Department of OBGYN

Policy and Procedure Manual
2008-2009

Vanderbilt University Medical Center
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Welcome to Vanderbilt and to the department of Obstetrics and Gynecology! We are so happy that you have chosen to do your graduate medical training with us!

We are committed to maintaining an environment in which residents and faculty can improve their knowledge and skills, and learn from each other. Residents will be incorporated into the department’s clinical, teaching, and research activities in a supportive and collegial fashion.

Learning objectives are clearly stated for each rotation and formal teaching sessions will be organized to meet the General and Special Requirements for Ob-Gyn residency programs. These can and should be previewed in the Goals and Objectives prior to the start of each rotation.

Measurement of the successful attainment of learning objectives occurs through a defined process of resident evaluation, including evaluation by peers, co-workers and patients, the CREOG in-training examination, and twice yearly progress reviews by the program director.

The program endeavors to train compassionate professionals who have a comprehensive medical knowledge base of specialty, can translate that knowledge into effective patient care, and communicate effectively with patients, their families, and the healthcare team. We hope to train “lifelong learners” who will continually strive to improve their own practice, and who effectively use system resources for the benefit of their patients. The ACGME has termed these goals the “Competencies” of Patient Care, Medical Knowledge, Practice-Based Learning, and Improvement, Interpersonal Communication Skills, Professionalism and Systems-Based Practice. An effort will be made to not only teach, but also evaluate these competencies.

It is our intention that each trainee will assume graded and increasing responsibility. Sensitivity and responsiveness to our residents’ needs are central to the success of the educational mission. To this end, help will be offered as for physical, emotional and didactic special needs.

Records will be kept of all those trained, to allow satisfactory proof of performance and advancement through the residency program.

Whenever appropriate, residents will be consulted in institutional program decisions, and are encouraged to make policy recommendation in open forum and through their Chief Administrative Resident.

Each institution or program participating in the residency training program will provide a contractual agreement committing to ensure that residents are supervised in carrying out their patient care and other learning responsibilities. The level and method of supervision will be consistent with stated guidelines for Graduate Medical Educational Programs.

Residents receive a salary and a variety of insurances, vacation, a call room, meals on call in the parent institution, lab coats, clerical services, library facilities; computer access, limited research funding, necessary medical leave and professional meeting times are also provided.

In return, it is our expectation that our residents will:

- Develop a personal program of self study and professional growth.
- Conduct themselves in a professional manner by treating students, patients, nurses, faculty and ancillary staff with courtesy and respect.
- Assume responsibility for teaching and mentoring more junior residents and students.
- Participate in safe, effective and compassionate patient care under a level of faculty supervision that is commensurate with the resident’s training and ability.
- Apply cost containment measures in the provision of patient care.
- Participate in the emergent care of patients in need of help.
- Participate in institutional programs and committees, especially those that relate to patient care and education.
- Adhere to established departmental and institutional policies, practices and procedures, which include the accurate and timely completion of medical records.
- Adhere to resident duty hour standards.
- Keep accurate, current and well-organized logs of all in-AND-outpatient care experiences, as required by the ACGME.

We are looking forward to a four year long collaboration that will result in your becoming the best physicians you can be. We are also hoping to build relationships that will lead to the establishment of friendships and mutual trust.

Howard W. Jones, III, M.D.
Interim Chair, Obstetrics and Gynecology

Melinda New, M.D.
Program Director, Obstetrics and Gynecology
RESPONSIBILITY FOR THE TRAINING PROGRAM

The Vanderbilt University Medical Center Department of Obstetrics and Gynecology Residency program is carried out at Vanderbilt University Hospital and Baptist Hospital. The Department of Obstetrics and Gynecology is responsible for the organization, content and the overall administration of the residency program.

Residency is a combination of education and service under the supervision of the full time and volunteer faculty of the Department. You will participate in the care of women who are private patients as well as patients from your own clinics. In the hospitals participating in this residency there is no difference in the level of participation, services or quality of care for either group. Your appearance, attitude and concern for the patient’s health and feelings will determine in large measure the degree of success of the personnel and institutions essential to your education.

The Program Director has responsibility and final authority for the training program. He/she is responsible for the day-to-day implementation of policy and administrative functions of the program. In the absence of the program director, the chair or their designee will assume this responsibility.

The educational curriculum, both cognitive and procedural is based upon the educational objectives published by CREOG as well on the guidance provided by the American Board of Obstetrics and Gynecology, and the RRC for OB GYN. The Goals and Objectives document divides these learning objectives by PG year and by rotation. The faculty will use this document to guide the course of the rotations, and strive where possible to create individualized learning plans for the resident team members. The cognitive goals should be used as a guide to drive independent reading and study.
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<tr>
<td>Ted Anderson, MD</td>
<td>Gynecology</td>
<td>343-5938 or 771-7580</td>
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<tr>
<td>Jeff Andrews, MD</td>
<td>Evidence Based Medicine</td>
<td>771-7580</td>
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<tr>
<td>Soheyl Asadsangabi, CNM</td>
<td>Certified Nurse Midwife</td>
<td>936-5858</td>
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<tr>
<td>Bruce Beyer, MD</td>
<td>General Ob-Gyn</td>
<td>936-1103</td>
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<tr>
<td>Daniel Biller, MD</td>
<td>Urogynecology</td>
<td>3-6957</td>
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<tr>
<td>Frank Boehm, MD</td>
<td>Maternal Fetal Medicine</td>
<td>343-7994</td>
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<tr>
<td>Douglas Brown, MD</td>
<td>General Ob-Gyn</td>
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<tr>
<td>Susan Brown, CNM</td>
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<tr>
<td>Kaylon Bruner-Tran, PhD</td>
<td>Reproductive Medicine Research</td>
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<td>Lonnie Burnett, MD</td>
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<tr>
<td>Margaret Buxton, CNM</td>
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<tr>
<td>Lori Cabbage, CNM</td>
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<td>Lavenia Carpenter, MD</td>
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<tr>
<td>Andrea Coleen, CNM</td>
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<td>Michelle Collins, CNM</td>
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<tr>
<td>Marta Crispens, MD</td>
<td>Gynecological Oncology</td>
<td>322-0668</td>
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<tr>
<td>Melissa Davis, CNM</td>
<td>Certified Nurse Midwife</td>
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<tr>
<td>Susan Drummond, CNS</td>
<td>Certified Nurse Specialist</td>
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<tr>
<td>Esther Eisenberg, MD</td>
<td>Reproductive Medicine</td>
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<tr>
<td>Arthur Fleisher, MD</td>
<td>Gyn Ultrasound</td>
<td>322-3274</td>
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<tr>
<td>Eti Garrison, MD</td>
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<tr>
<td>Katherine Hartmann, MD, PhD</td>
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<tr>
<td>Linda Hughlett, CNM</td>
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<tr>
<td>Beth Huff, RN, CNP</td>
<td>Colposcopy</td>
<td>343-9394</td>
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<tr>
<td>Barry Jarmagin, MD</td>
<td>Gynecology, Urogynecology</td>
<td>498-6922</td>
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<tr>
<td>Howard Jones, III, MD</td>
<td>Gynecologic Oncology</td>
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<tr>
<td>Susan Lewis, CNM</td>
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<tr>
<td>Tiffanee Leniz, MD</td>
<td>Maternal Fetal Medicine</td>
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<tr>
<td>Maureen Malee, MD</td>
<td>Maternal Fetal Medicine</td>
<td>322-2308</td>
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<tr>
<td>Elaine Moore, CNM</td>
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<tr>
<td>Tanya Moore-Davis</td>
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<tr>
<td>Melinda New, MD</td>
<td>General Ob-Gyn, Res. Prog.Dir.</td>
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<tr>
<td>Kevin Osteen, PhD</td>
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<tr>
<td>Charles Rush, MD</td>
<td>General Ob-Gyn</td>
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<td>Mavis Schorn, CNM</td>
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<tr>
<td>Bennett Spetalnick, MD</td>
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<td>Lisa Stephens, CNM</td>
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<tr>
<td>Daulat Tulsiani, PhD</td>
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<td>Deborah Wage, CNM</td>
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<tr>
<td>Rene Ward, MD</td>
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<tr>
<td>Amy Weeks, MD</td>
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<tr>
<td>Katharine Wenstrom, M.D.</td>
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EVALUATION

All Obstetrics and Gynecology residents are evaluated during each rotation and at our affiliated hospital by faculty, staff members and patients having sufficient contact with the resident during the rotation. These evaluations are based on the objectives set forth from the Council on Resident Education in Obstetrics and Gynecology (CREOG), departmental stated objectives and the six competencies stated by ACGME. At the mid point of each rotation the resident will meet with faculty from that rotation to discuss their interim evaluation. This evaluation can help to reinforce what the resident is accomplishing while helping him/her to focus upon areas needing additional attention. Severe deficiencies may be discussed with the program director and /or chair if it is felt that significant remediation is necessary.

At the end of the rotation, the resident will receive evaluations from the faculty (formative evaluations), by patients, medical students, peers and by professional associates (APNs, RNs, social work, etc.). Each of these evaluation tools (see examples attached) are based upon the ACGME Core Competencies. This format helps us to have a true 360 degree evaluation of our resident-as each group looks at particular aspects of the professional education of our residents. These evaluations will be entered into the resident’s portfolio and will be used at the semi-annual meeting with the Program Director. Each resident meets with the Program Director or Assistant Program Director at least two times per year to discuss performance as related to rotations and competencies and/or year of education. A written note of the discussion and confirmation of those meetings is placed in the resident’s chart.

**Please note- any resident may review his/her file at any time in the presence of the PD or Program coordinator.

Following the rotations, the residents will each be asked to evaluate their rotation, the faculty and the medical students. Twice annually, the residents are asked to evaluate the program as a whole. These evaluations are extremely valuable to the faculty in planning for and improving our educational experience.

In January each year all residents take the written Council on Resident Education in Obstetrics and Gynecology National Exam CREOG. The results of this test are discussed individually with each resident. These results are used as a tool in measuring the cognitive knowledge base for our residents and will be included in the evaluation under the knowledge category in the competencies. At present, we do not use this test as a tool for advancement; however, at present some fellowship programs continue to request these scores as part of their screening process.

ADVANCEMENT

Advancement to the next level of residency is predicated upon competent performance as assessed by faculty at faculty/advancement meetings held in the spring of each year. Residents will be notified by March if there is a possibility of not advancing to the next training level that July. Rotation evaluations, summative evaluations, procedure logs, review of surgical focuses assessments and other written documentation in the individual resident’s chart provide the mechanism by which competent performance is assessed. Achievement of the basic goals and objectives for each learning level is used as an objective guide. At the end of the residency (usually four years), the Chairman/Program Director certifies the graduating resident’s competence as an Obstetrician Gynecologist. This certification enables the graduating resident to take the American Board of Obstetrics and Gynecology certifying examination.

Contract renewals occur yearly. A decision by the faculty not to renew a contract must be communicated to the individual and the hospital by March 1 (see Housestaff Manual).
SUSPENSIONS
In the event that a resident’s performance of duties fall below acceptable departmental standards defined within the Vanderbilt and Baptist Hospital systems, the resident will be notified verbally and in writing by the Program Director or designee of the suspension until the performance is deemed acceptable according to those standards departments.

This will also be communicated to the GME office and a notice placed in the resident’s GME records.

This is considered a very serious matter and all suspension time will be charged against unused vacation time. In the event vacation time for the current year has been used, the length of suspension time will carry over to the next calendar year vacation time.

DISMISSAL
The Department of Obstetrics and Gynecology abides by the Vanderbilt University Medical Center-Graduate Medical Education Evaluation and Disciplinary Guidelines as outlined in the Housestaff Manual. Unless the resident/action poses a threat of immediate harm to self or others, the resident will undergo review of the incident, and remediation offered prior to formal notification of probation. If placed on probation, all Vanderbilt policies including the grievance policy will go into effect.

GRIEVANCE AND DUE PROCESS
The Department of Obstetrics and Gynecology abides by the policies outlined for Grievances and Due Process outlined in the Vanderbilt University Medical Center Housestaff Manual.

CONFERENCES
Educational conferences are:
Monday: OB Conferences 12am-1pm, L&D
Tuesday: Tumor Conference, 4:30 pm, MCN
         GYN Pre-op conference, 5pm-6pm MCN
Wednesday: Low Risk OB Case Review, 12am-1pm, TVC
           Colposcopy Conference, 8am-9am, MCN
Friday: Didactic/Core Lectures, 7am-10am, Light Hall
        Grand Rounds, M&M and Core Lecture Series.

Rounds for each of the services occur on a daily basis and are arranged by the appropriate attending. Many other service-specific conferences exist. The schedules and reading assignments will be provided at the start of the rotation.

The didactic/core conferences on Friday morning are protected time for the resident staff. The curriculum is based on the CREOG Educational Objectives. Attendance is mandatory and will be monitored. Greater than 20% unexcused absences will result in formal action. (See policy on holiday leave)

EDUCATIONAL CURRICULUM
The curriculum consists of the core and departmental conferences, as well as the rotation specific conferences. In additions, all residents will participate in the ABOG LLL (Life-long learning) program. This is a reading program designed by ABOG to encourage ongoing reading of peer-selected literature. Four times each year, the education office will send out several articles along with questions- which we will review as a group during the program director meeting time on Fridays. Additionally, while on rotation, groups or individuals can reserve time in the endoscopy lab where the surgical simulators are housed.

The department hosts two meetings annually, The High Risk OB Course and the Pelvic Surgery Course. Each resident will be able to attend one of the two each year of their residency. Our department generally has 2 Laparoscopy and Hysteroscopy workshops annually as well as access to the anatomy lab several times per year to participate in advanced dissection on fresh frozen or fixed cadavers.

In 2007- we will be moving to on-line modules to teach and evaluate some of the primary care curricula
SELECTION AND APPOINTMENT OF RESIDENTS

The Department of Obstetrics and Gynecology at Vanderbilt University Medical Center participates in the National Resident Match Program. Interested applicants should submit an application online through ERAS (Electronic Residency Application Service). The following information will be required:

*Photograph
*Dean’s Letter
*Medical School Transcript
*Written Personal Statement
*Three letters of recommendation
*USMLE scores parts 1 and 2
*Educational Commission for Foreign Medical Graduates (ECFMG) Certificate if applicable
*Current Visa status

The Department of OB GYN Education Office reviews all applications, and issues invitations to appropriate candidates. We offer six (6) categorical PGY 1 positions. From the applicants who complete the interview process, qualified applicants are entered into the NRMP Match. Applications are accepted August through October 31st. Applicants are selected based on merit as assessed by looking at many categories of accomplishment, all references and all objective data. Eligible applicants are not selected on the basis of race, religion, or ethnic origin.

Available resident positions are dependent upon the current number authorized by the ACGME/RRC, as well as space available in the PG year, funding and faculty resources. Full detail can be found on the Vanderbilt Department of OBGYN website

ACGME DUTY HOUR GUIDELINES

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

Duty hours are limited to 80 hours a week, averaged over a four week period, inclusive of all in-house call activities. Residents will be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational and administrative activities.

Adequate time for rest and personal activities will be provided. This shall consist of about 10 hours provided between all daily duty periods and after in-house call.

Duty hours will be monitored with frequency to ensure an appropriate balance between education and service. Please note however, that we highly encourage the chief residents and each individual resident to track their hours and notify the chief residents if they are in danger of an hours violation so that we may adjust the schedules ahead of time.

Any resident who appears to be excessively fatigued or impaired will be relieved from clinical duty irrespective of the duty hours worked. This is both for personal as well as patient safety.
RESIDENT LEARNING AND WORK ENVIRONMENT
The department is committed to providing the residents with an educational experience that is broad, challenging and relevant to the specialty of Obstetrics and Gynecology. Through appropriate levels of faculty supervision, we are committed to maintain patient safety and uniform high quality of care. In observing policies for duty hours, monitoring resident stress and fatigue, and appropriate levels of supervision, we are committed to a safe and supportive learning environment for the resident staff. The Education Department will monitor the balance of service versus education in reviewing resident rotation, faculty and program evaluations and make adjustments where needed. The residents have protected learning time on Friday mornings for three (3) hours, and at other times throughout the year.

ON CALL
In-house call will occur no more frequently than every third night, averaged over a four-week period.

Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in the Specialty and Subspecialty Program Requirements (see attachment B).

At home call (pager call) is defined as call taken from outside the assigned institution. The frequency of at home call is not subject to the every third night limitation. However, at home call will not be so frequent as to preclude rest and reasonable personal time. The hours a resident spends in the hospital as a result of being called into the hospital from home, count toward the 80 hour limit. The program director and faculty will monitor the demands of at home call and make scheduling adjustments as needed to mitigate excessive service demands and/or fatigue. The program director will ensure adequate back up if a sudden or unexpected patient care need creates resident fatigue sufficient to jeopardize patient care during or following on-call periods.

The Program Director will monitor duty hours and oversee corrective actions and will consistently provide guidance to rotations that struggle to meet duty hour standards.

SCHEDULING OF ROTATIONS AND ON-CALL TIME
Rotation Schedule
It is the responsibility of the Chief Administrative Resident to approve the rotation schedule, after each of the classes has met to choose their rotations for the year. The schedule must then be approved by the Chair/Program Director.

Once the schedules are formalized, requests for changes are discouraged. Requests for change should be submitted, as far in advance as possible, in writing to the Chief Administrative Resident, who will assess the request along with the Program Director after which a final decision will be rendered. Rotations may be changed if deemed educationally necessary however, due to the complexity of patient, resident and faculty schedules, changes are made only for the most compelling reasons.

Elective Rotations – Elective rotations must be scheduled and have approval from the Program Director more than two months in advance. Residents who stay in town for their elective may elect to continue to take call and/or see continuity patients as decided on a class-to-class basis.
On Call Requirements and On Call Schedules

During the on-service rotation the resident has the opportunity to work directly with faculty to acquire specific cognitive information and develop skills specific to the faculty members’ expertise. In-house call on nights and weekends, is crucial for the development of clinical skills, provide the resident with increased responsibility and continuity of care and for formulating and implementing a plan of care.

We have adopted a night float system for all PGY levels. Night Float begins Sunday and extends through Thursday evening. While on night float, the residents will have no assignments to clinical duties during the day with the exception of the mandatory didactics. This is a shift and all residents are expected to be awake and working together as a team to care for our patients.

Call schedules are made by the residents considering special requests and needs of the individual services and must be turned into the obstetrics and gynecology education office with the goal of having a call schedule available 90 days in advance.

The Chief Administrative Resident will make the call schedules for the PGY 1 class for July prior to the beginning of the new calendar year.

SUPERVISION OF RESIDENTS

Baptist Hospital:
At Baptist Hospital, the service is divided into two areas: Benign Gynecology and Gynecologic Oncology. Two residents rotate at Baptist at a time, both are PGY3 level.

At Baptist Hospital, no patient receives care primarily by residents. Every patient has a private attending physician responsible for the patient before entry into the hospital, during hospitalization, and following discharge. Under these circumstances, teaching faculty supervision is carried out by the patient's private physician. At all times, a member of the medical staff is available for back up supervision if the private attending physician is unavailable.

Day-to-day supervision of the Residency program at Baptist Hospital will be the responsibility of the Director of Resident Education for Obstetrics and Gynecology in a way that is consistent with the educational program jointly approved by the director of residency education, the chief of gynecology and the program director.

Vanderbilt University Medical Center
At Vanderbilt University Hospital, the inpatient service is organized into the following divisions: Obstetrics, Maternal Fetal Medicine, GYN Oncology and Benign or General Gynecology.

Daily work schedules, roles and responsibilities vary according to specific rotational assignment and level in the program. There is also a large outpatient clinic population that is seen at various sites throughout the campus.

The goal of residency training is to assume graduated levels of responsibility and autonomy over patient care under the direct supervision of the attending physician. As such, the junior residents are immediately supervised by the senior residents, and the senior residents are immediately supervised by the attending physicians or CNMs. An attending physician is immediately present in all outpatient clinic settings, on Labor and Delivery and in each operative case. There are attendings on call 24 hours/day for Obstetrics, MFM, Gynecology and GYN Oncology. There is an attending in house on L&D at all times.
POLICY ON EDUCATIONAL LEAVE, MEETINGS/TRAVEL

Educational Leave:
Each resident is entitled to 5 working days educational leave twice during the training program, the first is taken in the intern year the second can occur at any other time.

In the first year, the educational leave is self-funded study. In the chief year, the department will support each chief to attend a meeting of his/her choice—after the timing has been approved by the administrative chief resident and Program Director.

Educational leave must be scheduled with and approved by the program director at least 12 weeks in advance. This educational leave must not cause undue hardship for the team. If an educational leave request is turned in less than 12 weeks in advance the individual resident will be responsible for arranging coverage for call and TVC patients or to reschedule their TVC patients. In rare circumstances, the request for a particular time may be denied if the timing would cause undue hardship to the remaining resident teams.

Examples not considered educational leave are: resident presentation of a paper authored or coauthored by the resident, University sponsored courses (CCOB, Pelvic surgery, Colposcopy Courses), request by the department to attend a course, fulfilling an appointed/elected position in ACOG (District VII Jr. Fellow representative).

Guidelines for Education Leave Travel:
A resident in years two through four may attend one educational meeting during the course of the residency (educational leave). Meeting approval is conditional on:
1) Satisfactory progress in training.
2) Maintenance of timely completion of medical records, resident statistics, and evaluations, and 80% or better attendance record at scheduled conferences and didactics sessions. Resident educational funds (book funds) may be used for this travel.
3) If there is insufficient money remaining in the fund to cover expenses, the department is not obligated to provide additional financial support. The maximum amount the resident can use for an individual meeting is $1,000, including registration, travel, and food.

Alcoholic beverages will not be reimbursed. Mileage will be reimbursed at the going rate up to the equivalent of coach fair. All necessary travel authorization forms and an educational leave form must be completed before the leave begins.

In order for reimbursement to be made, all original receipts must be turned in to the residency program coordinator immediately upon returning from a meeting. This includes the passenger receipt from the airline ticket packet or ticket less travel.

Any attendance at professional meeting under other circumstances must be approved on an individual basis and may require the use of vacation time and personal funds.

As with arranging time off for vacation, it is the responsibility of the resident to notify the appropriate people (see above) of his/her plans and to arrange coverage for his/her particular service prior to making final commitments for the meeting.

POLICY ON LEAVE FOR INTERVIEWS
Each resident is entitled to 5 working days (Monday - Friday) in the chief year, for interviews. For all clinical activities including clinics, in-patient and night call coverage must be arranged and the residency office notified before the leave is taken. If more time is needed, the resident must use meeting or vacation time. Time off must be requested as follows: Using the Absence Request Form, up to three working days require approval by the attending physician for the affected rotation. All affected residents must agree to cover, and the absence request form must be forwarded to the program coordinator. Coincident with submission of the appropriate absence request, submit a detailed plan of coverage for all assigned duties. Absences in excess of three consecutive days or more than 5 days in aggregate must also be approved by the program director.
POLICY ON RESIDENT ABSENCES
In accordance with the American Board of Obstetrics and Gynecology, requirements, a resident may not be absent more than 8 weeks during years 1-3, and 6 weeks during year 4). No resident will be allowed to take more than 20 weeks off for any reason during the residency without making up the additional time. Scheduled time off will be allowed as follows:

<table>
<thead>
<tr>
<th>Vacations</th>
<th>Year 1</th>
<th>2 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year 2</td>
<td>3 weeks</td>
</tr>
<tr>
<td></td>
<td>Year 3</td>
<td>3 weeks</td>
</tr>
<tr>
<td></td>
<td>Year 4</td>
<td>3 weeks</td>
</tr>
<tr>
<td>Educational</td>
<td>Year 1</td>
<td>1 week</td>
</tr>
<tr>
<td></td>
<td>Year 2,3 or 4</td>
<td>1 week</td>
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<tr>
<td></td>
<td>*5 working days</td>
<td></td>
</tr>
<tr>
<td>Sick leave</td>
<td>Vanderbilt University policy is two weeks per year, of paid leave. Sick leave is included in the 20 weeks of absence for residency by ABOG. Any additional time needed, and the consequences thereof will be arranged with the chair and program director</td>
<td></td>
</tr>
<tr>
<td>Job Search</td>
<td>*Year 4 only</td>
<td>5 working days</td>
</tr>
<tr>
<td>Bereavement Leave</td>
<td>In the event of the death of a spouse, first degree relative, or member of the resident’s household, time off is granted without loss of pay for three (3) working days. Additional time off without pay may be requested.</td>
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</tr>
</tbody>
</table>

** any resident who has unscheduled time off of work, must notify the chief resident of the service as well as the administrative chief resident or education office of the absence and anticipated time to return to clinical duties.

Holiday Time Off
Traditionally, the faculty and residents have coordinated their schedules to allow for additional time off during the winter holidays at Christmas and New Year’s. This has also been accomplished by reducing the clinical volume in the clinics and OR. This is non-contractual time off and will be approved at the discretion of the Program Director and Chair. It will be granted for “good citizenship” as a reward for compliance with administrative duties (charting, dictations, case coding and hours reporting) as well as for attendance and punctuality at required conferences.

Removing this privilege will occur in the following settings:
*Excessive unexcused absence from mandatory conferences defined as greater than 20% unexcused absences
*Failure to attend conferences/meetings that the department has paid for/arranged for
*Failure to comply with administrative duties including duty hour reporting, case collection, medical records and dictations on repetitive occasions defined as having to be removed from service on 2 or more occasions to complete these duties

POLICY ON SENIOR RESIDENT LAST DAY OF CALL and LAST WEEK OF WORK
It is department and Vanderbilt policy that the fourth year residents last day of in house call will be the fourth Friday of June. They will also have continuity clinics until approximately one week before June 30. All senior residents are expected to work through the 30th of June as written in the Institutional contract. Exceptions are discouraged but will be considered by contacting the Program Director at least one month prior to June 30th.
POLICY ON VACATION
1) Vacation time requests are made at the beginning of the academic year. Requests should be made in writing, (email is ok) to the Chief Resident(s). The final vacation schedule is approved by the program director.

2) Reasons for any disapproval of any absence request will be communicated to the resident.

3) The Vanderbilt University contract states that first year residents receive two weeks of vacation; second through fourth year receive three weeks of vacation.

4) Vacation days are from Monday through Sunday and must be taken in a week block. Attempts will be made to give one flanking weekend. A single vacation week may not be split, and two weeks may not be taken consecutively, unless permission is given. The week-end prior to vacation is not considered in the vacation and may only be taken concurrently with the vacation week with permission from the Chief Administrative Resident and the Program Director.

5) No vacation can be taken the last two weeks of June, the first two weeks of July or anytime in December. No vacation may be taken the week of the CREOG exam.

6) Vacation requests will be given preference to seniority. However, if you provide explanation of why you need this particular time off consideration will be given.

7) Vanderbilt:
   No more than one person can be gone from a service at any time. No two chief residents from complementary services ( GYN 1 and GYN 2, OB days and MFM) may take vacation at the same time. No vacation may be taken while on night float.

Residents on different services may take vacation at the same time as long as the two services aren't interdependent.

Specific Guidelines:
8) No vacations can be taken on Night Float
9) Baptist: no more than one person at a time.
10) Internal Medicine /ED/SICU - No vacations may be taken while on these services
11) After the vacation schedule is published no changes can be made without submission and approval of the vacation change form by one of the Chief Administrative residents. Final approval is granted by the program director.
12) Prior to leaving service for going on vacation-it is the resident’s responsibility to ensure that all administrative duties are completed including medical records, dictations and patient charting duties

STRESS MANAGEMENT
As noted in the Housestaff Manual of the hospital, our departmental advisor for stress management is Dr. Charles Rush. Any faculty member, faculty advisor, and the residency coordinator are also available to talk to. If you have problems of coping or stress related issues, please seek help early.

There is professional help available through the Physician’s Wellness Program (PWP) of Work/Life Connections-EAP (formerly known as the Employee Assistance Program). The PWP offers a range of services to help staff and faculty address personal or work related problems. For more information on problem areas frequently addresses and services available contact PWP/EAP at (615) 936-1327 (24 hour answering service) or 1-800-999-1924 (24/7 free anonymous screening for depression and/or alcohol/drug abuse for house staff and immediate family members)

A house officer’s program director or a faculty member’s supervisor is not notified of the physician’s attendance at the EAP unless a release of information is signed. Please not that this service is free and confidential to all resident staff

Or visit the web: www.vanderbilt.edu/HRS/wellness/eap
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 the hospital
2. Falling asleep at conferences
3. Losing the ability to focus in the operating room

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

The Chief Resident of each service must be aware of the hours that each resident is working and send residents home before they violate the ACGME Rules.

The Program Director will assure compliance with the ACGME guidelines concerning duty hours. These guidelines are outlined both in the text and in the appendix.

The Chief Resident of each service 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.

COMMUNICATION
Any change of address or phone number should be immediately communicated to the residency office at 3-8801.

Each resident is given a long distance code number for patient care calls. This card is not to be used for personal calls and the card is for use only to the person it is issued to. Disciplinary action will accompany any unauthorized use of this card.

Each resident is given an email account. The program director and coordinator use email for important messages and residents are requested to check their email daily for any messages.

Residents should follow the hospital policy on the use of internet services. This service is not intended for personal use and any improper usage of this service will result in the removal of that privilege, and depending on the severity of the infringement, may result in termination of employment.

No additional software programs may be added to the computer work station in the resident’s library and the computer in that room must always be logged off appropriately when a user leaves the computer. VUMC Policy OP10-40.32

Appropriate action will be taken for violations of this policy.
RESIDENT EXPERIENCE COLLECTION
On July 1, 2003, residents were required to use the online ACGME Resident Case Log System to collect obstetrical, gynecological and ambulatory experience for statistical reporting to the ACGME.

The program director and coordinator meet yearly with residents to explain the proper use of this database and provide an instruction manual that explains how to enter all of their surgical procedures, as well as their ambulatory experience.

Each resident is responsible for keeping an accurate record of all procedures and should record their experience daily or at the least, weekly. Statistics are necessary for review of resident’s experience in connection with the Internal Residency Review and the regular review by the ACGME and the RRC for Obstetrics and Gynecology. Reports will be monitored by the program director on an ongoing basis, and formally reviewed at the semi-annual meetings with the Program Director.

Experience documentation is extremely important, not only for patient care and program accreditation, but also in attaining hospital privileges upon graduation from the program. It is a component of the competency of professionalism and is an administrative requirement of your job as a resident.

Refer any questions regarding this system to the Program Director or Program Coordinator at 3-8801.

PHOTOCOPYING
Each resident in obstetrics and gynecology is given the copy number (3706) to use when making copies. For individual rotations however, the resident should be given a copy number by that service, to be used while on that particular service. The department photocopying machines are not to be used for personal items. Should a resident wish to photocopy an item in the Medical Center Library, library copy debit cards are available from the residency program coordinator.

MOONLIGHTING
The Vanderbilt University Hospital policy on extracurricular professional activity (“moonlighting”) is well outlined in the Housestaff Manual. Approval must be requested from the Departmental Chair. Such approval will be reassessed for renewal annually, at the start of each academic year. The program coordinator will send out a memo and form addressing moonlighting at the start of each academic year. No PGY level 1 (intern) resident will be allowed to moonlight. Professional liability for such activity is not covered by Vanderbilt even when it is approved. Also, these activities will not take place evenings and weekends when the resident is “on call,” or will they interfere with the educational process in any way. 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 or restriction of duty hours.

IN-SERVICE EXAMINATION
In the third week of January each year the ob-gyn resident in-service examination (CREOG), is given to all residents on a Thursday, Friday or Friday, Saturday. Roughly one half of the class will take the exam at a time. The exam must be administered over 2 consecutive days. This is a very valuable mechanism for self-evaluation of the individual resident and for program and rotation evaluation by the faculty. Performance on this evaluation represents an indication of your knowledge base compared to your peers in other programs. Individual scores on the exam will be used in conjunction with feedback from faculty to help determine competency in the knowledge category. These scores will not be absolute criteria for decisions regarding promotion, but will help establish remediation programs for residents who consistently have low scores and are thought to have problems with particular subject areas.
END OF RESIDENCY “SIGN OUT”
Prior to leaving Vanderbilt Graduate Medical Education requires each resident “clear” various departments such as Medical Records, Library, etc. This “sign out” sheet may be found in the resident’s PO Box located in the basement of the The Vanderbilt Clinic. The departmental signature will be that of the Program Director/Chair or his/her designee and will be signed only after all other signatures have been obtained. All (surgical and ambulatory) data must be entered into the ACGME Case Log System. A final report will be run and must be signed by the resident and program director. The departing resident will schedule an exit interview with the Program Director/Chair and must turn over beepers, dictation equipment and star panel access equipment to the residency program coordinator. A forwarding address and telephone number must be provided to the coordinator.

EDUCATIONAL FUNDS/SUPPORT
Each resident is provided an annual educational fund. Amounts increase in increments for each PGY year. This funding may be used for educational purposes only, including the use of the funds for educational leave/travel. Purchasing hand-held computers (palm/treo) and computers must be approved on an individual basis with the education office.

Increments are:
- PGY 1 $500.00
- PGY 2 $750.00
- PGY 3 $850.00
- PGY 4 $1,200.00

Note that these funds do not roll over from year to year.

RESEARCH REQUIREMENTS
Each resident is required to present a research project during the residency.

POLICY ON COMPLETION OF MEDICAL RECORDS
It is the policy of the Department of Obstetrics and Gynecology that the medical record on-line manual be followed.

The manual may be accessed at: http:mcapps02.mc.vanderbilt.edu/E-Manual/Hpolicy.nsf

These policies will be enforced and any non-compliance issues may result in correctional action.

Whenever a resident has two consecutive weekly reports of more than 15 delinquent (>30 day) charts he/she will be relieved of clinical activities by the chief resident on service, or attending if it is the chief resident on service in order to complete the records. If at the end of that week (7 days) charts are incomplete, the resident will be removed from service until completion of medical records.

DEPARTMENTAL INTRANET
This year the department developed an interdepartmental intranet site. On this site you will find departmental information such as faculty names, department phone numbers, beeper lists, call schedules, rotation schedules, vacation schedules and the updated policy and procedure manual.

If you have suggestions for additions to this site, please don’t hesitate to submit them to Jerry Westbrook.

Please go to the following link for our intranet:

JUNIOR FELLOWSHIP IN THE AMERICAN COLLEGE OF OBSTETRICS AND GYNECOLOGY
The Department sponsors each of its residents as a junior fellow of the American College of Obstetrics and Gynecology. You will receive an application during orientation. The department pays both the application fee and annual dues during your residency. With Junior Fellowship comes a subscription to Obstetrics and Gynecology (the Green Journal). Please be sure to have this journal mailed to your home address.

2001 marked the 50th Anniversary of The American College of Obstetricians and Gynecologists (ACOG). Founded in 1951 in Chicago, Illinois, ACOG today has over 46,000 members and is the nation’s leading group of professionals providing health care for women. Now based in Washington, DC, it is a private,
voluntary, nonprofit membership organization.

ACOG works primarily in four areas:
Serving as a strong advocate for quality health care for women
Maintaining the highest standards of clinical practice and continuing education for its members.
Promoting patient education and stimulating patient understanding of and involvement in medical care.
Increasing awareness among its members and the public of the changing issues facing women’s health care.