Obstetrics and Gynecology  
Residency Program  
Policies and Procedures

This manual supplements the institutional GME policy and Procedure Manual found on the GME website:  
http://www.usahealthsystem.com/GraduateMedicalEducation

In the event of a discrepancy, the institutional policies shall be used.

I) Residency Eligibility

A) Applicants must meet one of the following qualifications to be eligible for appointment:
   1) Graduate of a medical school accredited by the Liaison Committee on Medical Education (LCME).
   2) Graduate of a medical school accredited by the American Osteopathic Association (AOA).
   3) Graduate of a medical school outside the US or Canada who has a valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG)
      (b) Be eligible for medical licensure in the state of Alabama except for the post-graduate training requirement.

B) Applicants must have taken and passed USMLE Steps 1 and 2 (both CK and CS). If you have not passed both components of Step 2, then you cannot be a resident.

II) Resident Selection

A) Applicants are screened on the basis of academic credentials, personal statements, and letters of recommendation before being invited for an interview. Residents are selected from those candidates deemed eligible on the basis of their abilities, aptitudes, academic credentials, personal characteristics, work ethic, and ability to communicate. In addition, the selection committee may also utilize a numerical scoring system to help create a rank order list.

B) Post graduate year one (PGY 1) positions are listed through the National Residency Matching Program (NRMP).

III) Resident Evaluation

A) Residents are required to comply with the University of South Alabama House Staff Policy and Procedures Manual, Drug Free Work Place Policy, Drug Testing Policy, General Policies, and the Hospitals' By-Laws, and Policies and Procedures. A copy of the Bulletin of the American Board of Obstetrics and
Gynecology should be read carefully and please read the current Bulletin each year.

B) Residents are required to maintain an up to date file in the OB/GYN department's resident data bank, currently the online systems at New Innovations and the ACGME, compiling their clinical experience. These data form the backbone of the documentation of their clinical skills and may be requested by the future hospital where you will practice. Failure to keep these or any other required data current may result in disciplinary action, up to and including dismissal from the program.

C) Residents are formally evaluated each month by the faculty and on a more frequent basis if needed. Evaluations from each rotation are reviewed by the faculty and residents can review their evaluations via the web site through the New Innovations program. Any exams forming part of this evaluation must be returned to the supervising faculty and copy to the program director.

D) Failure to meet the requirements of any rotation may result in disciplinary action and any resident receiving an evaluation which any score is below “meets expectations” or its equivalent shall be placed on remediation to correct the deficiency.

E) Residents meet semiannually with the program director to review their academic and clinical performance and are presented with constructive criticism and suggestions, as applicable.

F) Residents are required to take the annual CREOG Examination in January. Their scores represent feedback on their progress compared nationally to OB/GYN residents at their same level of training. Residents are counseled individually concerning their scores and remediation plans are developed as necessary. Failure to improve scores after a plan of remediation may result in academic probation and possible dismissal from the program.

G) At the completion of the four-year OB/GYN residency program, the residency program director provides a final evaluation in June and certification of completion. The certification and admission for certification by the American Board of Obstetrics and Gynecology will not be provided unless all requirements have been met (including adequate academic progress as well as completion of required examinations, medical records, etc.).

IV) Promotion

A) Residents will be promoted based on satisfactory demonstration of the following requirements:

1) Responsibility and Conscientiousness.
   (a) Residents will exhibit responsibility and conscientiousness as evidenced by attendance and promptness for call, clinics, conferences, meetings, checkout of services, and rounds. They will complete, in a timely fashion, hospital and clinic charting, and other documentation tasks.
   (b) Residents will exhibit efficient time management both in their clinical and educational duties. These duties include but are not limited to:
      (i) returning phone calls and pages in a prompt and courteous manner;
(ii) completing paperwork, including evaluations, in a timely fashion;
(iii) helping to maintain hospital, department, and resident equipment;
(iv) And preparing for meetings and conferences.
(c) The resident will notify of absence or illness to the chief resident and program director, as well as, the coordinator in a timely manner.

2) Professionalism. Residents will exhibit professionalism in their interaction with
   (a) Hospital staff, students, peers, and patients. This extends to include sexist, racist, disrespectful, and violent comments and/or behavior directed towards staff, students, residents, faculty and patients.
   (b) Residents are expected to exhibit moral and ethical behavior patterns consistent with the highest medical standards.

3) Academic Performance.
   (a) Residents will be required to complete all clinical rotations with satisfactory evaluations.
   (b) Residents are required to pass USMLE Step 3 and obtain an Alabama Medical License according to the House Staff Handbook.
   (c) Promotion requires a year at each level but time alone does not ensure promotion.

V) Disciplinary Action

   A) Disciplinary action may be instituted by the program director based on academic, clinical, or professional deficiencies or for deficiencies in any of the 6 ACGME competencies.

   B) These actions may include (but not limited to) any of the following:
      1) Letter of Concern
      2) Letter of Reprimand
      3) Restriction of Privileges
      4) Reassignment of Rotation or Assignments
      5) Additional Call (Within the mandate of the ACGME Duty Hours)
      6) Additional Academic Requirements
      7) Non-Promotion
      8) Non-Renewal of Contract
      9) Probation*
      10) Suspension*
      11) Dismissal*
      12) * = please refer to the GME Policy and Procedures Manual at

   C) In all cases of disciplinary action, the grievance procedures outlined in the GME Policy and Procedures Manual shall apply.
VI) Leave

A) All leave must be approved by the administrative chief resident and program director. A signed request to be absent form must be filled out in advance for future leave (with at least 2 months notice unless extenuating circumstances exist) and immediately after returning in the case of sick/emergency leave. This must be given to the program coordinator to forward to the administrative chief and program director for signature.

B) Sick Leave
   1) Each resident is granted twelve (12) days paid sick leave per twelve (12) month year as provided by the GME Policy and Procedures Manual, unless otherwise stated by the department of human resources. If a resident is ill and unable to perform their assigned duties, this resident should notify the administrative chief resident by 7:00 A.M. The administrative chief resident will notify the Program Director, Program Coordinator, and chief resident of the service of the absence, and the administrative chief resident will assign the necessary replacement.
   2) Each sick day/personal day will be recorded in the Residency office, and the resident is required to complete the sick leave form as well as enter the day in New Innovations as “sick” time.

C) Vacation
   1) Residents are entitled to four (4) weeks (5 days each), or a total of twenty (20) days of paid vacation each year as provided by the GME Policy and Procedures Manual. Vacations are not permitted in June and first 2 weeks of July, during the Annual CME Meeting, CREOG exams, and immediately before or after the Christmas holidays. 3rd and 4th year residents cannot take vacation during their HROB rotation, night float rotation, and GYN Oncology, and no resident can take more than one week of vacation per year while on the OB rotation. Two members of the same service are not permitted vacation during the same week. During AL ACOG meeting, vacation for a junior level resident may be considered at the discretion of the program director and administrative chief resident. You are encouraged to take vacation throughout the year. Requests for conference attendance take precedence over vacation requests.

D) Maternity Leave
   1) Residents are allowed maternity leave per FMLA rules. Any pregnant resident should notify the Chair, Program Director, and administrative chief resident and coordinator of the pregnancy immediately so changes in the schedule can be made in a timely manner. The maternity leave time will be made up in the form of vacation, sick time or by completing time after the termination of the contracted residency. Any male resident interested in taking paternity leave should contact the Chairman, Program Director, and administrative chief resident and similar arrangements will be made. This time will also involve
vacation, sick time or by completing time after the chief year. Any time away after using their vacation and sick time shall be unpaid.

E) The OB/GYN Residency Program complies with the leave policy of the American Board of Obstetrics and Gynecology: "Leaves of absence and vacation may be granted to residents at the discretion of the program director in accordance with local policy. If, within the four years of graduate medical education, the total of such leaves and vacation, for any reason (e.g., vacation, sick leave, maternity or paternity leave, or personal leave) exceeds eight (8) weeks in any of the first three years of graduate training, or six (6) weeks during the fourth graduate year, or a total of twenty (20) weeks over the four years of residency, the required four years of graduate medical education must be extended for the duration of time the individual was absent in excess of either eight (8) weeks in years one-three (1-3) or six (6) weeks in the fourth year, or a total of twenty (20) weeks for the four years of graduate medical education.

1) ABOG is strict in this policy and you will not be permitted to sit for the Boards if the required time is not met.

VII) Licensure

A) All interns are required to initiate the procedure to obtain a limited license within 90 days of beginning residency and have the limited license by January 1 of their intern year.

B) All residents are required to initiate the procedure to obtain an unrestricted license to practice medicine in the State of Alabama within seven (7) months of eligibility (as defined by the Alabama State Board of Medical Examiners – see below). Unless an exception is granted by the GMEC, failure to obtain licensure by the required time will result in suspension without pay until this requirement is met, or may result in dismissal from the residency program.

State of Alabama Medical Licensure Requirements:
(a) For graduates of LCME or AOA accredited medical schools, the Alabama State Board of Medical Examiners requires completion of one year of postgraduate training in an accredited program in the U.S. or Canada.
(b) For all other medical applicants, the Alabama State Board required three years of postgraduate training in an accredited program in the U.S. or Canada.

VIII) Faculty Evaluation

A) The department gives residents the opportunity to anonymously evaluate supervising faculty twice a year. The evaluations are completed on the New Innovations web site. The electronic system is anonymous – only you the resident can identify your name in the comments box. Please do not use your name.
IX) Resident Duties and Assignments

A) HOURS OF DUTY

1) The usual hours of duty for the daytime teams begin at 6:00 AM and conclude at 5:00 PM. All residents are responsible for their services until all patient care duties are completed for the day. If the resident will go over the work hours stipulated by the RRC, then they will notify their supervising attending immediately so they can be relieved of duties to comply with work hours. This is a professional responsibility of the resident.

2) Night float begins at 5:00 pm and ends at 6:00 am the following morning Sunday through Thursday. Night float residents are required to participate in Resident Education on Friday 9:00-12:00 but are free from noon Friday until 5:00 pm Sunday.

3) On Thursday night, the PGY-1 will not arrive until 8:00 PM to allow participation in didactics on Friday. A resident assigned by the administrative chief resident shall remain until 8:00 PM to ensure adequate coverage.

B) Availability

1) Residents are expected to be available at all times while on duty.

2) Pagers are issued by the department.

   While on duty:
   (i) These are expected to be with the resident and turned on.
   (ii) Batteries are available in Labor and Delivery at USAC&W
   (iii) Pages are to be answered in a timely manner.

   (1) If clinical circumstances do not allow for a resident to answer a page within 10 minutes, it is expected that the resident ask someone else in the room answer the page for them.

   (2) The other person may be:
   a. Another resident or attending
   b. Nurse
   c. Medical student
   d. PA student
   e. Anesthesia personnel

   (iv) In the event of a malfunctioning pager, the resident shall report it to the department if during business hours for immediate replacement or to his/her chief resident if after hours along with an alternate method to contact them. This alternate number will also be given to the hospital operators and patient care units as appropriate.

C) Handoffs

1) Each team checking out will supply written and oral checkout to the new “call team” with the list of patients on their service, including high risk and routine OB, GYN, GYN oncology and endocrine, etc. This list should include the patient’s full name, room number, diagnosis, medications, and all other pertinent information related to patient care (e.g., diet, wound care, laboratory data).
2) These handoffs will be evaluated by the faculty either through New Innovations directly or on a paper evaluation form transcribed into New Innovations by the residency coordinator.

D) CALL

1) Friday call is 5:00 pm until 6:00 am on Saturday. Saturday call is 6:00 am until 6:00 am Sunday. Sunday call is 6:00 am until 5:00 pm at which time the night float team returns. The call team consists of a senior resident, a junior resident and an intern.

2) Interns may not work over 16 hours in a row. Friday and Saturday call ends at 10PM for all PGY-1s.

3) While on call, the team’s duties include the entire operation of the OB/GYN service under the supervision of the attending faculty. This includes L&D, nursing floors, the Evaluation Center (EC), consults, and calls to the Medical Center, and Mobile Infirmary Medical Center. Junior residents and interns work as a team to efficiently and effectively run L&D, EC, and floor duties. If patient load allows, the junior residents and interns may split the night. The timing of the split must be approved by the chief resident. However, if patient care or load is overwhelming, the sleeping resident is to be awakened to help. This would only be an option on Friday evening and Saturday. The night float team is expected to be awake for their entire shift.

4) All admissions to EC evaluations and triage patients are to be presented to the chief resident and a chief admit note must be added to the history and physical for admissions and EC patients. All transports need to be admitted in a timely fashion and the chief resident notified of the admission. In addition, when the junior resident and interns switch out during their night split Friday or Saturday call night, an update on all patients must be given to the chief resident.

E) WEEKEND ROUNDS

1) The team arriving on Saturday/Sunday morning is to round on postpartum and GYN services. The resident on duty is not to leave the hospital until the replacement team arrives and has been checked out to.

2) High risk rounds will be done by the oncoming Sat/Sun team, unless the High Risk resident is on Saturday call. When the High Risk resident is on call either Saturday or Sunday, then the High Risk resident rounds on the High Risk Service on Saturday or Sunday. If the High Risk resident is on call Friday, then High Risk rounds are done by oncoming upper level resident on Saturday. Labor and delivery notes are to be current prior to leaving, and patients in the EC must have appropriate dispositions. Priority should always go to the patients on labor and delivery.

3) If you are not on call, you do NOT round on weekends

4) Circumcisions should be completed by noon and are to be performed by the intern on call for weekends, GYN intern during the week, or if you are on EC or NICU then you may be assigned.
X) SERVICES

A) Obstetrics

1) The obstetrical service shall consist of all pregnant patients admitted to the department’s care unless otherwise stated by the attending physician. This will include patients admitted for antepartum care, antepartum surgery, labor, and postpartum care (including readmission for obstetrical complications up to 6 weeks after delivery).

2) The Chief resident (PGY-4) manages the entire OB service including antepartum, postpartum and labor and delivery under the direction and supervision of the attending faculty. All patients with problems on the Postpartum Service are to be presented to the chief resident prior to attending rounds. Chief Resident notes must be written on all non-routine labor admissions to L&D. The Chief actively participates in attending rounds on the entire obstetrical service. The Chief Resident shall supervise and assist the other residents on his/her service as needed. All surgical assignments shall be by the chief resident with the approval of the attending.

3) The PGY-3 resident shall be primarily managing the antepartum patients. This resident shall do ante-partum rounds on the 3rd floor and actively present the patients during attending rounds. When a disposition of a transport patient is made or if a patient is discharged from the high-risk service, the PGY-3 resident must inform the referring physician and the high risk clinic. In addition, the PGY-3 resident shall supervise and/or assist the other residents on the service as needed.

4) The PGY-2 resident shall be responsible for rounding on the complex post-partum and laboring patients as well as evaluating all patients in the obstetrical triage area (“screening room”) under the supervision of the chief resident and attending. The PGY-2 resident is expected to provide assistance to the PGY-1 resident as needed in rounds and L&D.

5) The PGY-1 resident shall be responsible for rounding on the uncomplicated laboring and post-partum patients under the supervision of the chief resident and attending. In addition, the PGY-1 resident shall evaluate all term, uncomplicated patients in the obstetrical triage area.

6) Although items 3, 4, and 5 above are the general responsibilities of each year-level, there will be times when residents must assume some of the functions of other year residents.

7) NST’s on the antepartum service should be interpreted by the PGY-3 or if the PGY-3 resident is unavailable, then by a resident approved to read the NST.

8) All patients with fevers must be discussed with and examined by the chief resident.
9) All high-risk patients admitted to Labor and Delivery must be examined by and a note charted by the chief resident.

10) The chief resident must notify the Chairman as soon as reasonably possible in the event of maternal death.

11) Chart notes should be written every 2 hours on laboring patients and every 4 hours on recovering patients and patients in the special care unit and recovery room. Critically ill patients shall have notes every 2 hours or more often if clinically warranted.

B) Gynecology

1) Chief resident on GYN manages all patients on the GYN service, all hospital consults, and all EC consults under the supervision of the attending faculty. The chief resident schedules all surgeries, including tubal ligations, and arranges assistance for private cases. The chief resident will make rounds at USACW every morning and will be present for education rounds Monday-Friday with the Gyn attending.

2) All patients being considered for surgery must be examined and approved by the chief resident and by the attending faculty with which the surgery is scheduled. All patients seen in consultation in the Evaluation Center must be checked out to the chief resident with note by the Chief resident.

3) Junior residents, while on the gynecology service, conduct rounds in the morning and afternoon, in coordination with the GYN chief resident. The junior resident’s duties include all workups and H&P’s on the OR cases, assisting the intern in the EC as needed, and operating. All consults at USAMC will also be seen by the junior resident and discussed with GYN Chief resident and attending.

4) Interns must attend and be prepared for rounds in the morning and afternoon. They not only participate with surgeries, but also do all workups and H&P’s on the OR cases, evaluate patients in the EC, and present those patients to the chief resident. The intern will be in the hospital no later than 6:00 am to take EC call. All GYN team will attend the GYN Conference. The intern’s duties include cross coverage as needed in the clinics. GYN team members may have opportunities for Colposcopy, REI, oncology, ambulatory clinics, or L&D when there are no surgeries or COC or GYN clinics.

C) Reproductive Endocrinology

1) The endocrinology resident follows the REI attending in all of his clinics and surgeries and attends all IVF’s with REI attending within work hour limits and other requirements (i.e. continuity clinic and didactics). The resident will round on all REI patients and shall schedule lectures with the REI attending
on reproductive endocrinology topics with a recommendation from a reproductive endocrinology textbook.

D) **Oncology**

1) PGY 1-2 residents will be expected to:

   (a) Make pre-rounds every morning on their assigned patients
   (b) Write appropriate orders on hospitalized patients, under the supervision of PGY 3-4 residents and attending physicians.
   (c) Know the detailed history of every patient under their care.
   (d) See hospital consults as assigned by either the senior resident or the attending physician.
   (e) See emergency room consults as assigned by either the senior resident or the attending physician.
   (f) Assist in surgery on selected cases.
   (g) See patients in Gynecologic Oncology Clinic with the attending physicians.
   (h) Present selected cases at tumor board as assigned by the attending physician.
   (i) Perform minor procedures in the operating room with supervision by the attending physician.
   (j) Assist or perform in major procedures in the operating room with supervision by the attending physician.

2) PGY 3-4 residents will be expected to:

   (a) Organize the Gynecologic Oncology service and assign tasks to the PGY 1-2 resident.
   (b) Supervise the clinical activities of the PGY 1-2 resident and assign surgical cases as appropriate for the junior level resident.
   (c) Make pre-rounds every morning on Gynecologic Oncology patients
   (d) Write appropriate orders on hospitalized patients.
   (e) Know the detailed history of every patient on the Gynecologic Oncology Service.
   (f) See hospital consults as assigned by the attending physician.
   (g) See patients who present to the emergency room for the gynecologic oncology service.
   (h) Assure that lab tests, radiology studies and other test results are reviewed and addressed each day for the entire gynecologic oncology service.
   (i) Assist in surgery on selected cases.
   (j) See patients in Gynecologic Oncology Clinic with the attending physicians.
   (k) Present selected cases at tumor board as assigned by the attending physician.
(l) Perform minor procedures in the operating room with supervision by the attending physician.
(m) Perform major procedures in the operating room with supervision by the attending physician.
(n) Cover on call duties for the Gynecologic Oncology service including beeper call at night.

E) Evaluation Center

(a) The EC resident’s duties include the evaluation, management, and disposition of patients presenting to the EC at USA CWH under the direction and supervision of the EC faculty. The schedule for every month is available from the EC at CWH. Residents on this rotation will take OB call. While on this rotation they will only work during the day shift. The resident on this rotation shall see primarily gynecologic patients but may see pediatric patients as well as assigned by the EC attending. Other responsibilities shall include cross coverage as needed.

F) Ultrasound

1) While on this service, this PGY 1 resident attends the Ultrasound Clinic as directed by the ultrasound technician under the supervision of the Ob-Gyn department attending faculty. This rotation encompasses the various techniques and technologies in abdominal and transvaginal ultrasonography. The clinic is from 8:00 to 5:00 Monday through Friday. Call is taken with the OB/GYN department.

G) Private GYN

1) Residents on the Private GYN rotation shall operate under the direction of Dr. Amy McCoy at Mobile Infirmary Medical Center. The resident assigned to this rotation shall operate with her practice on all cases as allowed by the attendings. If her practice does not have scheduled cases, or there is a second resident on this rotation, it is expected for the resident(s) to ask the other attendings if they can scrub with them.

H) Outpatient Obstetrics and Gynecology

1) The resident assigned to the clinic rotation shall attend the following clinics:
   (a) Mon AM: hysteroscopy clinic (Dr. McCathran)
   (b) Mon PM: Colposcopy clinic
   
   (c) Tue AM: HROB
   (d) Tue PM: Women's Center (Dr. Sherman)
   
   (e) Wed AM: HROB
(f) Wed PM: Private REI (Dr Koulianos and Dr Inge)

(g) Thu AM: urodynamics (Dr. Owens)

(h) Thu PM: Prenatal Clinic (MCBOH – Women’s Center)

(i) Fri AM: didactics

(j) Fri PM: continuity clinic

I) Night Float

1) Night float is from 5:00 p.m. to 6:00 a.m. Sunday through Thursday evening. The night float team is expected to attend Resident Education on Friday morning.

XI) Research

A) Residents must engage in scholarly activity. This must consist of a research project and a case report as a minimum as described below

1) Research project
   (a) May consist of prospective, retrospective, case-controlled, cohort formats
   (b) May also be educational or descriptive research
   (c) Must have a faculty sponsor/advisor
   (d) Must have a manuscript prepared and submitted for publication to a peer-reviewed journal

2) Case Report
   (a) Must have faculty sponsor/advisor
   (b) Must have a manuscript prepared and submitted for publication to a peer-reviewed journal

B) Resident Research Day

1) All residents above the PGY-1 level must present their research at the annual Hiram Mendenhall Resident Research Day presentation.
2) PGY-1 residents are encouraged to present a short description of their project
3) Residents with multiple projects may present more than one project.
4) All residents are required to attend. Vacations shall not be scheduled on this day.

C) Residents who fail to meet the research requirements shall not be graduated and will not be eligible to take the ABOG written examination until the requirement is fulfilled.

XII) MOONLIGHTING POLICY

A) Moonlighting is only permitted at the University of South Alabama’s Children’s and Women’s Hospital as approved by the program director. Any resident wishing to moonlight must have a full and unrestricted license to practice in the state of Alabama and be in good standing within the residency program.
XIII) Social Media

A) The posting of any work related activities or patient information (including de-identified scenarios or pictures) on social media sites (i.e. Facebook, Linkedin, Twitter, etc.) is prohibited. Failure to adhere to this policy may result in disciplinary action including dismissal. In addition, failure to adhere to this policy may be a violation of the HIPAA laws and subject to civil and criminal penalties.

B) Please also note that the university GME manual addresses this in more detail.

XIV) OTHER

A) All second, third, and fourth year residents are responsible for giving a medical student lecture for each rotation. The assigned topics (year specific) will be given to you.

B) All residents are expected to present a Grand Rounds each year.

C) Any topic not addressed within this document shall be found within the institutional Graduate Medical Education Policies and Procedures Manual found at http://www.usahealthsystem.com/workfiles/com_docs/gme/2011 Workfiles/2011-2012 GME Policies and Procedures revised 10252011.pdf or in the ACGME Ob/Gyn specialty specific program requirements found at www.acgme.org

D) INTERN HELPFUL HINTS

1) If you don’t know, ask someone.
2) The only stupid question is one unasked!
3) Be aggressive! Learn and do as much as possible!
4) Learn to prioritize your responsibilities. People will ask or tell you to do several things at once, so you must learn which are the most important.
5) Read as much as possible.
6) Know your patients and their complicating problems.
7) Watch others, learn, and establish your own style and demeanor.
8) Communicate (everything) with others on your team.
9) Don’t get frustrated with teammates or the patients.

10) ***Don’t overstretch yourself . . . ASK FOR HELP!***