

**GREENVILLE HOSPITAL SYSTEM**

**UNIVERSITY MEDICAL CENTER**

**DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

**MANUAL OF POLICIES AND PROCEDURES FOR RESIDENCY PROGRAM**

**JUNE 2007**

**GREENVILLE HOSPITAL SYSTEM**

**UNIVERSITY MEDICAL CENTER**

**DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

**MANUAL OF POLICIES AND PROCEDURES FOR RESIDENCY PROGRAM**

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Revised: June 21, 2006  
June 19, 2007

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## **Department of Obstetrics and Gynecology Manual of Policies and Procedures for Resident Staff**

The policies and procedures of the Department of Obstetrics and Gynecology are intended to be consonant with those of Academic Services and the Greenville Hospital System, which take precedent. See the Academic Services Manual of Policies and Procedures for Medical Education Resident Staff and the Greenville Hospital System Manual of Policy Directives that shall apply in all cases.

Compliance with the directives of the Accreditation Council for Graduate Medical Education (ACGME) and the Obstetrics and Gynecology Resident Review Committee (RRC) is mandatory, and in all cases the ACGME Common Program Requirements and the RRC Specialty Specific Program Requirements take precedent over local requirements.

The American Board of Obstetrics and Gynecology (ABOG) maintain requirements concerning the length of residency programs, as well as maximum allowed absences. The Obstetrics and Gynecology Residency Program of Greenville Hospital System adhere to all policies of the ABOG.

The policies and procedures contained herein may be changed or updated periodically. Questions concerning policies and procedures shall be directed to the Department's administrative office.

Compensation, benefits, vacation, and other policies are determined by, and reported by, Academic Services. See the Academic Services Manual of Policies and Procedures for Medical Education Resident Staff.

**RESIDENTS**  
**YEAR NAME MEDICAL SCHOOL**

<b>YEAR</b>	<b>NAME</b>	<b>MEDICAL SCHOOL</b>
R-4	Mary M. Beck, MD	University of South Carolina, School of Medicine
R-4	Nancy H. Collins, MD	Medical University of South Carolina
R-4	C. Scott Hays, DO	Lake Erie College of Osteopathic Medicine
R-4	Brent Parnell, MD	University of Alabama, School of Medicine
R-4	Jonathan P. Shepherd, MD	University North Carolina, Chapel Hill, School of Medicine
R-4	Michelle L. Tucker, MD	University North Carolina, Chapel Hill, School of Medicine
R-3	Sharai G. Amaya, MD	Medical University of South Carolina
R-3	Rachael J. M. Consoli, MD	Tuffs University, Boston, School of Medicine
R-3	Laura K. Hartman, MD	Medical University of South Carolina
R-3	Stella M. Walvoord, MD	Medical University of South Carolina
R-2	Andrew Clark, MD	Medical College of Georgia
R-2	Cecil Collins, MD	Medical University of South Carolina
R-2	Tameika Lewis, MD	Medical University of South Carolina
R-2	Kara Pfenning, MD	Jefferson Medical College
R-2	Shannon Price, MD	Florida State, School of Medicine
R-2	Lauren Self, MD	University South Alabama, School of Medicine
R-1	Rachel Bevins, DO	Pikeville College School of Osteopathic Medicine
R-1	Elizabeth McAdory, MD	University of Mississippi School of Medicine
R-1	Erinn Morgan, MD	University of Tennessee
R-1	A. Whitney Moses, MD	University of South Carolina
R-1	C. Benjamin Palmer, DO	Pikeville College School of Osteopathic Medicine
R-1	Jacquelyn Stone, MD	Medical College of Georgia

## **DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

### **Medical Records**

Completion of medical records is an important responsibility of physicians during their residency and throughout their careers. The expectations of you concerning medical records are:

- Handwritten notes and signatures must be legible.
- Notes on ambulatory patients should be accomplished at the time of the patient visit.
- All patients scheduled for obstetric and surgical procedures must have a preoperative history and physical exam on the patient record.
- Postoperative notes should be entered directly into the patient record immediately upon completion of all OB & GYN cases.
- Operative notes on obstetric patients and gynecologic patients should be dictated at the time the case is completed.
- Progress notes for obstetric and gynecologic patients should be entered into the record every time a patient is seen and/or an order is written.
- Discharge notes and chart signatures should be accomplished in a timely manner.
- It is expected that residents will complete all of their medical records in the Medical Records Department, or via Sovera, each week.

## **DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

### **Policy Regarding Resident Vacation and Meeting Time, Personal Leave and Maternity/Parental Leave**

The department's policy regarding the various types of leave time is guided by the Bulletin of the American Board of Obstetrics and Gynecology (ABOG) 2007, which, in conjunction with the Residency Review Committee (RRC) for Obstetrics and Gynecology, is responsible for accreditation of training programs and the certification of individual competence in 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.”

In keeping with the above, the department's policies with respect to this matter are:

#### **1. Total Leave Time**

The total of vacation, educational meeting, personal leave and maternity /parental days off cannot exceed 20 weeks during the four-year program. Per the ABOG statement, more time per year is allowed during the first three years to accommodate possible maternity/family leaves, which are discouraged during the fourth year. If such additional time is used during the first three years, the total leave still cannot exceed 20 weeks total. If the 20 weeks total is exceeded for whatever reason(s), one's training must be extended accordingly to a fifth year. Such training extensions must be approved by the RRC and are not guaranteed.

#### **2. Vacation Time/PTO**

Paid Time Off (PTO) provides time for residents to attend to personal needs involving vacation, holidays, illness/injury, and other personal

requests. Paid time off is encouraged; however, the resident should consider the implications of maximum times of absence from his/her training programs so as not to jeopardize board eligibility. Arrangements for vacation time are to be made with the Administrative Chief Resident, Residency Coordinator, and Associate Program Director in accordance with prevailing guidelines.

<u>Year</u>	<u>Vacation</u>	<u>PTO Accrual</u>	<u>Total</u>
1 <sup>st</sup> year	15 days	7 days	22 days
2 <sup>nd</sup> year	15 days	9 days	24 days
3 <sup>rd</sup> year	15 days	11 days	26 days
4 <sup>th</sup> year	15 days	13 days	28 days

Residents may be expected to make up call nights for vacation time. All requests require the approval of the Administrative Chief Resident, Residency Coordinator, and Associate Program Director.

### **3. Educational Meeting Time**

Educational leave policies are defined in the “Academic Services manual of Policies and Procedures.” Arrangements for educational leaves are to be made according to established guidelines and call make-up may be expected. Up to one week (five workdays) per year is allowed for educational leave. For PGY 2s and 3s, days not used cannot be used for vacation or other purposes or carried forward. For PGY 4s, unused days may be used for practice searching or interviewing for fellowship positions.

Time off required to take USMLE examinations is considered educational time and not PTO time.

### **4. Maternity Leave**

If desired, a resident will be granted up to six weeks for maternity leave during the first, second, third, and fourth program years. It should be remembered, however, that maternity leave must be factored into the 20 week total leave, which obviously means that vacation, educational meeting, or personal discretionary leave may be lost in current or subsequent training years. It is expected that all call nights/days will be made up either before or after the maternity leave such that the total per year over four years will be equal amongst the residents within the same class.

## **5. Parental Leave**

After the delivery, a resident may have a maximum of five days off during that postpartum period. Such leaves must be approved by the Associate Program Director and will be counted against that year's vacation or personal/discretionary leave time. Call night or days will be expected to be kept, unless exchange coverage is arranged. In addition, the Associate Program Director may require that resident's daytime presence if service needs warrant such. The five days allowed are inclusive of weekend days/holidays and may begin either on the day of delivery or the day the mother is discharged from the hospital.

## **6. PTO Other**

This category includes leaves for the following possible reasons:

- a. job/practice interviews for PGY 3s and 4s.
- b. fellowship interviews for PGY 3s and 4s.
- c. December/January holidays.
- d. Religious holidays.
- e. Weddings (as bride, groom, or other).

A total of five workdays (to include weekdays and weekend days on call) will be allowed per year for any combination of the above and must be approved by the Associate Program Director.

Time away to present papers/posters at sanctioned scientific meetings will be considered workdays and not count against leave time. Attendance at funerals will also not be considered leave time. It is obviously hoped that personal or family illness will not occur. Recognizing that such may occur, it is the department's intention to be as reasonable as possible in considering personal leave for illness. See the GHS policy regarding family and medical leave for further details. If needed for legitimate reasons, up to two days per year may be taken without loss of vacation or personal/discretionary leave time. In the event of major illness, loss of subsequent vacation or pto other or leave may have to be considered.

The Associate Residency Directory will serve as the final arbiter in all questions arising from this policy. Working within the guidelines of ABOG/RRC, and the Greenville Health System, it is the department's desire to be

both liberal and fair to all concerned when considering the above issues. Residents must also accept the responsibility they have to the ABOG/RRC, Greenville Hospital System, to their training, to the Department of Obstetrics and Gynecology, and to their peers. With such a spirit of cooperation and responsibility, major problems are unlikely to develop with this policy.

Revised:        June 21, 2006  
                      June 19, 2007

## Guidelines and Policies for OB/GYN Resident Vacations 2007-2008

1. Only one resident on a service team will be away at any given time.
2. Only two PGY 4 may be absent at a time.
3. Vacation requests must be made 2 months in advance so that clinic and call schedules can be coordinated.
4. In general, resident services will provide their own coverage for vacationing residents. Residents from other services will not be asked to cover for absences. The exception to this rule will be resident vacations while on Reproductive Endocrinology, which will be covered for surgical cases by the Gynecology team.
5. No vacation will be granted from July 1, 2007 to July 29, 2007 and from June 1, 2008 to July 27, 2008.
6. Residents may **not** take vacation on Night Float (PGY 1, 2, 3 or 4), Urgent Care or Critical Care.
7. On GYNONC only 3 consecutive days may be taken as PTO.
8. The OB Clinic Team may not take PTO on Fridays or more than 3 consecutive days.
9. Residents must review PTO requests with the appropriate administrative chief according to the following schedule:

<b>Blocks 1-3</b>	Dr. Mary Beck
<b>Blocks 4-6</b>	Dr. Michelle Tucker
<b>Blocks 7-9</b>	Dr. Jon Shepherd
<b>Blocks 10-13</b>	Dr. Brent Parnell

10. PTO requests will be granted on a first come, first served basis, reviewed weekly and granted on a seniority basis. The administrative chief resident will gather all vacation requests turned in during a given week and review them for seniority and conflicts. If two residents on a service team request, during the same week, the same time off, preference will be given to the senior resident. If more than two chiefs request the same time off the administrative chief resident will attempt to resolve the conflict with those involved. If no resolution is made, all involved residents will meet with the Associate Residency Program Director.
11. Occasionally residents find it necessary to take leave on short notice (personal or family health issues, childcare, etc). It is the responsibility of the resident requiring leave to contact the administrative chief resident, according to the schedule above **and** the Associate Residency Program Director or Program Coordinator. If personal health issues preclude contacting the above, then every effort should be made to correct this as soon as possible.

12. PTO requests may be made for the entire academic year. Residents are encouraged to take PTO during the first half of the year.
13. All PTO requests must be submitted in writing on the approved Absence Request Form. This form can be found in Outlook /Public Folders/Center for Women's Medicine/CWM Schedule Change Forms/Resident Absence Requests Forms
14. The Associate Residency Program Director must approve any exception to these policies in advance.

**DEPARTMENT OF OB/GYN  
RESIDENT ABSENCE REQUEST FORM**

Date Submitted:	Name:		
Type of Action (Check One): <input type="checkbox"/> Request <input type="checkbox"/> Cancellation	Begin Date: Time:	End Date: Time:	# of Clinical Days:
Schedule Changes: <input type="checkbox"/> None <input type="checkbox"/> Yes (see below)	<input type="checkbox"/> Medical Records, Case Logs, Evaluations, and Duty Hours are up to date at the time of this request		

<b>REASON FOR ABSENCE:</b>	<b>ASSIGNED SERVICE/CLINICS INVOLVED:</b>		
<input type="checkbox"/> Vacation	<input type="checkbox"/> OB	<input type="checkbox"/> UROGYN	
<input type="checkbox"/> Illness	<input type="checkbox"/> GYN	<input type="checkbox"/> NIGHT FLOAT	
<input type="checkbox"/> Self	<input type="checkbox"/> MFH	<input type="checkbox"/> OB CLINIC TEAM	
<input type="checkbox"/> Family	<input type="checkbox"/> REI		
<input type="checkbox"/> Educational Meeting	<input type="checkbox"/> GYN ONC		

If meeting, list title, sponsoring organization, site, & attach copy of registration form:

Requestor Signature:	Date:
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**ROUTE FOR APPROVAL (IN ORDER NOTED)**

Administrative Chief Resident (Print Name):	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Disapproved - conflicts w/other absences	Signature:  Date:
Residency Program Coordinator:  Kathy Lum	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved - exceeds PTO limit	Signature:  Date:
Associate Program Director:  David A. Forstein, DO	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Signature:  Date:

**SCHEDULE CHANGES & CANCELLATIONS**

Scheduler:  Kathy Andreassen	<input type="checkbox"/> OB Clinic and GYN Continuity Clinic have been cancelled	Signature:  Date:
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(Continuity Clinics, Service Coverage, Call Coverage - Please record all changes and reciprocal changes.)

Date		Cancel (X)	To Be Covered By:
	<input type="checkbox"/> No Clinic Changes Needed		
	OB CONTINUITY Clinic		
	GYN PREOP /CONTINUITY Clinic / Colposcopy		
	LEEP Clinic (discuss coverage with Dr. Boardman)		
	REI Clinic		
	Breast Clinic		
	Other (please specify)		
Distribution of copies (after approval):		<b>Original to Residency Program Coord.</b>	
	All Chief Residents	Requestor	
	All Division Directors	OB/GYN Ctr. Nursing Supervisor - Martha Whitlock	
	Associate Program Director	CWM Master Schedule Secretary Anne / Jennifer	

## **GHS Holiday Observances for 2007**

The Greenville Hospital System will observe the following holidays for 2007. (Reference GHS Policy S-102-17 Holidays)

1. The Department of OB/GYN Center will be CLOSED the following days:

Independence Day	Wednesday, July 4, 2007
Labor Day	Monday, September 4, 2007
Thanksgiving Day	Thursday, November 22, 2007
Christmas Day	Tuesday, December 25, 2007
New Year's Day	Tuesday, January 1, 2007
Memorial Day	Monday, May 26, 2007

2. The residents will not have obstetric or gynecologic continuity clinics on the following days:

Independence Day	Wednesday, July 4, 2007
Easley Symposium	TBD
Labor Day	Monday, September 3, 2007
Thanksgiving Day	Thursday, November 22, 2007
Christmas Day	Tuesday, December 25, 2007
New Year's Day	Tuesday, January 1, 2008
CREOG dates	Thursday and Friday, January 24 & 25, 2008
Memorial Day	Monday, May 26, 2008
Graduation Ceremony	Thursday, June 19, 2008 – all PGY 4's retire from all afternoon activities
Graduation Day	Friday, June 20, 2008 – all PGY 4 are excused from clinic

3. The residents will have obstetric and gynecologic continuity clinics on the following days:

November 23, 2007 (Friday, day after Thanksgiving Day)

## **DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

### Resident Moonlighting Policy

It is the policy of the Department of Obstetrics and Gynecology to discourage moonlighting except for very unusual circumstances. The work requirements for residents in Obstetrics and Gynecology are rigorous in their educational and duty hours demands and moonlighting is generally viewed as distracting from them.

Residents must secure approval from the Program Director and academic chairman, as well as the GHS Vice President for Medical and Academic Services before engaging in any moonlighting activity.

## DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

### RESIDENT DUTY HOURS POLICY

The department endorses the goals and recommended mechanisms regarding resident duty hours as specified in the Accreditation Council for Graduate Medical Education (ACGME) “Common Program Requirements”

#### “Duty Hours

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

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. *One day* is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

#### On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a 4-week period.

2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

3. No new patients may be accepted after 24 hours of continuous duty, except in outpatient continuity clinics.

4. *At-home call* (or *pager call*) is defined as a call taken from outside the assigned institution.

- a. The frequency of at-home call is not subject to the every-third-night limitation. At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
- b. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
- c. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

### **Moonlighting**

1. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
2. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.
3. Any hours a resident works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of *internal moonlighting*.

### **Recording and monitoring of duty hours**

1. Duty hours are to be recorded in New Innovations on a daily basis.
2. At the conclusion of each rotation block, a duty hours report will be run and analyzed for any violations.
3. Any violations identified in the report will be reviewed with the individual resident.

Adopted	7/1/04
Revised	7/1/05
Revised	2/23/06
Revised	6/19/07

## **DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

### **POLICY ON FATIGUE**

It is imperative that all faculty and residents are constantly aware of the detrimental effects of fatigue on productivity, learning and patient care.

Every effort must be made to detect the early signs of fatigue which include but are not limited to:

1. Drowsiness while driving to or from hospital
2. Falling asleep at conferences
3. Losing the ability to focus in the operating room
4. Inattentiveness to details

Each resident will keep accurate records of their duty hours and report violations to the Program Director.

The Program Director will assure compliance with the ACGME guidelines concerning duty hours.

1. Duty hours will be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities. Duty hours do not include reading and preparation time spent away from the duty site.
2. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities.
3. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all duty periods after in-house call.

The Chief Resident or a Supervising Faculty will report to the Program Director if he/she is concerned that residents are working while fatigued, and the Program Director will take immediate action to rectify the situation.

Each resident is encouraged to notify the Program Director if they find themselves in a situation where they feel that they are being asked to perform duties while fatigued.

Adopted      7/13/07

**DEPARTMENT OF OBSTETRICS & GYNECOLOGY  
RESIDENCY PROGRAM  
2007-2008**

**1. Programmatic objectives**

- Enable the resident to understand the pathophysiology, make accurate diagnosis, and provide proper management for the obstetrical and gynecological content outlined in the CREOG Educational Objectives: Core Curriculum in Obstetrics and Gynecology.
- Enable the resident to develop competency in patient care including the cognitive knowledge, clinical problem solving, and technical skills.
- Provide education opportunities that enable the resident to achieve certification by the American Board of Obstetrics and Gynecology and excel in the independent practice of obstetrics and gynecology and/or be well prepared to begin a subspecialty fellowship.
- Stimulate the intellectual curiosity of the resident and teach the tools for life-long learning, including the maintenance of a current knowledge of, and ability to critically evaluate the literature to achieve practice-based learning and improvement.
- Train the resident in the practice of evidence based medicine.
- Provide a progressively graded structure of learning and of responsibilities so that each year the resident can build upon the foundation of knowledge, skills, and experiences acquired during the prior postgraduate years.
- Assist the resident in developing interpersonal and communication skills, professionalism and moral and ethical attitudes toward patients, families, peers, and other health care providers.
- Provide residents the opportunity to learn the skills needed to practice medicine in the context of the larger system of healthcare.
- Assist the residents in developing and demonstrating sensitivity and responsibility to a diverse population.

**2. Educational Objectives**

The objectives of this program are designed to promote the development of the cognitive knowledge and technical skills appropriate to the independent practice of Obstetrics and Gynecology. The Department has adopted the Educational Objectives: Core Curriculum for Residents in Obstetrics and Gynecology of the Council on Resident Education in Obstetrics and Gynecology. Evaluation of the residents relative to the objectives and program expectations is achieved by tracking the residents' clinical experiences/procedures, direct observation and clinical assessment, performance on the CREOG In-service examination, and by performance of graduates including the outcome of the examinations of the American Board of Obstetrics and Gynecology. Evaluation is promoted by the continual proximity and intellectual interplay between Resident physicians and the program director and faculty.

In addition to the specific CREOG Education Objectives, the Department's programmatic objectives include:

- To enable the resident to develop competency in the clinical management, technical, and academic aspects of obstetrics and gynecology.
- To provide educational opportunities that enables the resident to excel in the practice of obstetrics and gynecology.
- To stimulate the intellectual curiosity of the resident including the maintenance of a current knowledge of, and ability to critically evaluate, the literature.
- To train the resident to formulate a differential diagnosis and management plan for each patient encountered.
- To enable the resident to become proficient in the preoperative and postoperative care of obstetrical and gynecological patients.
- To enable the resident to develop competency in the technical skills necessary for the management of the obstetric and gynecologic patient.
- To train the resident regarding the indications and contraindications for surgical procedures compromising operative obstetrics and gynecology.
- To enable the resident to understand the pathophysiology, make accurate diagnosis, and provide proper management for the obstetrical and gynecological problems outlined in the CREOG Educational Objectives: Core Curriculum for Residents in Obstetrics and Gynecology, 8<sup>th</sup> edition.
- To enable to acquire knowledge of primary care including preventive health care and health care delivery.
- To assist the resident in developing interpersonal and communication skills, and moral and ethical attitudes toward patients, families, peers, and other health care providers.
- To prepare residents to begin a program of Life Long Learning and maintenance of certification.
- To assist residents in developmental skills in Practice Based Learning and improvement.
- To enable residents to understand principles of System Based Practice including an awareness of and responsiveness to the larger contents and system of health care, and ability to effectively call on system resources, and to provide the care that is of optimal value.
- To encourage the resident to accept responsibility for continuation of his professional growth with the acquisition of new knowledge and skills.

### **3. Organizational Structure**

The department's organizational structure and leadership includes the Chairman, Academic Vice-Chairman, Vice-Chair of Research, Residency Program Director, Associate Residency Program Director, Director of Maternal-Fetal Medicine, Director of Gynecologic Oncology, Director of Gynecology, Director of Obstetric Ambulatory Services, Director of Reproductive Endocrinology and Infertility, Director of Urogynecology and MIII Clerkship Director.

The Department Education Committee consists of the Program Director, Associate Director, Program Coordinator and select faculty members, residents and nursing staff.

#### **4. Inpatient Teaching Services**

Patients on the inpatient teaching services include those in the categories of normal obstetrics, high-risk obstetrics, benign gynecology, gynecologic oncology, urogynecology and reproductive endocrinology and infertility.

The inpatient teaching services include resident service patients from the OB/GYN Center as well as private patients of the full-time and private medical staff. The patients are admitted to the Women's Health Institute inpatient facility that occupies the sixth floor of Greenville Memorial Hospital. The units include: labor/delivery/recovery units, antepartum obstetric unit, postpartum mother/baby unit, and women's surgery unit. In addition to the patients on the resident services, the residents are directly and actively involved in the care of private gynecologic and private obstetric patients who enhance the diversity of the residents' experiences and training.

The faculty support the principal of graded responsibility and delegation of complete management under supervision. Therefore, the OB/GYN residents have progressive, graded responsibility for patient care culminating in complete management under the supervision of the faculty.

On obstetrics the chief residents are responsible for the resident service patients with junior residents assisting and with the direct supervision of the faculty. High risk referrals to the Maternal-Fetal Medicine service are managed with the direct supervision of the Maternal-Fetal Medicine faculty. The junior resident on the MFM rotation sees all consults and is involved in the plan and care of all high-risk patients. Each obstetric patient is presented at the daily clinical report conference with the MFM faculty.

Resident gynecologic surgical experience included procedures relating to benign gynecology, gynecologic oncology, urogynecology, and reproductive endocrinology and infertility. The gynecology service is led by a chief resident who is delegated complete management with faculty supervision. The residents are assigned to patients having operative procedures based on the complexity of the case and the experience and expertise of the residents. The residents are responsible for pre-operative evaluation, clinical decision making, and for post-operative care with supervision of faculty.

**5. Resident Experience**

**RESIDENT TEAMS**

Gynecology	Obstetrics Team	Oncology Team	Reproductive Endocrinology Team	Night	Ambulatory Obstetrics
PGY-4	PGY-4	PGY-4	PGY-3 or PGY-2	PGY-4	PGY - 4
	PGY-3	PGY-3 or 2		PGY – 3 or 2	
PGY-3	MFM/HR PGY 2 or PGY 3				
NF/GYN PGY-2	PGY-2				PGY - 2
PGY-1	PGY-1			PGY-1	PGY - 1

**MONTHS SPENT ON ROTATION BY POST GRADUATE YEAR**

<b>PGY-4</b>	<b>PGY-3</b>	<b>PGY-2</b>	<b>PGY-1</b>
Gynecology X 2	Gynecology X 3 or 4	Gynecology X 2	Gynecology X 2
Obstetrics X 2	Obstetrics X 3 or 4	Obstetrics X 2	Obstetrics X 2
Oncology X 2	Oncology X 2	Oncology X 1	Night Float X 2
Night Float X 2	Night Float X 2	Night Float X 2	Ambulatory OB X 2
Transition	Maternal Fetal Medicine/HR X 1	Maternal Fetal Medicine/ HR X 1	ER X 1
Uro/Gyn X2	Reproductive Endocrinology & Infertility X 1	Reproductive Endocrinology & Infertility X 1	CCU X 1
Ambulatory OB X2		Ambulatory OB X 2	MFM/US X 1
		NF/GYN X 1	Ambulatory Gyn Surgery X 1
			Orientation

**A. Normal Obstetrics**

The Director of the Obstetrics Ambulatory Service supervises all obstetrical clinics and participates in all teaching activities. There are approximately 23,000 obstetric patient visits per year to the Ambulatory Service. The Directors of the MFM and the Ambulatory Service supervise the obstetrical experiences in coordination with the attending faculty. Interactions with the faculty promote the development and understanding of the general obstetrics knowledge base and the development of clinical problem solving/patient management skills. The education activities of the obstetrical clinics are structured so that first and second year residents learn obstetric care with the teaching assistance of the chief residents and the direct supervision of the faculty. New OB evaluations and prenatal visits are scheduled with emphasis on risk assessment and introduction to prenatal care. Didactic sessions formally address obstetric topics and a pathophysiologic approach to all aspects of obstetrics

Residents manage patients on the inpatient obstetric units including the Antepartum Unit, Labor and Delivery Unit and Postpartum Mother/Baby Unit under the direct supervision of the attending faculty. The service delivers >5,500 babies annually. The residents gain experience through direct involvement with, and progressive graduated responsibility for, antepartum, intrapartum, and postpartum management of patients including clinical problem solving, patient evaluation and treatment, operative and other obstetric technical skills. Teaching rounds with all OB service residents, the OB attending faculty and the MFM faculty are made each morning.

The residents assigned to inpatient Obstetrics have progressive, graded responsibility for the care of intrapartum patients. The chief resident assigned to obstetrics is responsible for all resident service patients with the supervision of the faculty. The chief resident has sufficient independent experience and total responsibility for the management of obstetric patients to ensure proficiency in obstetrics. The inpatient obstetrical service is supervised on a 24-hour in-house basis by faculty who provide ongoing teaching activities, attend procedures and deliveries, and consult with the resident staff on obstetrical admissions. The fellowship trained Maternal-Fetal Medicine subspecialists conduct high-risk clinics, make daily MFM and OB rounds, and supervise the care of high-risk obstetric patients. Anesthesia and other analgesics are administered by anesthesiologists and obstetrical residents under the supervision of the attending obstetrician and attending anesthesiologist. The Department of Anesthesia is ultimately responsible for all anesthesia in labor and delivery.

Postpartum care is organized with an effort to allow the delivering physician to follow the patient until discharged from the hospital. The residents provide postpartum care under the supervision of the obstetric attending faculty.

## **B. High Risk Obstetrics**

The Maternal-Fetal Medicine Service is supervised by the Director of the Division of Maternal-Fetal Medicine. Greenville Hospital System, as the major referral medical center for the region, serves as the Regional Perinatal Center for high-risk obstetrics for the ten counties region. This assures a large number of, and diversity of, high-risk cases. Eight fellowship trained maternal-Fetal Medicine subspecialists conduct high-risk clinics, make daily rounds, and supervise the high-risk obstetrics inpatients and outpatients.

High-risk OB patients are appointed to designated clinics attended by the Maternal-Fetal Medicine Division faculty who provide teaching activities and supervision. The residents assume progressive, graded responsibility for care to this group of patients with the supervision of the faculty. This experience provides the residents the opportunity to become proficient in the skills required to care for such patients. Each resident is exposed to patients with a broad spectrum of high-risk conditions due to the demographics of the patient population and the referral base of the region.

Antepartum testing capabilities, including fetal monitoring and ultrasound equipment, are available to the residents. The Maternal-Fetal Medicine faculty have dedicated time and special expertise to provide supervision and teaching in ultrasound and Antepartum testing. Residents become proficient in performing and interpreting Antepartum surveillance including non-stress tests, stress tests, biophysical profiles, and amniocentesis.

Two MD Geneticists and three genetics counselors are in the Department. The geneticists actively participate in the training program including didactic conferences with the residents. Residents learn the basics of genetic evaluation and counseling and to determine when a patient needs a referral for advanced genetic counseling and testing.

Social workers, dietitians, nutritionists, and nurse practitioners participate in the obstetrical clinics in the evaluation and counseling of the high risk patients along with the residents and serve as an additional educational resource for the residents.

The daily obstetrics conferences and rounds, core curriculum conferences, grand rounds, journal clubs, fetal boards, and visiting professors provide a comprehensive approach to high-risk obstetrics.

The residents have ample opportunities for progressive, graded responsibilities with normal and high-risk obstetric patients so as to develop their cognitive knowledge, learn management decision making, and acquire obstetric technical skills.

### **C. Operative Gynecology**

Teaching in gynecologic surgery takes place while the resident is assigned to benign gynecology, gynecologic oncology, reproductive endocrinology and infertility and urogynecology. Experience is obtained through a process of graduated, progressive responsibility over a four-year program. The degree of resident responsibility at any time is progressive and determined by the continuing development of surgical expertise monitored on an ongoing basis by faculty evaluation. This process culminates in complete responsibility for supervised management of patients with independent operating experience providing the residents the opportunity to become proficient in the diagnostic and treatment skills required in clinical practice.

The surgical teaching is under the direct supervision of the faculty combining didactic teaching of surgical anatomy and techniques, animal labs, trainer labs, and operative surgical experience. All techniques, including operative endoscopy and endometrial ablation, are employed in the institution.

The same benign gynecology faculty attends in both the resident outpatient and inpatient services promoting continuity of the learning experiences. The gynecologic pre-op evaluation, operative procedures and post-op care on the Resident GYN Service are performed under the direct supervision of the gynecologic faculty.

The gynecology teaching service also includes private patients of the full-time and private faculty. In addition to the full-time faculty, thirty-four private practicing gynecologists admit to the hospital. The resident assigned to the case reviews the history and documentation and indication for the procedure with the attending physician preoperatively. The attending provides direct instruction/supervision providing residents opportunities to develop skills and become proficient in operative gynecologic diagnostic and treatment skills. The patients are then seen during their post-op hospital stay by the resident and attending.

Residents are assigned to patients having operative procedures based on the complexity of the case and the experience and expertise of the residents. Chief residents on gynecology perform the more difficult cases. The operative experience of each resident is assessed in ongoing fashion so that the completeness of experiences can be determined and resident assignment designated to ensure operative experience.

#### **D. Gynecologic Oncology**

The Gynecologic Oncology Service is supervised by the Director of the Division of Gynecologic Oncology. There are three fellowship trained subspecialty board certified Gynecologic Oncologists on the faculty. The faculty directs the oncology activities including supervision of the clinics, the surgery, the chemotherapy, and the overall care of the gynecologic oncology patients. The large volume of patients referred for oncologic care including chemotherapy provides significant learning experiences for the residents.

Residents evaluate patients in the ambulatory office prior to surgery, perform surgery under faculty supervision, and are responsible for postoperative care with the continued supervision of the faculty. The residents assist with radiotherapy under the supervision of the gynecologic or radiation oncologist. Thus, the principles and techniques of radiation therapy are amply taught to the residents. New patient evaluations and follow-up visits of patients previously diagnosed and treated for gynecologic malignancy are done with the faculty. The residents are instructed in the initial assessment of new patients, in the surveillance of patients who have completed treatment, and in the care of patients with existing disease. The regularly scheduled oncologic teaching conferences include topics such as the evaluation and management of patients with gynecologic malignancies, management of critically ill patients, principles of oncologic surgery, principles of chemotherapy, principles of radiation therapy, and postoperative care.

#### **E. Reproductive Endocrinology and Infertility**

The Reproductive Endocrinology and Infertility Service is supervised by the Director of the Division of Reproductive Endocrinology and Infertility. The faculty includes three fellowship trained reproductive endocrinologists and two embryologist-reproductive

physiologists. The residents are assigned to Reproductive Endocrinology and Infertility for two months. Residents see both private patients of the faculty and resident service patients with faculty supervision. They learn the approach to the infertile couple and to perform hysterosalpingograms, endometrial biopsies, and insemination techniques. They participate in monitoring patients undergoing various techniques for ovulation induction. They learn the technique of transvaginal ultrasound as they participate in evaluating follicular size.

The Division conducts an active and successful assisted reproductive technologies program utilizing a variety of techniques. The residents participate in the management of these patients including the various procedures such as egg retrievals. The Assisted Reproductive Technology Program performs 140 ART cycles annually.

The residents participate in corrective surgery of the reproductive tract. Residents perform operative and diagnostic laparoscopy for the evaluation of infertility with faculty supervision. The residents learn a variety of hysteroscopic diagnostic procedures as well as transcervical surgical procedures such as removal of uterine septa, polyps, myomas, synechiae. Residents receive instruction in the principles and techniques of laser laparoscopy. Both the use of CO<sub>2</sub> laser and Argon laser and their respective indications are stressed. The residents learn the techniques of major surgical procedures requiring laparotomy including microscopic tubal re-anastomosis, microscopic tuboplasty, and myomectomy.

The large referral patient base enables the residents to participate in patient management situations covering a broad spectrum of endocrinologic problems including premenstrual syndrome, abnormal pubertal development, amenorrhea, dysmenorrhea, pelvic pain, hirsutism, hyperprolactinemia, pediatric genital abnormalities, polycystic ovarian disease, premature ovarian failure, and difficult infertility problems. Patients are evaluated by the residents with the supervision of the Reproductive Endocrinologists.

The weekly Reproductive Endocrinology sessions include didactic sessions and problem based patient management sessions. This is complimented by a weekly Reproductive Endocrinology Case Conference including the entire professional staff of the Division.

The Division conducts an active basic and clinical research program as an integral part of its activities.

## **F. Diagnosis and Management of Breast Disease**

The breast disease program includes didactic components, audiovisual programs, review of breast surgery pathology, and a breast disease clinic. Residents are assigned to a clinic dedicated to breast disease. They are supervised by a faculty member dedicated to disease of the breast. They receive instruction and practice in diagnosis and management of breast disease. They carry out diagnostic aspiration in Breast Clinic and acquire additional experience in Gynecology Clinic.

Didactic lectures are included in the weekly Resident Education Day core curriculum schedule. A computerized program on breast disease as well as a slide program by the American College of Obstetricians and Gynecologists on breast disease are also available for residents' study. Residents are taught the essentials of preventive breast health including the teaching of breast self exam to patients, annual breast examination as a component of the annual primary gynecologic exam, and utilization of mammography.

## **G. Genetics**

The Department's Genetics Service includes two MD Geneticists and three genetics counselors. The residents are introduced to perinatal genetics via the core curriculum, teaching in the genetics ambulatory setting and perinatal genetic management experience during rotation on the Maternal-Fetal Medicine Service. Additionally, the Genetics Service participates in the training program via consultation to, and supervision of, the residents on the management of genetic issues. The clinical genetic experience includes patients with a significant family genetic history, prior obstetric genetic complication, and patients with abnormal genetic screening such as abnormal marker screening and abnormal ultrasound. The residents learn to evaluate and counsel the patients with abnormal screening studies and other abnormalities.

Genetic diagnostic procedures including ultrasound, amniocentesis, chorionic villous sampling, and PUBS are performed in the Maternal-Fetal Medicine Division on a regular basis.

## **H. Ultrasonography**

Ultrasound is a significant component of the Divisions of Maternal-Fetal Medicine, Reproductive Endocrinology, Gynecology, and Gynecologic Oncology. The extensive ultrasound capabilities available for teaching include fully trained physicians and ultrasound technologists and equipment. The Department's ultrasound service & faculty have been certified by the American Institute of Ultrasound in Medicine. During the MFM rotation, residents work in a one-on-one capacity with the Division's faculty and ultrasonographers emphasizing the learning of the principles of OB/GYN ultrasound and obtaining and interpreting a quality study. In Reproductive Endocrinology the residents learn the techniques and clinical patient management implications of endovaginal ultrasonography as it relates to assessment of ovaries, evaluation for ectopic pregnancy & sonohysterography. In GYN Oncology the residents learn the principles of the use of ultrasound in the evaluation of patients with gynecologic malignancy including assessment of the endometrial cavity and assessment for ovarian disease.

## **I. Primary Care**

An extensive primary care core curriculum, as well as primary care patients define the core aspects of primary care education, in outpatient clinics. In addition, residents see patients at the Greenville County Health Department STD, Postpartum and Family

Planning Clinics under the supervision of a board certified OB/GYN. Clinical primary care experiences occur in various ambulatory care rotations in addition to the OB/GYN continuity clinics.

**J. Ethics**

A series of medical ethics conferences are presented as a component of the Resident Education Day.

**K. Practice Management**

Practice management is one of the core topics taught in obstetrics and gynecology continuity clinics. Additional experience is gained through coding and practice management sessions incorporated in the core curriculum.

**L. Medicolegal and Risk Management**

Medicolegal topics are covered in the core curriculum conferences and by mock presentations coordinated by the Academic Services Department in concert with the System's legal counsel.

Risk management as a component of medical jurisprudence is introduced at the time of the annual resident orientation. Medical jurisprudence issues are considered at daily clinical rounds and in institution-wide conferences on medicolegal issues. On an institution-wide basis, mock medicolegal hearings have been presented by invited lawyers.

**M. Geriatrics**

The Department of Medicine has structured learning sessions for our residents in geriatrics. The covered topics are principles of aging, physiologic changes of aging, the changing demographics, pharmacology and aging, the preoperative evaluation of older patients, recognition and management of cognitive disorders, and screening tests for women over fifty years old.

**6. Resident Research**

Each resident must complete a research project. The residents select a topic and faculty mentor during the first year of residency. The project is discussed with the Research Committee from a statistical and study design perspective. The research projects culminate in a final paper and presentation at Resident Research Day in the last year of the program. The projects are judged on the basis of "best resident research project" and "best resident research presentation". Residents are encouraged to submit their papers for publication and to present them at regional/national meetings with expenses covered by the department.

## **7. Educational Activities**

The formal scheduled curriculum activities include the following conferences: core curriculum, ethics, pathology, grand rounds, subspecialty lectures, primary care lectures, perinatal conferences, statistics lecture, morbidity and mortality reviews, and journal clubs.

In addition, daily clinical rounds are made on the inpatient services of obstetrics, gynecology and gynecologic oncology.

## **RESIDENT SELECTION PROCESS**

Selection of residents is performed under the direction of the Program Director with input by the faculty and residents.

Compliance with the policies and procedures of Greenville Hospital System, ERAS (Electronic Residency Application Service) and the NRMP (National Residency Match Program) are maintained. The selection process includes a review of the candidate's academic record, ERAS application and interview. The Greenville Hospital System and Department of Ob/Gyn are non-discriminatory with regard to sex, race, age, religion, color, national origin, disability or veteran status.

## **CLINICAL PRIVILEGES**

OB/GYN residents have no independent privileges within Greenville Hospital System. Each patient admitted to Greenville Hospital System has a member of the medical staff as the attending physician. Residents participate in the care of the patients with the agreement of, or at the invitation of, the attending physician. While residents may write orders and progress notes in patient charts, attending physicians retain responsibility for the care of their patients seen by residents. Residents are supervised by teaching staff in such a way that the residents assume progressively increasing responsibility according to their level of education, ability, and experience. The level of responsibility accorded to each resident is determined by the teaching staff.

## DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

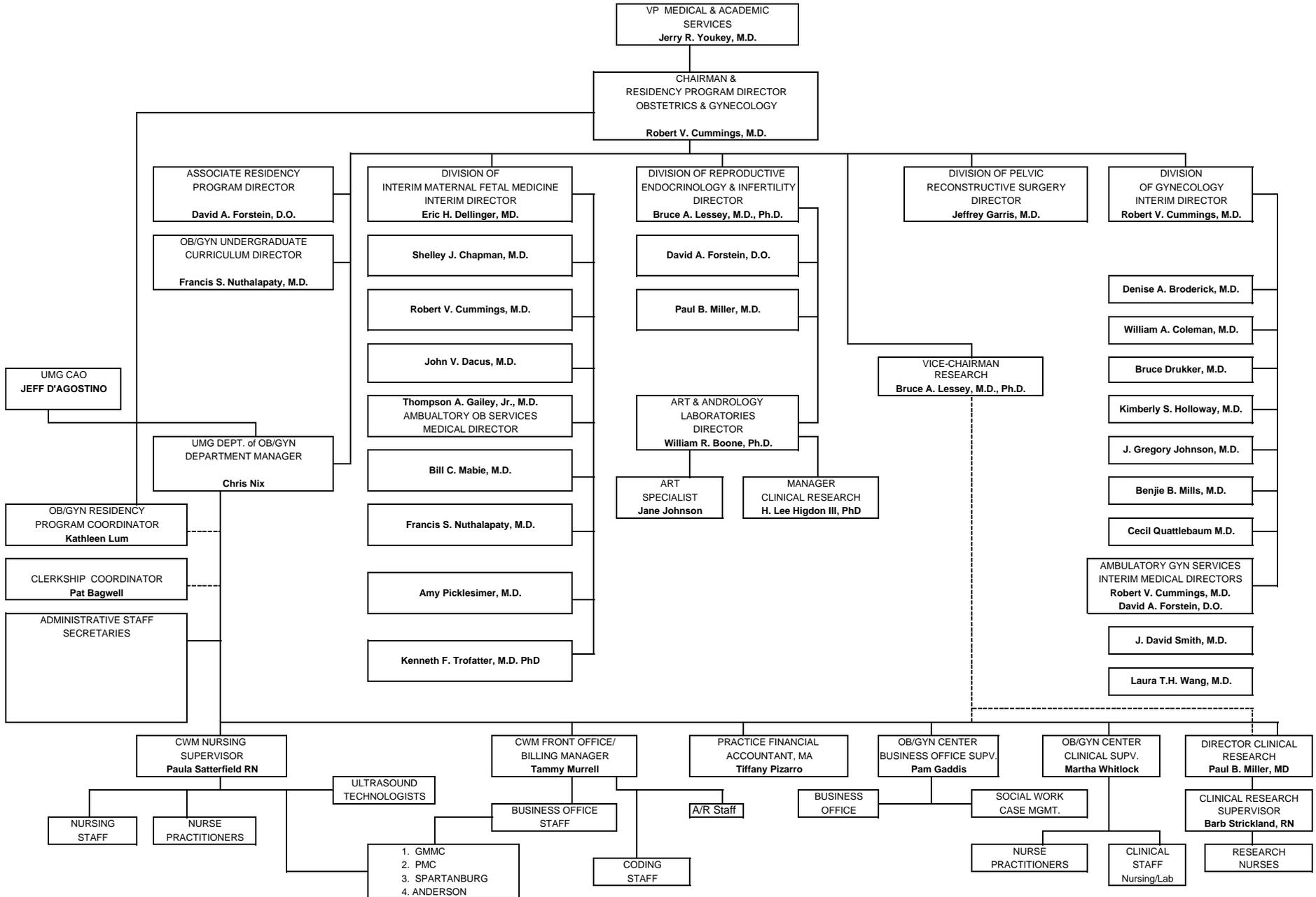
### **Expectations for Resident/Medical Student Interactions**

- Orient students to processes on the service.
- Orient students to your expectations.
- Demonstrate professional respect.
- Role model clinical behavior.
- Role model professionalism and professional role.
- Look for/use teachable moments.
- Find opportunities for students to “DO” procedure related activities with supervision for learning.
- Look for opportunities to provide feedback (positive and constructively critical).
- Demonstrate the positives of OB/GYN as a career.
- Point-out relevance of clinical experience/education in women’s health to other future specialty careers.
- “Recruit”/cheerlead for GHS and the Department.
- Senior residents should take the lead in prompting junior resident/medical student positive interaction.

**Perceptions are reality.**

**You are the emissary for the Department and the System in all your interactions.**

**GREENVILLE HOSPITAL SYSTEM UNIVERSITY MEDICAL CENTER  
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY  
AND  
UNIVERSITY MEDICAL GROUP DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**



**Department of Obstetrics and Gynecology Committees**

**RESEARCH COMMITTEE**  
Bruce A. Lessey, MD, PhD  
**CHAIR**

**EDUCATION COMMITTEE**  
David A. Forstein, DO  
**CHAIR**

**DEPARTMENT LEADERSHIP  
COUNCIL**  
Robert V. Cummings, MD  
**CHAIR**

**OB/GYN CENTER  
OPERATIONS COMMITTEE**  
Nestor Acosta  
**CHAIR**

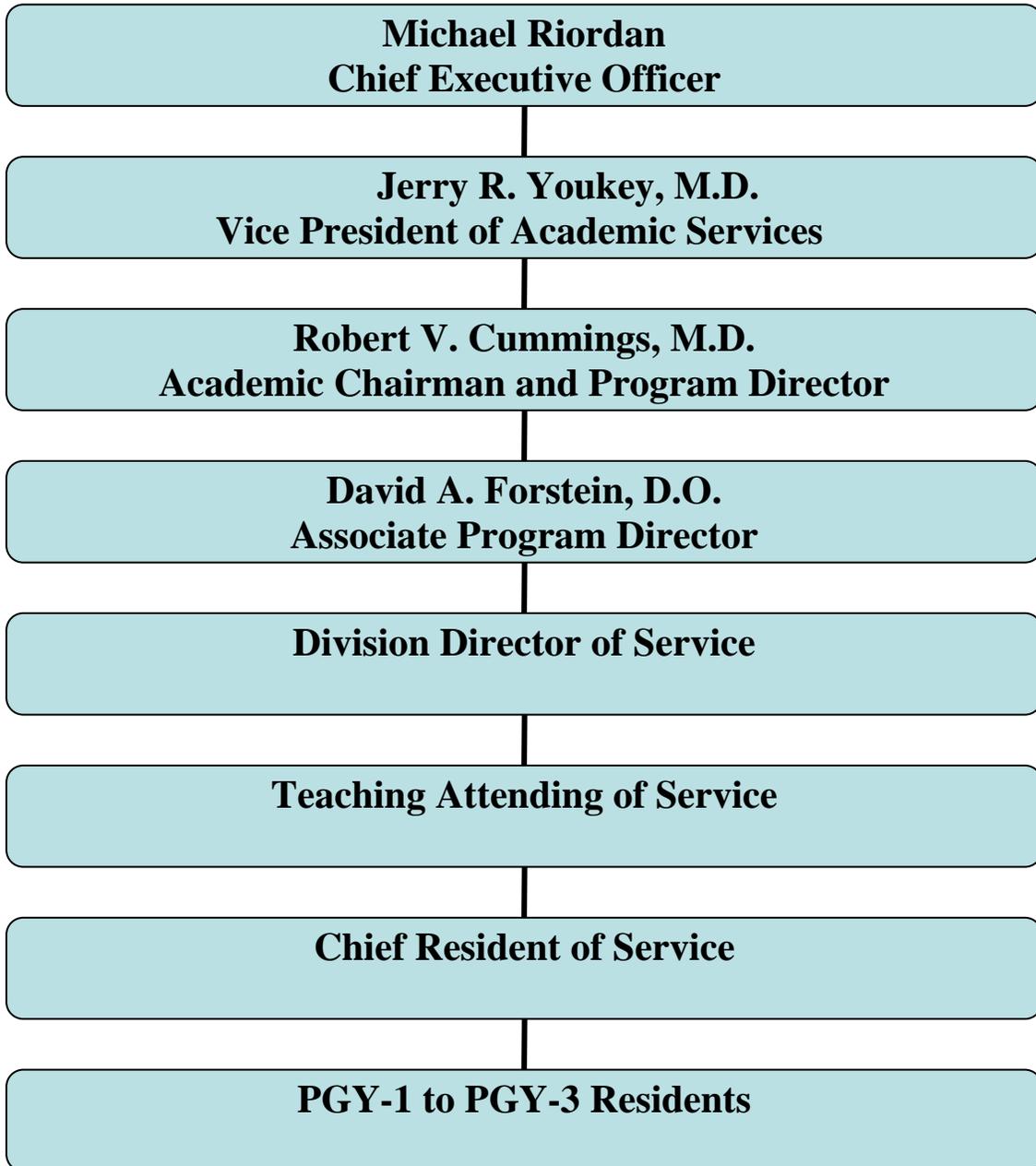
**RESIDENT RESEARCH  
SUBCOMMITTEE**  
Bill C. Mabie, MD  
**CHAIR**

**CLINICAL RESEARCH  
SUBCOMMITTEE**  
Paul B. Miller, MD  
**CHAIR**

**DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

**Expectations and Mechanism for Solving Problems or Issues**

The resident is expected to take issues or problems up with their immediate supervisor. These issues include problems with specific patient care situations that either directly or indirectly involve that resident. If that resident does not feel that the issue has been appropriately addressed, then he or she is expected to take it personally to the next level in the following stated chain of authority.



## DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

### General Competencies Policy

#### A. Educational Program

The residency program requires residents to obtain competencies in the 6 areas below to the level expected of a new practitioner. Toward this end, educational activities define the specific knowledge, skills, and attitudes required and provide educational experiences in order for residents to demonstrate:

- a. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- b. **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
- c. **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
- d. **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals
- e. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
- f. **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 care that is of optimal value

The Department is compliant with the teaching of the ACGME core competencies. We have created the connection between the competency based educational approach and the clinical quality movement implementing curricular reforms required to move forward with the competency mandate. The competencies of patient care, medical knowledge, interpersonal and communication skills, professionalism, problem based learning and systems based practice were discussed in faculty retreats and woven into the weekly Resident Education Day presentations and daily clinical rounds at a Division specific level. We have refocused and revised our evaluation efforts and tools to assure measures relative to the core competencies.

## **B. Evaluation**

### 1. Evaluation of Residents

The residency program has an effective plan for assessing resident performance throughout the program and for utilizing assessment results to improve resident performance. This plan includes:

- a. use of measures to assess residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b. Mechanisms for providing regular and timely performance feedback to residents.
- c. Processes using of assessment results to achieve progressive improvements in residents' competence and performance.

## **C. Program Evaluation**

- a. The residency program use resident performance and outcome assessment results in the evaluation of the educational effectiveness of the residency program.
- b. The residency program uses resident and performance assessment results, including passage of the ABOG certifying examination, to improve the residency program.

## **DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

### **Resident Supervision Policy**

It is the policy of GHS, the Academic Services Department, and the Department of OB/GYN that the educational experience is under the purview of the Chairman. Programmatic implementation is the responsibility of the Department's Residency Program Director. Full-time and clinical faculty participate in and supervise all educational activities of the residents in patient care. This is true for both the inpatient and outpatient areas. Specifics for each service are delineated under each specific rotation.

### **Resident Supervision Guidelines**

The training of residents remains one of the cornerstones of our healthcare system. It is imperative however that the training of house staff be done in the setting of excellent patient care. As supervisors of residents, faculty members have dual obligations, to teach the residents and to provide patient care. There is at least a perceived conflict in that the physician-in-training requires some autonomy in order to develop his/her own knowledge base and approach to patient care. If there is not adequate autonomy there may be a risk of graduating physicians into practice who are not ready to function independently. Conversely, without adequate supervision during residency, patient care may suffer.

The ACGME states in its Institutional Requirements for Graduate Medical Education:

“Institutions must ensure that their GME programs provide appropriate supervision for all residents, as well as a duty hour schedule and a work environment that is consistent with proper patient care, the educational needs to residents, and the applicable Program Requirements.

Supervision: There must be sufficient institutional oversight to assure that residents are appropriately supervised. Residents must be supervised by teaching staff in such a way that the residents assume progressively increasing responsibility according to their level of education, ability, and experience. On-call schedules for teaching staff must be structured to ensure that supervision is readily available to residents on duty. The level of responsibility accorded to each resident must be determined by the teaching staff.”

Regarding specifics of house staff supervision of inpatient care at Greenville Hospital System, the following guidelines are given. It should be noted that these are guidelines only and that the judgment of the attending regarding each resident's ability and appropriateness of the level of responsibility is ultimately to be determined by the attending on an individual basis.

1. OB/GYN residents have no independent privileges within Greenville Hospital System. Each patient admitted to Greenville Hospital System has a member of the medical staff as the attending physician. Residents participate in the care of

the patients with the agreement of, or at the invitation of, the attending physician. While residents may write orders and progress notes in patient charts, attending physicians retain responsibility for the care of patients seen by residents.

2. Residents may perform procedures in Greenville Hospital System under the supervision of attending physicians as noted in the In-House Attending Guidelines. Residents may only perform those procedures for which the patient's attending physician has privileges.

## **DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

### **Resident Evaluation and Promotion**

Residents are evaluated on a regular basis and counseling/feedback sessions are conducted approximately every six months. See section on Resident Evaluation.

Residents are appointed and receive contracts on an annual basis.

In order to be appointed to the next year in the residency program, a resident must achieve satisfactory evaluations on the Resident Evaluation process, have complied with Departmental and System policies and procedures, have maintained medical licensure in South Carolina, must not have been convicted of a criminal offense, or had a civil exclusion sanction imposed by any governmental agency having jurisdiction over medical licensure or matters concerning controlled substances where such proceedings arise out of resident's own actions or knowing participation in the alleged activities, and must not have demonstrated gross, flagrant, or repeated professional negligence or neglect of duty.

## **DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

### **Resident Suspension/Termination Policy**

The policies and procedures of the Department of Obstetrics and Gynecology are intended to be consonant with those of Academic Services and the Greenville Hospital System which take precedent. See the Academic Services Manual of Policies and Procedures for Medical Education Resident Staff and the Greenville Hospital System Manual of Policy Directives that shall apply in all cases.

A resident may be suspended from duty for cause by the Academic Chairman, Residency Program Director, Vice President of Academic Services, or Chief Executive Officer of the Greenville Hospital System.

A resident may be suspended from duty, terminated, or not re-appointed if not in compliance with the policies and procedures of Academic Services, Greenville Hospital System, or the Department of Obstetrics and Gynecology or if performance is not satisfactory. A resident must achieve satisfactory evaluations on the Resident Evaluation process, must demonstrate professional demeanor and behavior, comply with departmental and System policies and procedures, maintain medical licensure in South Carolina, must not have been convicted of a criminal offense or had a civil exclusion sanction imposed by any governmental agency having jurisdiction over medical licensure or matters concerning controlled substances where such proceedings arise out of resident's own actions or knowing participation in the alleged activities, and must not demonstrate gross, flagrant, or repeated professional negligence or neglect of duty.

**DEPARTMENT OF OB/GYN  
RESIDENT and FACULTY SERVICES**

**TEACHING ATTENDING GUIDELINES**

- 1) The Faculty Services include the Divisions of Maternal Fetal Medicine, Female Pelvic Medicine and Reconstructive Surgery, Reproductive Endocrinology and Infertility, and Gynecology all of which have residents assigned to them.
- 2) The Faculty Services are directed by the Department's Division Directors - Gynecology Division, Maternal-Fetal Medicine Division, Reproductive Endocrinology and Infertility Division, and the Female Pelvic Medicine and Reconstructive Surgery Division. Patients are followed by the residents under the direct supervision of the respective Division's faculty members.
- 3) The Resident Services include the Resident Obstetrics Service and the Resident Gynecology Service:
  - a) The Resident Obstetrics Service is directed by the Medical Director of the Obstetrics Service and coordinated with the Ambulatory Service, MFM Division, and OB/GYN In-house Teaching Attendings.
  - b) The Resident Gynecology Service is directed by the Medical Director of the Gynecology Service and coordinated with the Ambulatory Service and the Divisions of Gynecology, Reproductive Endocrinology and Infertility, Female Pelvic Medicine and Reconstructive Surgery, and Oncology and the OB/GYN In-house Teaching Attendings.
- 4) The In-house Teaching Attendings are appointed by the Chairman of the Department of OB/GYN.
- 5) In-house Teaching Attendings supervise residents as required by the Obstetrics and Gynecology RRC to ensure:
  - a) Quality of care
  - b) Education
  - c) Patient safety
  - d) Fulfillment of responsibility of the attending physicians to the patients.
- 6) In-house Teaching Attendings will support the Obstetrics and Gynecology RRC's principle of delegation of complete management under supervision to residents with the goal of independent competence in the full range of obstetrics and gynecology at the completion of residency. This implies a graduated and increasing level of independent action by the residents under supervision. The In-house Teaching Attendings will be:
  - a) notified of all out-patient care encounters and admissions
  - b) notified of all significant changes in the status of patients
  - c) notified of all impending deliveries before the delivery begins
  - d) notified of all obstetric and gynecologic operative cases before the case begins
  - e) present for the critical portion of all deliveries and obstetric and gynecologic operative cases.
- 7) The Role of the In-house Teaching Attendings
  - a) The In-house Teaching Attendings serve a supervisory teaching role with the resident staff and the medical students – teaching, supervising, coaching,

examining patients as appropriate, participating in procedures as appropriate, and providing patient care as indicated for the Resident Services including but not limited to:

- i) Resident OB Service:
  - (1) Patient management in the Obstetric Triage/Emergency Unit
  - (2) Inpatient management
  - (3) Emergency Department patient management
  - (4) Management of labor
  - (5) Vaginal delivery & repairs
  - (6) C-Section
  - (7) Tubal ligation
  - (8) D & C
  - (9) Other obstetric operative procedures
- ii) Resident GYN Service:
  - (1) Inpatient management
  - (2) Emergency Department patient management
  - (3) Gynecologic procedures
- b) The In-house Teaching Attendings will be present for the critical portion of all obstetric and gynecologic procedures/operative cases.
- c) During Resident Education Day (Fridays, 7:30 AM – Noon), and at other times as announced from time to time, the role of the In-house Teaching Attending also includes direct patient care.

- 8) The three categories of Resident OB Service Patients and MFM Service Patients:
- a) OB/GYN Center Patients: OB/GYN Center patients in OB Triage and admitted for delivery
  - b) High Risk OB Service - from the OB/GYN Center and Maternal-Fetal Transfers (MFTs): patients from the OB/GYN Center, or transferred from another facility, for obstetric triage or for inpatient high-risk OB care
  - c) High Risk OB Service - MFM Division Private Referred and Transferred Patients: patients receiving global care from, or referred to MFM for obstetric triage or high-risk OB care

<b>CATEGORY</b>	<b>a) OB/GYN Center Patients</b>	<b>b) In-patient HR OB Svc. - OB/GYN Center Patients &amp; MFTs</b>	<b>c) In-patient HR OB Svc. - MFM Division Patients &amp; Referrals/Transfers to the MFM Division</b>
<b>INITIAL PLAN</b>	The resident will evaluate the patient, establish a plan, and confer with the Senior Resident who will assess the patient and so document.	The resident will develop a management plan updated daily with, the MFM Attending. For admissions, the admitting resident will evaluate the patient, develop a plan, and confer with the Senior Res. who also will assess the patient and enter a note.	A management plan will be developed by the residents with, and updated daily with, the Full-time MFM Attending.
<b>ONGOING MANAGEMENT</b>	The In-house Teaching Attending will be informed of the patient's status and plan, will review, annotate, and sign the note/plan, and see the patient as appropriate to the clinical setting.	Non-urgent management will be discussed with the MFM Attending who is in-house or on call. The MFM Attending will supervise the management of the patient or personally delegate and communicate that attending role to the In-house Attending.	Non-urgent management will be discussed by the residents with the Full-time MFM Attending who is in-house or on call who will see and examine the patient as appropriate to the clinical setting.
<b>ACUTE INTERVENTION PLANNING</b>	Changes in a patient's course requiring intervention (non-reassuring fetal heart rate tracing, etc.) will be discussed with the Senior Resident who will evaluate the patient, formulate and document a plan that is	For patients requiring intervention (e.g., induction of labor, delivery, etc.), the Senior Resident will evaluate the patient & formulate and document a management plan that is discussed with the In-house Attending.	For patients requiring intervention (e.g., induction of labor, delivery, etc.), the Senior Resident will evaluate the patient & formulate and document a management plan that is discussed with the MFM Attending.

	discussed with the In-house Attending.		
<b>ACUTE INTERVENTION</b>	The In-house Teaching Attending will review the plan, see the patient as appropriate to the clinical setting, & appropriate action will be taken. The In-house Attending will consult with the MFM Attending if appropriate.	The In-house Attending will review the plan and see the patient as appropriate to the clinical setting. The Senior Resident will communicate the plan to the MFM Attending & appropriate action will be taken. The In-house Attending will communicate directly with the MFM Attending if appropriate.	The MFM Attending will review the plan, see the patient as appropriate to the clinical setting, and supervise the management of the patient or personally delegate and communicate that attending role to the Full-time In-house Attending.
<b>SUBSEQUENT SUPERVISION &amp; COMMUNICATION</b> (The OB Services' attendings and residents will assume ongoing management during regular weekday daytime hours.)	If the Senior Resident is not available immediately, the In-house Attending will be notified and action will be taken as needed by the In-house Attending and the available resident.	If either the In-house or the MFM attending has questions about the facts of the case or plan, they will communicate directly with each other. The In-house Attending will supervise the acute management of the patient unless the MFM Attending elects to do so in-house. If the In-house Attending is unwilling to carry out the MFM Attending's plan, the MFM Attending will assume in-house supervision of the patient.	If the In-house Attending is unwilling to carry out the management plan, the MFM Attending will assume in-house supervision of the care of the patient.

9) In-house Attending Coverage of Resident GYN Service  
(Nighttime weekdays; Saturdays, Sundays, and holidays)

<b>CATEGORY</b>	<b>Resident GYN Service</b>
<b>INITIAL PLAN</b>	The resident will evaluate the patient, establish a plan, and confer with the Senior Resident who will assess the patient and so document.
<b>ONGOING MANAGEMENT</b>	The In-house Teaching Attending will be informed of the patient's status and plan and see the patient as appropriate to the clinical setting.
<b>ACUTE INTERVENTION PLANNING</b>	Changes in any patient's course requiring intervention will be discussed with the Chief Resident who will evaluate the patient, formulate and document a plan that is discussed with the In-house Attending.
<b>ACUTE INTERVENTION</b>	The In-house Teaching Attending will review the plan, see the patient as appropriate to the clinical setting, & appropriate action will be taken. The In-house Teaching attending will consult with the Full-time GYN Attending on call for GYN if appropriate.
<b>SUBSEQUENT SUPERVISION &amp; COMMUNICATION</b> (The Resident GYN Service attendings and residents will assume ongoing management during regular weekday daytime hours.)	If the Chief Resident is not available immediately, the In-house teaching Attending will be notified and action will be taken as needed by the In-house Teaching Attending and the available resident.

- 10) The In-house Teaching Attendings will document in the medical record their participation/supervision in the activities of the Resident Services.
- 11) Teaching Attending schedule:
- Daytime weekdays: 7:30 AM – 5:00 PM (Resident OB Service)
  - Nighttime weekdays: 5:00 PM – 7:30 AM (8:00 AM on Saturday mornings)
  - Saturdays, Sundays, and holidays: 8:00AM – 8:00 AM
  - Upon arrival, the In-house Teaching Attending will meet with the Resident Staff to become apprised of the patients on the services. The In-house Teaching Attending will attend morning clinical report and evening clinical report.
- 12) The In-house Teaching Attending must be present in the GMMC complex within walking distance of patient units as required by the Obstetrics and Gynecology RRC.
- 13) The In-house Teaching Attendings will complete required billing information, and submit same to the University Medical Group Department of Obstetrics and Gynecology, within 48 hours of any patient encounter of the Resident OB Service including operative procedures, OB Triage Visits, uncomplicated vaginal deliveries, complex vaginal deliveries, and Cesarean sections and of the Resident GYN Service including all procedures.

- 14) Appointment as In-house Teaching Attending connotes significant interest and involvement in resident and student teaching and the activities of the academic department. Those serving as In-house Teaching Attendings will have demonstrated attendance at OB/GYN Grand Rounds.
- 15) The residents and In-house Teaching Attendings should follow the chain of command for any Resident Service and Faculty Service issues: In-house Teaching Attending, for OB patients - MFM attending on call and for GYN patients - GYN attending on call, Division attending on call, Division Director, Department Chairman, and Vice President Medical and Academic Services.
- 16) Participation in the In-house Teaching Attending call is limited to those members of the Clinical Teaching Faculty who are willing to abide by these guidelines.

12/13/2001

Revised: 2/28/2002   Revised: 8/09/2004   Revised: 4/28/2005   Revised: 6/28/2005  
Revised: 3/14/2007

## **DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

### **Resident Education Policy**

The Department of Obstetrics and Gynecology adheres to the CREOG Core Curriculum in Obstetrics and Gynecology Educational Objectives 8<sup>th</sup> edition.

It is the policy of the department that educational matters are managed through the Education Committee, whose objectives and organization are detailed below.

## Education Committee

<b>Objectives:</b>	
	<p>Comply with ACGME, RRC, ABOG, and LCME requirements for medical student and resident educational activities</p> <p>Maintain the quality of the Resident and Student educational programs</p> <p>Identify and implement best practices for educational programs</p> <p>Promote academic and scholarly activity of faculty, residents and students</p> <p>Promote interdivisional collaboration on educational opportunities and programs</p> <p>Promote educational opportunities outside the Department of Obstetrics and Gynecology</p> <p>Other GHS departments</p> <p>Regional professional organizations</p> <p>National and international professional organizations</p> <p>Promote the specialty of Obstetrics and Gynecology</p>
<b>Committee Organization:</b>	
<b>Permanent Members:</b>	David A. Forstein, DO - Chair (Assoc. Residency Program Director/REI )
	Francis Nuthalapaty, MD – Vice Chair (Undergraduate Education Program Director/MFM)
	Amy Boardman, MD (GYN)
	John Dacus, MD (MFM)
	Jeffrey Garris, MD (URO/GYN)
	Robert Cummings (Department Chairman/Residency Program Director)
	Scott Hays, DO (PGY4)
	Kathy Lum (Residency Program Coordinator)
<b>Ad Hoc Members:</b>	Shelley Chapman, MD (Clinical MFM)
	Tom Gailey, MD (Director of Ambulatory Obstetrics)
	Incoming Intern tba
	Kara Pfenning, PGY2
	Stella Walvoord PGY3
	Michelle Tucker PGY4
	Martha Whitlock, RN (OBGYN Center Clinical Supervisor)
	Laura Barrett, RN (Clinical Nurse Educator, 6th Floor)
<b>Secretarial Support:</b>	Anne Edland
<b>Definition of Committee Member Roles and Responsibilities:</b>	
	<p><b>Committee Chair:</b></p> <p>Set meeting dates and agenda</p> <p>Conduct meetings</p> <p>Take the lead review role for concepts in designated areas of interest/expertise</p> <p>Convey committee recommendations back to faculty and residents</p> <p>Serve as the primary liaison for interdisciplinary educational collaborations</p>

	Serve as the primary liaison in matters pertaining to regulatory compliance
	Permanent Members: Submit and solicit educational concepts Take the lead review role for educational concepts in designated areas of interest/expertise
	Ad Hoc Members: Submit educational concepts Take the lead review role for concepts in designated areas of interest/expertise when requested
	Secretary: Manage scheduling of meeting and agenda content Create and distribute materials for meetings Maintain minutes of committee meetings
Proposed Committee Meeting Agenda:	
	Agenda items solicited from committee members by Chair
Proposed Committee Meeting Schedule:	
	Every other Wednesday Noon-1:00 PM

# **OBSTETRICS AND GYNECOLOGY**

## **Resident Conference And Didactic Curriculum**

## INTRODUCTION

The OB/GYN conference and didactic curriculum is conducted principally on Resident Education Day. This is a protected period of time each Friday morning from 7:30 am – 12:00 pm that is set aside for conference, and lecture based and small group activities. Each resident is expected to prepare in advance for these sessions and attend them. An attendance roll is taken.

The Resident Education Day conference activities are divided into three (3) principle areas:

- I. OB/GYN Grand Rounds
- II. Core Topics and case discussions in OB/GYN and its Subspecialties
- III. Primary Care

These sessions are conducted by Visiting Professors, the Academic Services Faculty and by members of the medical staff, as well as invited discussants where appropriate.

The core topic conferences in OB/GYN rotate on a 24-month basis. This affords each resident the opportunity for participation on two (2) occasions during his/her residency.

Primary care is addressed on Resident Education Day with a primary care topic presented in an interdisciplinary fashion.

In addition to these Resident Education Conference activities, Fetal Boards are held each month. This is an interdisciplinary conference where patients with fetal anomalies are presented and plans are made for delivery and neonatal care.

Each Division in the Department of Obstetrics and Gynecology has other formal learning experiences detailed in the subspecialty specific documents within this manual.

## OBSTETRICS/MFM CORE CURRICULUM

### **Foundations of Obstetrical Practice (Orientation):**

Ob Statistics

Evaluation of the Pelvis

Preconceptual Counseling

New OB' Workup

Prenatal Care

Normal Labor and Delivery

FHR Monitoring

Postpartum Care

Admission Hx and PE and Evaluation of the Triage Patient

OB Emergencies

### **Updates in Basic Science and Clinical Practice**

Placental Physiology

Immunology of Pregnancy

Fetal Acid-Base Balance

Maternal Adaptations to Pregnancy

Physiology of Parturition

Physiology of Lactation

Intrapartum Evaluation

OB Anesthesia and Analgesia

Dystocia (Abnormal Labor)

Induction and Augmentation of Labor

Malpresentation and Breech Delivery

Operative Vaginal Delivery

Cesarean Delivery and VBAC

Postoperative Complications and Peripartum Hysterectomy

Obstetric Hemorrhage (Antepartum)

Obstetric Hemorrhage (Postpartum)

Recurrent Pregnancy Loss (1st trimester)  
Recurrent Pregnancy Loss (2nd/3rd trimester)  
OB Ultrasound- First Trimester Evaluation  
OB Ultrasound- Normal Fetal Anatomy  
OB Ultrasound- Common Abnormalities  
OB Ultrasound- Evaluation of Fetal Heart  
Doppler Flow Velocimetry  
Disorders of Fetal Growth  
Antepartum Fetal Testing  
Fetal Lung Development/Testing  
Disorders of Amniotic Fluid  
Preterm Birth (1)  
Preterm Birth (2)  
Premature Rupture of Membranes  
Postterm Pregnancy  
Multifetal Pregnancy  
Prenatal Diagnosis  
Fetal Therapy  
Fetal Arrhythmias and Treatment  
Fetal Hemolytic Disease and Alloimmunization  
Nonimmune Hydrops  
Cerebral Palsy  
Hypertensive Disorders of Pregnancy (1)  
Hypertensive Disorders of Pregnancy (2)  
Critical Care in Pregnancy (1)  
Critical Care in Pregnancy (2)  
Trauma in Pregnancy  
Maternal Cardiovascular Diseases  
Pulmonary Disorders  
Thromboembolic Disorders  
Urinary Tract Infections

Other Renal Abnormalities  
GI Disorders  
Viral Hepatitis in Pregnancy  
Anemia and Hemoglobinopathies  
Thrombocytopenias, Coagulation Disorders, and  
Thrombophilias  
Thyroid Diseases  
Other Endocrinologic Disorders  
Pregestational Diabetes  
Gestational Diabetes  
Rheumatologic/Connective Tissue Disorders  
Neurologic Disorders  
Psychiatric Disorders  
Dermatologic Disorders  
Neoplastic Disorders  
Virus Infections: CMV, Parvovirus, Rubella  
Toxoplasmosis and VZV Infections  
GC, Chlamydia, HPV, Trichomoniasis and BV  
Syphilis  
HSV  
HIV  
Bacterial Infections  
Sterilization  
Drugs in Pregnancy and Lactation  
Diseases and Injuries of Fetus and Newborn  
Cervical Incompetence

## *Neonatal Resuscitation Program*

The neonatal resuscitation program (NRP) has become a standard for every healthcare professional that cares for newborn infants. To be credentialed one must complete a didactic portion consisting of seven lessons and a written examination as well as five skills sessions. This NRP provides a standard approach for every resuscitation techniques and allows all members of the resuscitation team to obtain the skills and knowledge needed to resuscitate a compromised newborn.

The course consists of the following lessons:

1. Overview and Principles of Resuscitation
2. Initial Steps in Resuscitation
3. Use of a Resuscitation Bag and Mask
4. Chest Compressions
5. Endotracheal Intubation
6. Medications
7. Special Considerations

Our OB/GYN residents are taught this program by a Nurse-Physician neonatal team. Periodically, an animal intubation laboratory is included as part of the learning experience. Beginning 2007-08 a new intubation simulation lab experience will become part of the core curriculum.

*Benign Gynecology Curriculum*

Abdominal Wall Incisions

Abnormal Uterine Bleeding

Acute Abdominal Pain

Acute and Chronic Pain Management

Adnexal/Pelvic Masses

Animal Lab

Benign/Malignant Breast Disease

Blood Component Therapy

Chronic Pelvic Pain

Contraception (barrier/male sterilization)

Family Planning

First Trimester Bleeding

Intern Surgical Orientation/Practicum

Interstitial cystitis/vulvar vestibulitis

Knot tying/Suturing/Electrosurgery

Reproductive Anatomy I

Reproductive Anatomy II

Abnormal Uterine Bleeding I

Abnormal Uterine Bleeding II

Vulvar and Vaginal Infections

Vulvar Dystrophies/Dermatoses

Sexually Transmitted Infections I (Genital Ulcers)

Sexually Transmitted Infections II (Gonorrhea/Chlamydia/PID)

Triage of Abnormal Pap Smear/ Cervical Dysplasia

HIV Infection in Women

Pelvic Support Defects

Urogynecologic Disorders: Evaluation & Management of Urinary Incontinence I & II  
(Urethropexies/Vault Suspension Procedures)

Pelvic Masses  
Uterine Leiomyomata  
Chronic Pelvic Pain  
Endometriosis  
First Trimester Pregnancy Loss: Spontaneous Abortion & Ectopic Pregnancy  
Medicolegal Issues & Breast Disease  
Strategies for Breast Cancer Prevention  
Recurrent Pregnancy Loss  
Preoperative & Postoperative Care  
CCM - Toxic Shock Syndrome  
CCM - Septic Shock/Adult Respiratory Distress Syndrome  
CCM - Hemodynamic Monitoring/CPR/Allergic Drug Reactions  
Care of the Geriatric Patient - General Principles of Aging  
Care of the Geriatric Patient - Functional Assessment  
Care of the Geriatric Patient - Preventative Health Services  
Care of the Geriatric Patient - Surgical Care  
Care of the Geriatric Patient - Pharmacology, Pharmacokinetics & Pharmacodynamics  
Care of the Geriatric Patient - Ethical and Legal Issues  
Care of the Geriatric Patient - Coding and Reimbursement  
Gynecologic Ultrasonography  
Sexual Assault/Rape  
Sexual Dysfunction  
Pediatric/Adolescent Gynecology - I  
Pediatric/Adolescent Gynecology - II  
History, Physical Examination and Preventative Health Care  
Unwanted Pregnancy/Termination/Alternatives  
Pregnancy Alternative  
Pregnancy Termination (Complications and Follow-up)  
Family Planning  
Contraception - I (Steroid Contraception)  
Contraception - II (Barrier/Sterilization: Male and Female)

Wound Dehiscence/Evisceration/Wound Care

Pessaries

CREOG Review I & II

Antibiotics in OB/GYN

Laparoscopy Review

Perioperative Evaluation & Management/Peripheral Neuropathies

Preventive Health Maintenance

Selection of Surgical Instruments

Selection of Suture Material

*Reproductive Endocrinology and Infertility Curriculum*

Ambiguous Sexual Development  
Amenorrhea  
Androgen Excess and Hirsutism  
Andrology  
Chronic Pelvic Pain  
Contraception  
DES Exposure  
Dysfunctional Uterine Bleeding  
Dysmenorrhea/Premenstrual Syndrome  
Ectopic Pregnancy  
Electrosurgery Endoscopic Curriculum  
Endocrinology of Pregnancy  
Endometriosis  
Estrogen Metabolism  
Hysterosalpingography  
Hysteroscopy and Uterine Factor  
Laparoscopic Surgery  
Male Factor Infertility  
Menopause and HRT  
Menstrual Cycle Regulation  
Neuroendocrinology  
Obesity and Breast Physiology  
Ovarian Physiology  
Ovulation Induction and ART  
Polycystic Ovarian Syndrome/Anovulation  
Primary Amenorrhea  
Prolactin Physiology and Pathophysiology  
Prostaglandins  
Recurrent Abortion

Reproductive Aging

Sexual Precocity/Abnormal Puberty

Sexually Transmitted Diseases

Sperm and Egg Transport

Steroid Hormones

Tubal Surgery

*Urogynecology Curriculum*

Advanced Incontinent Procedures

Basic Embryology and Pelvic Anatomy (Urogynecology Perspective)

Gynecologic Fistulas and Complications I

Gynecologic Fistulas and Complications II

Medical Therapy for Incontinence

Office Evaluation of the Incontinent Patient

Pelvic Organ Prolapse Staging

Surgical Correction of Prolapse

Surgical Correction of Urinary Incontinence

Urodynamics I

Urodynamics II

## *Gynecologic Oncology Curriculum*

Adenocarcinoma of the Cervix

Advanced Epithelial Cancer - Part I

Advanced Epithelial Cancer - Part II

Anatomy

Basic Principles in GYN Oncology Radiotherapy

Cancer in Pregnancy, Therapeutic Options

Carcinoma of the Vagina

Chemotherapeutic Agents Used in GYN Oncology

Clinical GYN Oncology: Follow-up Care

Diagnostic Radiology

Early Ovarian Cancers, Fallopian Tube Cancers

Fluid and Electrolyte Balance of the Postoperative Patient

Germ-Cell, Stromal and Other Ovarian Cancers

Introduction to Chemotherapeutic Modalities

Long-Term Side Effects of Radiotherapy

Nutritional Assessment

Palliative Care & Pain Management

Preinvasive Disease of the Cervix

Psych/Social Issues, Death and Dying

Squamous Cell Carcinoma of the Cervix

Surgical Complications

Surgical Techniques of GYN Oncology

Uterine Carcinoma

Vulvar Carcinoma

## *Genetics Curriculum*

Chromosomes I - Numerical

Chromosomes II - Structural

Common Prenatally Diagnosed Birth Defects - What to Look For

Embryology of Female GU

Family History of Mental Retardation: The Prenatal Approach

Genetics In Cancer

Malformations

Molecular Genetics

NTD/Maternal Serum Screening

Recurrent Pregnancy Loss

Silent Genetic Diagnoses for OB/GYN Physicians

Single Gene Disorders

Skeletal Dysplasia

Teratology

Update on the Human Genome Project

Utilization, Availability, and Scope of Genetic Services

*Primary Care Curriculum*

Asthma

Autoimmune and Rheumatic Diseases - Lupus

Autoimmune and Rheumatic Diseases - Rheumatoid Arthritis

Cardiovascular Disease

Depression and Anxiety: Mental Illness in Women

Diabetes

Domestic and Intimate Partner Violence

Eating Disorders

Geriatrics

Headaches - Migraines

Headaches - Musculoskeletal

Hypertension

Immunizations

Irritable Bowel Syndrome

Multiple Sclerosis

Low Back Pain

Occupational Diseases

Pain Management

Somatization Disorders

Stroke

Substance Use and Abuse: Tobacco, Alcohol, and Illegal Drugs

Thyroid Disease

## *Endoscopy Curriculum*

General Concepts in Operative Endoscopy  
General Techniques and Instrumentation of H/S  
Operative H/S Procedures  
H/S Treatment of Congenital Uterine Anomalies  
Tubal Cannulation, Tuboplasty, and Falloposcopy  
Hysteroscopic Complications  
Hysteroscopic Myomectomy  
Endometrial Ablation  
Laparoscopic Anatomy  
Laparoscopic Treatment of Endometriosis  
Laparoscopic Complications  
LUNA, Presacral Neurectomy, Uterovaginal Ganglion Excision  
Tubo-ovarian and Pelvic Abscess  
Microsurgery and Adhesions  
Ectopic Pregnancies  
Ovarian and Parovarian Surgery  
Myomectomy  
Suspension Procedures  
Laparoscopic Hysterectomy  
Technique and Instrumentation  
Sutures, Clips and Staples  
Tubal Surgery and Adhesiolysis  
Tubal Anastomosis

*Special Topics Curriculum*

Ethics in Obstetrics and Gynecology

Terminology

Case Discussions in Obstetrics

Case Discussions in Genetics

Case Discussions in Gynecology

Risk Management and Professional Liabilities

Informed Consent

Malpractice Claims

**Obstetrics and Gynecology Core Curriculum Template**  
**July, 2007 – June, 2008**

<b>Date</b>	<b>Topic</b>	<b>Speaker</b>	<b>Reading Assignment</b>
<b>FIRST FRIDAY</b>			
7:30-8:30 AM	<b>Grand Rounds</b>		
9:15-10:00 AM	<b>Benign GYN</b>		
10:00-10:45 AM	<b>Benign GYN</b>		
11-11:45 AM	<b>GYN ONC</b>		
<b>SECOND FRIDAY</b>			
7:30-8:30 AM	<b>Grand Rounds</b>		
9:15-10:00 AM	<b>REI</b>		
10:00-10:45 AM	<b>OB/MFM</b>		
11-11:45 AM	<b>OB/MFM</b>		
<b>THIRD FRIDAY</b>			
7:30-8:30 AM	<b>Grand Rounds</b>		
9:15-10:00 AM	<b>OB/MFM</b>		
10:00-10:45 AM	<b>Benign GYN</b>		
11-11:45 AM	<b>RESIDENT MEETING</b>		
<b>FOURTH FRIDAY</b>			
7:30-8:30 AM	<b>Grand Rounds</b>		
9:15-10:00 AM	<b>OB/MFM</b>		
10:00-10:45 AM	<b>REI/UROGYN</b>		
11-11:45 AM	<b>PRIMARY CARE/STUDENT EVALUATIONS</b>		
<b>FIFTH FRIDAY</b>			
7:30-8:30 AM	<b>Grand Rounds</b>		
9:15-10:00 AM	<b>OB/MFM</b>		
10:00-10:45 AM	<b>Benign GYN</b>		
11-11:45 AM	<b>Resident Meeting with Assoc PD/LLL Program</b>		

## **DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

### **Resident Research Program**

The focus of the resident research program is the education of the resident. Medical advances are achieved through research and this information is disseminated via publication in peer-reviewed journals. The resident will have a better understanding of this process by doing his/her own project, achieving the triumphs and tragedies of the project, and taking it to publication and presentation at regional and national meetings.

At the end of the program, the resident should be able to do the following:

1. Critically read the scientific literature as it pertains to their area of expertise,
2. Understand the elements of a research project, and
3. Appreciate the scientific method used to conduct research.

The Resident Research Committee is responsible for providing a framework to achieve these goals. In this role, the Committee compliments the role of the resident research project mentors. The committee is comprised of the Medical Director of Resident Research, Bill Mabie, MD, William Boone, PhD, and H. Lee Higdon, III, PhD. These committee members have a special interest in resident education as it pertains to research. The committee has outlined the process of resident research and set specific expectations for each resident. The Medical Director of Resident Research meets with the residents on a quarterly basis to follow the progress of the projects and help the resident set goals.

The Resident Research Committee has developed a Resident Research Kit, a compilation of tools the committee members have found useful in developing and completing their own projects. It includes a selection of writing and design resources available at the GHS Library, instructions on literature searches and library resources, a step-by-step process to do the project, and guidelines for authorship.

The faculty mentor is an integral part of achieving our goals for the resident research project by giving the resident guidance. The resident and mentor should meet regularly and work through the process of study conception, design, Institutional Review Committee approval, data collection and analysis, and manuscript writing. The residents are expected to submit their manuscript for publication.

Each resident will present their project at the Annual C. M. Easley Symposium in August of the PGY 4 year. This allows time to submit their project to regional and national meetings, and to peer-reviewed journals. The Best Resident Research Project award is for the project that shows the highest excellence in design, analysis and contribution to medical knowledge. The Best Resident Research Presentation awards the resident who demonstrates excellence in oral presentation of their work.

The committee strives to make resident research a valuable process, resulting in the goals of the program and a quality project that can start or advance the resident's career.



## PRESENTATION EVALUATION

Title:

Chief Resident Author:

Project Evaluation Criteria	Needs Improvement 1	Acceptable 2	Very Good 3	Outstanding 4	
<b>Presenter's Overall presence and Verbal Skills</b> Content presented coherently and understandably					
<b>Knowledge of Project</b>					
<b>Knowledge of Subject Matter</b>					
<b>Audience Involvement</b> Responds appropriately to questions					
<b>Audiovisual Materials</b> Relevant, coherent, complimentary to the presentation					
<b>Syllabus Materials: Manuscript</b> Content, organization, clarity					
Reviewer: _____					

## DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

### Travel to Present Research Paper Policy

1. When a resident is making a presentation, the expenses of one attending co-author may be covered, if approved by their respective Academic Chairman. This provision is being made in order for the co-author to be present to assist the resident in making their presentation and in responding during question and answer sessions.
2. Academic Services will pay registration fees, if not covered by the meeting sponsor, and travel, hotel and meal expenses for the day prior and the day of the presentation. Expenses for additional days will be considered should the exception decrease the overall cost of the trip, e.g., a Saturday lay over in order to obtain a less expensive airline ticket.
3. Shared rooms are encouraged.
4. Inappropriate expenses as identified by the VP for Academic Services will not be reimbursed (entertainment expenses, extraordinary food and drink receipts, etc)
5. **It is expected that expenses for invited presentations will be paid by the organization for whichh the physician is providing the services.** Exceptions to this provision will depend upon the recommendation of the GMEC Travel Committee to the Vice President, Academic Services, to fund such a trip.
6. Funding for poster presentations will be covered by this policy at the discretion of the Academic Chairman. However, the number of individuals accompanying a poster shall be kept to a minimum (preferably one attending) and must be approved by the Academic Chairman of the program prior to being submitted for approval to the VP for Academic Services.
7. Upon the recommendation by the GMEC Travel Committee, consideration will be given by the Vice President of Academic Services to requests from Academic Chairmen to fund individual faculty development opportunities.
8. Regular CME travel monies and individual practice enhancement supplemental funds may be used to augment the above allocation or cover additional days as necessary.
9. This policy will be reviewed annually as a part of the budget process.

## **Resident Protected Research Time**

In order to promote resident research, the OB/GYN faculty has determined that protected research time will be valuable as an educational tool. In order to obtain protected research time:

1. Residents at **any** level may request protected research time on **any** rotation supervised by the Department of OB/GYN.
2. Request for protected time is to be made to the appropriate division director.
3. The resident research mentor must 'sign-off' that the resident is at an appropriate stage in their research that protected time will be fruitful and well utilized.
4. Up to 1/2 day per week may be utilized for protected research time at the discretion of the appropriate division director.
5. Protected research time must be utilized on the campus of Greenville Memorial Hospital.
6. Protected research time can be interrupted under only dire circumstances.

### Master Schedule 2007-2008 ver 5.25.2007

	1	2	3	4	5	6	7	8	9	10	11	12	13
<b>PGY-4</b>	7/1/07-7/29/07	7/30/07-8/26/07	8/27/07-9/23/07	9/24/07-10/21/07	10/22/07-11/18/07	11/19/07-12/16/07	12/17/07-1/13/08	1/14/08-2/10/08	2/11/08-3/9/08	3/10/08-4/6/08	4/7/08-5/4/08	5/5/08-6/1/08	6/2/08-6/30/08
Shepherd	GYN	OB	ONC	NF	URO	CLINIC	GYN	OB	ONC	NF	URO	CLINIC	TRANSITION
Tucker	OB	ONC	NF	URO	CLINIC	GYN	OB	ONC	NF	URO	CLINIC	GYN	TRANSITION
N. Collins	ONC	NF	URO	CLINIC	GYN	OB	ONC	NF	URO	CLINIC	GYN	OB	TRANSITION
Parnell	NF	URO	CLINIC	GYN	OB	ONC	NF	URO	CLINIC	GYN	OB	ONC	TRANSITION
Hays	URO	CLINIC	GYN	OB	ONC	NF	URO	CLINIC	GYN	OB	ONC	NF	TRANSITION
Beck	CLINIC	GYN	OB	ONC	NF	URO	CLINIC	GYN	OB	ONC	NF	URO	TRANSITION
<b>PGY-3</b>													
Hartman	NF	OB	GYN	REI	GYN	MFM/HR	ONC	OB	GYN	NF	ONC	OB	GYN
Consoli	MFM/HR	GYN	OB	MFM/HR	REI	GYN	NF	ONC	OB	GYN	OB	ONC	NF
Amaya	GYN	NF	MFM/HR	OB	MFM/HR	OB	GYN	REI	ONC	OB	GYN	NF	ONC
Walvoord	OB	MFM/HR	NF	GYN	OB	REI	OB	GYN	GYN	ONC	NF	GYN	OB
<b>PGY-2</b>													
Clark	GYN	NFGYN	ONC	NF	GYN	CLINIC	NFGYN	OB	REI	MFM/HR	GYN	CLINIC	OB
Price	CLINIC	OB	GYN	ONC	NF	OB	CLINIC	NFGYN	OB	REI	MFM/HR	GYN	NFGYN
Self	GYN	CLINIC	NFGYN	GYN	ONC	NF	OB	CLINIC	NFGYN	OB	REI	MFM/HR	GYN
Lewis	NF	GYN	CLINIC	NFGYN	OB	ONC	MFM/HR	GYN	CLINIC	NFGYN	OB	REI	MFM/HR
Pfenning	ONC	GYN	OB	CLINIC	NFGYN	GYN	REI	NF	MFM/HR	CLINIC	NFGYN	OB	ONC
C. Collins	OB	ONC	REI	OB	CLINIC	NFGYN	GYN	MFM/HR	NF	GYN	CLINIC	NFGYN	CLINIC
<b>PGY-1</b>													
Morgan	ORIENT	NF	GYN	OB	ED	GYN	NF	CLINIC	MFM/US	OB	CLINIC	CC	GYNPW
McAdory	ORIENT	CLINIC	NF	GYN	OB	ED	OB	MFM/US	CLINIC	NF	GYN	GYNPW	CC
Palmer	ORIENT	GYN	OB	ED	CLINIC	MFM/US	CLINIC	NF	GYN	GYNPW	CC	OB	NF
Stone	ORIENT	ED	CLINIC	MFM/US	NF	CLINIC	GYNPW	CC	OB	GYN	NF	GYN	OB
Moses	ORIENT	OB	MFM/US	CLINIC	GYN	OB	ED	GYN	NF	CC	GYNPW	NF	CLINIC
Bevins	ORIENT	MFM/US	ED	NF	GYNPW	NF	GYN	OB	CC	CLINIC	OB	CLINIC	GYN

**New House Staff Orientation  
Medical Staff Auditorium  
June 26, 27, 28, 29, 2007**

**Tuesday, June 26, 2007**

7:30 a.m.

Meet in GMH Main Lobby  
Lab coat fittings – **Medical Staff Auditorium**  
Employee Identification Badges – **ID Badge Office**

*Breakfast Refreshments Available (Alcove Area)*

***Return to Medical Staff Auditorium by 9:00 a.m.***

9:15 a.m. – 9:45 a.m. Introduction to GHS and Media Management – Inez Hannon  
and Olivia deCastrowill

9:45 a.m. – 10:15 a.m. The Fred Factor – Lee G. Gossett, Upstate AHEC

10:15 a.m. – 11:30 am Personnel and Human Resources – Ellen Petz and Lynn Goodell

11:30 a.m. – 12:00 noon Radiology – Dr. William Hines

12:00 p.m. – 1:00 p.m. Lunch (use lunch voucher to eat in Cafeteria area)

***Return to Medical Staff Auditorium by 1:00 p.m.***

*Refreshments will be available during afternoon (Alcove area)*

1:00 p.m. – 1:30 p.m. Emergency Room Clinical Documentation – Charlene Ertzgerger, RN

1:30 p.m. – 2:15 p.m. Corporate Compliance – Skip Morris, Duke Spinelli, & Suzanne Miskin

2:15 p.m. – 2:35 p.m. Diversity – Kinneil Coltman, Director

2:35 p.m. – 3:00 p.m. Life Center – Sue Chambers  
(Olivia Lomax to collect Life Center Dues -  
\$50.00 **check only** – payable to GHS)

2:45p.m. All Residency Program Coordinators report to  
MSA to accompany Residents to their Departments

3:00 p.m. – 5:00 p.m.

**DEPARTMENTAL ORIENTATION**

Family Medicine	Marcia Way, Program Coordinator
Sports Medicine	Marcia Way, Program Coordinator
Internal Medicine	Liz Luther, Program Coordinator
Med/Peds	Kristie Stone, Program Coordinator
Ob/Gyn	Kathy Lum, Program Coordinator
Orthopaedics	Fran Nelson, Program Coordinator
Pediatrics	Camille Thompson, Program Coordinator
General Surgery	Sandy Burns, Program Coordinator
Vascular Surgery	Sandy Burns, Program Coordinator

## New House Staff Orientation

### Wednesday, June 27, 2007

- 7:45 a.m. **Meet in the Lobby at GMH**  
(Ride shuttle bus to Employment Services Center)
- 8:00 a.m. – 12:00 p.m. Employee Health Screening – (*Employment Services Center*)  
  
(Ride shuttle bus from **ESC** to **AV Office** for photos)  
  
Photos (gentlemen – wear tie) – (*AV Office – Medical Center Clinics Bldg*)
- 12:00 noon – 1:00 p.m. Lunch (use lunch voucher to eat in Cafeteria area)

### *Return to Medical Staff Auditorium by 1:00 pm*

- 1:00 p.m. – 1:15 p.m. Security – Shawn Reilly
- 1:15 p.m. – 1:45 p.m. Medical Library – Fay Towell
- 1:45 p.m. – 2:00 p.m. Greenville County Medical Society – Robin Scott Blackman  
and Leigh Watson-Ramirez, MD, Int Med & GCMS Secretary
- 2:00 p.m. – 2:15 p.m. Break with refreshments (*Alcove Area*)
- 2:15 p.m. – 4:00 p.m. Infection Control – Connie Steed, RN and Bill Kelly, MD
- 3:45 p.m. All Residency Program Coordinators report to  
MSA to accompany Residents to their Departments
- 4:00 p.m. – 5:00 p.m. **DEPARTMENTAL ORIENTATION**

Family Medicine	Marcia Way, Program Coordinator
Sports Medicine	Marcia Way, Program Coordinator
Internal Medicine	Liz Luther, Program Coordinator
Med/Peds	Kristie Stone, Program Coordinator
Ob/Gyn	Kathy Lum, Program Coordinator
Orthopaedics	Fran Nelson, Program Coordinator
Pediatrics	Camille Thompson, Program Coordinator
General Surgery	Sandy Burns, Program Coordinator
Vascular Surgery	Sandy Burns, Program Coordinator

(Olivia Lomax to collect Life Center Dues during day as time permits -  
\$50.00 **check only** – payable to GHS)

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**New House Staff Orientation**  
**Thursday, June 28, 2007**

*Breakfast refreshments available (Alcove Area)*

- 7:45 a.m. Meet in *Medical Staff Auditorium*
- 8:00 a.m. – 8:45 a.m. Death Certificates – Dr. Mike Ward Pathologist and (Greenville County Chief Medical Examiner) and Rhonda Miller, RN, Administrator Supervisor, Nursing Office
- 8:45 a.m. – 9:30 a.m. Intro - Pharmacy Serv – Formulary & Clinical – Doug Furmanek, PharmD  
Prescription Writing and Narcotic & Drug Control - Steve Ranck, PharmD
- 9:30 a.m. – 10:00 a.m. Pain Management – John Howard, PharmD and Doug Furmanek, PharmD
- 10:00 a.m. – 10:15 a.m. Nutrition – Kim Davis and Judy Reyes
- 10:15 a.m. – 10:45 a.m. Wound Care – Mary Ann Mullaney, RN
- 10:45 a.m. – 11:30 a.m. Medical Information – Joan Enloe and Managers
- 11:30 a.m. – 12:00 noon Laboratory – Sandy Allen and a Pathology representative
- 12 noon – 1:00 p.m. Lunch (use lunch voucher to eat in Cafeteria area)

***Return to Medical Staff Auditorium by 1:00 pm***

- 1:00 p.m. – 2:00 p.m. Risk Management, Peer Review, Safety  
Stephanie Cox, Director of Quality Management  
Judy Brown, Claims Coordinator  
Kristen Hauck, Patient Safety Coordinator  
Greg Reed, Manager of Risk & Safety

*Refreshments will be available during afternoon (Alcove area)*

- 2:00 p.m. – 5:00 p.m. Research Compliance Education – Dr. Jim Hayes, Medical Director

(Olivia Lomax to collect Life Center Dues during day as time permits -  
\$50.00 **check only** – payable to GHS)

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New House Staff Orientation    Friday, June 29, 2006

7:30 a.m. – 8:30 a.m.            Orientation Breakfast – *North Atrium Community Room - Be on time!!!*

***Return to Medical Staff Auditorium***

8:30 a.m. – 9:30 a.m.            Nursing, Customer Service, Service Excellence, Planetree  
Suzanne White, Kathy Becker, Carol Cain

9:30 a.m. – 10:00 a.m.            Home Health and Equipped for Life – Landace Woods and Beth Wilson

10:00 a.m. – 11:00 a.m.            Medical Ethics and Chaplain Services –Dr. Stuart Sprague and Rev. Neil Cochran

11:00 a.m. – 11:30 a.m.            Life Point – Organ Procurement – Kay Harris, Hospital Development Educator

11:30 a.m. - 12:00 a.m.            Communications, Beepers, Paging – Rachel Edwards

12:00 noon - 1:00 p.m.            Lunch (use lunch voucher to eat in Cafeteria area)

***Return to Medical Staff Auditorium by 1:00 pm***

1:00 p.m. – 2:00 p.m.            Computer Services – Denise Sneed

2:00 p.m. – 2:15 p.m.            Dr. Jerry Youkey – Vice President, Medical and Academic Services

2:15 p.m. – 3:00 p.m.            Medical Education Orientation – Jim Freeman – Administrator,  
Academic Services

2:45 p.m.                            All Residency Program Coordinators report to MSA to  
accompany Residents to their Departments

3:00 p.m. – 5:00 p.m.            **Meet with First Period Assignment Coordinators**

Emergency Trauma Center	Debbie Rader, Administrative Assistant
Family Medicine	Marcia Way, Program Coordinator
Sports Medicine	Marcia Way, Program Coordinator
Internal Medicine	Liz Luther, Program Coordinator
Med/Peds	Kristie Stone, Program Coordinator
Ob/Gyn	Kathy Lum, Program Coordinator
Orthopaedics	Fran Nelson, Program Coordinator
Pediatrics	Camille Thompson, Program Coordinator
General Surgery	Sandy Burns, Program Coordinator
Vascular Surgery	Sandy Burns, Program Coordinator

***HAVE A GREAT YEAR!!!!***

## Orientation Schedule-2007

Date	Day	On Call	HOME	OB	OB	GYN	GYN CLINIC	OB CLINIC	MFM US
7/1	Sunday	No resident							
7/2	Monday	Moses		Moses	McAdory	Palmer	Morgan	Stone	Bevins
7/3	Tuesday	McAdory	Moses		McAdory	Palmer	Morgan	Stone	Bevins
7/4	Wednesday	Palmer							
7/5	Thursday	Morgan	Palmer	Moses	McAdory		Morgan	Stone	Bevins
7/6	Friday	Stone	Morgan	Bevins	Stone	Moses	McAdory		Palmer
7/7	Saturday	Bevins							
7/8	Sunday	Moses							
7/9	Monday	McAdory	Moses	Bevins	Stone		McAdory	Morgan	Palmer
7/10	Tuesday	Morgan	McAdory	Bevins	Stone	Moses		Morgan	Palmer
7/11	Wednesday	Bevins	Morgan		Palmer	Bevins	Stone	Moses	McAdory
7/12	Thursday	Stone	Bevins	Morgan	Palmer		Stone	Moses	McAdory
7/13	Friday	Palmer	Stone	Morgan	Palmer	Bevins		Moses	McAdory
7/14	Saturday	Moses							
7/15	Sunday	McAdory							
7/16	Monday	Bevins	McAdory		Bevins	Morgan	Moses	Palmer	Stone
7/17	Tuesday	Palmer	Bevins	McAdory		Morgan	Moses	Palmer	Stone
7/18	Wednesday	Moses	Palmer	McAdory	Bevins	Morgan	Moses		Stone
7/19	Thursday	McAdory	Moses	Stone	Morgan	McAdory	Palmer	Bevins	
7/20	Friday	Morgan	McAdory	Stone	Morgan		Palmer	Bevins	Moses
7/21	Saturday	Stone							
7/22	Sunday	Bevins							
7/23	Monday	Moses	Bevins	Stone	Morgan	McAdory	Palmer		Moses
7/24	Tuesday	Stone	Moses	Palmer		Stone	Bevins	McAdory	Morgan
7/25	Wednesday	Morgan	Stone	Palmer	Moses		Bevins	McAdory	Morgan
7/26	Thursday	Bevins	Morgan	Palmer	Moses	Stone	Bevins	McAdory	
7/27	Friday	McAdory	Bevins	Palmer	Moses	Stone		McAdory	Morgan
7/28	Saturday	Palmer							
7/29	Sunday	Morgan (begins NF)							

**CLINIC SCHEDULE 2007-08 BLOCK 1**

<b>Obstetrics</b>					
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>AM</b>					
	CLINIC 4	CLINIC 4	CLINIC 4	CLINIC 2	Resident
	PGY 1 ORIENTATION	CLINIC 2	CLINIC 2	PGY 1 ORIENTATION	Education
		PGY 1 ORIENTATION	PGY 1 ORIENTATION		Program
<b>PM</b>		<b>Diabetes Clinic</b>		<b>Diabetes Clinic</b>	
	CLINIC 4	CLINIC 4	CLINIC 4	CLINIC 4	CLINIC 4
	CLINIC 2	CLINIC 2	CLINIC 2	CLINIC 2	CLINIC 2
	PGY 1 ORIENTATION	PGY 1 ORIENTATION	PGY 1 ORIENTATION	PGY 1 ORIENTATION	PGY 1 ORIENTATION
<b>Gynecology</b>					
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>AM</b>		<b>Colpo</b>			
	CLINIC 2	GYN 2	ONC 4	CLINIC 4	Resident
	PGY 1 ORIENTATION	PGY 1 ORIENTATION	PGY 1 ORIENTATION	GYN2	Education
				PGY 1 ORIENTATION	Program
<b>PM</b>		<b>Preop</b>			
	OB 4	GYN4	ONC 3 or 2	OB3	MFM
	PGY 1 ORIENTATION	GYN3	OB2	PGY 1 ORIENTATION	URO
		GYN2	PGY 1 ORIENTATION		PGY 1 ORIENTATION
		PGY 1 ORIENTATION			

**CLINIC SCHEDULE 2007-08 BLOCK 2**

<b>Obstetrics</b>					
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>AM</b>					
	CLINIC 4	CLINIC 4	CLINIC 4	CLINIC 2	Resident Education Program
	CLINIC 1	CLINIC 2	CLINIC 2	CLINIC 1	
		CLINIC 1	CLINIC 1		
			(alt w/breast)		
<b>PM</b>		<b>Diabetes Clinic</b>		<b>Diabetes Clinic</b>	
	CLINIC 4	CLINIC 4	CLINIC 4	CLINIC 4	CLINIC 4
	CLINIC 2	CLINIC 2	CLINIC 2	CLINIC 2	CLINIC 2
	CLINIC 1	CLINIC 1	CLINIC 1		CLINIC 1
<b>Gynecology</b>					
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>AM</b>		<b>Colpo</b>	<b>Breast</b>		
	OB1	GYN 2	CLINIC 1	CLINIC 4	Resident Education Program
	CLINIC 2	GYN 1	(alt.w/ OB)	GYN 2	
			<b>Continuity</b>		
			ONC 4		
<b>PM</b>		<b>Preop</b>			
	OB 4	GYN4	ONC 3 or 2	OB3	MFM
	MF MUS/PWGYN	GYN3	OB2	CLINIC 1	URO
		GYN2			

**CLINIC SCHEDULE 2007-08 BLOCK 3-13**

<b>Obstetrics</b>					
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>AM</b>					
	CLINIC 4	CLINIC 4	CLINIC 4	CLINIC 2	Resident Education Program
	CLINIC 1	CLINIC 2	CLINIC 2	CLINIC 1	
		CLINIC 1	CLINIC 1		
			(alt w/breast)		
<b>PM</b>		<b>Diabetes Clinic</b>		<b>Diabetes Clinic</b>	
	CLINIC 4	CLINIC 4	CLINIC 4	CLINIC 4	CLINIC 4
	CLINIC 2	CLINIC 2	CLINIC 2	CLINIC 2	CLINIC 2
	CLINIC 1	CLINIC 1	CLINIC 1		CLINIC 1
<b>Gynecology</b>					
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>AM</b>		<b>Colpo</b>	<b>Breast</b>		
	OB1	GYN 2	CLINIC 1	CLINIC 4	Resident Education Program
	CLINIC 2	GYN 1	(alt.w/ OB)	REI	
			<b>Continuity</b>		
			ONC 4		
<b>PM</b>		<b>Preop</b>			
	OB 4	GYN4	ONC 3 or 2	OB3	MFM
	MF MUS/PWGYN	GYN3	OB2	CLINIC 1	URO
		GYN2			

## **DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

### **Administrative Chief Residents Responsibilities**

1. Serve as a liaison between the faculty and residents.
2. Assist the Residency Program Director and Associate Residency Program Director as needed.
3. Determine the Call and Vacation schedule.
4. Assist the Associate Residency Program Director, Program Coordinator, and Division Directors with resident requests for paid time off.
5. Coordinate residents to help with medical student recruitment.
6. Orient all MS III and MS IV students at the onset of their rotations.

## **DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

### **Communication**

Communication is the key in a residency program. Just as all of us are responsible for education, we are responsible to our patients much as in a large group practice in a multispeciality group. Our patients expect excellence and communication is the key. Everyone please be aware that this is a new year with new rotations and scheduling difficulties. We have done everything possible to make this fair to everyone. We have a lot of responsibilities, which require your attentiveness, and assumption of responsibility for education and for our patients coming off of one service to cover another particularly during vacation time.

POLICY TITLE: Resident Dismissal and Grievance (w/process)

It is the policy of the GHS Graduate Medical Education Committee that all resident staff who enter residency training programs at GHS should graduate. Non-renewal of contracts or termination of employment will be exercised only for cause. A house staff member may be suspended from duty or terminated from the program for cause by the Academic Services Department Chair responsible for the performance of the house officer, Vice President of Medical and Academic Services, or Chief Executive Officer of the Greenville Hospital System. Resident Staff are subject to GHS employment policy and procedure standards.

#### Due Process

Non-renewal of a contract is an act of termination and will be exercised only for unsatisfactory performance. Termination of a resident for unsatisfactory performance or for cause will originate with the program involved. Each program will have a policy stating acceptable behavior and describe the procedure by which residents are evaluated on performance and what corrective actions will be taken when appropriate. When the level of performance is determined to warrant termination, a written request will be forwarded to the Vice President of Medical and Academic Services. The Vice President of Medical and Academic Services will then present the findings and recommendations to the members of the Academic Services Graduate Medical Education Committee (GMEC) at a called meeting. If a majority of the GMEC agrees with the recommendation, the Associate Dean of Graduate Medical Education will notify in writing the resident of his/her termination.

#### Appeal Process

Appeal of this decision by the resident will be in writing to the Vice President of Medical and Academic Services within 10 days of receiving the written notice of termination. Such notice will be delivered by registered mail. Upon receipt of an appeal, the Vice President will appoint a committee consisting of a Professor or Associate Professor from the residency program involved and a Professor or Associate Professor from two other residency programs. This committee will review all recorded performances of the resident involved, including appropriate personal interviews of the faculty and residents who have been responsible for the written evaluations and comments. Upon written request to the Vice President, the resident may request that he/she and any advocates of his/her position have the opportunity to be heard by

POLICY TITLE: Resident Dismissal and Grievance (w/process)

GMEC Policy # 06-01-07  
Page 2

the Committee. The Committee will determine the extent of involvement in the committee process of any advocate. The minutes of committee meetings will be recorded by a court reporter and reflect documentation of the resident's notification and response. The Committee's majority recommendation will be binding and without recourse. Prior to resident notification, the President & CEO and Chairman of the Board of Trustees will be notified in writing of the committee's final action. The resident will be notified of the committee's decision in writing within five (5) days following the conclusion of the committee meeting.

If the majority of the committee does not agree to termination of the resident, any recommended course of action or recommend reprimand(s) of the resident by the committee will be communicated in writing to the department chairman and program director for follow-through.

Most Recent GMEC Approval Date:

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GMEC Chair: Jerry R. Youkey, M.D.  
Date:

## DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

### Policy on USMLE Step 3 or COMLEX Step 3

Effective with the PGY-1 class beginning July 2006, all residents in the Obstetrics and Gynecology Program will take the USMLE Step 3 examination before the completion of their PGY-2 year of training. Residents who do not successfully pass USMLE or COMLEX Step 3 by December of their second year of resident education will not advance to PGY-3 status (will be placed on Academic Warning with the possibility of non-renewal of contract).

#### PURPOSE

1. To ensure that all residents complete all 3 steps of the USMLE or COMLEX sequence early in their post-graduate training.
2. To allow the Department of Obstetrics and Gynecology to assess general medical knowledge of its residents.

#### PROCEDURE

Prior to completion of the resident's PGY-1 year, he/she will register for and take the USMLE Step 3 or COMLEX Step 3.

Residents who do not successfully pass the USMLE Step 3 or COMLEX Step 3 by December of their second year of resident education will not advance to PGY-3 status (will be placed on Academic Warning with the possibility of non-renewal of contract). Residents are expected to successfully pass USMLE or COMLEX with the first two years after medical school graduation. The residents must submit a copy of the USMLE Step 3 or COMLEX Step 3 to the residency office.

The resident will be allowed two (2) days off from the residency program to take the USMLE Step 3 or COMLEX Step 3 examination. The two (2) days off will not be considered vacation or sick time.

If study days are needed they will come out of the resident's PTO Other. Time off for the examination and study days must be approved through normal PTO channels.

Original date: May 30, 2007

## **DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

### **ACGME Policy**

1. The ACGME maintains requirements concerning the structure and function of a residency program in Obstetrics and Gynecology. These requirements include, but are not limited to: educational objectives, competencies, duty hours, institutional and program responsibilities. The program specific and institutional requirements are available at [www.acgme.org](http://www.acgme.org).
2. Case Log System
  - a. Each resident is required to maintain a database of all procedures performed as well as primary care patients seen. Data should be entered on a weekly basis.
  - b. Resident paid time off is predicated on being up-to-date in case log entry.
  - c. The required database is the ACGME Case Log system available at [www.acgme.org](http://www.acgme.org).
  - d. An instructional manual is available on the ACGME website, and a copy is maintained in the residency coordinators office.
  - e. Each residents case logs are reviewed monthly by the Associate Program Director for completeness.

## **DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

### **American Board of Obstetrics and Gynecology (ABOG)**

1. Residents are required to follow the policies of the ABOG during their training. The ABOG maintains policies concerning length of training programs, as well as maximum time allowed away from training for vacation, illness, leave, etc. The ABOG also details requirements for Board Certification that are the residents' responsibility. Details of the ABOG program are contained in the annual Bulletin available for download at [www.abog.org](http://www.abog.org).
2. The ABOG also maintains requirements and procedures for fellowship opportunities in the OB/GYN subspecialties.
3. The ABOG provides a Life Long Learning Program approximately five times per year, which is included in the Resident Education Program.

## **DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

### **New Innovations Residency Management Suite**

1. The Obstetrics and Gynecology Residency Program Management is assisted through the New Innovations Residency Management Suite. Items maintained in New Innovations include:
  - a. Conference Schedules
  - b. Division Specific Curriculum
  - c. Duty Hours entry and reports
  - d. Evaluations
  - e. Schedules
  - f. Administration of Licensures, computer-based training, ACLS, and NRP certifications.
  - g. Residency Program Manual
  
2. Duty Hours
  - a. Residents are responsible for entering their duty hours on a daily basis. Duty hours compliance (both with regulations and data entry) are reviewed monthly, and at the time of paid time off requests.
  
3. Evaluations
  - a. At the end of each rotation, residents and faculty are sent evaluations via the New Innovations System. All residents must remain up-to-date in their completion of faculty and program evaluations.

## **DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**

### **Basic Life Support, Advanced Cardiac Life Support, Neonatal Resuscitation Policy**

It is the policy of the Department of Obstetrics and Gynecology that all residents, beginning with entering Resident class of 2005, that all residents will maintain current certification in BLS, ACLS and NR. All residents currently in training are required to maintain NR certification.

To facilitate maintenance of certification residents may schedule recertification classes utilizing the PTO request forms **WITHOUT** incurring any diminution of their PTO account. The PTO request forms will be utilized for resident tracking only.

Residents who fail to maintain certification will be required to utilize hours from their PTO-other account, and their annual allotment of education days. Residents more than 90 days delinquent in their maintenance of certification will be suspended from clinical responsibilities until remedial action is taken. Any and all clinical days missed must be made up at the completion of the residency.