy (1,2)
In order to meet the above objectives, the resident will:
1. Perform ultrasound examination and record measurements and review these with the ultrasound technicians and attendings.
2. Attend genetic counseling consultation with the counselors
3. Review abnormal ultrasound findings with the attendings
4. Meet with Dr. Tracy Prosen for didactic learning sessions.
5. See patients with the fellow two half days per week. You will look them up ahead of time and do their visit/new consultation, then staff it.
6. You may have the opportunity to assist/see some amniocentesis.

Schedule of time (where the resident is expected to be each day):

Monday through Friday from 0800 to 1630 in the Maternal Fetal Medicine Center at UMMC-Riverside

**Residents will miss one afternoon a week from this schedule (Tues, Wed, Thurs, or Fri) to attend their Continuity Clinic.

Educational materials include:

Textbooks in Ultrasound and Genetics Provided by Dr. Prosen

Resident Evaluations will include the following:

Standard RMS evaluations will be completed by staff physicians who work with the resident. Informal verbal feedback will be given throughout the rotation.

Key to ACGME General Competencies met by each objective:
1 = Patient Care
2 = Medical Knowledge
3 = Practice-based Learning and Improvement
4 = Interpersonal and Communication Skills
5 = Professionalism
6 = System-Based Practice
FAIRVIEW RIVERSIDE
MATERNAL FETAL MEDICINE AND WOMEN’S HEALTH SPECIALISTS (WHS) SERVICE
PGY 2 RESIDENT ROTATION

Goals of the rotation:
1. Begin to diagnose and provide treatment for maternal medical conditions that impact the management of pregnancy, delivery, and postpartum care.
2. Begin to diagnose and provide treatment for complications of pregnancy and severe complications impacting peripartum and postpartum care.
3. To improve performance surgical skills on complicated vaginal and cesarean deliveries.
4. Assist in and conduct complicated and uncomplicated vaginal deliveries and management of third stage complications.
5. Expand knowledge in surgical technique and perform primary and repeat cesarean sections.
6. Learn how to critically analyze scientific articles and apply them to clinical practice.

Objectives of the rotation:
1. Assist the G3 resident or attending physician with the care for the patient with maternal medical and surgical disorders including but not limited to (1,2,3,6):
   a. Cardiovascular
   b. Gastrointestinal
   c. Collagen vascular and autoimmune
   d. Central nervous system
   e. Endocrine
   f. Management of blood group iso-immunization
   g. Pulmonary
   h. Renal
   i. Hematologic
   j. Genito-urinary tract
   k. Thromboembolic disease
   l. Psychiatric disorders

2. Assist the G3 resident or attending physician with care for the undelivered patient with pregnancy complications including but not limited to (1,2,3,6):
   a. Multifetal gestation
   b. Hypertensive disorders of pregnancy
   c. Preterm ruptured fetal membranes
   d. Preterm labor
   e. Twin-to-twin transfusion syndrome
   f. Cervical incompetence
   g. Hyperemesis gravidarum
   h. Abnormal fetal growth
   i. Fetal malformation and/or genetic abnormalities
   j. Placental abruption and placenta previa

3. Gain expertise in performing obstetrical procedures including (1,2):
   a. Classical cesarean section
   b. Vaginal vacuum assisted delivery
   c. Cesarean delivery for multiple pregnancy
   d. Second trimester induced and surgical abortion
   e. External cephalic version
   f. Understand the maneuvers used in a breech vaginal delivery

4. Assist in providing care to complicated pregnant patients using a multidisciplinary approach involving other specialists in medicine and the health care delivery system. (1, 2, 3,4,6)
In order to meet the above objectives, the resident will:

1. Actively participate in morning sign out rounds daily with attending staff (MFM and WHS) and other residents and students
2. Provide complete hospital care of all MFM and WHS Obstetric patients, including:
   a. Triage
   b. Admission
   c. Intrapartum/labor management
   d. Vaginal and cesarean deliveries
   e. Postpartum management
   f. Surgical procedures on the undelivered patient
   g. ER consults
3. Perform all cesarean deliveries with MFM, WHS, and Fairview Riverside Women’s Clinic
4. Assist in performing MFM inpatient consults
5. Assist in twice weekly interdisciplinary rounds
6. Participate in teaching rounds each morning, including reviewing assigned reading material, be prepared to discuss this information during teaching rounds each morning and teach information to junior residents and medical students.

Schedule of time (where the resident is expected to be each day):

1. Clinical coverage:
   a. Day coverage
      i. Monday 6:30 am to 1:30 pm
      ii. Tuesday through Friday 6:30 am to 6:00 pm
2. Meetings/Education
   a. Monday pm Conference
   b. ½ day continuity clinic (variable)
   c. Monday through Friday 7:00 – 8:00 am teaching rounds
   d. Monday through Friday 8:00 – (variable) round on postpartum with WHS attending
   e. Monday and Thursday a.m. antepartum care team rounds if available
   f. Tuesdays 3:00 pm – 3:30 p.m. MFM/NICU Joint Meeting if available

3. Schedule of formal teaching rounds activities:
   a. Monday – Review MFM primary patient list and WHS Gyn list
   b. Tuesday – PGY 3 article/topic presentation
   c. Wednesday – Medical Student article/topic presentation
   d. Thursday – PGY 2 article/topic presentation
   e. Friday – MFM article/topic presentation
   f. Modifications to this schedule to be made on Monday of week in which there are resident vacations and/or no medical students on service.

Educational materials include:

Resident Evaluations will include the following:
1. Standard RMS evaluations will be sent to staff physicians who work with the resident.
2. Procedures competency in vacuum assisted vaginal delivery and cesarean delivery reviewed with the attending surgeon

Key to ACGME General Competencies met by each objective:
1 = Patient Care
2 = Medical Knowledge
3 = Practice-based Learning and Improvement
4 = Interpersonal and Communication Skills
5 = Professionalism
6 = Systems-Based Practice
Goals of the Rotation:
To begin to understand the management of infertility and understand common endocrinologic problems effecting reproduction and provide counseling to couples seeking infertility evaluation and management.

Objectives of the Rotation:
Patient Care:
1. Gather essential information about new reproductive endocrinology and infertility patients in the outpatient clinic setting by performing an accurate medical history and examination (if indicated).
2. Develop diagnostic evaluation and treatment plans for outpatient reproductive endocrinology and infertility patients in the outpatient clinic setting and review these plans with reproductive endocrinology staff for constructive feedback and guidance.
3. Demonstrate caring and respectful behaviors when interacting with patients.
4. Use information technology to support patient care treatment decisions.
5. Understand and perform the following procedures competently:
   a. Hysterosalpingogram
   b. Endometrial biopsy
   c. Transvaginal ultrasound
   d. Diagnostic hysteroscopy
   e. Diagnostic laparoscopy
   f. Sonohysterography
   g. Abdominal myomectomy
6. Understand and observe the following procedures:
   a. Transvaginal oocyte retrieval
   b. Embryo transfer
   c. In vitro fertilization (laboratory)
   d. Intracytoplasmic sperm injection (laboratory)
   e. Semen analysis (laboratory)
   f. Endocrinological hormonal assay (laboratory)
7. Demonstrate ability to counsel and educate patients regarding common reproductive endocrinology disorders and infertility.

Medical Knowledge:
1. Demonstrate a sound understanding of the basic science background and clinical issues related to common reproductive endocrinology and infertility disorders including:

Interpersonal and Communication Skills:
1. Communicate effectively with others as a member of the health care team of the division of reproductive endocrinology and infertility.
2. Communicate effectively with patients in language that is appropriate to their medical understanding.
3. Maintain comprehensive, timely and legible medical records.
4. Follow dictation formats for new reproductive endocrinology and infertility patients
5. Write comprehensive, although concise, notes on return reproductive endocrinology and infertility patients
6. Dictate surgical operative reports when directed.
7. Complete hospital discharge summaries in a timely fashion.

**Professionalism:**
1. Demonstrate respect, compassion, integrity and responsiveness to the needs of reproductive endocrinology and infertility patients.
2. Demonstrate a high level of professional conduct, including punctuality and a good work ethic.
3. Demonstrate a commitment to excellence and ongoing learning/professional development.
5. Demonstrate sensitivity and appropriate responsiveness to the culture, age, sexual preferences, socioeconomic status, religious beliefs and disabilities of reproductive endocrinology and infertility patients.

**Practice-Based Learning and Improvement:**
1. Identify areas of competencies in reproductive endocrinology and infertility that require improvement and implement strategies to enhance knowledge, skills, attitudes or processes of care.
2. Keep up-to-date experience logs including transvaginal ultrasound.
3. Search the scientific literature to obtain, appraise and assimilate information related to reproductive endocrinology and infertility patients’ health problems.
4. Have a basic understanding of study design and statistical methods for proper interpretation of the scientific literature.
5. Demonstrate a willingness and basic competence to teach medical students rotating through reproductive endocrinology and infertility.

**Systems-Based Practice:**
1. Understand important professional societies and organizations that affect the practice of reproductive endocrinology and infertility, including the American Society for Reproductive Medicine (professional society) and Resolve (patient advocacy group).
2. Understand how health care costs and resource allocations affect patients receiving treatment for reproductive endocrinology and infertility conditions, particularly the lack of insurance coverage for certain infertility conditions or treatments.
3. Have a basic understanding of quality assessment and improvement processes through evidence-based medicine approaches.
4. Demonstrate a willingness, when required, to cooperate with reproductive endocrinology and infertility staff and personnel to correct system problems and improve patient care.

**In order to meet the above objectives, the resident will:**
1. Work with Drs. Phipps, and Damario in the RMC
2. Perform transvaginal ultrasounds on infertility patients
3. Assist with surgical procedures in infertility

**Schedule of time (where the resident is expected to be each day):**

| Monday AM: | Clinic |
| Monday PM: | Didactics |
| Tues AM: | OR |
| Tues PM: | OR |
| Wednesday AM: | Clinic |
| Thursday AM: | Clinic |
| Thursday PM: | Clinic |
| Friday AM: | Didactic/Clinic |
| Friday PM: | Clinic |

**Residents will miss one afternoon a week from this schedule (Tues, Wed, Thurs, or Fri) to attend their Continuity Clinic.**
Educational materials include:
Selected articles provided by Dr. Damario and Endocrinology and Infertility Texts in the Clinic

Resident Evaluations will include the following:
Standard RMS evaluations will be sent to staff physicians who work with the resident.

Key to ACGME General Competencies met by each objective:
1 = Patient Care
2 = Medical Knowledge
3 = Practice-based Learning and Improvement
4 = Interpersonal and Communication Skills
5 = Professionalism
6 = Systems-Based Practice
Goals and objectives of the rotation:

By the end of the third year, resident should be able to:

<table>
<thead>
<tr>
<th>Goal, Objective</th>
<th>COMPETENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Manage routine medical and surgical complications in postoperative gynecologic oncology patients</td>
<td>PC</td>
</tr>
<tr>
<td>2. Manage complicated postoperative patients on a regular nursing floor</td>
<td>PC</td>
</tr>
<tr>
<td>3. Know side effects and toxicities of chemotherapy</td>
<td>MK</td>
</tr>
<tr>
<td>4. Know the principles of chemotherapy</td>
<td>MK</td>
</tr>
<tr>
<td>5. Know how to diagnose preinvasive and malignant lesion of the vulva, vagina, cervix, fallopian tube, uterus, ovary and trophoblast</td>
<td>MK</td>
</tr>
<tr>
<td>6. Know the initial management of preinvasive and malignant lesion of the vulva, vagina, cervix, fallopian tube, uterus, ovary and trophoblast</td>
<td>MK</td>
</tr>
<tr>
<td>7. Familiar with basic pathology of gynecologic malignancies</td>
<td>MK</td>
</tr>
<tr>
<td>8. Know pelvic anatomy and anatomical relationships</td>
<td>MK</td>
</tr>
<tr>
<td>9. Use the medical literature to help guide patient care planning</td>
<td>PBLI</td>
</tr>
<tr>
<td>10. Present interesting UMMC patients selected by the fellows for the Pathology and M&amp;M segments at monthly Gyn Oncology conferences. Prepare for questions about the presented patients in an oral boards format</td>
<td>IC, P, PBLI</td>
</tr>
<tr>
<td>11. Understand management of ethical issues related to end of life care</td>
<td>P</td>
</tr>
<tr>
<td>12. Identify areas for personal improvement in surgical skill and implement strategies to accomplish this</td>
<td>PBLI</td>
</tr>
<tr>
<td>13. Identify areas for personal improvement in gyn oncology knowledge and implement strategies to accomplish this</td>
<td>PBLI</td>
</tr>
<tr>
<td>14. Demonstrate professional behavior</td>
<td>P</td>
</tr>
</tbody>
</table>

In order to meet the above objectives, the resident will (each activity is associated with the corresponding numbered goal/objective above):

1. Attend and participate in morning handoff (sit down) followed by walk rounds with the fellow; write daily SOAP notes on patients. The resident will know about all patients on the Gyn Oncology service, however, he/she is specifically in charge of the patients of Dr. Geller and Dr. Downs and will communicate with them as appropriate.

2. Actively participate in patient visits in the UMMC Women’s Health Center (WHC) under the guidance of Dr. Geller and Dr. Downs. Priority will be placed on new patients and consults, procedures (i.e. colposcopy), and postoperative visits. This will facilitate the resident learning how to decide on the appropriate surgical management, counseling patients on the recommended procedure, assisting on patients’ surgical cases, and managing postoperative complications. The resident may assist with chemotherapy surveillance visits, however, these should not be the priority.

3. Routinely participate in morning rounds and ask questions to clarify concepts that the resident does not understand. Reviewing the pre-admission (or most recent outpatient) H&P on patients to understand the decision making process involved with each patients admission. The resident will assist on surgical cases with the fellow/staff and participate in postoperative care of the patient.

4. Attend the Thursday morning patient care conference and present pathology and/or preoperative patients. The resident will receive the cases to be presented the week before.
5. The resident will assist on surgical cases with the fellow/staff. The patient will review the necessary texts and use necessary resources to gain appropriate understanding of pelvic anatomy.

6. Utilize the online resources to read review articles and original research on topics related to the patients with whom the resident has contact.

7. The resident will see patients with end of life issues in the UMMC WHC and will also review the reports from the Transitional Life Services Consult team when requested on inpatients.

8. Consistently identify gynecologic oncology fundamentals that are not clear or that the resident does not understand and use available resources (Fellow/Staff; consult services; text books; web-based resources; additional members of the multi-disciplinary team) to get answers to questions.

9. Conduct all activities in a professional manner.

10. Update SGO database and review pathology and staging of malignancies. Each resident will be responsible for the cases in which he/she participates. The G3 on service will be responsible for all pathology of Dr. Geller and Dr. Downs’ patients.

11. The resident will be available to help the intern with management of hospitalized patients. Patient evaluations performed by the intern will be reassessed and confirmed by a senior resident when available and depending on the urgency of the given situation. If the intern is available, the resident will assist the intern with minor surgical procedures under the guidance of the attending.

**Schedule of time (where the resident is expected to be each day):**

The second, third and fourth year resident will alternate between night float, outpatient clinic and surgery. Most, if not all of the surgical experience will occur at UMMC. Other sites may include Methodist and Regions hospitals. The resident will assist the first year resident with management of daily issues on hospitalized patients. The resident will see patients in the UMMC Emergency Department and will participate in the care of gynecologic oncology patients admitted to the surgical or medical ICU.

** The resident will miss one afternoon a week from this schedule (Tues, Wed, Thurs or Fri) to attend his/her continuity clinic.

**Resident Evaluations will include the following:**

1. Standard RMS evaluations will be sent to gynecologic oncology staff physicians.

**Site locations**

University of Minnesota Medical Center, Fairview
500 Harvard Street
Minneapolis, MN 55455
(612) 273-3000

Phillips Wangensteen Building
Clinic 1-C
516 Delaware St SE
Minneapolis MN, 55544

**Key to ACGME General Competencies met by each objective:**

PC = Patient Care MK = Medical Knowledge
PBLI = Practice-Based Learning & Improvement IC = Interpersonal & Communication Skills
P = Professionalism SBP = System-Based Practice

UMMC/PARK NICOLLET/ REGIONS

98
GYNECOLOGY ONCOLOGY SURGERY FLOAT
PGY 3 RESIDENT ROTATION

Goals of the rotation:
Residents on this rotation will expand their surgical skills both through operative procedures in the surgical management of gynecological malignancies and through complications associated with the surgical treatment of gynecologic malignancies. In addition this rotation enhances the ability to maintain a team of residents on the Oncology Rotations at all sites and at all times with the goal to provide excellent patient care and provide resident experience in the care of all patients cared for by the Oncology Services.

Objectives of the rotation:
1. To demonstrate competence in performing surgery for the diagnosis and treatment of gynecologic malignancies, including surgical staging. (1,2)
2. To understand the surgical complications associated with gynecologic malignancy. (1,2)
3. Understand gastrointestinal and genitourinary anatomy and related procedures performed in patients with gynecologic malignancies. (1,2)
4. To obtain as much surgical experience as possible by covering gynecologic surgeries, both benign and oncologic. (1,2)
5. To become familiar with basic pathology of gynecologic malignancies (2)
6. Know pelvic anatomy and anatomical relationships (2)
7. To present interesting patients selected by the fellows for the Pathology and M&M segments at monthly Gyn Oncology conferences. Prepare for questions about the presented patients in an oral boards format (1,2,4)
8. To identify areas for personal improvement in surgical skill and implement strategies to accomplish this (3)
9. Demonstrate professional behavior (5)

In order to meet the above objectives, the resident will:
1. Operate with Gyn Oncology attending physicians at the three sites – UMMC, Methodist, and Regions – as assigned by the fellows based on availability and coverage needs. The goal is to have all cases covered by a resident at all sites.
2. Participate in the care of patients in the postoperative setting by rounding on and managing care for patients on which the resident operated.
3. Discuss daily plans for each patient with the appropriate attending on service.
4. Participate as part of the team in communicating information to the night float resident at the University via in person or telephone handoff communication each evening and again receive handoff communication from the NF resident each morning.
5. Cover cases at the University, Methodist, or Regions as needed. The resident will provide surgical coverage for other senior residents on PTO or at continuity clinic.
6. Update SGO database and review pathology and staging of malignancies. Each resident will be responsible for the cases in which he/she participates.

Schedule of time (where the resident is expected to be each day):
Monday: OR
Monday afternoon: attend resident conference
Tuesday: OR
Wednesday: OR
Thursday: OR
Friday: OR
Continuity clinic 1/2 day per week
Sites – UMMC, Methodist Hospital, Regions Hospital

**Educational materials include:**
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**Resident Evaluations will include the following:**
Standard RMS evaluations will be sent to staff physicians who work with the resident.

**Key to ACGME General Competencies met by each objective:**
1 = Patient Care
2 = Medical Knowledge
3 = Practice-based Learning and Improvement
4 = Interpersonal and Communication Skills
5 = Professionalism
6 = Systems-Based Practice
**Goals of the rotation:**

Residents on this rotation will expand their surgical skills both through operative laparotomy and operative laparoscopy in the surgical management of gynecological malignancies and complications associated with the surgical treatment of gynecologic malignancies.

**Objectives of the rotation:**

10. To demonstrate competence in performing surgery for the diagnosis and treatment of gynecologic malignancies, including surgical staging. (1,2)
11. To understand the surgical complications associated with gynecologic malignancy. (1,2)
12. Understand gastrointestinal and genitourinary anatomy and related procedures performed in patients with gynecologic malignancies. (1,2)
13. To understand the role of operative laparoscopy in the management of gynecologic malignancy. (1,2)
14. To understand postoperative complications, appropriate work up and consultations (1,2,3)
15. To become familiar with basic pathology of gynecologic malignancies (2)
16. Know pelvic anatomy and anatomical relationships (2)
17. To present interesting Methodist patients selected by the fellows for the Pathology and M&M segments at monthly Gyn Oncology conferences. Prepare for questions about the presented patients in an oral boards format (1,2,4)
18. To identify areas for personal improvement in surgical skill and implement strategies to accomplish this (3)
19. To work closely with Gyn Oncology attendings physicians in the inpatient (including surgical) and outpatient settings and to communicate with them regularly regarding patient care and management (1,4,5)
20. Demonstrate professional behavior (5)

**In order to meet the above objectives, the resident will:**

7. Operate with Dr. Carson and Dr. Argenta at Methodist Hospital.
8. Participate in the care of patients in the postoperative setting, including postoperative rounds and discharge planning.
9. Participate in consults to the Oncology Service at Methodist Hospital, including initial assessment, medical and surgical management, and discharge planning.
10. Discuss daily plans for each patient with the appropriate attending on service.
11. Communicate information to the night float resident at the University via telephone handoff each evening
12. Cover cases at the University or Regions as needed, with priority going to Methodist surgeries and patient care.
13. On days where there are no oncology surgeries, the resident may cover requested benign gynecology cases at Methodist.
14. Update SGO database and review pathology and staging of malignancies. Each resident will be responsible for the cases in which he/she participates. The G3 on the Methodist service will be responsible for all pathology of Dr. Carson and Dr. Argenta’s patients.
15. Actively participate in patient visits in the Park Nicollet Gyn Oncology Clinic under the guidance of Dr. Carson and Dr. Argenta. Priority will be placed on new patients and consults, procedures (i.e. colposcopy), and postoperative visits. This will facilitate the resident learning how to decide on the appropriate surgical management, counseling patients on the recommended procedure, assisting on patients’ surgical cases, and managing postoperative complications.

**Schedule of time (where the resident is expected to be each day):**

Monday: OR (Carson)
Monday afternoon: attend resident conference
Tuesday: OR (Argenta)
Wednesday: Clinic (Carson)
Thursday: Add-on OR cases or cover cases at UMMC/Regions
Friday: OR (Carson)
Continuity clinic 1/2 day per week (ideally not Tuesdays)

**Educational materials include:**
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**Resident Evaluations will include the following:**
Standard RMS evaluations will be sent to staff physicians who work with the resident.

**Key to ACGME General Competencies met by each objective:**
1 = Patient Care
2 = Medical Knowledge
3 = Practice-based Learning and Improvement
4 = Interpersonal and Communication Skills
5 = Professionalism
6 = Systems-Based Practice
UNIVERSITY OF MINNESOTA MEDICAL CENTER
MATERNAL FETAL MEDICINE AND WOMEN’S HEALTH SPECIALISTS (WHS) SERVICE
AND NIGHT FLOAT ROTATION
PGY 3 RESIDENT ROTATION

**Goals of the rotation:**
1. Diagnose and provide treatment for maternal medical conditions that impact the management of pregnancy, delivery, and post partum care.
2. Diagnose and provide treatment for complications of pregnancy and severe complications impacting antepartum, peripartum and postpartum care.
3. Improve performance surgical skills on complicated vaginal deliveries and cesarean deliveries and surgical procedures on the undelivered pregnant patient.
4. Gain expertise in providing care to complicated pregnant patients using a multidisciplinary approach involving other specialists in medicine and the health care delivery system.
5. Learn how to critically analyze scientific articles and apply them to clinical practice.

**Objectives of the rotation:**
1. Care for the patient with maternal medical and surgical disorders including but not limited to (1,2,3,6):
   - Cardiovascular
   - Gastrointestinal
   - Collagen vascular and autoimmune
   - Central nervous system
   - Endocrine
   - Formulate a plan for the management of blood group isoimmunization
   - Pulmonary
   - Renal
   - Hematologic
   - Genito-urinary tract
   - Thromboembolic disease
   - Psychiatric disorders
2. Care for the undelivered patient with pregnancy complications including but not limited to (1,2,3,6):
   - Multifetal gestation
   - Hypertensive disorders of pregnancy
   - Preterm ruptured fetal membranes
   - Preterm labor
   - Twin-to-twin transfusion syndrome
   - Cervical incompetence
   - Hyperemesis gravidarum
   - Abnormal fetal growth
   - Fetal malformation and/or genetic abnormalities
   - Placental abruption and placenta previa
3. Manage severe peripartum complications including but not limited to(1,2,3,6):
   - HELLP syndrome
   - Severe preeclampsia and eclampsia
   - Pulmonary edema
   - Renal failure
   - Diabetic ketoacidosis
   - Acute fatty liver of pregnancy
4. Gain expertise in performing obstetrical procedures including (1,2):
   - Cervical cerclage
   - Classical cesarean section
   - Cesarean hysterectomy
   - Twin vaginal delivery including breech extraction
• Operative vaginal delivery (vacuum/forceps)
• Cesarean delivery for multiple pregnancy
• Cesarean delivery for fetal malformations
• Second trimester induced and surgical abortion
• External cephalic version
• Understand the maneuvers used in a breech vaginal delivery

5. Define the role of invasive central cardio-pulmonary monitoring in the peripartum patient (1,2,3)
6. Develop an interdisciplinary approach to the management of complicated undelivered patients including involvement of other medical and surgical subspecialties, nursing, social services, clergy, and neonatology. (1,2,3,4,5,6)
7. Demonstrate both a leadership role and teaching role involving junior residents and medical students in the care of complicated pregnancies. (1,2,3,4,5)
8. Provide consultative services in conjunction with the MFM Attending and/or WHS attending to other General Obstetricians, Family Practitioners and Certified Nurse Midwives in the care of their high risk patients. (1,2,3,4,5)

In order to meet the above objectives, the resident will:
1. Conduct morning sign out rounds daily with attending staff (MFM and WHS) and other residents and students
2. Provide complete hospital care of all MFM and WHS Obstetric patients, including:
3. Triage
4. Admission
5. Intrapartum/labor management
6. Vaginal and cesarean deliveries
7. Postpartum management
8. Surgical procedures on the undelivered patient
9. ER consults
10. Perform all MFM inpatient consults
11. Conduct twice weekly interdisciplinary rounds
12. Participate in teaching rounds each morning, including reviewing assigned reading material, be prepared to discuss this information during teaching rounds each morning and teach information to junior residents and medical students.
13. Cover emergency gynecology surgery on nights and weekends.
14. Provide care for inpatient gynecology patients as needed on nights and weekends.
15. Perform gynecology ER and floor consults on Riverside campus on nights and weekends.

Schedule of time (where the resident is expected to be each day):
1. Clinical coverage:
   a. Day coverage
      i. Monday 6:30 am to 1:00 pm
      ii. Tuesday through Friday 6:30 am to 6:00 pm
   b. Night Float
      i. Monday 5:00 pm to 8:00 am
      ii. Tuesday through Thursday 6:00 pm to 8:00 am
2. Meetings/Education
   a. Monday pm Conference
   b. ½ day continuity clinic (variable)
   c. Monday through Friday 7:00 – 7:40 am teaching rounds
   d. Monday through Friday 7:40 – (variable) round on antepartum with MFM attending
   d. Monday and Thursday 9:00 – 9:30 a.m. antepartum care team rounds
   e. Tuesdays 3:00 pm – 3:30 p.m. MFM/NICU Joint Meeting
3. Schedule of formal teaching rounds activities:

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a. Monday – Review MFM primary patient list and WHS Gyn list
b. Tuesday – PGY 3 article/topic presentation
c. Wednesday – Medical Student article/topic presentation
d. Thursday – PGY 2 article/topic presentation
e. Friday – MFM article/topic presentation
f. Modifications to this schedule to be made on Monday of week in which there are resident vacations and/or no medical students on service.

**Educational materials include:**

**Resident Evaluations will include the following:**
Standard RMS evaluations will be sent to staff physicians who work with the resident.

**Key to ACGME General Competencies met by each objective:**
1 = Patient Care
2 = Medical Knowledge
3 = Practice-based Learning and Improvement
4 = Interpersonal and Communication Skills
5 = Professionalism
6 = Systems-Based Practice
REGIONS HOSPITAL
GYNECOLOGY
PGY 3 RESIDENT ROTATION

Goals of the Rotation:

To gain the knowledge needed to perform major gynecological surgical procedures and counsel patients on the surgical and non-surgical options for the care of common gynecological problems.

Objectives of the rotation for Gynecology Chief:

1. Evaluate, discuss, and treat gynecologic patients presenting with common and emergency gynecological problems (1, 2, 3, 4, 5)
2. Develop an understanding of the decision-making process for determining surgical versus non-surgical treatment options (2, 3, 4, 5)
3. Develop the ability to comfortably discuss risks and benefits of surgical procedure options and obtain informed consent from patients prior to surgical procedures (1, 2, 3, 4, 5, 6)
4. Perform under direct supervision of staff major and minor gynecological surgeries, abdominal and vaginal hysterectomies, diagnostic and operative laparoscopic and hysteroscopic repairs for prolapse, both abdominal and vaginal, and incontinence procedures. (1, 2, 3, 4, 5)
5. Perform outpatient surgeries, i.e., biopsies, Bartholins cysts, female circumcisions, revisions (1, 2, 3, 4, 5)
6. Assist junior residents/interns in performing major and minor surgical procedures (2, 3, 4, 5)
7. Perform diagnostic and operative laparoscopic and hysteroscopic procedures (1, 2, 3, 4, 5, 6)
8. Perform evacuation of first and second trimester missed or inevitable abortions (1, 2, 3, 4, 5)
9. Obtain experience in patient care in a managed care setting (1, 2, 3, 4, 5, 6)
10. Know surgical indications for surgical treatment of pelvic relaxation and incontinence (1, 2, 3, 4, 5)
11. Teach other residents and medical students, organize and run the Gynecology Service, and be a team player. (2, 3, 4, 5)
12. Communicate effectively with patients, staff, colleagues, and consultants (1, 2, 3, 4, 5)
13. Demonstrate ethical and professional behavior (1, 2, 3, 4, 5)
14. Use evidence-based medicine

In order to meet the above objectives, the resident will:

1. Do all major gyn surgery procedures and coordinate coverage for cases you are unable to cover
2. Assist/do complicated pelvic reconstructive surgery
3. Perform/Assist junior resident in diagnostic and operative laparoscopy/hysteroscopy procedures
4. Evaluate and treat patients presenting to the ER with gynecological complications
5. Assist staff in evaluating inpatient gyn consults
6. Present articles, data, and evidence-based information to staff, colleagues, and junior residents during Friday noon conference
7. Present M&M cases at monthly conference

Schedule of time (where the resident is expected to be each day):

6:30 a.m. Morning sign out
7:30 a.m. Staff sign out
8:00 a.m. – 6:00 p.m. Regions OR

** Residents will miss one afternoon a week from this schedule (Tues, Wed, Thurs or Fri) to attend their continuity clinic.

Educational materials include:

**Resident Evaluations will include the following:**
1. Standard RMS evaluations will be sent to staff physicians who work with the resident.

**Site locations:**

*Regions Hospital*
640 Jackson Street
St. Paul, MN 55101
phone: (651) 254-3456

**Key to ACGME General Competencies met by each objective:**
1 = Patient Care
2 = Medical Knowledge
3 = Practice-based Learning and Improvement
4 = Interpersonal and Communication Skills
5 = Professionalism
6 = Systems-Based Practice
REGIONS HOSPITAL
OBSTETRICS
PGY 3 RESIDENT ROTATION

Goals of the rotation:
1. Assist junior residents in performing vaginal deliveries and management of third stage complications (1,2)
2. Assist junior residents in performing primary cesarean sections (1,2)
3. Perform complicated vaginal deliveries and operative deliveries (1,2)
4. Perform repeat cesarean sections and complicated cesarean sections (1,2)
5. Evaluate, diagnose, and treat medical conditions occurring in pregnancy and post partum (1,2)
6. Work a managed care setting (3,6)
7. Gain expertise in providing care to pregnant patients using a multidisciplinary approach involving other specialists in medicine and health care delivery system (1,3,5,6)
8. Learn to take responsibility and be a team player (3,4,5)
9. Learn to teach medical students and junior residents effectively (3,4,5)

Objectives of the rotation for Obstetrics Senior:
1. Supervise junior residents performing history on pregnant patients (1,2)
2. Counsel patients regarding influences of lifestyle on pregnancy outcome (1,2,4)
3. Perform physical exams on obstetrics patients (1,2)
4. Evaluate complicated obstetric patients (1,2)
5. Order and interpret lab tests (1,2)
6. Describe warning signs of adverse pregnancy outcome (1,2)
7. Effectively supervise management of labor and delivery (1,2)
8. Appropriately document inpatient evaluation and hospitalization (1,2)
9. Supervise junior residents in evaluation of postpartum patients (1,2)

In order to meet the above objectives, the resident will:
1. Attend morning rounds and sign-out rounds daily with attending staff, other residents, and student
2. Assist junior resident perform all uncomplicated vaginal deliveries and perform all complicated vaginal deliveries i.e., operative vaginal deliveries
3. Assist junior resident perform all simple perineal lacerations and perform all complicated perineal lacerations
4. Evaluate and admit appropriate patients presenting to L&D
5. Assist junior resident on primary cesarean deliveries
6. Perform all repeat and complicated cesarean deliveries
7. Round on post partum patients and pregnant post operative patients
8. Effectively communicate/interact with patients, colleagues, staff, and consultants
9. Conduct himself/herself in a professional and ethical manner at all times.

Schedule of time (where the resident is expected to be each day):

Mon AM: L&D
Mon PM: Didactic conference
Tues AM: L&D
Tues PM: L&D
Wed AM: L&D
Wed PM: L&D
Thurs AM: L&D
Thurs PM: L&D
Fri AM: L&D
Fri PM: L&D

** Residents will miss one afternoon a week from this schedule (Tues, Wed, Thurs or Fri) to attend their continuity clinic.
Educational materials include:

Resident Evaluations will include the following:
1. Standard RMS evaluations will be sent to staff physicians who work with the resident.

Site locations:

Regions Hospital
640 Jackson Street
St. Paul, MN 55101
phone: (651) 254-3456

Key to ACGME General Competencies met by each objective:
1 = Patient Care
2 = Medical Knowledge
3 = Practice-based Learning and Improvement
4 = Interpersonal and Communication Skills
5 = Professionalism
6 = Systems-Based Practice
Goals and objectives of the rotation:

By the end of the fourth year, resident should be able to:

<table>
<thead>
<tr>
<th>Goal, Objective</th>
<th>COMPETENCIES</th>
</tr>
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<tbody>
<tr>
<td>1. Manage routine medical and surgical complications in postoperative</td>
<td>PC</td>
</tr>
<tr>
<td>gynecologic oncology patients</td>
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<tr>
<td>2. Manage complicated postoperative patients on a regular nursing floor</td>
<td>PC</td>
</tr>
<tr>
<td>3. Know side effects and toxicities of chemotherapy</td>
<td>MK</td>
</tr>
<tr>
<td>4. Know the principles of chemotherapy</td>
<td>MK</td>
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<td>5. Know how to diagnose preinvasive and malignant lesion of the vulva,</td>
<td>MK</td>
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<tr>
<td>vagina, cervix, fallopian tube, uterus, ovary and trophoblast</td>
<td></td>
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<tr>
<td>6. Know the initial management of preinvasive and malignant lesion of the</td>
<td>MK</td>
</tr>
<tr>
<td>vulva, vagina, cervix, fallopian tube, uterus, ovary and trophoblast</td>
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<tr>
<td>7. Familiar with basic pathology of gynecologic malignancies</td>
<td>MK</td>
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<tr>
<td>8. Know pelvic anatomy and anatomical relationships</td>
<td>MK</td>
</tr>
<tr>
<td>9. Use the medical literature to help guide patient care planning</td>
<td>PBLI</td>
</tr>
<tr>
<td>10. Present findings from the medical literature effectively to colleagues</td>
<td>IC, P, PBLI</td>
</tr>
<tr>
<td>at Tumor Board</td>
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<tr>
<td>11. Understand management of ethical issues related to end of life care</td>
<td>P</td>
</tr>
<tr>
<td>12. Identify areas for personal improvement in surgical skill and</td>
<td>PBLI</td>
</tr>
<tr>
<td>implement strategies to accomplish this</td>
<td></td>
</tr>
<tr>
<td>13. Identify areas for personal improvement in gyn oncology knowledge and</td>
<td>PBLI</td>
</tr>
<tr>
<td>implement strategies to accomplish this</td>
<td></td>
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<tr>
<td>14. Demonstrate professional behavior</td>
<td>P</td>
</tr>
</tbody>
</table>

In order to meet the above objectives, the resident will (each activity is associated with the corresponding numbered goal/objective above):

1. Attend and participate in morning rounds with the fellow; write daily SOAP notes on patients
2. Actively participate in chemotherapy visits in the UMMC Women’s Health Center (WHC); working with the fellow/staff, the chemotherapy nursing coordinators to learn the concepts associated with chemotherapy including knowledge of which items are commonly used for gynecologic malignancies, how they are administered, mechanism of action and common side effects. Reviewing the corresponding chapters in the recommended text; specifically reviewing the text on each chemotherapeutic agent that was prescribed to patient’s with whom the resident has had contact.
3. The resident will see chemotherapy, surveillance, colposcopy and new patients in the UMMC WHC.
4. Routinely participate in morning rounds and asking questions to clarify concepts that the resident does not understand. Reviewing the pre-admission (or most recent outpatient) H&P on patients to understand the decision making process involved with each patients admission. The resident will see chemotherapy, surveillance, colposcopy and new patients in the UMMC WHC. The resident will assist on surgical cases with the fellow/staff and attend Wednesday morning patient care conference.
5. Attending the Thursday morning patient care conference and present pathology and/or preoperative patients
6. The resident will assist on surgical cases with the fellow/staff patient care conference. The patient will review the necessary texts and use necessary resources to gain appropriate
understanding of pelvic anatomy

7. Utilize the online resources to read review articles and original research on topics related to the patients with whom the resident has contact
8. The resident will see patients with end of life issues in the UMMC WHC and will also review the reports from the Transitional Life Services Consult team when requested on inpatients.
9. Consistently identify gynecologic oncology fundamentals that are not clear or that the resident does not understand and use available resources (Fellow/Staff; consult services; text books; web-based resources; additional members of the multi-disciplinary team) to get answers to questions
10. Conduct all activities in a professional manner
11. Update SGO database and review pathology and staging of malignancies

Schedule of time (where the resident is expected to be each day):
The second, third and fourth year resident will alternate between night float, outpatient clinic and surgery. Most, if not all of the surgical experience will occur at UMMC. The resident will assist the first year resident with management of daily issues on in patients. The resident will see patients in the UMMC Emergency Department and will participate in the care of gynecologic oncology patients admitted to the surgical or medical ICU.

** The resident will miss one afternoon a week from this schedule (Tues, Wed, Thurs or Fri) to attend their continuity clinic.

Educational materials include:

Resident Evaluations will include the following:
1. Standard RMS evaluations will be sent to gynecologic oncology staff physicians.

Site locations
University of Minnesota Medical Center, Fairview
500 Harvard Street
Minneapolis, MN 55455
(612) 273-3000

Phillips Wangensteen Building
Clinic 1-C
516 Delaware St SE
Minneapolis MN, 55544

Key to ACGME General Competencies met by each objective:

PC = Patient Care MK = Medical Knowledge
PBLI = Practice-Based Learning & Improvement IC = Interpersonal & Communication Skills
P = Professionalism SBP = System-Based Practice
Goals of the rotation:

Residents on this rotation will expand their surgical skills both through operative laparotomy and operative laparoscopy in the surgical management of gynecological malignancies and complications associated with the surgical treatment of gynecologic malignancies.

Objectives of the rotation:

1. To demonstrate competence in performing surgery for the diagnosis and treatment of gynecologic malignancies, including surgical staging. (1,2)
2. To understand the surgical complications associated with gynecologic malignancy. (1,2)
3. Understand gastrointestinal and genitourinary anatomy and related procedures performed in patients with gynecologic malignancies. (1,2)
4. To understand the role of operative laparoscopy in the management of gynecologic malignancy. (1,2)
5. Understand postoperative complications and appropriate work up and consultations (1,2,3)

In order to meet the above objectives, the resident will:

1. Operate with Drs Teoh and Mullany at Regions Hospital, and Dr. Mullany at Methodist Hospital
2. Participate in the care of patients in the postoperative setting
3. Participate in consults to the Oncology Service at Regions Hospital.

Schedule of time (where the resident is expected to be each day):

order of priorities is: Teoh OR, then Mullany OR, then Teoh or Mullany clinic depending on the day of the week.

Sample Schedule:

Monday: OR Teoh
Monday afternoon: attend resident conference
Tuesday: OR Teoh (every other week)
Wednesday: Clinic Teoh
Thursday: 0730 Pathology conference with Dr. Carley
OR Mullany (every other week)
Friday: Clinic Teoh (every other week) or research.
Noon- GYN conference on L&D

Educational materials include:

Same as those suggested for GYN ONC at UMMC.

Resident Evaluations will include the following:

Standard RMS evaluations will be sent to staff physicians who work with the resident.

Key to ACGME General Competencies met by each objective:

1 = Patient Care
2 = Medical Knowledge
3 = Practice-based Learning and Improvement
4 = Interpersonal and Communication Skills
5 = Professionalism
6 = Systems-Based Practice
HENNEPIN COUNTY MEDICAL CENTER
GYNECOLOGY SURGERY
PGY 4 RESIDENT ROTATION

Goals of the Rotation:
To gain the knowledge needed to perform major gynecological surgical procedures and counsel patients on the surgical and non-surgical options for the care of common gynecological problems.

Objectives of the rotation for Gynecology Chief:

1. Evaluate, discuss, and treat gynecologic patients presenting with common and emergency gynecological problems (1, 2, 3, 4, 5)
2. Develop an understanding of the decision-making process for determining surgical versus non-surgical treatment options (2, 3, 4, 5)
3. Develop the ability to comfortably discuss risks and benefits of surgical procedure options and obtain informed consent from patients prior to surgical procedures (1, 2, 3, 4, 5, 6)
4. Perform and teach junior residents on all major and minor gynecological surgeries, abdominal and vaginal hysterectomies, diagnostic and operative laparoscopy and hysteroscopy (1, 2, 3, 4, 5)
5. Obtain experience in patient care in a managed care setting (1, 2, 3, 4, 5, 6)
6. Communicate effectively with patients, staff, colleagues, and consultants (1, 2, 3, 4, 5)
7. Demonstrate ethical and professional behavior (1, 2, 3, 4, 5)
8. Learn to teach, take responsibility for the GYN service and be a team player

In order to meet the above objectives, the resident will:

1. Do/teach all gynecologic surgery procedures
2. Assist Junior Resident with ED consults
3. Assist Junior Resident with all GYN consults
4. Attend clinic when no GYN cases are occurring

Schedule of time (where the resident is expected to be each day):
Mon 6:30 a.m. Postoperative rounds
Mon 7:30 a.m. Staff sign out
Mon 8:00 a.m. GYN weekly case presentation
Mon 8:30 a.m. General OBGYN clinic
Mon PM: Resident conference

Tues AM: Operating Room
Tues PM: Operating Room

Wed AM: Operating Room
Wed PM: Operating Room

Thurs AM: High risk OB clinic
Thurs PM: General OBGYN clinic

Fri AM: General OBGYN clinic/Operating Room with Dr. Warshaw
Fri PM: General OBGYN clinic/Operating Room with Dr. Warshaw

** Residents will miss one afternoon a week from this schedule (Tues, Wed, Thurs or Fri) to attend their continuity clinic.
Educational materials include:

Resident Evaluations will include the following:
1. Standard RMS evaluations will be sent to staff physicians who work with the resident.

Site locations:
Hennepin County Medical Center

Key to ACGME General Competencies met by each objective:
1 = Patient Care
2 = Medical Knowledge
3 = Practice-based Learning and Improvement
4 = Interpersonal and Communication Skills
5 = Professionalism
6 = Systems-Based Practice
HENNEPIN COUNTY MEDICAL CENTER
OB AND NIGHT FLOAT
PGY 4 RESIDENT ROTATION

Goals of the rotation:
1. Diagnose and provide treatment for maternal medical conditions that impact the management of pregnancy, delivery, and postpartum care.
2. Diagnose and provide treatment for complications of pregnancy and severe complications impacting antepartum and postpartum care.
3. To improve surgical skills on complicated vaginal deliveries, cesarean deliveries, and surgical procedures on the undelivered pregnant patient
4. Gain expertise in providing care to complicated pregnant patients using a multidisciplinary approach involving other specialists in medicine and the health care delivery system
5. Learn to teach, take responsibility for organizing and running the Obstetrics Service, and be a team player

Objectives of the rotation for Obstetrics Chief:
1. To be comfortable evaluating high risk obstetric patients presenting to Labor and Delivery and supervising the junior resident in the evaluation and treatment of these high-risk patients (1, 2, 3, 4, 5)
2. Evaluate high risk obstetric situations in the high risk clinic with the perinatologist (1, 2, 3, 4, 5)
3. Gain expertise in performing difficult cesarean sections, including multiple repeats, multiple pregnancies, classical cesarean sections and manage cesarean section complications (1, 2, 3, 4, 5)
4. Become comfortable performing vacuum and assisting/doing forceps deliveries (1, 2, 3, 4)
5. Supervise the junior, Intern, and off service interns in vaginal deliveries and management of third stage complications (1, 2, 3, 4, 5, 6)
6. Take responsibility for organizing and running the Obstetrics Service and be a team player (3, 4, 5, 6)
7. Learn to teach medical student, residents from other subspecialties, lower level residents rotating through the OB and Gyn Services (2, 3, 4, 5)
8. Obtain experience in working with patients in a managed care setting (1, 2, 3, 4, 5, 6)
9. Demonstrate ethical and professional behaviors (1, 2, 4, 5)
10. Develop effective doctor-patient and doctor-staff/colleague interactions (1, 2, 4, 5)

In order to meet the above objectives, the resident will:
1. Conduct morning rounds and sign-out rounds daily with attending staff, other residents, and students
2. Perform all complicated vaginal and cesarean deliveries
3. Assist in/do all surgical procedures on the undelivered patient
4. Manage all complicated antepartum and peripartum patients
5. Perform all MFM consultations with attending staff
6. Perform all CNM consultations
7. Attend Perinatal clinic
8. Organize Obstetrics service and educate lower level residents and medical students
9. Conduct himself/herself in a professional and ethical manner at all times
10. Effectively communicate/interact with patients, colleagues, staff, and consultants
11. Round on postpartum daily with attending.
**Schedule of time (where the resident is expected to be each day):**

Labor and Delivery Service:
- 6:30 a.m.   Labor and Delivery rounds
- 7:30 a.m.   Morning Conference
- 8:00 a.m. -6:00 p.m.   Labor and Delivery coverage

** Residents will miss one afternoon a week from this schedule (Tues, Wed, Thurs or Fri) to attend their continuity clinic.

Night Float Service:
- 6:00 p.m.-6:30 a.m.   Labor and Delivery coverage
- 6:30 a.m.-8:00 a.m.   Morning rounds and conference

**Educational materials include:**

**Resident Evaluations will include the following:**
1. Standard RMS evaluations will be sent to staff physicians who work with the resident.

**Site locations:**

HCMC

**Key to ACGME General Competencies met by each objective:**
1 = Patient Care
2 = Medical Knowledge
3 = Practice-based Learning and Improvement
4 = Interpersonal and Communication Skills
5 = Professionalism
6 = Systems-Based Practice
Goals of the rotation:

To develop the skills in the area of comprehensive outpatient care of patients with gynecologic problems and pregnant patient receiving initial and ongoing prenatal care.

Objectives of the rotation:

1. Perform a focused history and physical exam, order/interpret tests and initial treatment plan and present to attending in a cohesive manner for common gynecologic problems, routine gynecologic care and prenatal care. (1,2,4)
2. Obtain history/physical exam and order/interpret tests that assess risk factors for lung, breast, endometrial, ovarian, colon and skin cancer in women. (1)
3. Obtain history, including genetic history and assess risks for future or current pregnancy (1,2)
4. Counsel patients regarding influences of lifestyle on pregnancy outcome (1,2,4)
5. Order and interpret routine lab tests done at the first OB visit (1,2)
6. Demonstrated mastery of hospital computer system to access labs, identify patient location, access email, web-based paging, on-line medical resources, and enter surgical cases (1,2,3,6)

In order to meet the above objectives, the resident will:

1. Attend morning rounds and sign-out rounds with attending staff daily
2. See all patients assigned in the HCMC General Obstetrics and Gynecology Clinic.
3. Obtain a medical history, perform a gynecological exam.
4. Record history, findings, interpretations and recommendations in the electronic medical record.
5. Communicate effectively with referring providers.
6. Call consulting services when needed to manage patients’ medical problems
7. Order laboratories and studies appropriate for the management of common medical problems.
8. Perform follow up of results.
9. Perform minor clinic procedures i.e., colposcopies, LEEP, endometrial biopsy

Schedule of time (where the resident is expected to be each day):

6:30 a.m.       Postpartum rounds
7:30 a.m.       Teaching rounds in clinic conference room
8:30 a.m.-5:30 p.m.   OBGYN Clinic

Exception of Monday afternoon when the resident attends the didactic teaching at UMMC-Riverside and one half day of continuity clinic.

Educational materials include:

ACOG Compendium
Standard Ob-Gyn Texts

Resident Evaluations will include the following:

Global evaluation too through RMS and quiz on procedures performed.

Key to ACGME General Competencies met by each objective:

1 = Patient Care
2 = Medical Knowledge
3 = Practice-based Learning and Improvement
4 = Interpersonal and Communication Skills
5 = Professionalism
6 = Systems-Based Practice
METHODIST
UROGYNECOLOGY
PGY 4 RESIDENT ROTATION

Specific experience that resident will be involved with during this rotation includes:

1. Resident will achieve proficiency in the initial work-up (history, physical, etc.) of patients referred for urinary incontinence. This to include comprehensive incontinence history, physical exam, uroflow, catheterization and bladder ultrasound for residual. A consistent baseline approach in every patient will be acquired, and will be gained working one-on-one with an Urogynecologist in a consultative practice roughly 2 half days a week. Resident will be assessed in their proficiency to meet this objective in one-on-one evaluation with mentoring Urogynecologist.

2. Resident will achieve proficiency in follow-up office management of patients with urinary incontinence. This to include interpretation of bladder diary (voiding logs), empiric trial of anticholinergic therapy, behavioral modification (bladder drills, diet, etc.). Office use of biofeedback and periurethral bulking injections will be observed.

3. Resident will learn indications for urodynamics, and in working one on one with urogynecologist two-half days/week in testing center will take part in performance of multi-channel video urodynamic testing, and be able to interpret urodynamic studies.

4. Resident will take part in decision making regarding when surgery is indicated for incontinence. Will be able to counsel patient on advantages and disadvantages of various surgical options, and be able to discuss risk/ complication/ success rates in helping patient come to a decision regarding surgical management.

5. Working one-on-one with Urogynecologist in 4 half-days in the operating room, resident will be able to describe, demonstrate, and perform common operations for stress incontinence with focus on outpatient sling procedures (retropubic and transobturator). Resident will participate in Interstim Sacral Modulation procedures.

6. Resident will learn and be able to demonstrate and participate in the initial evaluation and management of patients with vaginal prolapse. Specific focus on detailed assessment and documentation of connective tissue and pelvic muscular support defects, the uncovering of occult incontinence, the assessment of voiding function via uroflow, catheterization and/or ultrasound for residual.

7. Resident will be able to identify which patients with prolapse would benefit from additional pelvic floor testing and what that testing has to offer in the workup in terms of better delineation of anatomic defects and or bladder or bowel dysfunction.

8. Resident will be able to describe the evaluation of patients with fecal evacuation dysfunction and the possible associated physiologic and anatomic pathology and testing available in workup.

9. Resident will participate in and learn to interpret motility studies, pelvic floor EMG, PNTML, Defecography, Peritoneography, etc. Resident will be able to counsel patients on relationship of rectocele to evacuation dysfunction, likelihood of anatomic as well as functional success with surgical repair. Will also be able to counsel patients regarding other possible etiologies, such as paradoxic pelvic floor musculature, rectal intussusception, rectal prolapse, colonic inertia, etc (and how they are diagnosed on testing).

10. Resident will participate in conservative management of prolapse with pessaries, their use, fitting, trouble-shooting, follow-up and choice.
11. Resident will learn conservative management of evacuation dysfunction including being able to describe the utility, performance, and success with pelvic floor muscle bio-feedback, and observe its performance.

12. Resident will be able to counsel patient regarding surgical options, vaginal versus abdominal repairs for the anterior, posterior and vaginal apex compartments, their success rates and complication rates.

13. Resident will participate in numerous sacrocolpopexies and transvaginal pelvic floor reconstructions. Experience and aptitude in performance of enterocele, cystocele, and rectocele repairs will also be gained, and will participate in rectal prolapse surgeries when applicable. Resident will perform and demonstrate proficiency in vaginal and abdominal hysterectomies, as well as routine cystoscopy after pelvic surgery to rule out urinary tract injury.

14. Resident will be able to describe, observe, and interpret testing for fecal incontinence including anal manometry, PNTML, EMG, defecography, and endoanal ultrasound. Resident will be able to describe surgical repair for fecal incontinence and success rates, and in some cases observe and participate in sphincteroplasty procedure.

In addition, during the course of one academic year, 10-12 hours of dedicated didactic teaching will be provided covering:
1. Anatomy of continence and support
2. Pathophysiology of incontinence and prolapse
3. Evaluation of pelvic floor disorders
4. Urodynamics and adjuvant testing
5. Urinary incontinence
6. Pelvic organ prolapse
7. Preventing, recognizing and treating lower urinary tract injuries during gynecologic surgery
8. Gynecologic fistulae
9. Childbirth and the pelvic floor
10. Anorectal disorders for the practicing gynecologist

**Schedule of Time (where resident is expected to be each day):**

<table>
<thead>
<tr>
<th>Morning (Recommended option listed first, other options listed second)</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frankman OR (Gerten Clinic)</td>
<td>Gerten OR (Frankman Clinic if no Gerten cases)</td>
<td>Frankman OR (Gerten am clinic)</td>
<td>Gerten or McNanley OR</td>
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<tr>
<td>Afternoon Didactics-Conference</td>
<td>Gerten OR (Frankman pm clinic)</td>
<td>Gerten Clinic</td>
<td>Gerten or McNanley OR</td>
<td></td>
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</tbody>
</table>

Expectations for rounding
The UroGyn G4 or G3s, who are covering for the G4, will see the patient's of Drs. Gerten/Frankman/McNanley Monday through Friday, make a plan, and then contact/page attending directly for discussion of this plan.
Reproductive Endocrinology and Infertility Goals and Objectives

Goals of the Rotation:

1. To understand the management of infertility and understand common endocrinologic problems effecting reproduction and provide counseling to couples seeking infertility evaluation and management.
2. To assist with major infertility surgeries.
3. To understand pediatric gynecologic conditions and appropriate treatments, both medical and surgical.
4. To work on resident research projects

Objectives of the Rotation:

Patient Care:

1. Gather essential information about new reproductive endocrinology and infertility patients in the outpatient clinic setting by performing an accurate medical history and examination (if indicated).
2. Develop diagnostic evaluation and treatment plans for outpatient reproductive endocrinology and infertility patients in the outpatient clinic setting and review these plans with reproductive endocrinology staff for constructive feedback and guidance.
3. Demonstrate caring and respectful behaviors when interacting with patients.
4. Use information technology to support patient care treatment decisions.
5. Understand and perform the following procedures competently:
   a. Hysterosalpingogram
   b. Endometrial biopsy
   c. Transvaginal ultrasound
   d. Diagnostic hysteroscopy
   e. Diagnostic laparoscopy
   f. Sonohysterography
   g. Abdominal myomectomy
   h. Operative laparoscopy (lysis of adhesions, cystectomy, ablation of endometriosis)
   i. Operative hysteroscopy (polypectomy, septoplasty, tubal cannulation)
   j. Conservative resection of endometriosis at laparotomy
6. Understand and observe the following procedures:
   a. Tubal reanastomosis
   b. Surgical correction of congenital vaginal anomalies
   c. Surgical correction of congenital uterine anomalies
7. Demonstrate ability to counsel and educate patients regarding common reproductive endocrinology disorders and infertility.

Medical Knowledge:

1. Demonstrate a sound understanding of the basic science background and clinical issues related to common reproductive endocrinology and infertility disorders including:
2. Demonstrate a sound understanding of the basic science background and clinical issues related to pediatric/adolescent gynecologic disorders and issues.

Interpersonal and Communication Skills:
1. Communicate effectively with others as a member of the health care team of the division of reproductive endocrinology and infertility.
2. Communicate effectively with patients in language that is appropriate to their medical understanding.
3. Maintain comprehensive, timely and legible medical records.
4. Follow dictation formats for new reproductive endocrinology and infertility patients.
5. Write comprehensive, although concise, notes on return reproductive endocrinology and infertility patients.
6. Dictate surgical operative reports when directed.
7. Complete hospital discharge summaries in a timely fashion.

Professionalism:
1. Demonstrate respect, compassion, integrity and responsiveness to the needs of reproductive endocrinology and infertility patients.
2. Demonstrate a high level of professional conduct, including punctuality and a good work ethic.
3. Demonstrate a commitment to excellence and ongoing learning/professional development.
5. Demonstrate sensitivity and appropriate responsiveness to the culture, age, sexual preferences, socioeconomic status, religious beliefs and disabilities of reproductive endocrinology and infertility patients.

Practice-Based Learning and Improvement:
1. Identify areas of competencies in reproductive endocrinology and infertility that require improvement and implement strategies to enhance knowledge, skills, attitudes or processes of care.
2. Keep up-to-date experience logs.
3. Search the scientific literature to obtain, appraise and assimilate information related to reproductive endocrinology and infertility patients’ health problems.
4. Have a basic understanding of study design and statistical methods for proper interpretation of the scientific literature.
5. Demonstrate a willingness and basic competence to teach medical students rotating through reproductive endocrinology and infertility.

Systems-Based Practice:
1. Understand important professional societies and organizations that affect the practice of reproductive endocrinology and infertility, including the American Society for Reproductive Medicine (professional society) and Resolve (patient advocacy group).
2. Understand how health care costs and resource allocations affect patients receiving treatment for reproductive endocrinology and infertility conditions, particularly the lack of insurance coverage for certain infertility conditions or treatments.
3. Have a basic understanding of quality assessment and improvement processes through evidence-based medicine approaches.
4. Demonstrate a willingness, when required, to cooperate with reproductive endocrinology and infertility staff and personnel to correct system problems and improve patient care.

In order to meet the above objectives, the resident will:
1. Work with Drs. Damario and Phipps in the RMC
2. Perform transvaginal ultrasounds on infertility patients
3. Assist with major/minor surgical procedures in infertility
Schedule of time (where the resident is expected to be each day):

Mon a.m.:       Work with Dr. Miller at Minneapolis Children's
Mon p.m.:       Monday Conference

Tues a.m.       Work with Dr. Damario at Fairview Riverside OR
Tues p.m.       Work with Dr. Damario at Fairview Riverside OR

Wed a.m.        TBD
Wed p.m.        TBD

Thurs a.m.      TBD
Thurs p.m.      Dr. Miller in OR occasionally/Resident Research

Fri a.m.        Work with Dr. Miller at Minneapolis Children's (3rd Friday of the month attend CAH clinic)
Fri p.m.        Resident Research

Educational materials include:

Speroff, Leon. Clinical Gynecology, Endocrinology and Infertility

Resident Evaluations will include the following:

Standard RMS evaluations will be sent to staff physicians who work with the resident.

Key to ACGME General Competencies met by each objective:
1 = Patient Care
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**Goals of the Rotation:**

To gain the knowledge needed to perform major gynecological surgical procedures and counsel patients on the surgical and non-surgical options for the care of common gynecological problems.

**Objectives of the rotation for Gynecology Chief:**

1. Evaluate, discuss, and treat gynecologic patients presenting with common and emergency gynecological problems (1, 2, 3, 4, 5)
2. Develop an understanding of the decision-making process for determining surgical versus non-surgical treatment options (2, 3, 4, 5)
3. Develop the ability to comfortably discuss risks and benefits of surgical procedure options and obtain informed consent from patients prior to surgical procedures (1, 2, 3, 4, 5, 6)
4. Perform under direct supervision of staff major and minor gynecological surgeries, abdominal and vaginal hysterectomies. (1, 2, 3, 4, 5)
5. Perform outpatient surgeries, i.e., biopsies, Bartholins cysts, female circumcisions, revisions (1, 2, 3, 4, 5)
6. Assist junior residents/interns in performing major and minor surgical procedures (2, 3, 4, 5)
7. Perform diagnostic and operative laparoscopic and hysteroscopic procedures (1, 2, 3, 4, 5, 6)
8. Obtain experience in patient care in a managed care setting (1, 2, 3, 4, 5, 6)
9. Teach other residents and medical students, organize and run the Gynecology Service, and be a team player. (2, 3, 4, 5)
10. Communicate effectively with patients, staff, colleagues, and consultants (1, 2, 3, 4, 5)
11. Demonstrate ethical and professional behavior (1, 2, 3, 4, 5)
12. Use evidence-based medicine
13. Counsel and treat patients with menopausal and peri menopausal conditions. (1, 2)
14. Demonstrate ability to evaluate literature and present journal article (1, 2, 3, 4, 5, 6)

**In order to meet the above objectives, the resident will:**

1. Do all major gyn surgery procedures
2. Assist/do complicated pelvic reconstructive surgery
3. Perform/Assist junior/intern in laparoscopy/hysteroscopy diagnostic and operative procedures
4. Evaluate and treat patients presenting to the ER with gynecological complications
5. Assist staff in evaluating inpatient gyn consults
6. Present articles, data, and evidence-based information to staff, colleagues, and junior residents twice weekly during noon conference
7. Present surgical cases weekly during Monday AM conference

**Schedule of time (where the resident is expected to be each day):**

| Mon a.m.: | OR | Wed a.m.: | OR |
| Mon p.m.: | Didactics | Wed a.m. | OR |
| Tues a.m.: | OR | Thurs a.m.: | OR |
| Tues p.m.: | OR | Thurs p.m.: | OR |
| Fri a.m.: | OR | Fri p.m.: | OR |

**Residents will miss one afternoon a week from this schedule (Tues, Wed, Thurs or Fri) to attend their continuity clinic.**

**Educational materials include:**

**Resident Evaluations will include the following:**
1. Standard E-value evaluations will be sent to staff physicians who work with the resident.

**Site locations:**

UMMC-Riverside and University Specialists

**Key to ACGME General Competencies met by each objective:**
1 = Patient Care  
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